



Words of Wellness



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HOLIDAY GUIDE FOR WELLNESS

The newspapers, magazines, and e-mails flooding us this month are awash with “holiday guides.” We think our readers would appreciate a “guide” focused on wellness issues. It seems obvious that the holiday season contains a yin-and-yang of wellness and unwellness. Pro-wellness aspects include opportunities for fun and recreation, being with friends and family, breaking from the routine of our work and school lives, or perhaps practicing cultural or traditional rituals. Opportunities for unwellness include overeating/rinking, overspending, stress due to deadlines, traffic, and travel, and breaks from our normal routines. Many strategies for handling holiday stress may be in *your* own Wellness Recovery Action Plan (WRAP) or your personal wellness routine. The following are ideas to help you maintain a sense of balance:

Put wellness at the top of every holiday list and effort.

Consider what impact every action or activity is likely (or possible) to have on your wellness, and make informed choices to engage in, modify, or “pass” on that activity. You cannot attend every gathering, visit every relative, and carry out every family tradition. One good bit of “news” is that the whole community feels stress; “I just can’t make it” or “We’ll have to get together when things are less hectic” should be acceptable (and maybe secretly very welcome) to friends and family. Making decisions to “pass” on some activities also includes self-forgiveness.

Think about wellness in the gifts you give. Can you give somebody an item that supports one of their wellness activities, or opens them up to new ones? Is there a book or video you think could enhance a friend or loved one’s wellness? Can you give somebody a relaxation or exercise class, or a gift of time that enhances his or her wellness? Are the toys you give safe and age-appropriate? Are the foods you give as gifts or serve to your friends wholesome? Do the gifts you give reflect *your* wellness and other values?

Do it with your head, not over it. Whether “it” is eating, drinking, shopping, or caroling, you need to *know* your limits and *honor* your instincts. Overspending has become a “tradition” for many, and it is worth thinking about how to avoid gift or spending escalation. Can you and relatives or colleagues do a “Pollyanna” or “Secret Santa,” rather than buy individual gifts? Can you give a gift of something

homemade, or a photo of a shared memory, or a commitment of future time/effort, rather than something store-bought?

Stick to the routines and activities that help you be well.

For some people, this may mean rigid adherence to wakeup and meal times over a vacation period or while traveling. For others, it may be about making sure to get in your exercise, meditation, prayer, etc. Many of us just need to schedule “down time.” Going “cold turkey” from work or our volunteer activities can also be an issue. While it is a matter of preference, you may feel better having one portable work chore or checking your work e-mail.

Know what tends to make you to feel stressed or overwhelmed. For some of us, lack of sleep is a serious trigger. Some of us cannot tolerate alcohol. Others can become overwhelmed by too much stimulation often associated with holiday events.

Learn from the past. If a friend or family member has a years-long tradition of getting drunk and saying nasty things that send you off crying, then think about how you will deal with or avoid the situation.

Accept the sadness that comes with the holiday season. People often think of departed relatives and close friends during holiday observances. Be prepared for that moment of mourning. Consider sharing that moment in a conversation with someone else who misses that person, or doing something to honor their memory.

Keep a focus on safety. Holidays create a range of risks, such as:

- climbing ladders while decorating
- carrying packages on icy sidewalks
- intoxication and impairment (whether yours or that of someone else)
- fire risks, such as those from candles, fireplaces, electric decorations, and space heaters

We think it is imperative to think about safety in every situation. Many safety risks can be reduced by careful planning, knowing your limitations, and asking for help. Another example of a safety risk that may be increased

with holiday activities is food safety. It may be worth your while to review the USDA's *Food Safety: Food Storage, Preparation & Handling* guidelines at http://www.fsis.usda.gov/Help/FAQs_Hotline_Preparation/index.asp/.

Think very carefully about the wellness aspects of travel.

Whether traveling on the road or by common carrier, you are likely to encounter crowding and delays, which impact wellness for many of us. Some of us may be "set off" to unwellness by changes of plans. Others may not feel well by some aspects common to air travel¹, such as security provisions, prolonged tobacco deprivation, dehydration, crowds, cramped seating, crying children, and a "hurry up and wait" model. Mistakes in packing, including forgetting needed medications or components of medical appliances, are also a wellness risk.

