

Community Health Commission (CHC)

## COMMUNITY HEALTH COMMISSION MEETING AGENDA

Thursday, February 25, 2016 - 6:30 pm – 9:00 pm  
South Berkeley Senior Center, 2939 Ellis Street  
Berkeley, CA 94709

### Preliminary Matters

1. Roll Call
2. Introductions of any new members
3. Approval of Minutes from prior meeting (Attachment 1)
4. Confirm note taker – Commissioner Engelman's transcribers
5. Public Comment (*Speakers will have up to 5 minutes each*)

### Presentation & Discussion Items

1. **Health Officer Update:** Janet Berreman
2. **Discussion:** 2016 Workplan ideas and goals

### Health Equity Action Items (from Health Equity subcommittee)

1. **Subcommittee report:** Bringing in high school students for a presentation in the future
  - a. **Action:** None

### Action Items

1. **Chair & Vice-Chair Elections:** Select new Commission Chair and Vice-Chair
2. **Action:** [Chen] Create an Anti-Human Trafficking subcommittee
3. **Subcommittee Report:** Healthy Children's Meal Beverages (Franklin)
  - a. **Action:** Recommend that City Council approve an ordinance requires food vendors to provide healthy default beverages with children's meals (Attachment 3-5).

### Information Items

1. **Subcommittee Report:** Public Education and Marketing (M. Wong) -- The PEM Subcommittee facilitated the donation of 400 beautifully produced African-American History calendars to the Berkeley Public Health Division from Aetna. The 2016 calendar is titled "The flavors of community - African Americans inspiring lives through food." The calendars will be distributed through the various community health programs in Berkeley.

### Future Agenda Items

1. Recommend that City Council direct the City Manager to explore implementing an African American Holistic Resource Center (within South Berkeley) (Kwanele)
2. Discuss recommending to Council to direct Public Health Division staff to determine its role in discussions relating to police data, as a way of monitoring institutional racism and addressing stress in chronic disease development (Franklin)
3. Discuss/explore the expansion of the Heart-2-Heart program (Rosales)
4. Presentations on Alta Bates Charity Care

*A Vibrant and Healthy Berkeley for All*

## **Announcements** from Commissioners

### **Adjournment**

### **Attachments:**

1. Draft minutes of 1/28/16 CHC meeting
2. Approved minutes of 11/19/15 CHC meeting
3. City Council Recommendation for Healthy Kids Beverages
4. City Council Healthy Beverage Referral
5. RWJF Healthy Beverage Report
6. Community Health Commission Subcommittee Roster

The next meeting of the Community Health Commission is scheduled for March 24, 2016 with a deadline of March 10, 2016 for the public's submission of agenda items and materials for the agenda packet. Dates are subject to change; please contact the Commission Secretary to confirm.

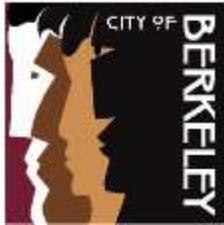
### **Please refrain from wearing scented products to this meeting.**

#### COMMUNICATION ACCESS INFORMATION

This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6346 (V) or 981-6345 (TDD) at least three business days before the meeting date.

Communications to Berkeley boards, commissions or committees are public record and will become part of the City's electronic records, which are accessible through the City's website. Please note: e-mail addresses, names, addresses, and other contact information are not required, but if included in any communication to a City board, commission or committee, will become part of the public record. If you do not want your e-mail address or any other contact information to be made public, you may deliver communications via U.S. Postal Service or in person to the secretary of the relevant board, commission or committee. If you do not want your contact information included in the public record, please do not include that information in your communication. Please contact the commission secretary for further information.

Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection at the North Berkeley Senior Center located at 1901 Hearst Avenue, during regular business hours. The Commission Agenda and Minutes may be viewed on the City of Berkeley website: <http://www.cityofberkeley.info/commissions>.



Community Health Commission

## Community Health Commission

**Meeting Location:** South Berkeley Senior Center  
2939 Ellis Street, Berkeley, CA

### Draft Minutes Regular Meeting, Thursday January 28, 2016

The meeting convened at 6:38 p.m. with Chair Rosales presiding.

#### **ROLL CALL**

**Present:** Commissioners Chen, Engelman (6:39), Franklin, Kwanele, Namkung, Nathan, Rosales, Shaw, Smith, Stein (7:05), and Wertman, A. Wong & M. Wong

**Absent:** Commissioners Thornton & Speich

**Excused:** None

**Staff present:** Janet Berreman and Tanya Bustamante

#### **COMMENTS FROM THE PUBLIC**

- Comment from former Commissioner Soichet regarding consideration of an ordinance to City Council prohibiting grocery stores from throwing away unsold food. This issue has been raised by Councilmember Arreguin and referred to the Zero Waste Commission.

