

HEALTHY BEVERAGE POLICIES

Key Definitions & Sample Standards



One of the fundamental steps to creating a healthy beverage initiative is developing a written policy that defines “healthy” beverage and sets clear, consistent standards. Beverage policies should include definitions for important terms or concepts such as “healthy beverage” and “sugary drink” or “sugar-sweetened beverage.”

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 beverages that the facility will carry or increase, and those beverages to be removed or reduced, is crucial. A written policy facilitates consistent communication of institutional goals



The Public Health Law Center and the American Cancer Society have partnered to develop resources to help organizations create healthier food environments, with a special focus on hospital and healthcare settings. This publication, which is part of a larger toolkit, provides guidance on developing written definitions and standards for healthy beverage policies.

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.

Each organization should tailor the definitions and standards in its policy to fit its culture and needs. There are common threads that emerge in typical beverage policies, however, which are discussed below. In addition, sample nutrition standards for beverage policies are also provided.

Defining “Sugary” Drinks

Sugary drinks contain caloric sweeteners and include carbonated soft drinks (“soda” or “pop”), “juice” drinks, punches, ades, 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 below identifies some common sugary drinks.

Figure 1: Examples of sugary drinks

Sugary drinks contain added sugars, including high fructose corn syrup, honey, molasses and other caloric sweeteners. These are examples of common sugary drinks:*

Soft drinks	Coke, Pepsi, Mountain Dew, Dr. Pepper
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



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

† Flavored milks with added sugars sometimes are not considered sugary drinks because they provide some nutritional value despite being sugary. 100% fruit juice often is not classified as a sugary drink because it does not contain added sugars; however, health experts recommend portion control and limited consumption because juice is sugary.

Defining “Healthy” Drinks

The core of any healthy beverage policy or initiative 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 no- or low-calorie drinks (“diet” or artificially sweetened drinks) — have a more complex contribution to health, calorie intake, and weight gain. Health experts generally recommend plain water, unsweetened low-fat or nonfat milk, and unsweetened coffee and tea as healthy options. In contrast, 100% fruit or vegetable juices, flavored milks, and “diet” or artificially sweetened beverages can raise complicated issues, and how they are classified will depend on the culture and goals of the organization.

Below are some considerations relating to how to classify these different beverage choices.

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 uncarbonated, fluoridated water for young children) is an essential healthy choice.

Unsweetened milk: Milk contains naturally occurring sugar. Because sugar is not added during production to increase its sweetness, milk is not considered a sugary drink. The U.S. Dietary Guidelines for Americans recommends low-fat or fat-free cow’s milk as part of a healthy eating pattern. The guidelines also recommend soy beverages as dairy milk alternatives; however, plant-based products sold as milks (e.g., almond, rice, coconut, etc.) are not recommended as dairy milk alternatives because their nutritional content is too dissimilar.² The American Academy of Pediatrics suggests whole or 2% milk as an appropriate choice for children who are no longer breastfeeding and are 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

Unsweetened coffee and tea: Coffee or tea without added sweeteners or creamers contain minimal calories, though caffeine content varies considerably between products. The U.S. Dietary Guidelines for American suggest that moderate coffee consumption (three to five 8 oz. cups per day) can be part of a healthy dietary pattern.⁴ However, coffee and tea drinks are often sweetened and are a stable source of added sugar in the U.S. diet.⁵

Flavored milk: Flavored milks often contain added sugars whether they are dairy (e.g., cow’s milk), soy, or plant-based (e.g., rice, coconut, etc.). Common examples include chocolate, strawberry, or vanilla milk. This additional sugar can increase the calorie content of milk to



levels similar to soda and other sugary drinks, which is problematic because children are encouraged to drink milk. Some argue, however, that the resulting intake of nutrients, such as potassium, vitamin D, and calcium, from milk outweighs these concerns,⁶ and that removal of flavored milk options may decrease overall milk consumption.⁷

100% fruit juice: As with milk, 100% fruit juice contains naturally occurring sugar. Because these sugars have been concentrated, 100% juice can have sugar and calorie content similar to soda and other sugary drinks. However, 100% fruit juice does provide important nutrients so many dietitians recommend limiting consumption of 100% fruit juice to small portions (for example, no more than 4 oz. for children, and no more than 6 oz. for adults).

