

National Alliance for Nutrition and Activity

Update USDA's School Nutrition Standards: Cosponsor the Child Nutrition Promotion and School Lunch Protection Act



USDA's Nutrition Standards for Foods Sold Outside of School Meals Are Outdated and Allow for the Sale of Many Low-Nutrition Foods. Nutrition science has evolved since USDA implemented its nutrition standards in the 1970s. The standards no longer make sense from the standpoint of science, current dietary patterns, or health.

The School Foods Playing Field is Uneven. School meals must meet detailed nutrition standards set by Congress and USDA in order for a school food service program to receive federal subsidies. The meals typically are balanced and contain recommended amounts of vitamins and minerals. In contrast, the nutrition standards are outdated for foods sold outside the meal programs (sometimes referred to as "competitive" foods). Such foods include those sold in vending machines, cafeteria a la carte, and school stores.

USDA's School Nutrition Standards Should Support Parental Authority and Parents' Efforts to Feed Children a Healthy Diet. Parents entrust schools with the care of their children during the school day, where children spend many of their waking hours and many children eat a substantial portion of their meals/snacks. USDA supports parents by ensuring that the meals sold in schools are balanced and provide recommended amounts of nutrients and food groups. The sale of low-nutrition foods in schools undermines parents' ability to help their children eat healthfully. Parents should not have to worry that their children will spend their

The Child Nutrition Promotion and School Lunch Protection Act:

- * Calls on the USDA to update its nutrition standards for school foods sold outside of meals to ensure that they conform with current nutrition science and address pressing threats to child health and nutrition at school.
- * Applies the new definition to all foods sold outside of federally reimbursed school meals throughout the school grounds and the school day.

lunch money on low-nutrition foods from vending machines, school stores, and a la carte in the cafeteria, instead of on balanced school meals.

Parents Want Improved School Foods.^{1,2,3} A national poll by the Robert Wood Johnson Foundation found that 90% of parents and teachers support the conversion of school vending machine contents to healthy beverages and foods.¹ Similarly, a 2005 *Wall Street Journal*/Harris Interactive Health-Care poll found that 83% of all adults think that “public schools should do more to limit children’s access to unhealthy foods like snack foods, sugary soft drinks, and fast foods.”⁴

“All foods and beverages sold or served to students in school should be healthful and meet an accepted nutritional content standard.”

– The National Academies’ Institute of Medicine, *Preventing Childhood Obesity: Health in the Balance*, 2005.

Nutritionally Poor Foods Are Widely Available in Schools. Nationally, 83% of elementary schools, 97% of middle/junior high schools, and 99% of senior high schools sell foods and beverages out of vending machines, school stores, or a la carte in the cafeteria.⁵ The most common items sold include sugary drinks, chips, candy, cookies, and snack cakes.^{6,7,8} The sale of those foods can negatively affect children’s diets, since many are high in calories, added sugars, and fat and low in nutrients.⁹

Most Schools Have Closed Campuses. Nationally, 94% of elementary schools, 89% of middle/junior high schools, and 73% of high schools have closed campuses.⁶ So for most schools, strengthening school nutrition standards will not drive students off campus to purchase sugary drinks, candy, or other low-nutrition foods.

The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity recommends that “[i]ndividuals and groups across all settings ... [adopt] policies specifying that all foods and beverages available at school contribute toward eating patterns that are consistent with the *Dietary Guidelines for Americans*.”

USDA’s Current School Nutrition Standards Undermine Educators’ Efforts to Teach Nutrition. Many experts agree that nutrition education is essential to addressing childhood obesity and other diet-related diseases. Selling low-nutrition foods in schools contradicts nutrition education and sends children the message that good nutrition is unimportant. The school environment should reinforce classroom nutrition education by modeling and supporting healthy behaviors.

