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The Healthy Schools Act



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Introduction

Childhood obesity is a major problem in the United States and in Prince George's County. Rates have more than tripled in the past 30 years. The prevalence of obesity among children aged 6 to 11 years increased from 6.5 percent in 1980 to 19.6 percent in 2008.¹ In that period, the prevalence of obesity among adolescents aged 12 to 19 years increased from 5 percent to 18.percent.² In Prince George's County, 14.5 percent of children aged 13 to 18 years are obese.³ In 2002, House Bill 521 passed, which restricted the times that vending machines in public schools could be turned on and made available to students. HB 521 is a starting point to encourage healthier eating habits, but it is not enough.

Recently, the District of Columbia implemented the Healthy Schools Act to teach children to make healthy choices a part of their lifestyle. I propose that Prince George's County follow the example set by the District and enact a policy to include rules on healthy food, vending, fundraising, and prizes in public schools, as defined by Title II of the Healthy Schools Act. Though states are responsible for enforcing their schools' adherence to the nutrition guidelines set by the USDA, they usually do not penalize schools when they fail to meet the requirements. That is why this legislation would be a great step toward ensuring that children only have access to healthy food in schools.

What is Obesity?

Obesity is the result of consuming too many calories and not expending enough calories. Genetic, behavioral, and environmental factors contribute to obesity.

¹ Maryland Family Health Administration. <http://fha.maryland.gov/cdp/co_data.cfm>

² Maryland Family Health Administration.

³ Maryland Family Health Administration.

Childhood obesity has both immediate and long-term health impacts:⁴

- Obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. In a population-based sample of 5- to 17-year-olds, 70 percent of obese youth had at least one risk factor for cardiovascular disease.
- Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem.
- Obese youth are more likely than youth of normal weight to become overweight or obese adults, and therefore more at risk for associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.

Lifestyle choices also contribute to obesity. Children who spend time alone after school may be prone to unplanned eating. After school sports and other activities may interfere with family mealtimes, so healthy alternatives should be planned, as it is often difficult to provide healthy meals and meet the demands of an active lifestyle. Establishing a foundation of healthy meal patterns when children are young helps them appreciate healthy foods as they grow.

⁴ *Childhood and Adolescent Obesity Prevention*. Internet, 4 Jul. 2010. Available: <http://www.idph.state.ia.us/wic/common/pdf/obesity.pdf>

