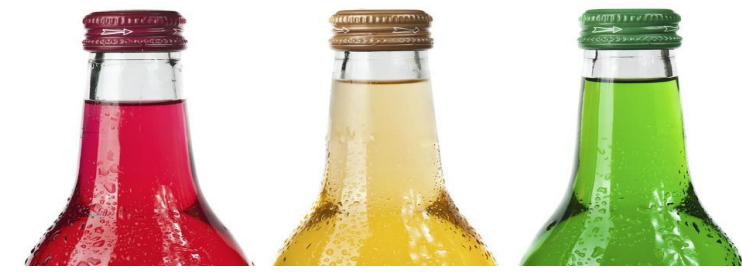


# Recommendations of Effective Strategies for Reducing Consumption and Availability of Sugary Drinks in Seattle/King County

Sara Diedrich, MPH-Nutrition Student & Dietetic Intern,  
University of Washington Nutritional Sciences Program



## Background

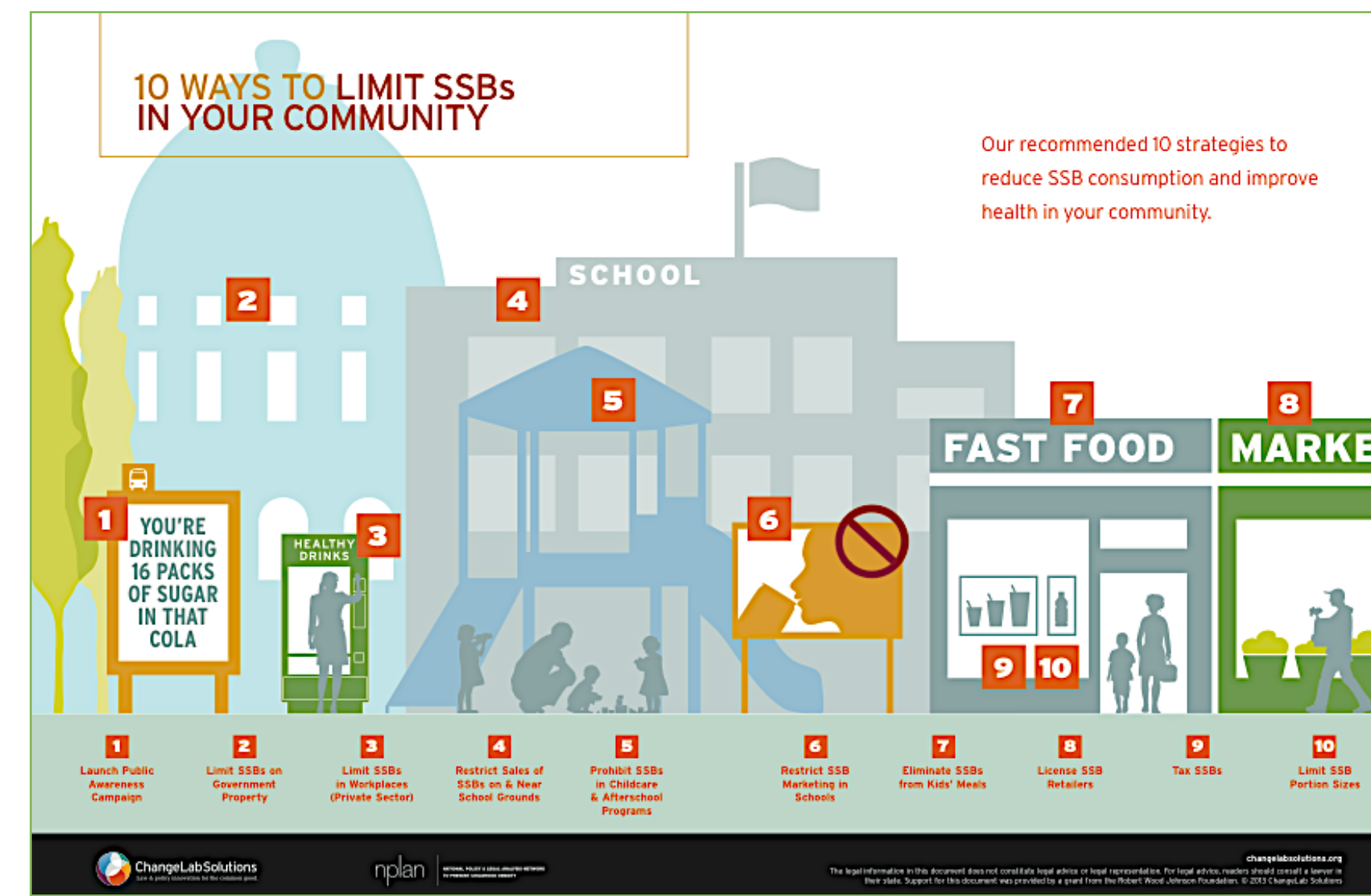
Sugary drinks are the largest contributor of calories and added sugars to the US diet.<sup>1</sup> In King County, approximately 54% of adults and one in five youth are overweight or obese.<sup>2-3</sup> Among high school students, daily consumption of at least one soda is highest among American Indian/Alaskan Native youth (40%), Hispanic/Latino youth (39%), Native Hawaiian/Pacific Islander youth (38%) and African American youth (37%) versus 30% for white, non-Hispanic youth.<sup>4</sup> Studies have shown that reducing sugary drink consumption is a promising strategy to reduce the prevalence of obesity and related diseases.<sup>5</sup>

