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Editorial

Maximizing School Policies to Reduce Youth Consumption of Sugar-Sweetened Beverages



Children and adolescents consume up to half of their daily calories in schools, making these settings important locations for influencing the nutrition habits of innumerable youth. Sugar-sweetened beverages (SSBs), such as soda, sports drinks, or fruit drinks with added sugar, are a major, non-nutritive calorie source and the largest contributor of added sugar in the diet [1]. In an effort to reduce SSB intake among youth, federal, state, and local policies have restricted access to and marketing of SSBs in schools. While these anti-SSB policies appear to reduce the availability of SSBs in schools [2], it is unclear whether such regulations have an impact on students' consumption of sugary drinks [3].

Recently, federal and state legislation to improve access to healthier beverages such as drinking water have emerged as a complement to longer standing anti-SSB policies. In 2010, the federal Healthy, Hunger-Free Kids Act required schools participating in federal meal programs to provide free potable water where meals are served. A few states have also followed suit; West Virginia, Massachusetts, Maine, and Ohio all have strong laws that require free drinking water to be available on school campuses throughout the school day [4]. Few school districts, however, have adopted policies to improve drinking water access on school campuses. As of the 2012–2013 school year, only one in 10 U.S. school districts had wellness policies that required schools to make free water available where meals are served or throughout the campus during the school day [5]. To our knowledge, no studies have examined the impact of these water access policies on students' consumption of water and SSBs.

In their article, "School District Policies and Adolescents' Soda Consumption," published in this month's issue of the *Journal of Adolescent Health*, Miller et al. [6] provide timely data regarding the role of school nutrition policies in influencing students' dietary behaviors. In their cross-sectional examination of data from a nationally representative sample of schools and students, the authors found that adolescents' soda intake was lower in school districts that (1) restricted promotional products; (2) limited access to SSBs; and (3) offered healthful beverages as an alternative when other beverages were available. These results add to the limited studies that explore how school district nutrition policies impact students' dietary behaviors.

As Miller et al. demonstrate, policies that increase access to healthier beverages such as drinking water in schools may decrease intake of SSBs among students. Studies suggest that improvements in drinking water access in schools may also help improve health outcomes such as obesity among children and adolescents [7,8]. Despite these benefits, only a third of school districts in the Miller's study had policies that required access to healthier beverage options when other beverages were available. In contrast, more traditional nutrition policies (e.g., nutrition education, closed campus, and restrictions on marketing of SSBs and SSB access) were prevalent in most school districts. Given these findings, it is important that school districts incorporate language into their wellness policies to improve drinking water access on school campuses.

Although the adoption of policies to improve water access on school campuses is a key first step toward curbing SSB intake among youth, it is imperative to ensure that such policies are implemented with fidelity. In this issue's article, "Limited School Drinking Water Access for Youth," Kenney et al. [9] audited drinking water sources in 59 middle and high schools in Massachusetts. Despite both federal and state laws that require drinking water access in school cafeterias, 54% of audited schools lacked such access. The authors also found that 41% of schools did not meet the Massachusetts state plumbing code, which requires schools to provide at least one drinking water source for every 75 students.

While school water access laws require drinking water to be available in school cafeterias, there is little guidance regarding the number, type, functionality, and upkeep of water sources. When Kenney et al. visited Massachusetts schools, nearly a third of water sources observed were either broken or unclear, factors that dampen water intake among students. To substantially impact students' dietary behaviors, it is important that school nutrition policies are implemented with the "spirit of the law" rather than the "letter of the law" in mind [10]. Schools can assure that school water access laws are fully implemented by (1) ensuring that water is available in key locations with high traffic; (2) providing sufficient numbers of water-access points; (3) retrofitting old water sources or installing new water sources with reusable water bottle filling capability; (4) making sure that

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water sources are clean, free of debris, have a good flow rate, and are not blocked by obstructions; and 5) providing water that is clear, has a good taste, and is at the preferred temperature. Providing cups or reusable water bottles can also help boost water intake by allowing students to take more than a few sips of water [11].

The studies by Miller et al. [6] and Kenney et al. [9] in this issue of the *Journal of Adolescent Health* provide important lessons regarding the specific types of nutrition policies that may support healthy beverage intake among adolescents in schools. What is not known, however, is whether bundling of multiple school beverage policies (e.g., anti-SSB and prowater) can lead to a greater impact on child and adolescent SSB consumption. Moreover, as there are barriers to maximal implementation of nutrition policies, it is important to provide schools with resources and guidance to support their ongoing implementation efforts [12–14]. Finally, policy implementation will not be successful without the critical engagement of key stakeholders in school settings—not only principals, teachers, and cafeteria staff, but adolescents themselves, whose understanding of the benefits of water intake as the “healthy choice” is necessary for the merits of the policy to be fully realized.

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