State School Nutrition Legislation Supports Parental and Local Control

- Parents entrust schools with the care of their children during the school day. The sale of low-nutrition foods in schools makes it difficult for parents to ensure that their children are eating well. Without their parents' knowledge, some children spend their lunch money on the low-nutrition foods from vending machines rather than on balanced school meals.

- In light of the alarming rates of childhood obesity and poor nutrition, statewide action is needed to improve the nutritional quality of foods and beverages sold in schools.

- Establishing statewide nutrition standards for foods and beverages sold in schools would provide a valuable tool for school districts working to feed children well.

    - The vast majority of school districts do not have a certified nutrition professional on staff to develop science-based nutrition standards for school foods and beverages.

    - There is no scientific basis for differing nutrition standards for school foods and beverages for children in different school districts.

    - It is sensible for the state to set a "floor" for nutrition standards for items sold in schools, and then for school districts to select specific items for sale in their district that both meet the state standards and appeal to their students.

- Promoting healthful eating in schools could help to reduce the state's obesity-related health-care costs. State health-care costs for obesity range from $87 million to $7.7 billion per year, half of which is paid through the Medicaid and Medicare programs (see the attached table).

- Many states contribute funds toward reimbursable school meals, which are required by law to meet detailed nutrition standards. The sale of soda and junk food in schools undermines the public investment in healthful school meals.

- Setting statewide nutrition standards for items sold in schools will ensure that students in all school districts receive the benefit of healthy food choices. If nutrition standards for school foods are left solely to local action, then schools and school districts serving low-income students may have less-healthful food and beverage options than schools in more affluent areas. Fewer parents in low-income communities have the time, resources, and empowerment to advocate for change in their children's schools. As a result, health disparities may widen.

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Table 2, Estimated Adult Obesity-Attributable Percentages and Expenditures, by State (BRFSS 1998–2000)

State	Total population (%)	(Millions $)	Medicare population (%)	(Millions $)	Medicaid population (%)	(Millions $)
Alabama	6.3	$1320	7.7	$341	9.9	$269
Alaska	6.7	$195	7.7	$17	8.2	$29
Arizona	4.0	$752	3.9	$154	13.5*	$242
Arkansas	6.0	$663	7.0	$171	11.5	$180
California	5.5	$7675	6.1	$1738	10.0	$1713
Colorado	5.1	$874	5.1	$139	8.7	$158
Connecticut	4.3	$856	6.5	$246	11.0	$419
Delaware	5.1	$207	9.8	$57	13.8	$66
District of Columbia	6.7	$372	6.5	$64	12.5	$114
Florida	5.1	$3987	6.1	$1290	11.6	$900
Georgia	6.0	$2133	7.1	$405	10.1	$385
Hawaii	4.9	$290	4.8	$30	11.2	$90
Idaho	5.3	$227	5.6	$40	12.0	$69
Illinois	6.1	$3439	7.8	$805	12.3	$1045
Indiana	6.0	$1637	7.2	$379	15.7	$522
Iowa	6.0	$783	7.5	$165	9.4	$198
Kansas	5.5	$657	6.4	$138	10.2*	$143
Kentucky	6.2	$1163	7.5	$270	11.4	$340
Louisiana	6.4	$1373	7.4	$402	12.9	$525
Maine	5.6	$357	5.7	$66	10.7	$137
Maryland	6.0	$1533	7.7	$368	12.9	$391
Massachusetts	4.7	$1822	5.6	$446	7.8	$618
Michigan	6.5	$2931	7.8	$748	13.2	$882
Minnesota	5.0	$1307	6.6	$227	8.6	$325
Mississippi	6.5	$757	8.1	$223	11.6	$221
Missouri	6.1	$1636	7.1	$413	11.9	$454
Montana	4.9	$175	6.2	$41	9.8	$48
Nebraska	5.8	$454	7.0	$94	10.3	$114
Nevada	4.8	$337	5.0	$74	10.1*	$56

New Hampshire	5.0	$302	5.4	$46	8.6*	$79
New Jersey	5.5	$2342	7.1	$591	9.8	$630
New Mexico	4.8	$324	4.6	$51	8.5	$84
New York	5.5	$6080	6.7	$1391	9.5	$3539
North Carolina	6.0	$2138	7.0	$448	11.5	$662
North Dakota	6.1	$209	7.7	$45	11.7	$55
Oklahoma	6.0	$854	7.0	$227	9.9	$163
Ohio	6.1	$3304	7.7	$839	10.3	$914
Oregon	5.7	$781	6.0	$145	8.8	$180
Pennsylvania	6.2	$4138	7.4	$1187	11.6	$1219
Puerto Rico	7.4		8.1		10.1	
Rhode Island	5.2	$305	6.5	$83	7.7	$89
South Carolina	6.2	$1060	7.7	$242	10.6	$285
South Dakota	5.3	$195	5.9	$36	9.9	$45
Tennessee	6.4	$1840	7.6	$433	10.5	$488
Texas	6.1	$5340	6.8	$1209	11.8	$1177
Utah	5.2	$393	5.8	$62	9.0	$71
Vermont	5.3	$141	6.9	$29	8.6	$40
Virginia	5.7	$1641	6.7	$320	13.1	$374
Washington	5.4	$1330	6.0	$236	9.9	$365
West Virginia	6.4	$588	7.3	$140	11.4	$187
Wisconsin	5.8	$1486	7.7	$306	9.1	$320
Wyoming	4.9	$87	5.9	$15	8.5	$23
Total	**5.7**	**$75,051**	**6.8**	**$17,701**	**10.6**	**$21,329**

*Estimates based on fewer than 20 observations.

Source: Finkelstein E, Fiebelkorn I, and Wang G. "State-Level Estimates of Annual Medical Expenditures Attributable to Obesity." *Obesity Research* 2004, vol. 12, pp. 18-24.