

Kids and Drinking Water: A Glass Half Full or Half Empty?

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We know this to be true: increasing kids' consumption of drinking water supports their health and learning. Yet most children do not drink enough water. Between 2005 and 2010, 28 percent of U.S. children aged 4 to 13 did not have a drink of plain water on two consecutive days (Drewnowski et al. 2013).

A key challenge is that many children do not have ready access to drinking water in childcare settings, at school, or in aftercare programs, where they spend much of their day. The problem is exacerbated for low-income kids and children of color, who disproportionately live and go to school in places with dilapidated plumbing or high levels of environmental contaminants.

The W.K. Kellogg Foundation and University of California's Nutrition Policy Institute believe that it is high time to invest in accessible, safe drinking water for all children. It is simply common sense and supports children's optimal development. We need a movement making free, safe drinking water *first for thirst*.

THE SCIENCE IS COMPELLING

Every system of our body needs water to survive. Leading health organizations like the Institute of Medicine, Centers for Disease Control and Prevention, and American Heart Association emphasize the importance of water consumption in preventing chronic disease. When fluoridated, drinking water promotes oral health. Research also shows that cognitive function is improved through water consumption. The American Academy of Pediatrics and groups like Partnership for a Healthier America and First Lady Michelle Obama's Let's Move! identify water as the best source of hydration for young people.

Water also is essential in combating our nation's childhood obesity epidemic. About one-third of U.S. children are obese or overweight, which increases their risk for chronic diseases, including diabetes and heart disease (Fryar et al. 2014; May et al. 2012; Go et al. 2014; Gregg et al. 2014). Because sugar-sweetened beverages (SSBs) are the largest contributor of added sugar in kids' diets—and the third largest source of calories—substituting zero-calorie water for SSBs is a promising obesity prevention strategy (CDC 2010; USDA and HHS 2010). In recognition of this, soda has been removed from schools, but it has not necessarily been replaced by accessible sources of safe, free drinking water (USDA and HHS 2010).

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OBSTACLES IN SCHOOLS

In 2010 the Healthy, Hunger-Free Kids Act imposed a new requirement on schools participating in the National School Lunch Program: to make free drinking water available where meals are served. But having this law is only a start. It is going to take robust implementation to guarantee ready access and successfully promote water as the "cool" beverage of choice.

While schools may have drinking fountains, they are often inadequate to serve hundreds of students during a short lunch period. Kids often wait in long lines, simply to get a few sips of water. In many schools, water fountains do not function properly or fail to consistently meet safe drinking water standards. For example, in California nearly 15 percent of public schools received or were associated with at least one maximum contaminant level violation (Community Water Center and EJCW, forthcoming report). In other schools, bottled water is more readily available or appealing than the drinking fountain; however, it is typically locked up in vending machines and its cost excludes low-income kids from this basic necessity.

For many schools faced with competing demands and insufficient resources, improving water access may seem a low priority. Installing water bottle filling stations, rehabilitating broken fountains and plumbing, and ensuring water safety can seem daunting and expensive. And bringing water to students is only half the solution. Kids also need to learn why they should drink water and be encouraged to embrace the notion that water really is the "go to" beverage.

DRINKING WATER CHALLENGES IN COMMUNITIES

Water accessibility issues go beyond schools. Consider the plight of children and families who live, play, and go to school in areas where the drinking water is not potable due to lead, nitrates, arsenic, bacteria, or other contaminants. For instance, in 2011, more than one million Californians lived in communities where the drinking water was unhealthy (CDPH 2012). Such situations exist in rural, industrial, and marginalized areas throughout the United States.

Another challenge is the misperception that public water may be unsafe, even when it is not. This is particularly true for

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newcomers to the United States, whose water may have been unsafe in their countries of origin. Even where safe to drink, the water may be warm, discolored, have an unpleasant odor, or be available only through unsanitary or faulty fountains or faucets.

THE POLICY FRAMEWORK

Some states and communities are leading the way by enacting policies to improve drinking water accessibility. Before passage of the Healthy, Hunger-Free Kids Act, a statewide survey in California found that in nearly half of the responding schools, their students could not get free water in their cafeterias (Agron 2010). In response, Governor Arnold Schwarzenegger sponsored—and then signed—a law (Cal. Ed. Code section 38086) requiring every California school to make free drinking water available wherever school meals are served and consumed.

California, and later, the federal government also passed laws to ensure the availability of drinking water in childcare facilities. In California, availability of drinking water is a condition of licensure for all childcare facilities, while federal policy requires drinking water to be available in childcare facilities participating in the Child and Adult Care Food Program.

Much more needs to be done to ensure that these standards are effectively implemented and policy holes are filled. Existing federal regulations should be expanded to explicitly cover breakfast in the classroom and afterschool meals and snacks—and to provide targeted reimbursement for replacement water in schools where the tap water is unsafe. Other federal child nutrition programs—like Women, Infants, and Children (WIC) and summer meals—should have drinking water requirements. Free, safe water should be available in parks and other public facilities.

HOW CAN FUNDERS HELP?

Health funders have an indispensable role to play in increasing kids' access to and consumption of free, safe drinking water. Opportunities include:

- **Improve access.** Schools and childcare facilities need the right equipment to bring healthy, free water to kids. There is no one correct way to accomplish this. Depending on circumstances, the best solution could be water stations, fountains, jets, large refillable containers, pitchers with cups, or other options. Free water also should be available and promoted in other public places where kids gather—like parks, playgrounds, libraries, and clinics.
- **Prioritize education.** Kids need opportunities to learn about the benefits of water, develop a preference for it, and

readily reach for it to quench their thirst. We can engage current and future parents, other caregivers, teachers, health providers, and policymakers so they understand and play a role

in encouraging water consumption. We can engage water utility companies and public health departments to be valuable allies in promoting drinking water.

- **Fund data collection and research.** We need more data on children's access to drinking water in childcare settings, schools, and public places, as well as on children's consumption of water. We also need continued research and the curation of best practices for improving access and promotion. This data and research can help inform strategic action agendas at the local, state, and federal levels.
- **Promote multisectoral partnerships.** We must build far-reaching public support for increased access to and consumption of free, safe drinking water. Creative partnerships involving public health, oral health, education, economic development, philanthropy, and community can bring together the right resources and build momentum toward positive changes.
- **Advocate for supportive policies.** We need stronger, fuller water policies, and we need to make them consistent across all federal, state, regional, and local water safety, health, and nutrition programs. We also need to ensure that the current standards are implemented and that supplemental policies are created to fill gaps and address inequities in access to this essential element of life.

For much of our history, water was the beverage that children relied on, after they were weaned from breast milk. Water should be the default thirst quencher again. The national policy is partially in place, the technology is ready, and advocates and researchers are eager to lend expertise. What is needed are the resources—funding, alliances, and support—that grantmakers can contribute to help fuel the movement.

The W.K. Kellogg Foundation supported a strategy convening hosted by the Nutrition Policy Institute on April 29, 2015, in Oakland, California, that marked the beginning of a national alliance. We invite other funders to join this effort. For more information, contact Ellen Braff-Guajardo at ellen.braff-guajardo@wkkf.org or Kenneth Hecht at kenhecht@berkeley.edu.

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