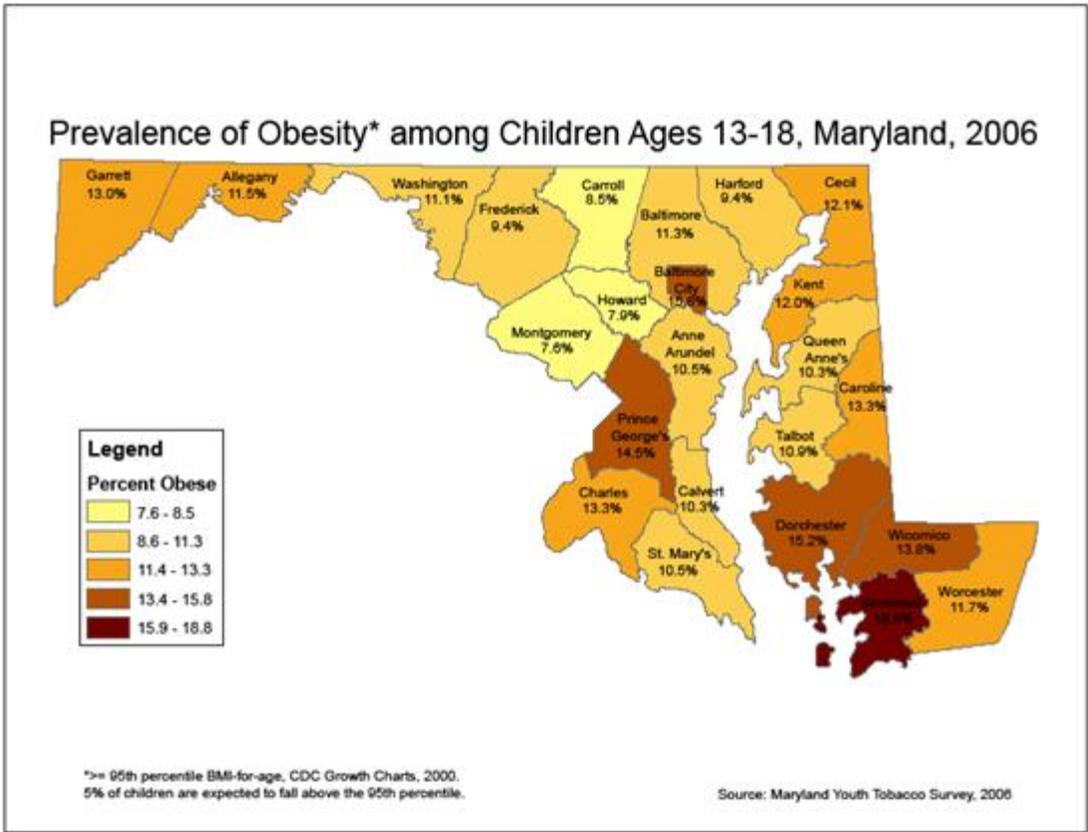


Figure 1.1

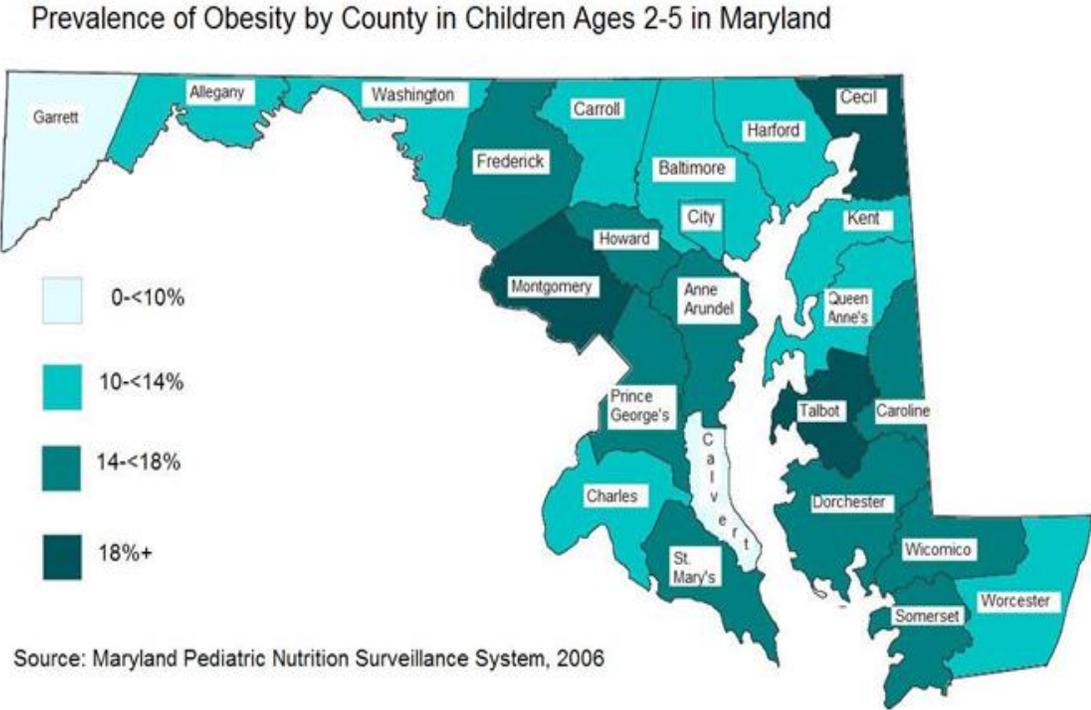


Figure 1.2

How Nutrition is Regulated

Most schools in the United States do not have a comprehensive nutrition policy specifying what kinds of food and drink are considered healthy or appropriate to be sold on their premises.⁵ The federal government can only recommend that schools set nutrition policies, such as The Child Nutrition Act of 1996. Unfortunately, few schools implement such guidelines. The list of snacks and drinks sold in schools typically includes foods that are calorie-dense, which are foods that are high in fat, sugar, and salt but low in vitamins and other nutrients. Even though they offer minimal nutritional value, these foods are made available to students because they make money for the school.