Think about your New Year's resolution. Choosing to make a resolution is, of course, a very personal issue. Many people do, and their resolutions are generally on health and wellness issues. They are resolutions that take the form, "I am going to invest my time, energy, attention, and other resources in order to try to accomplish [my goal] because it is something I wish to do for myself." Some people stick to their resolutions, others may not. The following ideas may be useful in setting and keeping a New Year's resolution:

- Set a goal that is meaningful to you.
- Think about the resources you will need to achieve the goal.
- Learn from prior experiences, but do not assume that a prior failure is a predictor of a future failure.
- Break the goal into measurable objectives, and track yourself to those objectives. You may seek help from a friend, counselor, or life coach to help you to set objectives, measurements, and methods of tracking your success.
- Enlist support. Support can be very helpful from a friend, or someone you trust who can help you in your efforts.
- Think about replacement. It is important to replace a behavior or activity, rather than just take something away from yourself.

¹ such as security provisions, prolonged tobacco deprivation, dehydration, crowds, cramped seating, crying children, and a "hurry up and wait" model.

- Keep reading this newsletter. We hope it offers ideas that inspire your wellness efforts.

We wish you a happy, healthy, and peaceful holiday season. We look forward to continuing to share *Words of Wellness* with you in 2009.

ENVIRONMENTAL WELLNESS

One of the CSPNJ self-help center regional coordinators, Karen Burke, has shared a fascinating weblink with us regarding environmental wellness. *The Story of Stuff* by Annie Leonard (www.storyofstuff.com) is a 20-minute animated documentary, claiming over 4 million viewers in its first year of being online. It goes beyond typical ecological education by asking viewers to consider questions like "Why do we consume so much," "How is consumption changing the face of the planet," and "What costs did people other than you pay to get the 'stuff' into your hands?"

TEN-BY-TEN WELLNESS CAMPAIGN UPDATE

A range of organizations, including the federal and state governments, are working together on the Ten-by-Ten campaign, to reduce the early mortality of people with mental illnesses *by ten years in*

ten years. One key aspect of that campaign is information sharing, so that best practices, emerging research, motivational material, and more can be shared among interested parties. A recent update contained a number of interesting points.

The National Wellness Summit for People with Mental Illness webpages, hosted by Boston University's Center for Psychiatric Rehabilitation, has enhanced the "resources" section². This now contains links to articles (sometimes to abstracts or opportunities to purchase books) on a mix of topics related to impacted wellness for people with mental illnesses and various strategies to combat the impact.

The federal Healthy People 2020 effort³ sets up objectives for the campaign which follows on from "Healthy People 2010." While it is a set of goals, objectives, and plans, with no specific resources, it is worth viewing for some idea of the objectives for improving the health of the nation as a whole, and to find out how to participate in the refinement and implementation of the plans and objectives. People visiting the website can also subscribe to a listserv.

The "Toolkit for Implementing the Chronic Care Model in an Academic Environment"⁴ has the potential to help academic medical centers, which have traditionally been focused on acute medical conditions, do 2 things:

² www.bu.edu/cpr/resources/wellness-summit/wellness-resources.html

³ www.healthypeople.gov/hp2020

⁴ www.ahrq.gov/populations/chroniccaremodel

1. improve their delivery of care for people with long-term diseases, and
2. improve the way in which they prepare young physicians to deliver care for people with long-term diseases.

The FECS mental health program in New York City and Eastern Long Island recently conducted a demonstration of “Integrated Collaborative Case Management Demonstration,” ICCM. “The immediate goal of the ICCM is to teach consumers and case managers how to collaborate with one another and to work with consumers’ psychiatrists and primary care physicians to detect and treat the signs and symptoms of Metabolic Syndrome.” “The ICCM researchers expect that the implementation of this ..program and the knowledge it passes on will ultimately result in longer and healthier lives for consumers.” Details are at www.iwatch.org/2008/04/access_to_care_training_consum.htm

The Friendship Network (www.friendshipnetwork.org) is a program operated by NAMI Queens-Nassau, which serves adults living with a mental illness in New York City, Eastern Long Island, *and Northern New Jersey*. The Friendship Network is specifically designed to help people combat the loneliness and socialization fears experienced by many people with psychiatric illnesses. The key activity of The Friendship Network is matching people for social relationships, both romantic and non-romantic. They also support people’s socialization efforts through “socialization workshops” and

group tennis lessons and swim parties. The impact of socialization on psychiatric recovery and overall wellness is strong and well accepted.

