Beverage-Related Policies and Practices Among Organizations in a Multi-Sector Community Coalition

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BACKGROUND

Growing Healthy Kids Columbus (GHKC), an obesity prevention coalition, is comprised of representatives from 48 organizations that serve pregnant women and young children. In 2013-14, the coalition focused on promoting the “Water First for Thirst” message. This message was chosen because decreasing consumption of sugar-sweetened beverages (SSBs) is a recommended strategy for reducing childhood obesity.1 The Centers for Disease Control and Prevention urge communities to discourage the consumption of SSBs, suggesting that schools, childcare centers and other community organizations ban SSBs and limit portion sizes of 100% juice2. These type of interventions and other policy and environment change (PSEC) strategies can reach larger numbers of people on a more cost-effective basis than individual behavior change strategies. Additionally, PSEC may have more widespread and lasting effects as changes to the environment are assimilated into policies, systems, and cultural norms.3

METHODS

Representatives from coalition organizations (n=38 in 2014, n=48 in 2015) were invited to participate in an online survey regarding beverage practices and policies from the previous year. Survey protocols were approved by the Institutional Review Board at The Ohio State University. Survey responses were analyzed using frequency statistics at the group level.

RESULTS

Representatives from 28 organizations in 2014 and 25 in 2015 completed the survey for response rates of 74% and 52%, respectively. Surveys were completed by representatives from the local health department, local school district, early childcare centers, and a variety of non-profit organizations. Almost all organizations made drinking water freely available at all times to the people they served in 2013-14. Sources of free drinking water included water fountains, tap water and bottled water (Figure 1). All organizations served water at meetings, celebrations and special events in 2013-14, and less than 50% served SSBs (Figure 2). Most organizations offered a variety of beverages for purchase in their facilities. The percent of organizations making SSBs available for purchase decreased from 2013 to 2014 (Figure 3); however, most organizations did not have standards or policies for beverage vending or for serving beverages at meetings, celebrations or events in either year (Figure 4).

CONCLUSION

Most GHKC organizations offer access to free drinking water and are making improvements to beverage-related practices but are lacking policies to discourage SSB consumption, suggesting opportunities for the coalition to provide technical assistance to its member organization in policy development and implementation.

REFERENCES


ACKNOWLEDGEMENTS

Cheryl Graffagnino, MS, RD, LD and Jamie Turner, MPH, Columbus Public Health.