The USDA sets nutritional requirements for school lunches to specify their total calorie content, the maximum percentage of calories that may be derived from fat, and how much protein, calcium, iron, and vitamins A and C they should provide.⁶ Despite the USDA guidelines specifying nutritional content, most school lunches contain a higher percentage of fat than the maximum specified. Among schools surveyed from 1998-1999, school lunches averaged about 34 percent of calories from fat, though the USDA specifies 30 percent as the maximum amount.⁷ Worse, more than three-quarters of U.S. schools had not reduced enough fat from school lunches to reach the 30 percent maximum.⁸ It was also found that the average elementary school lunch was providing about 10 percent more calories than recommended by the USDA.⁹ Salt content in

⁵ Susan Okie, Fed Up! Winning the War Against Childhood Obesity (Washington, D.C.: Joseph Henry Press, 2005) 191.

⁶ Okie 192.

⁷ Okie 193.

⁸ Okie 193.

⁹ Okie 193.

elementary and high school lunches was also much higher than the maximum level recommended.¹⁰

The USDA has attempted to improve nutrition in schools by increasing the fruits and vegetables it provides to the national school lunch program. However, only 21 percent are fresh fruits and vegetables.¹¹ It is cheaper for the USDA and for the schools to use frozen, canned, and processed fruits and vegetables because fresh produce spoils faster and may have to be thrown away.

Vending Machines and Competitive Foods

According to physician and medical author Susan Okie, “even when the main school lunch offering of the day is healthy, many students still end up eating high-fat snacks, sweets, and soda for lunch because most schools offer such items as a la carte choices in the cafeteria, the school store, or vending machines.”¹² Schools install vending machines and sell competitive foods, also known as a la carte foods, because the revenue they earn gives schools extra money for operations and extracurricular activities. Students may choose to buy these foods because they have a short lunch break, because the school lunch line is too long, or because they think the snack foods taste better.

Although a federal law prohibits foods of “minimal nutritional value” from being offered in school cafeterias during mealtimes, the only items that fall into that category are soft drinks, gum, and certain candies.¹³ Foods like pizza, French fries, chips, and cookies supply enough nutrients to be legally sold as competitive foods, even though they are high in calories, fat, and

¹⁰ Okie 193.

¹¹ Okie 194.

¹² Okie 195.

¹³ Okie 195.

sugar. And although foods of minimal nutritional value cannot be sold in cafeterias, federal law does allow vending machines to operate throughout the day, as long as they are not in the cafeterias.¹⁴

According to Donald Schumacher and J. Allen Queen, the authors of *Overcoming Obesity in Childhood and Adolescence: A Guide for School Leaders*, schools “negotiate exclusive pouring and vending contracts, either with single or with multiple major providers of beverage and snack machines.”¹⁵ The numbers of vending machines in schools are astonishingly high. According to Dr. Okie, 58 percent of elementary schools, 84 percent of middle schools, and 94 percent of high schools operate soda and snack machines.¹⁶ In the 1990s, soda companies realized that they could increase sales by negotiating exclusivity contracts, also known as pouring contracts, with schools. Under these contracts, schools receive commissions from soda and snack companies for agreeing to stock their vending machines exclusively with a company’s products. The companies aggressively market in schools by providing free equipment such as marquees and billboards with the soda or snack companies’ brand name or logo.¹⁷ Students may also receive free items, such as posters, book covers, or assignment books with brand names or logos.¹⁸ More than half of U.S. middle schools and a whopping 71.9 percent of high schools have pouring contracts with soda companies. Of these schools, 91.7 percent receive a specific percentage of soft drink sales.¹⁹

¹⁴ Okie 195.

¹⁵ Donald Schumacher and J. Allen Queen, *Overcoming Obesity in Childhood and Adolescence: A Guide for School Leaders* (Thousand Oaks, CA: Corwin, 2007) 61.

¹⁶ Okie 196.