Finally, this update mentioned New Jersey’s own

CHOICES (Consumers Helping Others to Improve their Condition by Ending Smoking” program (www.njchoices.org). With a range of interventions to help reduce tobacco use in the mental health community, and a number of articles in the peer-reviewed literature as to the program’s effectiveness, CHOICES is also considered innovative in that it is almost entirely delivered by mental health peer providers. CHOICES offers a free e-mail newsletter subscription on its website.

GETTING TO KNOW YOU

By Jeanne Rohach, Trainer & Group Facilitator
New Jersey Self-Help Group Clearinghouse

One of the responsibilities of a support group facilitator is to make it easier for group members get to know each other and help build group camaraderie. Camaraderie is developed when group members share experiences and insights that lead them to recognize similarities among them with regard to their feelings, struggles, needs, and wants. There are a variety of techniques that can be utilized in a support group to help members reveal personal stories and discover points of connection and identification.

Below are just a few suggestions that may help honor each group member’s life experi-

ences and offer opportunities for building group camaraderie:

- Have group members bring something from home that has meaning to them. Each group member is al-

REPORTS ON HEALTH ISSUES PUBLISHED

The National Association of State Mental Health Program Directors (NASMHPD, www.nasmhpd.org) is an organization representing the state-level public mental health authorities throughout the US. In addition to advocating for the common needs of state mental health systems, NASMHPD and its subsidiary councils and institute take on various research and standardization efforts aimed at improving public mental health service delivery and the lives of people using public mental health services. One area NASMHPD has taken on is that of the poor health and shorter lives of mental health service recipients.

In September, NASMHPD issued *Obesity & Prevention Strategies for Individuals...* (www.nasmhpd.org/general_files/Obesity%2010-8-08.pdf). In addition to looking at the prevalence and causes of obesity in people served, the report goes on to identify interventions which can assist with weight reduction and stabilization, and to make recommendations which can be implemented at the local, state, and national level.

In October, NASMHPD issued *Measurement of Health Status for People...*

(www.nasmhpd.org/general_files/publications/med_directors_pubs/NASMHPD%20Medical%20Directors%20Health%20Indicators%20Report%2011-19-08.pdf). This report is framed around the vision of providing integrated healthcare in the mental health system. It identifies as the first step of that vision the need for “creating ... capacity to measure ... data and the ... impact of ... initiatives through a standard set of health indicators” and the “adoption of proven ... surveillance tools.”

We not only encourage our readers to look at these publications, but want to be a forum where discussion about their content, and stories about strategies, can be shared. Contact nleditor@cspnj.org.

lotted several minutes to explain why his or her item has meaning.

- Have group members share whom they admire and why.
- Each group member brings in a favorite quote or saying. Each member is allotted a few minutes to read the quote aloud and share his or her thoughts.
- Give each member a pen and a piece of paper. Have group members write their name at the top of the page. Have group members pass their paper to the person on their left. Each member should write something positive about the person whose paper they are now holding i.e., write a brief sentence regarding what this person has taught you, or write a trait or quality this person has that you admire. Continue passing the papers to the left until each person has had the opportunity to write on every member's sheet.
- As a group, get involved in a "one-time" volunteer project. Give group members the opportunity to share feelings about the experience during a group meeting.
- Have each group member answer the following question: Who, or what, am I grateful for this past week, and why?
- Have group members create a special closing that is to be used at each meeting. Examples could be a theme song, a poem or saying, a silent group handshake, etc.

The NJ Self-Help Group Clearinghouse provides free consultation to existing self-help groups. If your group is interested in more ideas and suggestions to help make the most of the support group experience call the Clearinghouse at 1-800-367-6274.

FINANCIAL WELLNESS

It is undeniable that many Americans at all levels of income are experiencing major financial strains. Overall wellness is impacted by financial stressors, which take many forms from having doubts about the ability to finance one's retirement, all the way to being repeatedly homeless due to the inability to rent a room. Financial strains can obviously impact many other dimensions of wellness, such as:

- Hungry days, sleepless nights, and reduced access to necessary medical care (physical);
- Inability to secure appropriate housing (environmental);
- Family discord (social);
- Possible increased risk for depressive episodes and/or suicide (emotional); and
- Serious inability to maintain a "sense of peace" (spiritual).