#### **PRESENTATIONS**

- Carol Johnson, City of Berkeley Planning Department – Presentation on Adeline Corridor Project and phases of planning
- Carla Dartis, Alameda County District Attorney's Office – Presentation on human trafficking

#### **ACTION ON MINUTES**

1. M/S/C (Nathan/Chen) Motion to approve the draft November 2015 minutes.

**Ayes:** Commissioners Chen, Engelman, Franklin, Kwanele, Namkung, Nathan, Rosales, Smith, Wertman, A. Wong and M. Wong

**Noes:** None

**Abstain:** Commissioner Shaw

*A Vibrant and Healthy Berkeley for All*

**Absent:** Commissioners Speich & Thornton

**Absent from vote:** Commissioner Stein

**Excused:** None

**Motion Passed.**

**ACTION ITEM**

2. M/S/C (A. Wong/Shaw) Motion to retire the Electronic Controlled Weapon Subcommittee.

**Ayes:** Commissioners Chen, Engelman, Franklin, Kwanele, Namkung, Nathan, Rosales, Shaw, Smith, Stein, Wertman, A. Wong and M. Wong

**Noes:** None

**Abstain:** None

**Absent:** Commissioners Speich & Thornton

**Excused:** None

**Motion passed.**

**ACTION ITEM**

3. M/S/C (Namkung/Franklin) Motion to extend Community Health Commission meeting to 9:20 pm.

**Ayes:** Commissioners Chen, Engelman, Franklin, Kwanele, Namkung, Nathan, Rosales, Shaw, Smith, Stein, Wertman, A. Wong and M. Wong

**Noes:** None

**Abstain:** None

**Absent:** Commissioners Speich & Thornton

**Excused:** None

**Motion passed.**

**ACTION ITEM**

4. M/S/C (Namkung/Franklin) Motion to approve amended report to City Council recommending support to Berkeley Technology Academy.

**Ayes:** Commissioners Chen, Franklin, Namkung, Nathan, Rosales, Shaw, Speich, Wertman, A. Wong and M. Wong

**Noes:** None

**Abstain:** None

**Absent:** Commissioners Speich & Thornton

**Absent from vote:** Commissioners Engelman, Kwanele, & Smith

**Excused:** None

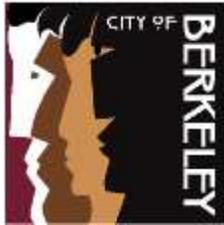
**Motion passed.**

**NEXT MEETING**

The next regular meeting will be on February 25, 2015 at 6:30 p.m. at the South Berkeley Senior Center.

This meeting was adjourned at 9:20 p.m.

Respectfully Submitted, Tanya Bustamante, Secretary.



Community Health Commission

## Community Health Commission

**Meeting Location:** South Berkeley Senior Center  
2939 Ellis Street, Berkeley, CA

### Approved Minutes Regular Meeting, Thursday November 19, 2015

The meeting convened at 6:37 p.m. with Chair Rosales presiding.

#### **ROLL CALL**

**Present:** Commissioners Chen, Engelman, Franklin, Kwanele, Nathan, Rosales, Speich, Thornton and Wertman

**Absent:** Commissioners Lee, Shaw, Stein & M. Wong

**Excused:** Commissioners Smith, Soichet & A. Wong

**Staff present:** Cheryl Ford and Tanya Bustamante

#### **COMMENTS FROM THE PUBLIC**

None

#### **PRESENTATIONS**

- Barbara White & Starla Gay, African American/Black Professionals & Community Network – Presentation in support of establishing African American Holistic Resource Center in Berkeley

#### **ACTION ON MINUTES**

1. M/S/C (Speich/Nathan) Motion to approve the draft October 2015 minutes.

**Ayes:** Commissioners Chen, Engelman, Franklin, Kwanele, Nathan, Rosales, Speich and Thornton

**Noes:** None

**Abstain:** Commissioner Wertman

**Absent from vote:** Commissioners Lee, Shaw, Stein & M. Wong

**Excused:** Commissioners Smith, Soichet & A. Wong

**Motion Passed.**

*A Vibrant and Healthy Berkeley for All*

**ACTION ITEM**

2. M/S/C (Speich/Chen) Motion to set the Community Health Commission Meeting schedule for 2016 as the 4<sup>th</sup> Thursday of every month, with no meeting in August or December, and meeting the 3<sup>rd</sup> Thursday of the month in November.

**Ayes:** Commissioners Chen, Engelman, Franklin, Kwanele, Nathan, Speich, Thornton and Wertman

**Noes:** None

**Abstain:** Commissioner Rosales

**Absent:** Commissioners Lee, Shaw, Stein & M. Wong

**Excused:** Commissioners Smith, Soichet & A. Wong

**Motion passed.**

**ACTION ITEM**

3. M/S/C (Franklin/Kwanele) Motion to recommend that City Council raise the minimum age to purchase tobacco products to 21.

**Ayes:** Commissioners Chen, Engelman, Franklin, Kwanele, Nathan, Rosales, Speich and Thornton

**Noes:** None

**Abstain:** None

**Absent:** Commissioners Lee, Shaw, Stein, Wertman & M. Wong

**Excused:** Commissioners Smith, Soichet & A. Wong

**Motion passed.**

**ACTION ITEM**

4. M/S/C (Rosales/Speich) Motion to create a subcommittee to consider creating an ordinance that would establish healthy default beverages with children's meals. Commissioners Engelman, Franklin and Nathan to be a part of subcommittee.