“Diet” or artificially-sweetened drinks: Artificial sweeteners are those added to food or drinks to make them taste sweeter without adding nutrients or calories. They are also known as nonnutritive sweeteners, high-intensity sweeteners, sugar substitutes, low-calorie/low-energy sweeteners, or non-caloric sweeteners.⁸ Artificially sweetened beverages can help people transition away from sugary drinks in the short-term; however, they are not required to reduce added sugar intake. Artificial sweeteners can also increase food cravings, which may undermine long-term weight loss efforts.⁹ It is unclear whether continuing consumption of “diet” drinks leads to weight loss, weight maintenance, or weight gain.¹⁰ Emerging research is investigating a potential link between artificial sweetener consumption and some chronic diseases, though the science is not conclusive.¹¹

Sample Nutrition 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 beverage guidelines that could be adapted to fit an organization’s needs and goals.

Sample Healthy Beverage Standards

Practice Greenhealth

Practice Greenhealth suggests these guidelines for defining healthy beverages in hospital Healthy Beverage Programs:¹²

- 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

American Heart Association’s recommended nutrition standards for workplace food and beverage policies include these guidelines for beverages:¹³

- Water (including sparkling, seltzer, or flavored water), no more than 10 calories per serving
- Fat-free (skim) or low-fat (1%) milk and milk alternatives (soy, almond, etc.), no more than 130 calories per 8 fl. oz.
- 100% fruit or vegetable juice (or juice and water)
 - No added sugars or caloric sweeteners
 - No more than 120 calories per 8 fl. oz. (preferred serving size, 150 calories per 10 fl. oz., or 180 calories per 12 fl. oz.)
- Other beverages: no more than 10 calories per serving
- In vending machines, at least 50% of beverages offered should be water, juice, milk, or milk alternatives, and other acceptable beverages.

Sample Healthy Beverage Standards *(continued)*

Centers for Disease Control and Prevention

Centers for Disease Control and Prevention (CDC)'s [guide](#) for government procurement policies includes these sample beverage standards:¹⁴

- Provide free access to chilled, potable water.
- When milk and fortified soy beverages are available, offer low-fat beverages with no added sugars.
- When juice is available, offer 100% juice with no added sugars.
- Vegetable juices must contain less than 230 mg sodium per serving.
- At least 50% of available beverage choices must be 40 calories or less per 8 fl. oz. (excluding 100% juice and unsweetened fat-free or low-fat (1%) milk).
- To be considered innovative, at least 75% of available beverage choices must be 40 calories or less per 8 fl. oz. (excluding 100% juice and unsweetened fat-free or low-fat (1%) milk).



Sample Healthy Beverage Standards *(continued)*

The Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation's Healthy Eating Research Program has issued age-specific recommendations on healthy beverage standards in 2013¹⁵ and 2019.¹⁶ Its healthier beverage recommendations are summarized here:

- **Milk:** Only unflavored, low-fat and fat-free milk, and soy beverages (calcium and vitamin D fortified) in no more than 8 oz. portions for children (ages 2 to 10) and 12 oz. portions for youth (ages 11 to 18); 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. Plant milks/non-dairy beverages are not recommended for children under 12 months, and children between 12 months and 5 years of age should only consume them if there is a medical indication or dietary reason. Flavored milk is not recommended for children under 5 years of age. But if offered to older children, youth, or adults, it should be fat-free or low-fat with no more than 130 calories per 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 and younger, no other beverages are considered healthier options for consumption; for youth and adults ages 14 and older, any other beverages should contain less than 40 calories per 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 and younger should be free of synthetic food dyes, stimulants (e.g., caffeine), and other additives (e.g., electrolytes, artificial flavors).
- Additional guidance on portion sizes for plain drinking water; plain, pasteurized milk, and 100% juice for infants and toddlers up to 5 years old is provided in the *Healthy Eating Research Program's 2019 Consensus Statement on Healthy Beverage Consumption in Early Childhood*.

Conclusion

Clear definitions of important terms (such as “healthy beverage”) and specific nutritional standards are keystones to any healthy beverage policy or initiative. Another step is deciding how to apply these standards to the various locations within an organization where beverages are sold or provided (see *Healthy Beverage Hot Spots: Identifying and Utilizing Institutional Access Point*). More information about developing and implementing a healthy beverage policy is provided in the other resources that are part of this series.

