
HEALTHY DRINKS. HEALTHY KIDS.

Questions & Answers

THE RATIONALE

Why create consensus recommendations?

Despite the importance of establishing healthy patterns in early childhood, many children are not drinking healthy beverages—for example, many infants consume milk and 100% juice before their first birthdays, which can increase their risk for nutrient deficiencies. Even more concerning is the consumption of sugary beverages—with close to half of 2-to-5-year-olds consuming one daily.

In June 2017, the National Academies of Sciences, Engineering, and Medicine convened a workshop on [*Strategies to Limit Sugar-Sweetened Beverage Consumption in Young Children: Evaluation of Federal, State, and Local Policies and Programs*](#), which identified that one barrier to reducing consumption of sugary beverages by young children was that different professional organizations each have their own set of “healthy beverage” guidelines. Parents and caregivers were hearing inconsistent messages about what’s good for kids ages 0 through 5. Developing one set of recommendations that health providers all agree upon was a key recommendation that emerged from that expert meeting.

Don’t healthy drink recommendations already exist? What is new?

Many different guidelines or recommendations do exist for beverages—but there are gaps in either the age ranges covered or the types of beverages they include. This leads to confusion among health providers, parents and caregivers. This is the first time the Academy of Nutrition and Dietetics, the American Academy of Pediatric Dentistry, the American Academy of Pediatrics, and the American Heart Association have come to a consensus about what beverages are healthy for children aged 5 and under.

THE PROCESS

Who funded these recommendations?

This project was led by Healthy Eating Research (HER) at Duke University and fully funded by the Robert Wood Johnson Foundation (RWJF). RWJF is a nonpartisan foundation focused on building a Culture of Health for everyone in America.

What was the process? How did the expert panel come to these recommendations?

Healthy Eating Research used a comprehensive process to develop these evidence-based recommendations and to ensure consensus among the expert panel members.

- We convened an expert panel of representatives from four national health and nutrition organizations (the Academy of Nutrition and Dietetics, the American Academy of Pediatric Dentistry, the American Academy of Pediatrics, and the American Heart Association), as well as a scientific advisory committee. The full list of members can be found in our technical report.
- We reviewed over 50 documents and reports from domestic and international organizations that have issued recommendations and guidance for what kids should drink during early childhood.

- We reviewed the scientific literature to better understand where there was a lack of existing recommendations or where recommendations were incomplete or inconsistent.
- We hosted expert panel meetings to discuss preliminary consensus recommendations based on what we had learned so far.
- We developed and finalized consensus recommendations from our expert panelists and scientific advisory committee members.

The expert panel was comprised of two representatives from each of the four national health and nutrition organizations, a chair, and a research consultant. Panelists were experts in pediatrics, nutrition, and dentistry. All research was conducted and reviewed by the panel members and HER staff.

HER also recruited a scientific advisory committee of six individuals with extensive expertise in establishing dietary guidance, early childhood nutrition, and nutrition science. Members of the advisory committee were selected independently by HER based on their individual scientific expertise and knowledge. The scientific advisory committee provided input on the background research strategy, identified important resources or papers to be included in the technical report and consensus statement, and reviewed the final consensus recommendations for scientific rigor and accuracy.

The final recommendations were then submitted to each of the four organizations and RWJF for final review and approval prior to their release. Additional details on the consensus process and methodology can be found in the technical appendix [here](#).

Questions about Specific Drinks

MILK

How do you define milk?

Plain, Pasteurized Milk: Cow's milk that has been heated to a specified temperature and for a specific length of time to kill pathogens that may be found in raw milk, and to which no caloric sweeteners, artificial sweeteners, or flavorings have been added. Common varieties include whole milk (also known as vitamin D milk), reduced fat (2%), low-fat (1%), and skim (fat-free).

While there are other types of dairy milk available (for example, goat's milk or sheep's milk), the most common form of plain pasteurized milk consumed in the United States is cow's milk. Thus, this was the focus of the expert panel's research.

What are plant-based milks?

These are non-dairy, alternative milk beverages made from plant-based ingredients [such as rice, nuts/seeds (e.g., almond milk), coconut, oats, peas, or blends of these ingredients]. Many plant-based milks come in both sweetened and unsweetened varieties; sweetened varieties usually have added sugars.

Are dairy milk and plant-based milks equally good sources of nutrients for young kids?

Plant milks—except unsweetened, fortified soy milk—are not equivalent to cow's milk. Other plant-based products sold as "milks" (e.g., almond, rice, coconut, and hemp "milks") may contain calcium and be consumed as a source of calcium, but the Dietary Guidelines for Americans does not include them as part of the dairy

group because their overall nutritional content is not similar to cow's milk and fortified soy beverages (soy milk).

Where does soy milk fit into the recommendations?

Soy beverages, *when appropriately fortified with vitamin D and calcium*, are the most similar nutritionally to cow's milk. However, soy beverages are still missing phosphorus and vitamin B12 - key nutrients provided by cow's milk. Thus, if your child does not have a dairy allergy, lactose intolerance, or another cultural or religious need to avoid cow's milk, the current research supports cow's milk as a recommended beverage.