**Ayes:** Commissioners Chen, Engelman, Franklin, Kwanele, Nathan, Rosales, Speich and Thornton

**Noes:** None

**Abstain:** None

**Absent:** Commissioners Lee, Shaw, Stein, Wertman & M. Wong

**Excused:** Commissioners Smith, Soichet & A. Wong

**Motion passed.**

**ACTION ITEM**

5. M/S/C (Speich/Chen) Motion to approve edited communication to City Council regarding recommendation to support Berkeley Technology Academy, and Ces will forward final version to Commission Secretary.

**Ayes:** Commissioners Chen, Engelman, Franklin, Kwanele, Nathan, Rosales, Speich and Thornton

**Noes:** None

**Abstain:** None

**Absent:** Commissioners Lee, Shaw, Stein, Wertman & M. Wong

**Excused:** Commissioners Smith, Soichet & A. Wong

**Motion passed.**

**ACTION ITEM**

6. M/S/C (Kwanele/Speich) Motion to approve the text of the Meatless Monday communication to City Council with caveat that Commissioner Franklin will reformat and send final version to Commission Secretary.

**Ayes:** Commissioners Chen, Engelman, Franklin, Kwanele, Nathan, Rosales, Speich and Thornton

**Noes:** None

**Abstain:** None

**Absent:** Commissioners Lee, Shaw, Stein, Wertman & M. Wong

**Excused:** Commissioners Smith, Soichet & A. Wong

**Motion passed.**

**NEXT MEETING**

The next regular meeting will be on January 28, 2015 at 6:30 p.m. at the South Berkeley Senior Center.

This meeting was adjourned at 8:45 p.m.

Respectfully Submitted, Tanya Bustamante, Secretary.



Community Health Commission

Attachment 3

## ACTION CALENDAR

To: Honorable Mayor and Members of the City Council  
From: Community Health Commission  
Submitted by: Ces Rosales, Chairperson, Community Health Commission  
Subject: Healthy Default Beverages with Children's Meals Ordinance

### RECOMMENDATION

Approve the following ordinance that requires food vendors to provide healthy default beverages with children's meals.

New Ordinance or added subsection: 12.04.020.A

#### 1. Default Beverages In Children's Meals:

1. On and after April 1, 2016 a food vendor that sells a children's meal that includes a beverage shall make the default beverage offered with the children's meal one of the following:
  - a) Water or flavored water, with no added natural or artificial sweeteners, no synthetic food dyes, no stimulants, and no artificial flavors;
  - b) Milk or non-dairy milk alternatives that are low-fat or non-fat, and unflavored with no added natural or artificial sweeteners, no synthetic food dyes, no stimulants, and no artificial flavors.
2. Nothing in this ordinance prohibits a food vendor's ability to sell, or a customer's ability to purchase, a substitute or alternative beverage instead of the default beverage offered with a children's meal, if requested by the purchaser of the children's meal.
3. All food vendors shall receive a mailed notice of this ordinance with a form for them to complete an initial self-certification stating whether they offer children's meals and if so, certifying that they comply with the provisions of this ordinance. Food vendors must complete this certification form and send it to the regulators of the Health and Sanitation Permit program. Subsequently, food vendors that sell children's meals shall certify compliance with this ordinance on the annual Health and Sanitation Permit and by inspection for a Health and Sanitation Permit.

#### 2 Enforcement:

1. This ordinance shall be administered by regulators and inspectors overseeing the Health and Sanitation Permit process as compliance will be certified on the annual Health and Sanitation Permit as well as by inspection. Additionally, the Director of Public Health via Health and Sanitation Permit revocation authority

proscribed by City of Berkeley Municipal Code Section 12.04.100 will enforce this ordinance.

2. Further enforcement of this ordinance shall be done on a complaint basis by which patrons of a food vendor who is not complying with this ordinance can contact the Environmental Health Division or the Public Health Department. Following the receipt of a complaint, these departments shall mail notice of non-compliance to these food vendors and if necessary visit these food vendors for inspection and to enforce the ordinance.

### 3. Definitions:

For purposes of this ordinance, the following words and phrases shall have the following meanings:

1. "Children's Meal" means a combination of food items, or food item(s) and a beverage, sold together at a single price, primarily intended for consumption by children.
2. "Food vendor" means any bakery, confectionary, food market, meat and food market, or restaurant as defined in the City of Berkeley Municipal Code section 12.04.010
3. "Default beverage" means the beverage automatically included or offered as part of a children's meal, absent a specific request by the purchaser of the children's meal for an alternative beverage.

### SUMMARY

This ordinance aims to reduce concerning levels of childhood obesity and foster healthy habits by using the existing Health and Sanitation Permit regulation system to require that food vendors offer healthy beverages as default options in children's meals.

### FISCAL IMPACTS OF RECOMMENDATION

Cost and City Staff time of mailing notices about this ordinance to food vendors, and subsequently incorporating compliance forms with Health and Sanitation Permit records.