USDA’s Nutrition Standards for Foods Sold Outside of Meals Are Outdated. Nutrition science has evolved since USDA implemented its nutrition standards in 1970s. The standards no longer make sense from the standpoint of science, current dietary patterns, and health. Over the past

several decades, over-consumption of calories, saturated fat, trans fat, refined sugars, and sodium have increasingly become problems in children's diets. Those constituents are not addressed by USDA's school nutrition standards and contribute to obesity, heart disease, cancer, stroke, diabetes, and tooth decay.

The only nutritional criteria for school foods sold outside of meals are that "foods of minimal nutritional value" (FMNV) may not be sold in the food service area during meal times. FMNV are foods that provide less than 5% of the Reference Daily Intake (RDI) for eight specified nutrients per serving. Many low-nutrition foods are not considered FMNV despite their high contents of calories, saturated fat, salt, or added sugars, and thus can be sold anywhere on school campuses anytime during the school day.

USDA's current nutrition standards result in arbitrary limits on the sale of foods in school cafeterias.

Allowed:

Fruitades (*with little juice*)
French fries
Ice cream
Candy bars
Cookies
Chips
Snack cakes
Doughnuts

Not Allowed:

Seltzer water
Caramel corn
Popsicles (*without fruit juice*)
Jelly beans
Chewing gum
Lollipops
Cotton candy
Breath mints

Nutrition standards are important not only in the cafeteria but throughout the school. During meal periods, the sale of FMNV is prohibited by federal regulations in areas of the school where USDA school meals are sold or eaten. However, FMNV can be sold anywhere else on-campus – including just outside the cafeteria – at any time. When USDA defined FMNV, most foods on campus were sold in the cafeteria. Now, the vast majority of schools also sell food outside the cafeteria. Setting nutrition standards *only* for foods sold in the cafeteria is out of sync with current practices in schools.

[Updated Standards Would Ensure That Federal Dollars Spent on School Lunch Programs Are Not Undermined and That Nutrition Goals Are Achieved.](#) Since the Truman administration, school meals have been regulated at the federal level. Congress and USDA set detailed standards for school lunches and breakfasts. The federal government invests huge amounts of money – \$10 billion in FY 2006 – in school lunches and breakfasts.¹⁰ Selling low-nutrition foods in schools undermines that investment.

Most states and localities leave the development of dietary guidance to federal agencies. The majority of the nation's 14,000 school districts are not equipped to develop science-based nutrition standards for school foods. Only 20% of the largest 100 school districts in the country set specific nutrition standards for a la carte and vending in their local wellness policies.¹¹

In addition, there is no scientific basis for nutrition standards to differ for children in different states, and there should be a minimum protective nutrition standard for

food sold in schools nationwide. The majority of states have either no nutrition standards or very weak nutrition standards for foods sold outside school meals.¹²

The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity recommends that "[i]ndividuals and groups across all settings ... [adopt] policies specifying that all foods and beverages available at school contribute toward eating patterns that are consistent with the *Dietary Guidelines for Americans*."

Changing USDA's School Nutrition Standards Will Cost the Federal Government Nothing, but Not Changing the Current Policy Is Costly. The sale of low-nutrition foods in schools ultimately will result in high costs to federal taxpayers for treating diet-related diseases, such as heart disease, cancer, diabetes, stroke, and osteoporosis, through the Medicaid and Medicare programs and federal employee health insurance. Those diet-related diseases have their roots in childhood.

According to the USDA, healthier diets could prevent at least \$71 billion per year in medical costs, lost productivity, and lost lives.¹³ U.S. health-care costs due to obesity are \$94 billion a year,¹⁴ half of which (\$47 billion) are paid through Medicare and Medicaid. From 1979 to 1999, annual hospital costs for treating obesity-related diseases in children rose three-fold (from \$35 million to \$127 million).¹⁵

We Need a Federal Law Ensuring That America's Children Have Access to Healthy Foods at School. In 2006, the Alliance for a Healthier Generation, the nation's largest soft drink companies, and several snack food companies announced voluntary guidelines for nutrition standards for foods and beverages sold in schools. Now is the time to build upon this progress by passing federal legislation that ensures compliance across the country with nutrition guidelines, setting a national standard for the food and drink sold to students. Such legislation is critical to ensure that our nation's children have access to healthy food environments that reflect the *Dietary Guidelines for Americans*. Setting a federal standard also helps to ensure industry compliance.