¹⁷ Majoras, Deborah Platt, et al., “Perspectives on Marketing, Self-Regulation, and Childhood Obesity,” *TV, Food Marketing and Childhood Obesity*, Ed. Jason Y. Cartere (New York: Nova Science, 2009) 25.

¹⁸ Majoras 25.

¹⁹ Okie 197.

Competitive foods represent about one-third of revenue for school cafeterias.²⁰ Schools sell these foods to supplement the federal reimbursement money they receive from the USDA for providing breakfast and lunch. Unfortunately, competitive foods are usually high in fat, sugar, and calories, and low in nutrition.²¹ Yet, these foods are brisk sellers because they appeal to students. As Schumacher and Queen ask, “where else could a student get a slice of pizza and French fries for lunch?”²² When I spoke with Charles Ross, an administrator at Northwestern High School in Hyattsville, he had mixed feelings about vending machines and a la carte foods. He said that “vending machines are okay if students don't break into them or consume their products during class time” but, regarding a la carte foods, he said “I don't feel that they should be in competition with lunch services.”

Percentage of Schools in Which Students Could Purchase Foods and Beverages From Vending Machines or in a School Store, Canteen, or Snack Bar, by School Level			
Food or Beverage	Elementary	Middle	High
1% or skim milk	4.2	12.9	20.2
2% or whole milk	7.1	15.4	30.6
100% fruit juice	16.8	41.1	64.7
Bottled water	21.9	63.2	85.8
Chocolate candy	8.7	24.7	49.6
Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat	12.0	27.6	58.3
Fruits or vegetables	4.2	8.7	17.9
Ice cream or frozen yogurt that is not low in fat	7.0	11.0	22.0
Low-fat cookies, crackers, cakes, pastries, or other low-fat baked goods	9.7	25.5	49.3
Other kinds of candy (non-chocolate)	10.8	26.2	54.2
Salty snacks that are low in fat (e.g., pretzels, baked chips, or other low-fat chips)	11.3	30.9	58.0
Salty snacks that are not low in fat (e.g., regular potato chips or cheese puffs)	11.6	30.4	61.4
Soda pop or fruit drinks that are not 100% juice	16.4	45.0	76.8
Sports drinks (e.g., Gatorade)	12.4	51.7	75.0

Table 1.1 Source: SHPPS 2006.

²⁰ Schumacher 62.

²¹ Schumacher 62.

²² Schumacher 62.

The Healthy Schools Act

The goal of adopting this act would be to dramatically improve school nutrition in all areas. The act consists of the following:

Sec. 101. Nutritional standards for school meals.

(a) All breakfast, lunch, and after-school meals served to students in public schools and public charter schools that participate in the USDA reimbursement program shall meet or exceed the federal nutrition standards set forth in:

(1) The Child Nutrition Act of 1996, approved October 11, 1996 (80 Stat. 885, 42 U.S.C. § 1771 *et seq.*);

(2) The Richard B. Russell National School Lunch Act, approved June 4, 1946 (60 Stat. 230; 42 U.S.C. § 1751 *et seq.*);

(3) Other applicable federal law.

(b) In addition to the requirements of subsection (a) of this section, breakfast and lunch meals served to students in each public school and public charter school shall meet or exceed:

(1) The following nutritional requirements per serving:

(A) Calories:

(i) (I) Between 350 and 550 for breakfast for Pre-Kindergarten through Grade 8;

(II) Between 450 and 600 for breakfast for Grades 9 through 12;

(III) Between 550 and 700 for lunch for Pre-Kindergarten through Grade 8;

(IV) Between 750 and 850 for lunch for Grades 9 through 12.

(ii) The requirements of this subparagraph may be assessed as a weekly average;

(B) Saturated fat: Fewer than 10 percent of total calories;

(C) Trans fat: Zero grams; and

(D) Sodium:

(i) For breakfast meals:

(I) Less than 430 mg for Grades Kindergarten through 5;

(II) Less than 470 mg for Grades 6 through 8; and

(III) Less than 500 mg for Grades 9 through 12.

(ii) For lunch meals:

(I) Less than 640 mg for Grades Kindergarten through 5;

(II) Less than 710 mg for Grades 6 through 8; and

(III) Less than 740 mg for Grades through 12

Sec. 102. Additional requirements for public school meals.