### CURRENT SITUATION AND ITS EFFECTS

According to the 2013 Health Status Report, in 2008-2009, 30% of children in Berkeley were overweight. This statistic represents a public health challenge that the City of Berkeley has tried to address via the Soda Tax and other health initiatives.

### BACKGROUND

According to the Robert Wood Johnson Foundation's Healthy Eating Research program's published recommendation for healthier beverages:

"Beverage choices contribute significantly to dietary and caloric intake in the United States. Many Americans drink high-calorie, sugar-sweetened beverages on a regular basis. On any given day, one half of the U.S. population consumes at least one sugary drink, and 25 percent of the population consumes more than one. Soda, sweetened fruit

drinks, sports drinks, and energy drinks account for nearly half of all added sugar consumption in the average American diet.

Research has demonstrated a clear link between the consumption of sugar-sweetened beverages and increased risk of poor diet quality, higher rates of obesity and diet-related health problems as well as poor oral health. Given that more than two-thirds of U.S. adults and nearly one-third of children are overweight or obese replacing consumption of sugary beverages with healthier options that contain no or low amounts of sugar and calories is a key public health priority.”

Also, the Berkeley City Council addressed the issue on September 15, 2015 as Councilman Worthington recommended directing the Sugar Sweetened Beverage Panel of Experts to create an ordinance like the one provide above. This initial recommendation led to the City Council voting to direct the issue to the Community Health Commission. In the initial recommendation the following background was in part:

“Children may consume half of their daily sugar intake from soda and sugar-sweetened beverages, which makes up for most of their source of calories in daily consumption.

Communities can enact policies to increase access to healthy beverages for children by adopting standards for beverages provided in parks, recreational facilities, and city-sponsored programs. Restaurants also serve as another important venue within cities where changing local policies on healthy beverages could contribute to the fight against childhood obesity. Cities can promote good health for their youngest residents and support parents in purchasing healthy beverages for their children by adopting a policy that requires restaurants to offer water and low fat milk as a default option for consumers.

The City of Davis has led this effort by requiring fast food restaurants to make available as part of any kids' meal water or low-fat milk unless a customer specifically requests an alternative beverage.”

Since the City of Davis has passed a similar ordinance with no significant community opposition despite providing opportunities to hear concerns, there is precedent that an ordinance such as this can be successfully implemented.

#### ENVIRONMENTAL SUSTAINABILITY

If any impact is observed, it may be in the form of a reduced usage of soda and juice cans, cartons, and bottles. This could lessen litter, and limit the purchasing of beverages with containers made of extracted materials like aluminum that require subsequent recycling.

#### RATIONALE FOR RECOMMENDATION

As the 2013 City of Berkeley Health Status Report states that “personal habits of activity, diet, and social connections take form,” during childhood and adolescence, it is important to encourage healthy habits in this formative years. One way to support

parents in their attempts to keep their kids healthy is to limit unhealthy options from the menu and to reduce the chance that children develop unhealthy habits. This reasoning serves as the underlying rationale for this recommendation, as this ordinance should achieve increased access to healthy beverages, and reduced access to unhealthy beverages in an effort to protect the health of children.

Additionally, as the enforcement mechanism uses an existing infrastructure and set of processes by delegating implementation to the regulators and inspectors of the Health and Sanitation Permit program, and the Director of Public Health pursuant to section 12.04 of the Berkeley Municipal Code, administration of this ordinance should not pose a significant burden to the City and its staff.

#### ALTERNATIVE ACTIONS CONSIDERED

1. Resolution to have the City Council direct the Environmental Health or Public Health Division to design a healthy children's meal default beverage regulation as part of their ongoing oversight of the Health and Sanitation Permit and its defining rules.
2. Encourage restaurants to not list unhealthy, sweetened beverages in their children's menu portion, even when the children's meal is not inclusive of a drink.
3. Do nothing, since Berkeley does not seem to have a lot of restaurants that offer children's meals with unhealthy beverages included.

#### CITY MANAGER

The City Manager [TYPE ONE] concurs with / takes no position on the content and recommendations of the Commission's Report. [OR] Refer to the budget process.

**Note: If the City Manager does not (a) concur, (b) takes any other position, or (c) refer to the budget process, a council action report must be prepared. Indicate under the CITY MANAGER heading, "See companion report."**

#### CONTACT PERSON

Tanya Bustamante, Commission Secretary, HHCS, (510) 981-5324

#### Attachments:

1. Robert Wood Johnson Healthy Eating Research Recommendations for Healthier Beverages Report, March 2013
2. Councilman Kriss Worthington's original recommendation: Referral to Sugar Sweetened Beverage Panel of Experts: Consider Creating an Ordinance, Establishing Healthy Default Beverages with Children's Meals



## Kriss Worthington

Councilmember, City of Berkeley, District 7  
 2180 Milvia Street, 5<sup>th</sup> Floor, Berkeley, CA 94704  
 PHONE 510-981-7170 FAX 510-981-7177 [kworthington@ci.berkeley.ca.us](mailto:kworthington@ci.berkeley.ca.us)

### CONSENT CALENDAR

September 15, 2015

To: Honorable Mayor and Members of the City Council  
 From: Councilmember Kriss Worthington

Subject: Referral to Sugar Sweetened Beverage Panel of Experts: Consider Creating an Ordinance, Establishing Healthy Default Beverages with Children's Meals

#### RECOMMENDATION:

Refer to the Sugar Sweetened Beverage Panel of Experts to consider creating an ordinance establishing healthy default beverages offered with children's meals. The main goals are to promote awareness of the increasing rate of obesity-related health problems among children and help to establish healthier eating habits in order to achieve balanced caloric intake and energy expenditure.