SUCCESS STORIES FROM CSPNJ'S FINANCIAL WELLNESS PROGRAMS

NF graduated as a Computer Electronic Technician from a trade school with the CSP/CEC IDA Program's assistance. He participated in the matched savings program for over 5 years and expressed that it would not have been possible to reach his education goal without the match from the CSP/CEC IDA program and program staff support. He is now assisted by the school placement department in finding a job in his field.

MK received the services of the Financial Management Bill-Pay program for 2 years, and then spent several years managing her own finances without the program's support. She found herself falling behind on bills, and becoming very stressed out. She decided to enroll in the program again, and attributes the receiving of a weekly spending check to being one of the major factors in her financial recovery because she knows she will have spending money every week.

LW saved up to pay the security deposit for her new apartment, but could not save enough money, and was at risk of losing the apartment she wanted. A CSPNJ staff member referred her to the Emergency Loan Program, which helped her to be able to move on a timely manner to the apartment of her choice. Due to the fact that she was taking the right steps to reach that goal and was already working on changing her budget to be able to save, the Emergency Loan application process was very easy for her and she was even able to pay the loan off earlier than required.

Check back for future success stories at www.cspnj.org/services/financial_services/hall_of_fame.html

An interesting "financial fitness quiz" is online at <http://njaes.rutgers.edu/Money/ffquiz/> In addition to helping you assess your "financial health," this link will give you access to a whole body of information collected by Rutgers on financial wellness. We were impressed by the "Small Steps to Health and Wealth™" program (<http://njaes.rutgers.edu/sshw/>), for which the stated goal is to motivate people "to implement behavior change strategies that simultaneously improve their health and personal finances."

Obviously, our community of people living with mental illness is at a high risk for financial strain, due in large part to unemployment/ underemployment, lack of preparation for jobs that pay well, dependence on inadequate public benefits, and poorly designed benefit programs

that take some benefit money away from people who take on even modest amounts of paid employment.

In two articles widely quoted in the field of Psychiatric Rehabilitation, Joe Marrone and Ed Golowka asked “If work makes people with mental illness sick, what do unemployment, poverty, and social isolation cause?”⁵ Pat Deegan observed that “mental illness too frequently comes as a package plan that includes poverty, unemployment, poor medical care, marginalization, and second-class citizenship.”⁶

For many, poverty has more profound negative impacts than the signs, symptoms, and label of mental illness itself⁷. Many people lack the financial skills (financial literacy) needed to carry out the basics of money handling and make good financial decisions. There are many reasons for this. One notable one is that some financial skills are built up from experience, so not having money leads to not having the chance to handle money. An example of the effect of limited financial experience is that people are susceptible to bad deals both on the goods and services they purchase *and* on the money they secure to purchase them. Predatory lenders often take advantage of people living with and without mental illness. Additionally “payee arrangements” may help people pay

⁵ Marrone J & Golowka E (2000). If work makes people with mental illness sick, what do unemployment, poverty, and social isolation cause? *Psychiatric Rehabilitation Journal*;23 (2):187-193. This article is available on line at <http://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1374&context=gladnetcollect>

⁶ Deegan, PE (1993) Recovering our sense of value after being labeled mentally ill. *Psychosocial Nursing and Mental Health Services*;31(4):7-11.

⁷ Swarbrick, M (2006). Asset-building financial self-management support model: A promising practice. *Journal of Psychosocial Nursing*, 44(10), 22-26.

bills, but limit people from having the chance to exercise their financial decision skills and to make the mistakes that are often a source of learning.

Sometimes symptoms associated with any kind of illness can create financial strain.

Sometimes people overspend, which creates a drain on financial resources. There is also an effect where many people who have had trouble maintaining financial obligations become unable (due to outstanding collections) or unwilling (due to collection fears) to maintain regular accounts at a commercial bank, savings and loan, or credit union. They turn to check-cashing services, money orders, and payday loans to meet their need for financial services. These services charge high fees and/or interest, further cutting into people’s limited finances. At the same time, people’s debts often remain unaddressed, contributing to further financial strain. Services such as representative payees and debt consolidation agencies, while not as expensive as check-cashing services, money orders, and payday loans, also have costs that eat away at limited incomes.

