



Healthy Beverage Policies

Key Definitions and Sample Standards

One of the fundamental steps to creating a healthy beverage program is developing a written policy that defines “healthy” beverage and sets clear, consistent standards. Healthy beverage policies should include definitions for important terms or concepts such as “healthy beverage” and “sugary drink” or “sugar-sweetened beverage.” Healthy beverage policies should also set forth standards for which drinks qualify as “healthy” drinks, including not only by type of drink but also by serving size, sodium content, and other criteria. Setting clear, written specifications for the healthy beverages that the facility will carry and/or increase, and those beverages to be removed or reduced, is crucial. A written policy facilitates consistent communication of institutional goals to vendors and enables effective monitoring and evaluation. Moreover, to make the policy enforceable with vendors, it must be incorporated into requests-for-bid and contracts.

A written policy facilitates consistent communication of institutional goals to vendors, can be incorporated into requests-for-bid and vendor contracts (which is a best practice), and enables effective monitoring and evaluation.



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 guidance on developing written definitions and standards for healthy beverage policies.

Each organization will need to make its own determinations in setting definitions and standards, depending on its culture and needs. There are common threads that emerge in typical healthy beverage policies, however, which are discussed below. In addition, sample nutrition standards for healthy beverage policies are also provided.

Defining “Sugary” Drinks

Sugary drinks contain caloric sweeteners and include carbonated soft drinks (“soda” or “pop”), “juice” drinks, sports drinks, tea and coffee drinks, energy drinks, sweetened milk or milk alternatives, and any other beverages to which sugar or a caloric sweetener has been added.¹ Sugary drinks may also be referred to as sugar-sweetened beverages, sugar drinks, or sugar-loaded drinks. Figure 1 identifies some common sugary drinks.

Defining “Healthy” Drinks

The core of any healthy beverage policy is to establish what is considered a “healthy” beverage, and, if applicable, appropriate serving sizes. For example, a policy may encourage consumption of unsweetened water without recommended portion sizes, but may set portion sizes for 100% fruit juice due to its high caloric content. Some beverages — such as milk, fruit juice, and diet drinks — have a more complex contribution to health, calorie intake, and weight gain. Below are some considerations for beverage selections.

Water: Promoting access to [free, safe drinking water](#) (typically through drinking fountains, bottle filling stations, and similar outlets) is a best practice. Water without added sweeteners (and no carbonation in the case of young children) is an essential healthy choice.

Milk: Milk contains naturally-occurring sugar. Because sugar is not added during production to



FIGURE 1: Examples of sugary drinks.
*These are some common drinks with added caloric sweeteners.**

Soft drinks	Coke, Pepsi, Mountain Dew, Dr. Pepper, Fanta Orange
Fruit drinks [†]	Sunny D, Hawaiian Punch, Capri Sun
Tea and coffee drinks	Arizona Iced Tea, Snapple Iced Tea, Starbucks Bottled Frappuccino
Energy drinks	Red Bull, Monster, Rock Star
Sports drinks	Gatorade, Powerade
Sweetened milk	Nesquik Chocolate Milk, Silk Vanilla Soy Milk

* Note: This is not an exhaustive list. Furthermore, many of these drinks are now available in diet and low-calorie varieties, which are sweetened with non-caloric sweeteners.

[†] Drinks labeled as 100% fruit juice are not considered sugary drinks.



increase its sweetness, milk is not considered a sugary drink. The U.S. Dietary Guidelines for Americans recommend low-fat or fat-free milk for the general population to reduce fat intake.² The American Academy of Pediatrics suggests whole or 2% milk is an appropriate choice for children ages 12 months to 2 years old (depending on the child's overall health), and low- or fat-free milk for ages 2 years and over unless a doctor directs otherwise.³

Flavored milk: Low-fat or fat-free chocolate milk and other flavored milks contain added sugars in addition to the naturally occurring sugars. This additional sugar can increase the calorie content of milk to levels similar to soda and other sugary drinks, which is problematic given that milk is a drink that children are encouraged to drink. Some argue, however, that the resulting intake of nutrients, such as potassium, vitamin D, and calcium, from milk outweighs these concerns.⁴

100% fruit juice: As with milk, 100% fruit juice contains large amounts of naturally occurring sugar, which translates into more calories. However, 100% fruit juice does provide important nutrients so many dietitians recommend limiting consumption of 100%

fruit juice to small portions (4 oz. for children, 6 oz. for adults).

Diet/artificially-sweetened drinks: Diet sodas, like regular sodas, provide no nutritive value and also may contain caffeine and phosphoric acid, a combination that increases the risk of bone loss.⁵ Diet beverages can be a useful transition step away from sugary drinks, but consumption is not encouraged over the long term. The Centers for Disease Control and Prevention (CDC) notes that although switching from sugary drinks to diet drinks may promote short-term weight loss, it is unclear whether continuing consumption leads to weight loss, weight maintenance, or weight gain.⁶ Emerging yet controversial research has indicated a potential link between diet beverage consumption and the development of metabolic syndrome and type 2 diabetes.⁷

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Sample Standards

Many public and private organizations have created healthy beverage policies and procurement standards to support facilities in their efforts to provide healthy choices. Below are several examples of healthy beverage guidelines that could be adapted to fit an organization's needs and goals.

Sample Healthy Beverage Standards

Health Care Without Harm suggests the following guidelines for defining healthy beverages:⁸

- Water (filtered tap, unsweetened, 100% fruit-infused, and seltzer or flavored).
- 100% fruit juice (optimal 4oz. serving); 100% vegetable juice (optimal sodium less than 140 mg).
- Milk (unflavored and certified organic or rBGH-free); non-dairy milk alternatives (unsweetened).
- Teas and coffee (unsweetened with only naturally occurring caffeine).