## Purpose

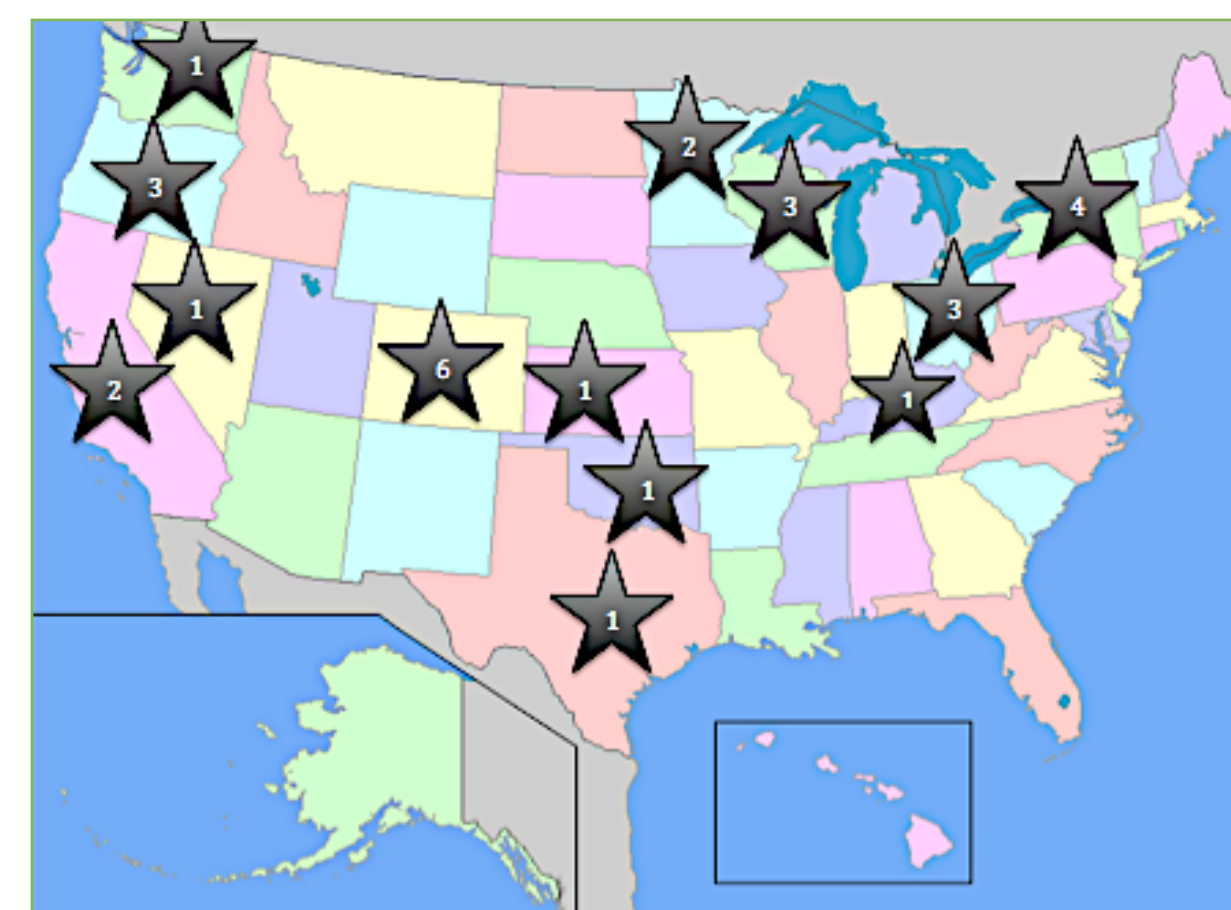
Public Health Seattle/King County has been working on efforts to reduce consumption and availability of sugary drinks for three years. While these efforts have had some success, it has become apparent that a more focused approach needs to be taken. Therefore, the purpose of this project was to identify effective strategies, supported by content experts, that better address the needs of the Seattle/King County community.

## Methods

- Review recommended strategies by content experts such as ChangeLab Solutions and Yale Rudd Center
- Summarize effective strategies from the Local Health Department and Sugar Sweetened Beverage Survey (sent Dec. 2013 - Jan. 2014)
- Conduct key informant interviews with partners from community based organizations, community clinics, task forces and coalitions.