(a) Public schools and public charter schools shall:

(1) Provide meals that meet the dietary needs of children with diagnosed medical conditions as required by a physician;

(2) Solicit input from students, faculty, and parents, through taste tests, comment boxes, surveys, a student nutrition advisory council, or other means, regarding nutritious meals that appeal to students;

(3) Promote healthy eating to students, faculty, staff, and parents;

(4) Provide at least 30 minutes for students to eat lunch; and

(5) Participate in federally nutritional and commodity foods programs whenever possible.

(c) Provide free cold, filtered water to students, through water fountains and other means, when meals are served to students.

Sec. 103. Public disclosure.

(a) Food service providers shall provide the following information to public schools and public charter schools:

(1) The menu for each breakfast and lunch meal served;

(2) The nutritional content of each menu item;

(3) The ingredients for each menu item; and

(4) The location where fruits and vegetables are grown and processed and whether growers are engaged in sustainable agriculture practices.

(b) (1) Public schools and public charter schools shall post the information provided to them under subsection (a) of this section:

(A) In the school's office; and

(B) Online if the school has a website.

(2) Public schools and public charter schools shall inform families that vegetarian food options and milk alternatives are available upon request.

Sec. 104. Healthy vending, fundraising, and prizes in public schools.

(a) Except as provided by subsection (b) of this section, all beverages and snack foods provided by or sold in public schools and public charter schools, whether through vending machines, fundraisers, snacks, after-school meals, or other means, shall meet the requirements of

the United States Department of Agriculture's HealthierUS School Challenge program at the Gold Award Level for competitive foods, as may be revised, notwithstanding any termination.

(b) The requirements of subsection (a) of this section shall not apply to:

(1) Food and drinks available only to faculty and staff members; provided that school employees shall be encouraged to model healthy eating;

(2) Food provided at no cost by parents;

(3) Food sold or provided at official after-school events; and

(4) Adult education programs.

(c) The county council may adopt standards that exceed requirements set forth in subsections (a) and (b) of this section.

(d) Foods and beverages sold in public school and public charter school stores shall meet the requirements of subsection (a) of this section.

(e) Public schools and public charter schools shall not permit third parties, other than school-related organizations and school meal service providers, to sell foods or beverages of any type to students on school property from 90 minutes before the school day begins until 90 minutes after the school day ends.

(f) Foods and beverages that do not meet the nutritional requirements of subsection (a) of this section shall not be:

(1) Used as incentives, prizes, or awards in public schools or public charter schools; or

(2) Advertised or marketed in public schools and public charter schools through posters, signs, book covers, scoreboards, supplies, equipment, or other means.

(g) After first issuing one warning, the county council may impose a penalty, of \$500 per day paid to the Healthy Schools Fund, on public schools and public charter schools that violate this section, subject to the right to a hearing requested within five days after the notice of imposition of the penalty is sent.

Sec. 105. Triennial review.

The county council shall review school nutrition and the requirements of this act every three years and recommend improvements as needed.

Conclusion

Establishing policies in schools to combat childhood obesity is necessary to promote healthy lifestyles among children. The Healthy Schools Act is simple yet effective. The guidelines in the act are strict but easy to achieve. It does not require school cafeterias to radically alter their menus, nor does it require schools to remove vending machines and a la carte foods. For example, schools could replace French fries, which are high in fat and sodium, with tasty and nutritious sweet potato fries. Instead of pepperoni or sausage pizza, schools could sell low-fat cheese or veggie pizza made with wheat dough. The act does, however, place responsibility on schools to find the balance between revenue and nutrition, and to place the well-being of their students above all else.

The lack of a nutrition policy in public schools is contributing to rising obesity rates among children in Prince George's County. Childhood obesity threatens the health of hundreds of children in the county. If obesity rates continue to follow the rising pattern of recent years, the medical consequences will impair and shorten the lives of children. While parents should certainly provide healthy and nutritious meals for their children, schools must become more

proactive. By implementing the Healthy Schools Act, the council will show that it is committed to ensuring long and healthy lives for children across the county.

Works Cited

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