CREDIT UNION COULD GREATLY EXPAND FINANCIAL SERVICES

CSPNJ is in the process of trying to launch a low-income credit union. This credit union, if it goes forward, would be able to offer members:

- effectively the kinds of services CSPNJ currently offers to clients (i.e., bill-paying, financial education/counseling, IDAs/savings clubs, low-interest microloans);
- check cashing/money orders and low interest rates for larger loans (including car loans and mortgages); and
- services in a setting that is conscious of the effects of poverty and the impacts of public benefit programs.

A list of “frequently asked questions” regarding the type of credit union we are attempting to open is on the following page.

The credit union is currently attempting to gather up enough possible members to move forward with obtaining approval from state regulators in order to open. We highly encourage you to consider whether you might want to express your support. If so, then we would suggest that you request and complete a “credit union pledge form.” You can request the form, and get answers to your questions about the proposed credit union, by contacting Peter Stahl at: 732-780-1175, ext 27. pstahl@cspnj.org.

Casual and formal surveys tell us time and again that people with psychiatric disabilities want to achieve more financial self-sufficiency. For example, one set of researchers⁸ noted that “the most frequently mentioned rehabilitation goals pertained to improving consumers’ financial situations.”

Various kinds of supports and interventions have been developed to help people deal with financial strain. Recognizing the limited success that has been the result of

⁸ Lecomte T, Wallace CJ, Perreault M & Caron J (2005). Consumers' goals in psychiatric rehabilitation and their concordance with existing services. *Psychiatric Services*; Feb;56(2):209-11.

many of those, CSPNJ⁹ has developed a set of services that are aimed at helping to build *financial skills and self-sufficiency* among service recipients. These services are summarized below:

- **Help building financial skills.** This includes training as part of money handling and supportive services, as well as a set of “financial literacy” trainings. These are now offered to the larger mental health community through our “Financial Fitness Self-Help Center,” which provides trainings twice a month on related topics.¹¹ Topics covered in the past few months include “Investing 101,” “Insurance,” and “Finances of Buying a Home.” Details of upcoming trainings are in the monthly calendar edition of this newsletter. Readers are also welcome to an email subscription to the CSPNJ financial fitness newsletter.¹² Information on upcoming trainings, and

ANSWERS TO YOUR QUESTIONS ABOUT OUR POTENTIAL CREDIT UNION

What is a credit union?

A credit union is like a bank in terms of the services it offers, but it has a more specific target group of customers, called its *defined field of membership*. It is owned by its members, and instead of a profit, it uses any money it takes in to provide better services, such as better interest rates, low or no fees, etc.

What is the difference between a credit union and a low-income credit union?

A low-income credit union serves a low income membership and offers additional services that one might not find at a mainstream bank such as small loans to people who would not be able to get a loan from a bank. The products and services of a low-income credit union are designed to be affordable, accessible, convenient, and definable by its members.

Who would be eligible to join this credit union?

Anyone associated with CSPNJ and Community Enterprises Corporation including but not limited to the employees, consultants, residents, self-help center attendees¹³, support service recipients, board members and their immediate family members.

Because this is a low-income credit union, is there an upper limit on members' incomes?

No. People making decent incomes are welcome to join. While only people can be credit union members, companies and agencies are welcome (and encouraged) to open deposit accounts. Deposits will be insured by the National Credit Union Administration up to a maximum of \$250,000 per account holder¹⁴.

If I have a credit report issue how will that be affected by joining this credit union?

No information is released without members' permission, in accordance with the law. The credit union will offer budgeting and counseling services to help with situations such as debt and credit report issues.

Where would a credit union run in association with CSPNJ be located?

Actual “business locations” would be at CSPNJ’s offices in Absecon, Clifton, Eatontown, Freehold, and Salem. Specific capabilities for Automated Teller Machine (ATM) use and banking by mail, phone, and internet would assure that members around and outside the state are able to accomplish their banking business.

checkbook.

presentations from prior trainings, are on the web at: www.cspnj.org. **Actual money handling help.** Some individuals use a “financial management bill pay account” service run by specialized agency staff to pay their bills. Many who use such an account use direct deposit, and some may be in a “payee” relationship for public benefits. It is a CSPNJ policy that payeeships are time-limited, and not intended to replace a person’s need to develop financial skills. Others access direct assistance as needed from service provider staff for writing checks, paying bills, balancing their

⁹ Including the agency’s financial services and property development subsidiary, Community Enterprise Corporation

¹⁰ As described at

www.cspnj.org/services/financial_services/overview.html

¹¹ Trainings are offered in Freehold and can be accessed elsewhere via teleconference.