#### BACKGROUND:

Sugary beverages are a major factor that contributes to today's obesity epidemic. Recent studies have shown that one of three children in American is diagnosed with obesity-related health problems due to rising consumptions of sugary beverages. Children may consume half of their daily sugar intake from soda and sugar-sweetened beverages, which makes up for most of their source of calories in daily consumption.

Communities can enact policies to increase access to healthy beverages for children by adopting standards for beverages provided in parks, recreational facilities, and city-sponsored programs. Restaurants also serve as another important venue within cities where changing local policies on healthy beverages could contribute to the fight against childhood obesity. Cities can promote good health for their youngest residents and support parents in purchasing healthy beverages for their children by adopting a policy that requires restaurants to offer water and low fat milk as a default option for consumers.

The City of Davis has led this effort by requiring fast food restaurants to make available as part of any kids' meal water or lowfat milk unless a customer specifically requests an alternative beverage.

For more information please see: <http://city-council.cityofdavis.org/Media/Default/Documents/PDF/CityCouncil/CouncilMeetings/Agendas/20150602/04D-Ordinance-Second-Reading-Kids-Meal-Beverages.pdf>

#### FINANCIAL IMPLICATIONS:

Unknown.

#### CONTACT PERSON:

Councilmember Kriss Worthington	510-981-7170
Enrique Lopez	510-981-7170

## Recommendations for Healthier Beverages

March 2013

### Introduction

Beverage choices contribute significantly to dietary and caloric intake in the United States. Many Americans drink high-calorie, sugar-sweetened beverages on a regular basis. On any given day, one half of the U.S. population consumes at least one sugary drink, and 25 percent of the population consumes more than one.<sup>1</sup> Soda, sweetened fruit drinks, sports drinks, and energy drinks account for nearly half of all added sugar consumption in the average American diet.<sup>2</sup>

Research has demonstrated a clear link between the consumption of sugar-sweetened beverages and increased risk of poor diet quality, higher rates of obesity and diet-related health problems,<sup>3,4,5</sup> as well as poor oral health.<sup>6</sup> Given that more than two-thirds of U.S. adults and nearly one-third of children are overweight or obese,<sup>7,8</sup> replacing consumption of sugary beverages with healthier options that contain no or low amounts of sugar and calories is a key public health priority.

This document was developed by a national panel of experts convened by *Healthy Eating Research*, a national program of the Robert Wood Johnson Foundation, to address this critical public health issue. The members of the expert panel are listed on page 5.

The beverages included in the recommendations are organized by age group and reflect a range of options. Healthy beverage choices should consist primarily of water; appropriate amounts of unflavored nonfat and low-fat milk, and comparable soy beverages; and 100% fruit or vegetable juice in limited quantities (if provided at all). However, other options, including low-calorie beverages, can help meet calorie goals, prevent excess weight gain, and support weight reduction for certain age groups. The recommended beverages include healthy beverages as well as lower-calorie options. Overall, the recommended options are healthier than the majority of high-calorie beverages that are widely available in the marketplace.

**Age Group****Healthier Beverage Recommendations****Preschool children  
(Ages 2 to 4)**

- **Water**—With no added sweeteners or carbonation • Require access to free, safe drinking water wherever beverages are served and/or sold
- **Milk**—Only unflavored, low-fat and nonfat milk, and soy beverages (calcium and vitamin D fortified) in no more than 8-ounce portions
- **Juice**—0- to 4-ounce portions of 100% fruit or vegetable juice or fruit juice combined with water, no added sweeteners, and no more than 70 mg of sodium per portion

**All beverages shall be free of synthetic food dyes, stimulants (e.g., caffeine), and other additives (e.g., electrolytes, artificial flavors).**

**Children  
(Ages 5 to 10)**

- **Water**—Including carbonated water, with no added sweeteners • Require access to free, safe drinking water wherever beverages are served and/or sold
- **Milk**—Unflavored, low-fat and nonfat milk, and soy beverages (calcium and vitamin D fortified) in no more than 8-ounce portions\*
- **Juice**—0- to 6-ounce portions of 100% fruit or vegetable juice or fruit juice combined with water, no added sweeteners, and no more than 100 mg of sodium per portion

**All beverages shall be free of synthetic food dyes, stimulants (e.g., caffeine), and other additives (e.g., electrolytes, artificial flavors).**