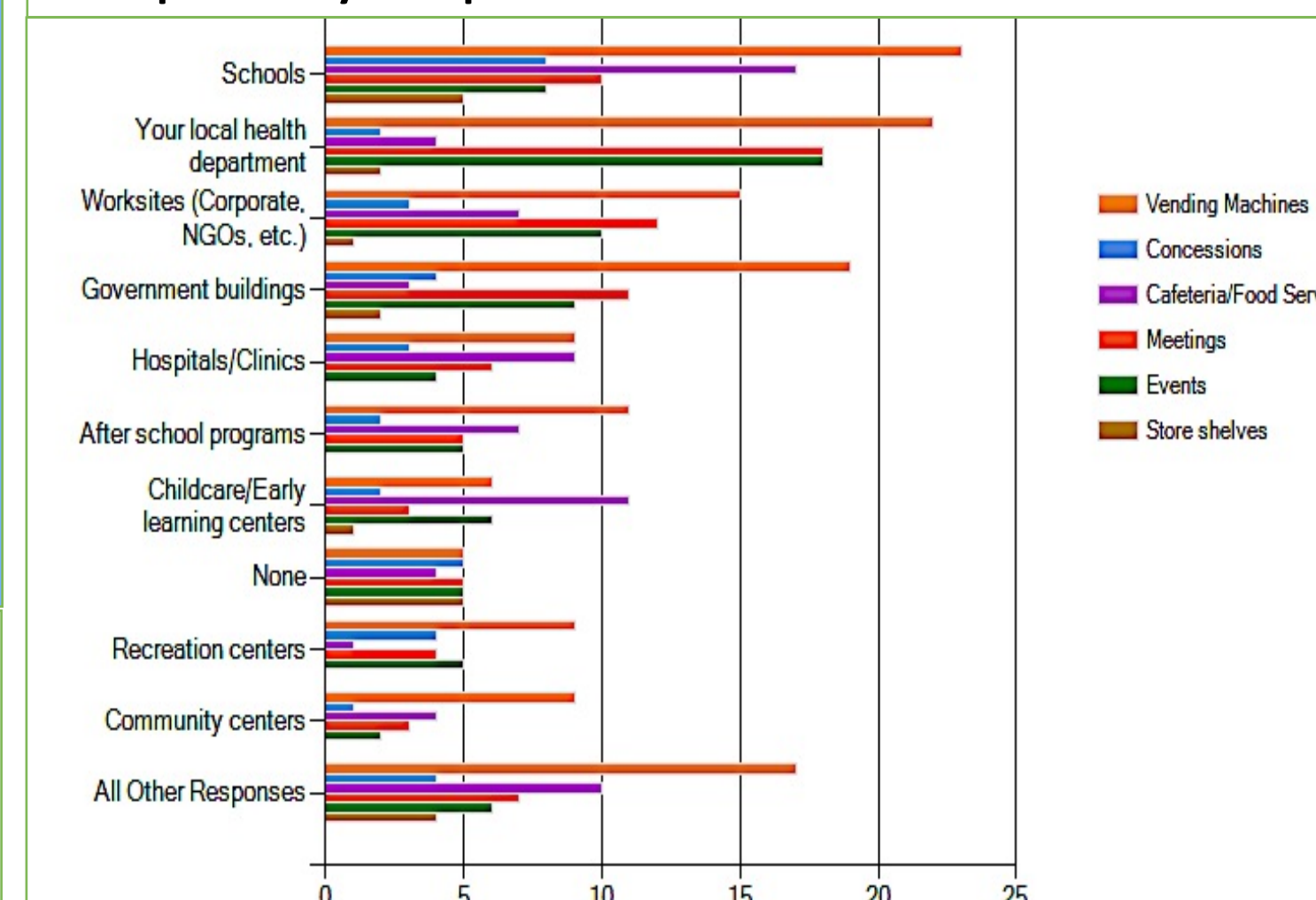


## Health Dept. SSB Survey Results



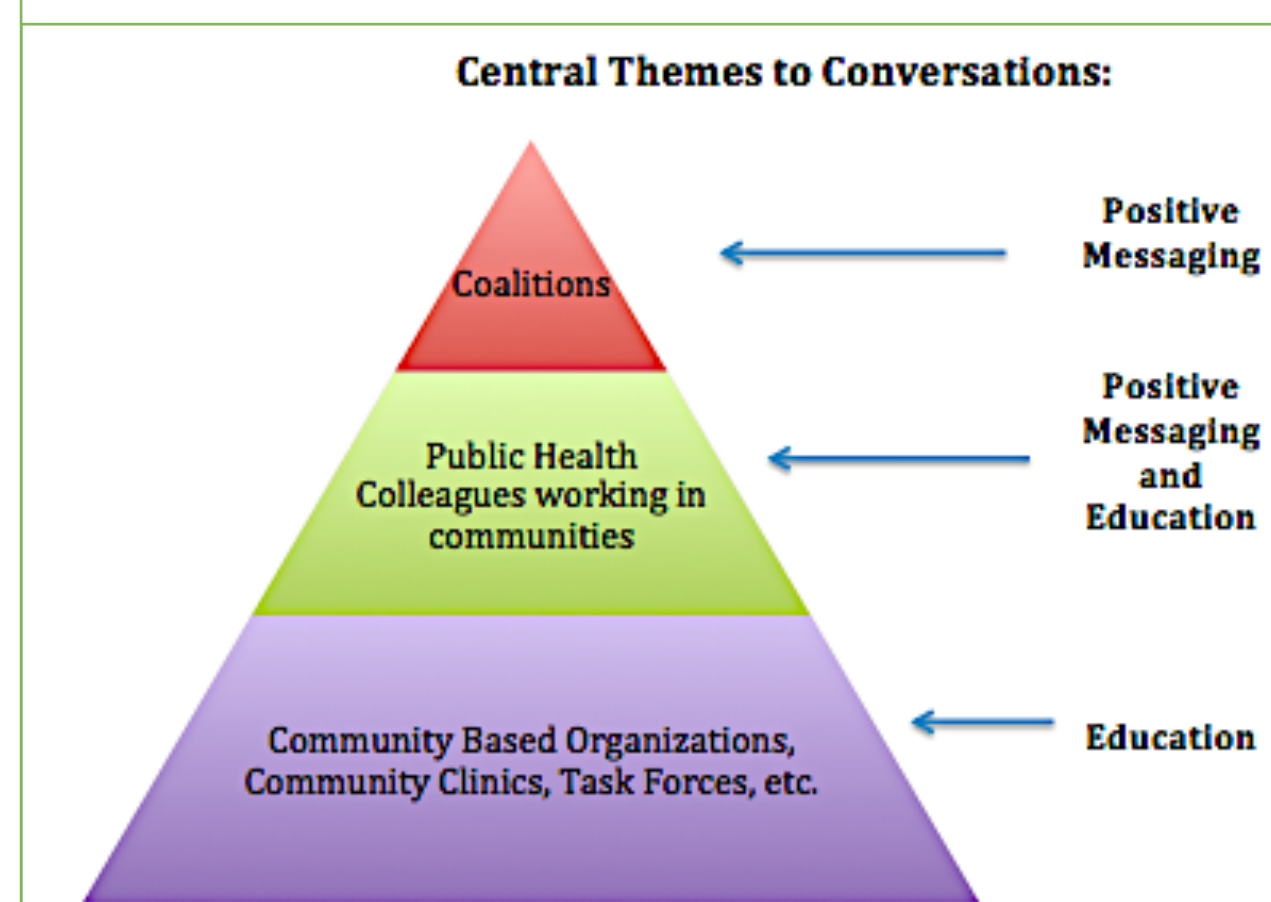
29 local health departments responded to survey about their sugary drink efforts

Where are sugary drink strategies most frequently implemented?



## Key Informant Interviews

PHSKC colleagues  
Healthy King County Coalition  
Childhood Obesity Prevention Coalition  
Healthy Auburn Task Force  
Seattle Indian Health Board  
Global to Local  
Horn of Africa Services  
Sea Mar  
Center for Multicultural Health  
International Community Health Services



## Recommendations

- 1. Education about the harmful effects of sugary drink consumption is still necessary at the individual level**
  - Must be taught by people who work within the community and Information must be tailored to specific populations
- 2. Target education at kids**
  - Vital in refugee population (sugary drinks are not available in their home countries)
  - Kids can be advocates and teach parents
- 3. Campaign/Messaging needs to be positive**
  - Telling people what NOT to drink does not work
  - “Legislators are more likely to support a bill that increases access to water than a bill that eliminates sugary drinks.”
- 4. Messaging needs to be as centralized as possible**
  - Collaboration with community partners is key
  - “One voice across our state promoting the same messages and using the same measures, much like the efforts we have seen used in tobacco control.”
- 5. Unhealthy environment needs to be addressed**
  - Sugary drinks are cheap and available everywhere
  - Need to make the healthy choice the default option
- 6. Focus efforts in schools and worksites**
  - Early education is essential for kids
  - Staff will not be effective educators until they understand why sugary drink consumption is harmful

## Acknowledgements/References

Thank you to my preceptor, Blishda Lacet, MPH, MBA and the Healthy Eating Active Living Team at PHSKC for their guidance on this project. Due to space constraints, please contact Sara Diedrich ([sarad22@uw.edu](mailto:sarad22@uw.edu)) to view reference list.