Additional Resources

Healthy Food Procurement Guidelines: Standards for Purchased Beverages and Food, Boston Public Health Commission

Food, Beverage and Procurement Standards for Hospitals, Good Food, Healthy Hospitals initiative

New York City Food Standards: Cafeterias/Cafes, City of New York, Department of Health and Mental Hygiene

New York City Food Standards: Beverage Vending Machines, City of New York, Department of Health and Mental Hygiene

New York City Food Standards: Patient Meals, City of New York, Department of Health and Mental Hygiene

The other resources in this series can be found on the Public Health Law Center’s website at publichealthlawcenter.org. The *Healthy Healthcare Toolkit* includes:

- *Beverage Policies & Drinks with Artificial Sweeteners*
- *Building Blocks for Success: Developing Healthy Beverage Policies & Initiatives*
- *Food & Beverage Pledges & Policies for Hospitals & Healthcare Systems*
- *Frequently Asked Questions about Healthy Beverage Initiatives*
- *Healthcare Can Lead the Way: Making the Healthy Choice the Easy Choice*
- *Healthy Beverage Hot Spots: Identifying & Utilizing the Institutional Access Points*
- *Healthy Beverage Policies, Healthy Bottom Lines*
- *Healthy Beverage Policies: Key Definitions & Sample Standards*
- *Sickly Sweet: Why Focus on Sugary Drinks?*
- *Thirsty for Health — Tap Water & Healthcare*

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The Public Health Law Center provides information and legal technical assistance on issues related to public health. The Center does not provide legal representation or advice. This document should not be considered legal advice.

Endnotes

- 1 See, e.g., CTRS. FOR DISEASE CONTROL AND PREVENTION, THE CDC GUIDE TO STRATEGIES FOR REDUCING THE CONSUMPTION OF SUGAR-SWEETENED BEVERAGES (2010), <https://stacks.cdc.gov/view/cdc/51532>.
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- 3 Am. Acad. Pediatrics, Healthy Living — What About Fat and Cholesterol (2012), <http://www.healthychildren.org/English/healthy-living/nutrition/Pages/What-About-Fat-And-Cholesterol.aspx?> (last visited Feb. 28, 2020).
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- 5 Angela Malek et al., *Dietary Sources of Sugars and Calories*, 54 NUTRITION TODAY 302, 296 (2019).
- 6 Mary M. Murphy et al., *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*, 108 J. AM. DIETETIC ASS'N 631, 638 (2008).
- 7 Juliana F.W. Cohen et al., *Impact of the Updated USDA School Meal Standards, Chef-Enhanced Meals, and the Removal of Flavored Milk on School Meal Selection and Consumption*, 119 AM. J. CLINICAL NUTRITION 1511 (2019).
- 8 Rachel K. Johnson et al., *Low-Calorie Sweetened Beverages and Cardiometabolic Health: A Science Advisory from the American Heart Association*, 138 CIRCULATION e126, e127 (2018).
- 9 Erin Green & Claire Murphy, *Altered Processing of Sweet Taste in the Brain of Diet Soda Drinkers*, 107 PHYSIOLOGY BEHAVIOR 560, 566 (2012).
- 10 See, e.g., Angela M. Malek et al., *Reported Consumption of Low-Calorie Sweetener in Foods, Beverages, and Food and Beverage Additions by US Adults: NHANES 2007–2012*, 2 CURRENT DEVS. NUTRITION 1 (2018); Rachel K. Johnson et al., *Low-Calorie Sweetened Beverages and Cardiometabolic Health: A Science Advisory from the American Heart Association*, 138 CIRCULATION e126, e137 (2018); Sharon P. G. Fowler, *Low-Calorie Sweetener Use and Energy Balance: Results from Experimental Studies in Animals, and Large-Scale Prospective Studies in Humans*, 164 PHYSIOLOGY BEHAVIOR 517, 518–21 (2016).
- 11 Rachel K. Johnson et al., *Low-Calorie Sweetened Beverages and Cardiometabolic Health: A Science Advisory from the American Heart Association*, 138 CIRCULATION e126, e127 (2018).
- 12 PRACTICE GREENHEALTH, HEALTHY BEVERAGE BASELINE AUDIT TOOL 2, https://practicegreenhealth.org/sites/default/files/upload-files/healthy_beverage_program_-_a_self_audit.pdf.

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