**Youths  
(Ages 11 to 13)**

- **Water**—Including carbonated water, with no added sweeteners • Require access to free, safe drinking water wherever beverages are served and/or sold
- **Milk**—Unflavored, low-fat and nonfat milk, and soy beverages (calcium and vitamin D fortified) in no more than 12-ounce portions\*
- **Juice**—0- to 8-ounce portions of 100% fruit or vegetable juice or fruit juice combined with water, no added sweeteners, and no more than 140 mg of sodium per portion

**All beverages shall be free of synthetic food dyes, stimulants (e.g., caffeine), and other additives (e.g., electrolytes, artificial flavors).**

**Adolescents  
(Ages 14 to 18)**

- **Water**—Including carbonated water, with no added caloric sweeteners • Require access to free, safe drinking water wherever beverages are served and/or sold
- **Milk**—Unflavored, low-fat and nonfat milk, and soy beverages (calcium and vitamin D fortified) in no more than 12-ounce portions\*
- **Juice**—0- to 8-ounce portions of 100% fruit or vegetable juice or fruit juice combined with water, no added caloric sweeteners, and no more than 140 mg of sodium per portion
- **Other beverages**—Non-caffeinated, non-fortified beverages with no more than 40 calories per container

**Adults  
(Ages 19 and above)**

- **Water**—Including carbonated water, with no added caloric sweeteners • Require access to free, safe drinking water wherever beverages are served and/or sold
- **Milk**—Low-fat and nonfat milk and soy beverages (calcium and vitamin D fortified) with no more than 130 calories per 8 ounces in no more than 12-ounce portions
- **Juice**—0- to 8-ounce portions of 100% fruit or vegetable juice or fruit juice combined with water, with no added caloric sweeteners, and no more than 140 mg of sodium per portion
- **Other beverages**—Low- to mid-calorie beverages with no more than 40 calories per container
  - Pre-packaged coffee or tea beverages with no more than 40 calories per container; if coffee or tea beverages prepared on site contain milk (e.g., cappuccino, latte, chai), the milk must be low-fat or nonfat with no added caloric sweeteners in no more than 12-ounce portions

\* Flavored milk is not recommended; if flavored milk is offered, it should be nonfat or low-fat with no more than 130 calories per 8 ounces. Only unflavored milk is appropriate for young children ages 2 to 4.

## Rationale

The 2010 *Dietary Guidelines for Americans* recommend that children, adolescents, and adults limit intake of added sugar generally, and sugar-sweetened beverages in particular, to reduce caloric intake, improve overall diet quality, and promote health.<sup>9</sup> As a result, there has been a proliferation of different standards and recommendations to guide consumers, parents, policy-makers, and the beverage industry about healthier beverage options. The variety and sheer number of different standards may contribute to public confusion about healthy, less healthy, and unhealthy beverage choices.

*Healthy Eating Research* convened an advisory panel of prominent researchers, nutritionists, and policy experts with expertise in nutrition and obesity prevention to develop a comprehensive set of age-based recommendations defining healthier beverages. The panel reviewed and analyzed current beverage standards, recommendations, and guidelines from scientific bodies, national organizations, public health organizations, and the beverage industry to develop the *Recommendations for Healthier Beverages*.

## Key Panel Findings

- **Water:** Water should be available and promoted in all settings where beverages are offered. Water provides a healthy, low-cost, zero-calorie beverage option, and water consumption is associated with a number of health benefits including preventing obesity,<sup>10</sup> reducing dental caries,<sup>11,12</sup> supporting proper hydration, and improving cognitive function.<sup>13,14</sup>
- **Milk:** Milk consumption is critical for the many children and adolescents who do not get adequate amounts of key nutrients, such as calcium, vitamin D, and potassium from other sources. Sugar-sweetened beverage consumption reduces intake of these key nutrients by displacing milk consumption.<sup>15</sup> The 2010 *Dietary Guidelines for Americans* recommend preschool children consume 2 to 2.5 cups of milk and milk products a day and all other age groups consume 3 cups each day; the recommended amounts listed in the table provide guidance for appropriate portion sizes. The panel recommends only unflavored milk as a healthier beverage option for children and adolescents. Although limited evidence suggests that flavored milk increases key nutrient consumption,<sup>16</sup> recent analysis of the contribution of flavored milk to added caloric intake supports the panel's milk recommendation.<sup>17</sup> While not endorsing flavored milk as a healthy beverage, given the wide availability of flavored milk in schools, the panel provided a calorie limit for flavored milk (no more than 130 calories per 8-ounce serving) to help limit calories and added sugar intake.
- **Fruit juice:** 100% fruit juice provides some key nutrients, such as vitamin C, however juice lacks fiber and contributes to excess calorie intake.<sup>18</sup> The 2010 *Dietary Guidelines for Americans* recommend that the majority of fruit consumed should come from whole fruit rather than fruit juice.<sup>19</sup> The panel used this recommendation as a guide in developing the juice recommendations. Daily juice consumption should not exceed the amounts listed in the recommendations for healthier beverages.
- **Non-nutritive sweeteners:** Evidence suggests that when used judiciously, non-nutritive sweeteners could help reduce added sugar intake, and as a result, reduce caloric intake.<sup>20</sup> The panel therefore included a low-calorie beverage category for adolescents and adults based on the Food and Drug Administration definition of a low-calorie food.<sup>21</sup> This beverage category provides adolescents and adults with a wider range of beverage choices consistent with obesity prevention goals.
- **Caffeine:** The panel did not support offering products containing significant amounts of caffeine for school-age children and adolescents due to the safety concerns for this demographic, and the potential for adverse effects, including physical dependency and withdrawal.<sup>22,23,24</sup> In addition, there are currently no specific recommendations for caffeine intake and caffeine content is not required to be disclosed on nutrition labels, at this time, making it difficult to gauge intake. The Food and Drug Administration should consider the addition of caffeine content to future revisions of nutrition labels.