¹² E-mail zreyes@cspnj.org.

¹³ Meaning that any adult with any kind of mental health issues in any of the 17 NJ counties where we operate centers could join.

- **Specific assistance at dealing with unmet financial obligations.** Noting the emotional impact that nagging creditors and fear of collection actions has on many people, CSPNJ financial services staff offer clients a finance/credit assessment, and then work with them at dealing with creditors and making and implementing plans to pay off old debts. Many people are able to resume regular banking relationships or obtain modest credit lines after such resolution. Just as importantly, many people are able to relieve themselves of a great deal of emotional discomfort through confronting and repaying debts.
- **Programs for savings.** Clients are able to save, using even modest earned income, through a variety of savings plans. These range from a Simple Purchase Savings Account, which is a 3-month program, through the Individual Development Account (IDA), which can run 3-5 years, and is designed to support savings toward a specific major purchase such as home ownership, business start-up, car, or post-secondary education. Federal and private donations are used to allow savings in these plans to be matched, leading to increased buying power and increased incentive to save. The plans are structured so that the matched funding is *not* counted towards the client's cash wealth, thereby preventing the money from jeopardizing Supplemental Security Income (SSI) and some other benefit programs.
- **Emergency micro loan programs.** When the "unexpected expenses of life¹⁵" occur,
 1. People without disabilities are more likely to have savings or other assets they can turn to money to cover the expense than people with disabilities. The rules of SSI, for instance, make it virtually impossible for a person receiving those benefits to have significant savings.
 2. People with and without disabilities often turn to family for help with such expenses, but family help may not be available.
 3. People without disabilities often cover such expenses through credit, which is often unavailable to a person with a very limited income.

As a result, CSPNJ offers some simple interest-free loan programs (typically for amounts up to \$500, with a 9-month or less term for repayment). Borrowers often work with a savings plan or "financial management bill pay account" in order to ensure timely repayment.
- **Tax help.** In 2008, CSPNJ became a Volunteer Income Tax Assistance (VITA) site, in a program operated in collaboration with the Internal Revenue Service (IRS).

Several CSPNJ clients and staff became volunteer tax preparers, and were assisted in their efforts by CSPNJ financial services management. Several self-help centers made group trips to the VITA site in Freehold during the 2008 tax preparation season. In addition to allowing tax preparation assistance to be brought "under the roof" with other financial services, benefits of the VITA effort included:

1. allowing clients to get their tax help from people both sensitized to our disabilities and specifically aware of the financial issues around public benefit programs
2. helping some people resolve prior debts and collections with the IRS
3. helping some people become aware of tax credits, which entitled them to claim tax refunds
4. helping quite a few people claim the "economic stimulus payment" offered by the US Government in 2008
5. giving the VITA volunteers an opportunity to learn and demonstrate skills which will assist them in both personal and employment domains.

CSPNJ is planning to operate the VITA site again in 2009.

THE PROBLEMS WITH OUR SOFT DRINKS

A quick look through both professional literature and popular articles will show many sources pointing out the negative health impacts of sugared soft drinks¹⁶ on adults and children. Many researchers say that high consumption on sugared soft drinks in our country (and some others) is a leading cause of the childhood obesity epidemic and the huge growth of Type II diabetes¹⁷ in children/teens.

Besides being a significant source of calories¹⁸, the dense sugar content¹⁹ of soft drinks has the potential to turn more rapidly to fat than other sugary foods. That effect is the same with sugared sodas other than cola²⁰ and with non-carbonated sugared soft drinks²¹. ***Looked at another way, a person consuming a bottle of sugared***

¹⁴ The law raising the per-depositor insurance from \$100,000 to \$250,000 will expire on December 21, 2009, and may or may not be renewed by congress.

¹⁵ Car or home repairs, unreimbursed medical or dental care, veterinary care, travel for family emergencies, etc.

¹⁶ For example, we noted about 27,000 Google™ search hits on the terms "beverages" and "obesity" on Government-maintained web pages.

¹⁷ i.e., that diabetes caused primarily by obesity and other lifestyle issues

¹⁸ 40+ grams of sugar, 148 calories in a 12 ounce can of Coca Cola

¹⁹ While the actual ingredient in the beverage may be sugar or corn sweetener, these both are converted to, and treated as sugar by the digestive tract.