Unsweetened, fortified soy milk is the only plant milk that is recognized as an acceptable substitute for dairy milk by the Dietary Guidelines for Americans and allowed in federal nutrition programs, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the National School Lunch and Breakfast Programs.

Why are you recommending dairy milk over plant-based milk?

Plant-based, non-dairy milks (with the exception of unsweetened, fortified soy milk) are not recommended as a complete replacement for young children as the nutrient content of these milks varies widely based on their plant source (e.g., rice, oat, almond), and is not similar to that of dairy foods.

The expert panel identified [published analyses](#) of the nutritional composition of plant milks compared to cow's milk. Although some plant milks may be fortified to attain similar nutrient levels as cow's milk, it is not known how well the body can absorb and use the nutrients and if it is comparable to that of their naturally occurring counterparts in cow's milk. These studies concluded that cow's milk should not be removed from the diets of young children unless there is a medical reason or specific dietary preferences, and that non-dairy milk beverages should not be considered adequate nutritional substitutes for cow's milk until better data on nutrient quality and bioavailability (i.e., how well your body can absorb and use nutrients) are established.

A detailed table comparing the nutrient profile of a variety of plant-based milks can be found in Appendix C of the full [Technical Report](#).

When could young children consider drinking plant-based milks instead of cow's milk?

Parents should always consult with their pediatrician when making the decision to offer plant-based milk instead of cow's milk, however, the expert panel does offer some guidance on the topic.

For 0- to 12-month-olds, neither dairy milks nor plant milks/non-dairy beverages should ever be given. They are not recommended to be used as a substitute for breast milk or infant formula. Use of alternative beverages—including dairy milk—as a major component of the diet during this period has been [associated](#) with malnutrition.

For children 1 through 5 years of age, unsweetened plant-based milks may be useful for those with allergies or intolerances to cow's milk. *For those children, the choice to consume plant-based milks should be undertaken in consultation with a health care provider, such as a pediatrician and/or registered dietitian nutritionist, so that intake of nutrients commonly obtained from milk can be considered in dietary planning.*

Why is there such strong consensus on the importance of cow's milk in these recommendations?

Cow's milk is a widely available and affordable beverage in the United States, and it is a top food source of many nutrients that young children need for growth and development, including protein; calcium; vitamins A,

D, and B12; potassium; phosphorus; riboflavin; and niacin. For young children, especially those transitioning off of breast milk or infant formula, these qualities make it a convenient package of essential nutrients.

In the panel's review of existing recommendations from both domestic and international organizations, milk was one of the beverages where there was the most agreement.

Do you receive money from the dairy industry?

Healthy Eating Research is a national program of the Robert Wood Johnson Foundation, currently in its 15th year of operation. The program has been fully funded from RWJF since the beginning of the project and has never received funding from industry (including dairy, juice, or soda) for any of its work.

Do the members of the expert panel receive money from the dairy industry?

It is the policy of Healthy Eating Research that all funded researchers, research proposal reviewers, and expert panel members must provide complete, timely, accurate, and signed disclosure statements of their relevant relationships to industry and other entities. All expert panel members for this project were required to declare any potential conflict of interest related to the scope of this project within the last three years prior, or any anticipated conflicts of interest during the life of this project. *No relationships with the dairy industry were disclosed.*

JUICE

Why do you recommend limiting juice?

Ideally, children meet their daily fruit requirements by eating whole fruits in fresh, canned or frozen forms without added sugars. However, for some families and individuals, 100% fruit juice may be an important way to meet these recommendations.

- For kids under 1 year: no juice
- For kids 1-3 years: no more than 4 ounces of 100% juice a day
- For kids 4-5 years: no more than 6 ounces of 100% juice a day

The recommendations urge parents to limit juice because even 100% fruit juice can contribute to cavities, and drinking more than the recommended amount can lead to other negative health impacts such as weight gain. A little bit of juice can be okay but be sure that it's 100% juice to avoid unnecessary added sugars in your child's diet. If you are giving your child juice, consider adding water—a little juice can go a long way.

How do I tell the difference between 100% fruit juice and other fruit flavored drinks that have added sugar and are not recommended? There are a lot of fruit drinks in the store that look like 100% juice but aren't. Even drinks that have fruit or juice in their names may not be 100% juice. They can contain added sugars and other ingredients, including sometimes low-calorie sweeteners, so it's important to check the nutrition facts panel on the back of the package.

Look just above the nutrition panel to find the percentage of juice, and make sure that the product includes zero grams of added sugar (like cane sugar, high-fructose corn syrup, sucrose, agave, fruit juice concentrate, lactose and fructose). Some fruit drinks may contain zero-calorie sweeteners, like those in diet drinks, which are also not recommended for children. Quickly scan the ingredient statement; if you find sucralose, acesulfame potassium, neotame, stevia or aspartame—all common names for low-calorie sweeteners—you know the

product isn't the best choice. A good rule of thumb: fruit drinks that have only 5% or 10% juice usually have a lot of added sugar and/or zero-calorie sweeteners.