



2022 White House Conference on Hunger, Nutrition and Health

Issue: Use SNAP-Ed to Address Overconsumption of Sugary Drinks

Problem: Americans' sugary drink consumption is too high and sugary drinks are loaded with calories and added sugars that deliver few or no nutritional benefits but increase the risk of myriad diet-related chronic diseases. The U.S. doesn't take full advantage of SNAP-Ed programs in order to reduce this unnecessary risk to Americans' health and to enable them to drink plain water instead.

Pillars: *Integrate nutrition and health; Empower all consumers to make and have access to healthy choices*

Recommendation: USDA should add a requirement that all state SNAP-Ed programs include a healthy beverage component consisting both of education and of policy, systems and environmental change (PSE) strategies, all aimed both at reducing sugary drink intake and at enabling consumption of water (and preferably tap water). SNAP-Ed efforts could be implemented through:

- National SNAP-Ed strategy around changes in beverage consumption,
- State and local implementing agency funding guidance that lists changes in beverage access and consumption as a priority,
- Work plan language that states that the beverage priority is a core behavioral change strategy for such funding,
- Local requirement to embed anti-sugary drink and/or pro-water work in all PSE efforts,
- PSE and education interventions built around water access and appeal and sugary drink reduction highlighted in the SNAP-Ed Connection and SNAP-Ed Toolkit,
- Further development of a direct education curricula list that provides available curricula for sugary drink reduction (e.g., "Rethink Your Drink"¹) and healthy beverage choices (e.g., Alaska Department of Health and Social Services "Play Every Day"²).

Why does it matter? Promoting water in place of sugary drinks is an evidence-based, relatively low-cost, and feasible strategy to improve health and to reduce health disparities. Surging rates of adult^{3,4} and child^{5,6} weight gain during COVID-19 makes this more important than ever. Evidence suggests that PSE changes that support effective access to drinking water together with drinking water education and promotion will most effectively increase healthy hydration habits.^{7,8,9} Congress-legislated policies and programs that support access to safe, appealing water for all can be boosted by USDA's SNAP-Ed program – an excellent and ready space to include more healthy beverage work by fostering PSE change and disseminating healthy beverage education.



Nationally, SNAP-Ed has two priority indicators that have outcome measures that are related to water and sugary drinks, one specifically on changes in behavior tied to direct SNAP-Ed education (MT1) and one on PSE (MT5) and is thus set up to measure outcomes related to this strategy. SNAP-Ed programs include a combination of approaches including 1) education, 2) comprehensive, multi-level interventions (i.e., policy, systems and environmental strategies (PSEs)), and 3) community and

public health approaches to improve nutrition and obesity prevention (population-level work). This recommendation seeks also to reinforce and strengthen what SNAP-Ed can do beyond education, given that current SNAP-Ed guidance from the regulatory language places the emphasis on education over PSE and other public health approaches.

Additional recommended change:

1. The SNAP-Ed Program Guidance (to be released in FFY 2024) should include a new bullet in Section 3: Financial and Cost Policy, under the Policy, Systems and Environmental Change (PSEs) sub-heading that reads “Costs associated with the planning, implementation and maintenance of PSE efforts related to reducing consumption of sugary drinks and increasing consumption of water among the SNAP-Ed eligible population.”

The State of California has instituted these components in its SNAP-Ed program through the California Department of Public Health’s role in SNAP-Ed implementation. The current funding guidance that CDPH provides to the 60 local health departments it funds calls out a requirement to include beverage consumption considerations in all PSE work and lists changing sugary drink consumption as the core behavioral change strategy for the funding. This funding guidance is ongoing and expected to continue through FFY 2026 at a minimum.¹⁰

This recommendation aligns with the National Clinical Care Commission (NCCC) 2021 report to Congress,¹¹

NCCC Recommendation 4.4: The National Clinical Care Commission recommends that all relevant federal agencies promote the consumption of water and reduce the consumption of sugar-sweetened beverages in the U.S. population, and that they employ all the necessary tools to achieve these goals, including education, communication, accessibility, water infrastructure, and sugar-sweetened beverage taxation.

- 4.4d. **With additional funding, CDC, NIH, and USDA should develop and implement a national campaign and associated materials to both promote consumption of water and reduce consumption of sugar-sweetened beverages as a strategy to promote overall health, including the prevention of obesity, type 2 diabetes, and cardiovascular disease. CDC should also include such messages across all its relevant programs.**

Who can act? USDA and USDA Center for Nutrition Policy Promotion, DHSS, CDC, NIH, state agencies overseeing SNAP-Ed, university research partners, community health advocacy groups, public water systems, health professionals including oral health.



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¹ See Centers for Disease Control (CDC) Division of Nutrition, Physical Activity, and Obesity “Rethink Your Drink” at https://www.cdc.gov/healthyweight/healthy_eating/drinks.html and California Department of Public Health SNAP-Ed Toolkit “Rethink Your Drink,” at <https://snapedtoolkit.org/interventions/programs/rethink-your-drink/>

² Examples at CDC State and Community Health Media Center, at <https://nccd.cdc.gov/schmc/apps/overview.aspx> (search by “Alaska”) and State of Alaska Health and Social Services Play Every Day, at <https://dhss.alaska.gov/dph/PlayEveryDay/Pages/default.aspx> (see, e.g., “Get the Facts” and “Success in Schools”).

³ Bhutani S, vanDellen MR, Cooper JA. 2021. Longitudinal Weight Gain and Related Risk Behaviors during the COVID-19 Pandemic in Adults in the US. *Nutrients* 13(2):671..

⁴ Lin AL, Vittinghoff E, Olgin JE, Pletcher MJ, Marcus GM. 2021. Body Weight Changes During Pandemic-Related Shelter-in-Place in a Longitudinal Cohort Study. *JAMA Netw Open* 4(3):e212536.

⁵ Lange SJ, Kompaniyets L, Freedman DS, et al. 2021. Longitudinal Trends in Body Mass Index Before and During the COVID-19 Pandemic Among Persons Aged 2–19 Years — United States, 2018–2020. *MMWR Morb Mortal Wkly Rep* 70:1278–1283.

⁶ Woolford SJ, Sidell M, Li X, Else V, Young DR, Resnicow K, Koebnick C. Changes in Body Mass Index Among Children and Adolescents During the COVID-19 Pandemic. *JAMA*. 2021 Oct 12;326(14):1434-1436.

⁷ Muckelbauer R, Libuda L, Clausen K, Toschke AM, Reinehr T, Kersting M. 2009. Promotion and provision of drinking water in schools for overweight prevention: randomized, controlled cluster trial. *Peds* 123(4):e661–e667.

⁸ Kenney EL, Gortmaker SL, Carter JE et al. 2015. Grab a cup, fill it up! an intervention to promote the convenience of drinking water and increase student water consumption during school lunch. *Am J Public Health* 105, 1777–1783.

⁹ Patel p.c. *op cit*.

¹⁰ [CA Department of Public Health CalFresh Healthy Living \(SNAP-Ed\) FFY 2020-2022 Funding Application](#)

¹¹ National Clinical Care Commission. 2021. *Report to Congress on Leveraging Federal Programs to Prevent and Control Diabetes and Its Complications*. At, <https://health.gov/about-odphp/committees-workgroups/national-clinical-care-commission/report-congress>