## Conclusion

Consumption of sugary beverages is a key contributor to many obesity-related health issues. This document provides information and advice for choosing beverages that support efforts to achieve and maintain a healthy weight. The reduction or elimination of sugar-sweetened beverage consumption has great potential to help Americans reduce caloric intake, improve diet quality, and reduce their risk for obesity. Implementation of the recommendations for healthier beverages across a variety of places and environments, such as child-care and afterschool settings, schools, workplaces, parks, recreational facilities, government property, and hospitals will support these efforts and help improve the health of all Americans.

## Glossary

**Sugar-sweetened beverages** or what are commonly called sugary drinks include all regular sodas, fruit drinks, sport drinks (e.g., fluid or electrolyte replacement beverages), energy drinks, and other beverages that contain added caloric sweeteners, such as sweetened tea and pre-mixed sweetened coffees.

**Water** consists of still or carbonated water without sweeteners, flavoring, additives (e.g., electrolytes), or stimulants (e.g., caffeine). Carbonated water is not recommended for preschool children ages 2 to 4, but is allowed for all other age groups. Any water beverages (including enhanced waters) that contain additional ingredients, must be considered under the “Other Beverage” category and are not recommended for children and adolescents.

**Sweeteners** consist of caloric or non-caloric sweeteners. The term sweeteners encompasses both caloric (e.g., sucrose, high fructose corn syrup, honey, evaporated cane juice) and non-caloric (e.g., sucralose, aspartame, PureVia, Erythritol) sweeteners.

**Fortified beverages** include all beverages with added nutrients, additives, or substances, such as vitamins, minerals, antioxidants, herbal ingredients, and caffeine.

**Synthetic food dyes/color additives** are defined by the Food and Drug Administration as any dye, pigment, or other substance not derived from natural sources, such as vegetables, minerals, or animals, that can impart color to a food.

## Acknowledgements

The panel for developing *Recommendations for Healthier Beverages* was convened by Mary Story, PhD, RD and supported by *Healthy Eating Research*, a national program of the Robert Wood Johnson Foundation. The project was planned, organized, and facilitated by co-chairs Tracy Fox, MPH, RD, and Arianne Corbett, RD. *Healthy Eating Research* thanks the expert advisory panel members for their contributions in the development of the *Recommendations for Healthier Beverages*.

**Mary Story PhD, RD (Convener)**

Professor and Senior Associate Dean,  
School of Public Health  
Director, Healthy Eating Research  
University of Minnesota

**Tracy Fox, MPH, RD (Co-Chair)**

Food, Nutrition, and Policy Consultants, LLC

**Arianne Corbett, RD (Co-Chair)**

Leading Health, LLC

**Pat Crawford, DrPH, RD**

Adjunct Professor  
CE Nutrition Specialist  
Director, Atkins Center for Weight and Health  
University of California at Berkeley

**William H. Dietz, MD, PhD**

Former Director, Division of Nutrition,  
Physical Activity, and Obesity,  
Centers for Disease Control and Prevention

**Jessica Donze Black, MPH, RD**

Director, Kids' Safe and Healthful Food Project  
The Pew Charitable Trusts

**Harold Goldstein, DrPH**

Executive Director  
California Center for Public Health Advocacy

**David Ludwig, MD, PhD**

Professor of Pediatrics, Harvard Medical School  
Professor of Nutrition, Harvard School  
of Public Health  
Director, New Balance Foundation Obesity  
Prevention Center, Boston Children's Hospital

**Cathy Nonas, MS, RD**

New York City Department of Health and  
Mental Hygiene

**Barry M. Popkin, PhD**

W. R. Kenan, Jr. Distinguished Professor  
Department of Nutrition  
University of North Carolina at Chapel Hill

**Marlene B. Schwartz, PhD**

Rudd Center for Food Policy and Obesity  
Yale University

**Elizabeth Walker Romero, MS**

Senior Director, Health Improvement  
Association of State and Territorial Health  
Officials

**Laurie P. Whitsel, PhD**

Director of Policy Research  
American Heart Association

**Margo G. Wootan, DSc**

Director, Nutrition Policy  
Center for Science in the Public Interest

While these individuals provided invaluable expertise, insights, and contributions, their participation on the panel does not reflect an endorsement of this document.