American Heart Association's recommended nutrition standards for workplace procurement policies include the following guidelines for healthy beverages:⁹

- Water (including sparkling, seltzer, or flavored water).
- 100% fruit juice (\leq 180 kcal/12 oz. serving) with no added sweeteners.
- No- or low-calorie beverages (\leq 10 kcal/8 oz. serving); mid-calorie beverages (light juices, teas, and other drinks with no more than 66 calories/8 oz.).
- Fat-free or low-fat ($<$ 1%) milk; if flavored, no more than 150 calories/8 oz.
- Regular and herbal unsweetened teas (hot or cold).
- Coffee (with $<$ 1% or lower fat milk or creamers as well as soy alternatives).
- In vending machines, at least 50% of beverages offered should be water and no- or low-calorie options.

CDC's guide for government procurement policies includes the following sample beverage standards, (both basic and more rigorous standards):¹⁰

Standard Criteria:

- At least 50% of available beverage choices (other than 100% juice and unsweetened milk) must contain \leq 40 calories per serving.
- If juice is offered, only offer 100% juice with no added caloric sweeteners.
- Vegetable juices must contain \leq 230mg sodium per serving.
- Drinking water, preferably chilled tap, must be offered at no charge at all meal service events.

Above Standard:

- For beverages with more than 40 calories per serving, only offer servings of 12 oz. or less (excluding unsweetened milk and 100% juice).
- At least 75% of beverage choices (other than 100% juice and unsweetened milk) must contain \leq 40 calories per serving.
- Offer as a choice a non dairy, calcium fortified beverage (such as soy or almond beverage); these beverages must not provide more sugars than milk (thus must be 12 g sugar per 8 oz. serving or less), must provide about the same amount of protein (at least 6 g per 8 oz. serving) and calcium (250mg per 8 oz. serving), and must provide less than 5 g total fat (equivalent to 2% milk).
- Offer at least one low sodium vegetable juice (\leq 140mg sodium per serving).

Sample Healthy Beverage Standards

The Robert Wood Johnson Foundation's Healthy Eating Research Program convened a panel of experts to develop healthier beverage recommendations, tailored by age group. The recommendations are summarized below:¹¹

- **Water:** Require access to free, safe drinking wherever beverages are sold or served. Provide water with no sweeteners or carbonation for preschool aged children (ages 2 to 4 years old); with no sweeteners (whether caloric or non-caloric) for older children; and with no caloric sweeteners for teens and adults ages 14 years old and up.
- **Milk:** Only unflavored, low-fat and fat-free milk, and soy beverages (calcium and vitamin D fortified) in no more than 8 to 12-oz. portions for children and youth; for adults, milk should be low-fat and fat-free milk, or soy beverages (calcium and vitamin D fortified), with no more than 130 calories per 8 oz. in no more than 12-oz. portions. Flavored milk is not considered a healthier beverage for preschool-aged children, and is not recommended for older children. But if offered to older children, it should be fat-free or low-fat with ≤ 130 calories/8 oz.
- **Juice:** All juice should be 100% fruit or vegetable juice or fruit juice combined with water with no added sweeteners for children under 13 years old, and no added caloric sweeteners for other age groups. Recommended portion sizes range from 0 to 4 oz., up to 8 oz., depending on age. Sodium limits also vary by age group, from <70 mg of sodium per portion for preschoolers, to <100 mg per portion for children ages 5 to 10 years old, to <140 mg for all others.
- **Other beverages:** For children ≤ 13 years old, no other beverages are considered healthier options for consumption; for all other age groups, any other beverages should be ≤ 40 calories/container (and only non-caffeinated, non-fortified beverages for youth 14 to 18 years old); for adults, coffee or tea beverages made with milk should be made with low-fat or fat-free milk with no added caloric sweeteners in no more than a 12-oz. portion)
- All beverages served to children and teens ≤ 13 years old should be free of synthetic food dyes, stimulants (e.g., caffeine), and other additives (e.g., electrolytes, artificial flavors).

Conclusion

Clear definitions of important terms (such as “healthy beverage”) and specific nutritional standards are keystones to any healthy beverage policy. Another step is deciding how to apply these standards to the various locations within an organization where beverages are sold or provided. More information about developing and implementing a healthy beverage policy is provided in the other resources that are part of this series. In addition, detailed sample healthy beverage policies for healthcare facilities are included in a toolkit developed by the Illinois Public Health Institute and Health Care Without Harm.¹²

Additional Resources

The other resources in this series can be found on the Public Health Law Center's website at www.

publichealthlawcenter.org and at Health Care Without Harm's website at 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.

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The Public Health Law Center provides information and technical assistance on issues related to public health. The Public Health Law 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

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- ⁶ TALA H.I. FAKHOURI ET AL., CONSUMPTION OF DIET DRINKS IN THE UNITED STATES, 2009–2010 5 (2012) (Nat'l Ctr for Health Statistics Data Brief 109), available at <http://www.cdc.gov/nchs/data/databriefs/db109.pdf>. See, e.g., Janne C. de Ruyter et al., *A Trial of Sugar-Free or Sugar-Sweetened Beverages and Body Weight in Children*, 367 N. ENGL. J. MED. 1397 (2012); John Foreyt et al., *The Use of Low-calorie Sweeteners by Children: Implications for Weight Management*, 142 J. NUTRITION 1155S (2012); and Sharon P. Fowler et al., *Fueling the Obesity Epidemic? Artificially Sweetened Beverage Use and Long-term Weight Gain*, 16 OBESITY 1894 (2008).
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