²⁰ 39 grams of sugar, 144 calories in a 12 ounce can of Sprite

²¹ 22+ grams of sugar, 80 calories in 12 ounces of Kool-Aid.

soda a day (not uncommon for some people) is taking in 56 teaspoons, or more than a full cup, of sugar!

Energy drinks” are an even denser source of sugar. An 8.3 ounce can of Red Bull has the same 39 grams of sugar as a 12 ounce can of most sugared sodas.

Even drinks being consumed for healthy effect can be high in sugar. A standard can of SlimFast diet shake gets 63% of its 220 calories from its 34.5 grams of sugar.

A 20-ounce bottle of Gatorade contains 35 grams of sugar. An eight ounce glass of orange juice, while having many health benefits not found in sodas and artificial soft drinks, gets 80% of its calories from its 24 grams of sugar. In comparison, a cup of coffee or tea with 2 teaspoons of sugar contains about 8 grams of sugar.

This all creates an obvious action for anybody concerned with their weight, or concerned with the risk of developing diabetes, to significantly restrict or eliminate sugared soft drink consumption (which is clearly imperative for anybody who is already diagnosed with diabetes). Switching to artificially sweetened soft drinks may not be an ideal choice. Some recent studies suggest that diet soda may play a role in weight gain²². The relationship between caffeine consumption, insulin secretion, and insulin resistance in humans is not fully understood. Modern artificial sweeteners (sucralose, aspartame, and saccharin) do not carry any health warnings in the US, and sucralose, the one most common in diet beverages, has been ranked as “safe” by the Center for Science in the Public Interest. However, there is a long history of health concerns in artificial sweeteners, and many experts recommend controlling the amount of their daily intake.

Water is the natural choice of beverage. The human body is adapted to drinking water, needs water, and can function well without any other beverage. Water probably hydrates the body better than any other beverage, and improved hydration is associated with a range of health benefits. Tap water in most New Jersey communities costs between 1¢ and 2¢ per gallon. Many people are successful at switching their beverage consumption to water, others are not, and report challenges of habit or taste. For those reasons we offer the following suggestions:

Watch for our “calendar edition” around New Years Day - featuring information on our March 19-20 Wellness Conference.

Watch for our next text edition on or around January 15.

Newsletter subscriptions, comments, and article submissions can go to neditor@csnpj.org.

- Consider the possibility of switching from sugared soft drinks to a combination of sugared drinks, artificially sweetened drinks, and water in a planned incremental change. You may be able to taper your use of the sugar promptly, and the artificial

sweeteners later on.

- Consider replacing fruit juice intake with fresh fruit. Not only does fresh fruit have more dietary fiber than its “juiced” counterparts, but it often represents less

of a sugar impact on the digestive tract.

- If you do not like the taste of the tap water available to you, consider the alternatives. Can you purchase a water filter? Can you squeeze in a wedge of lemon or lime in each glass (less than 1 gram of sugar)? Some people try other flavors, such as cranberry, cucumber, or mint. Can you advocate for a water cooler at your workplace²³? Would you rather get some of your water as carbonated water? Can you bring water from home? Even if you choose to purchase spring water at the grocery, it need not be expensive. Gallon plastic bottles of spring water often sell for under \$1.00. **Health Hint: Switching to bottled water may deprive you of the sodium fluoride added to our public water supply, and place children’s teeth at greater risk of cavities.**
- What do you need to do to make water available to you? Just having a pitcher of water in the refrigerator may help you and your family choose water more often. Many people purchase a reusable plastic container which they freeze overnight with an amount of water they work out. They add tap water to the container in the morning, and have enough cold, liquid water to last through the day. Others just reuse spring water drinking bottles, and fill them with tap water.
- Do you need to develop an incentive or tracking plan to help you transition your beverage consumption? Noting the importance of water, many diet plan trackers have places where users check off each cup or glass of water they consumer. You can easily do that with your own calendar or planner.

As always, we are interested in hearing of our readers’ success stories in making this kind of healthy change.

²² See, for example, Lutsev PL, Steffen LM & (2008). Dietary intake and the development of the metabolic syndrome: the Atherosclerosis Risk in Communities study. *Circulation; Feb 12;117(6):754-61*.

²³ Federal occupational safety law requires that all employers provide employees with drinkable water at no cost.