## Endnotes

1. Ogden CL, Kit BK, Carroll MD, Park S. Consumption of sugar drinks in the United States, 2005–2008. NCHS data brief, no 71. Hyattsville, MD: National Center for Health Statistics. 2011.
2. U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans*, 2010. 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010.
3. Malik VS, Schulze MB, Hu FB. Intake of sugar-sweetened beverages and weight gain: A systematic review. *Am J Clin Nutr* 2006;84(2):274–88.
4. Vartanian LR, Schwartz MB, Brownell KD. Effects of soft drink consumption on nutrition and health: A systematic review and meta-analysis. *Am J Public Health* 2007;97(4):667–75.
5. Malik, V. S., B. M. Popkin, et al. Sugar-sweetened beverages and risk of metabolic syndrome and type 2 diabetes: a meta-analysis. *Diabetes care*. 2010;33(11): 2477-2483.
6. Thamassebi JF, Duggal MS, Malik- Kotru G, Curzon MEJ. Soft drinks and dental health: A review of the current literature. *J Dent*. 2006; 34: 2-11.
7. Flegal KM, Carroll MD, Kit BK, Ogden CL. Prevalence of obesity trends in the distribution of body mass index among US adults, 1999-2010. *JAMA*. 2010;307(5):491-497.
8. Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of obesity and trends in body mass index among US children and adolescents, 1999- 2010. *JAMA*. 2012;307(5):483-490.
9. U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans*, 2010. 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010.
10. Daniels MC, Popkin BM. Impact of water intake on energy intake and weight, status: a systematic review. *Nutr Rev* 2010;68:505-21.
11. Ismail AI, Sohn W, Lim S, Willem JM. Predictors of dental caries progression in primary teeth. *J Dent Res* 2009;88:270-5.
12. Popkin BM, D’Anci KE, Rosenberg IH. Water, hydration, and health. *Nutr Rev* 2010;68:439-58.
13. Edmonds CJ, Jeffes B. Does having a drink help you think? 6-7-Year-old children show improvements in cognitive performance from baseline to test after having a drink of water. *Appetite* 2009;53:469-72.
14. Benton D, Burgess N. The effect of the consumption of water on the memory and attention of children. *Appetite* 2009;53:143-6.
15. Marshall T, Gilmore J, Broffitt B, et al. Diet quality in young children is influenced by beverage consumption. *J Am Coll Nutr* 2005;24(1):65–75.
16. Murphy MM, Douglass JS, Johnson RK, Spence LA. Drinking flavored or plain milk is positively associated with nutrient intake and is not associated with adverse effects on weight status in US children and adolescents. *J Am Diet Assoc*. 2008.108(4):631-9.
17. Briefel RR, Wilson A, Cabili C, Dodd AH. Reducing calories and added sugars by improving children’s beverage choices. *J Acad Nutr Diet*. 2012;113:269-275.
18. Committee on Nutrition. The Use and Misuse of Fruit Juice in Pediatrics. *Pediatrics* 2001; 107(5): 1210-1213.
19. U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans*, 2010. 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010.
20. Gardner C, Wylie-Rosett J, Gidding SS, et al. Nonnutritive sweeteners: Current use and health perspectives: A scientific statement from the American Heart Association and the American Diabetes Association. *Circulation*. 2012;126:509-519.
21. U.S. Food and Drug Administration. Guidance for Industry: A Food Labeling Guide. Appendix A, Definition of Nutrient Content Claims; October 2009. Available from: <http://www.fda.gov/Food/GuidanceComplianceRegulatoryInformation/GuidanceDocuments/FoodLabelingNutrition/FoodLabelingGuide/ucm064911.htm>. Accessed February 22, 2013.
22. Bernstein GA, Carroll ME, Thuras PD, Cosgrove KP, Roth ME. Caffeine dependence in teenagers. *Drug Alcohol Depend*. 2002;66(1):1–6.
23. Oberstar JV, Bernstein GA, Thuras PD. Caffeine use and dependence in adolescents: One-year follow-up. *J Child Adolesc Psychopharmacol*. 2002; 12(2):127–135.
24. Rapoport JL, Berg CJ, Ismond DR, Zahn TP, Neims A. Behavioral effects of caffeine in children. *Arch Gen Psychiatry*. 1984;41(11):1073–1079.

Community Health Commission  
2016 Subcommittee Roster

District	Last	First	Subcommittees				
			Health Equity	Public Education & Marketing	Electronic Controlled Weapon	Tobacco Minimum Age	Healthy Childrens Meal Beverages
1	Engelman	Alina					X
1	<b>Vacant</b>						
2	Smith	Kad	X				
2	Speich	Pamela				X	
3	Kwanele	Babalwa	X				
3	Thornton	David	X				
4	Stein	Antoinette	X		X		
4	Wong	Marilyn	X	X			
5	<b>Vacant</b>						
5	Wertman	Holly					
6	Franklin	Linda		X			X
6	<b>Vacant</b>						
7	Nathan	Neal	X			X	X
7	Wong	Andrew	X			X	
8	Chen	Leona				X	
8	Namkung	Poki					
M	Rosales	Ces	X	X			
M	Shaw	Mia					