Strong School Nutrition Standards Improve Children's Diets. School food policies limiting access to high-fat, high-sugar foods are associated with fewer purchases of those items by students.¹⁶ After the transition to middle school, when students gain access to school snack bars, students tend to eat fewer fruits and vegetables¹⁷ and drink less milk and more sweetened beverages than they did in

elementary school.¹⁸ Since an estimated 35%-50% of children's total calories are consumed at school during the school year,¹⁶ it is critical that all food and beverages sold in schools make a positive contribution to children's diets and health.

The National Alliance for Nutrition and Activity (NANA) is a coalition of more than 330 organizations that advocates policies to promote healthy eating and physical activity to help reduce the disabilities, premature deaths, and costs caused by diseases and conditions such as heart disease, cancer, high blood pressure, diabetes, and obesity. For more information, contact either Joy Johanson at the Center for Science in the Public Interest at 202.777.8351 or <jjohanson@cspinet.org>; Jennifer Weber at the American Dietetic Association at 202.775.8277 or <jweber@eatright.org>; Tina Dove at National PTA at 202.289.6790 x202 or <tdove@pta.org>; or Derek Scholes at the American Heart Association at 202.785-7927 or <derek.scholes@heart.org>.

¹ The Robert Wood Johnson Foundation (RWJF). *Healthy Schools for Healthy Kids*. Princeton, NJ: RWJF, 2003.

² American Public Health Association (APHA). *Obesity Poll* conducted by Widmeyer Polling and Research. Washington, D.C.: APHA, 2003.

³ Harvard Forums on Health. *Obesity as a Public Health Issue: a Look at Solutions*. Boston, MA: Harvard University Program for Health Systems Improvement, 2003.

⁴ *Wall Street Journal* Online/Harris Interactive Health-Care Poll: "American Say Parents, Schools Play Role in Children's Obesity." February 14, 2005. Accessed on February 16, 2005 at <http://online.wsj.com/article_print/0,,SB110805710472751448,00.html>.

⁵ Government Accountability Office (GAO). *School Meal Programs: Competitive Foods Are Widely Available and Generate Substantial Revenues for Schools*. Washington, D.C.: GAO, August 2005.

⁶ Wechsler H, et al. "Food Service and Foods and Beverages Available at School: Results from the School Health Policies and Programs Study 2000." *Journal of School Health* 2001, vol. 71, pp. 313-324.

⁷ Center for Science in the Public Interest (CSPI). *Dispensing Junk: How School Vending Undermines Efforts to Feed Children Well*. Washington, D.C.: CSPI, 2004.

⁸ Kann L, et al. "Competitive Foods and Beverages Available for Purchase in Secondary Schools – Selected Sites, United States, 2004." *MMWR* 2005, vol. 54(37), pp. 917-921.

⁹ USDA. *Foods Sold in Competition with USDA School Meal Programs: A Report to Congress January 12, 2001*. Washington, DC: USDA, 2001.

¹⁰ USDA. *Federal Costs of School Food Programs*. Accessed at <<http://www.fns.usda.gov/pd/cncosts.htm>> on January 17, 2007.

¹¹ School Nutrition Association (SNA). *A Foundation for the Future: Analysis of Local Wellness Policies from the 100 Largest School Districts*. Alexandria, VA: SNA, 2006.

¹² CSPI. *School Foods Report Card*. Washington, D.C. CSPI, 2006.

¹³ Frazao E. "High Costs of Poor Eating Patterns in the United States." In *America's Eating Habits: Changes and Consequences*. Edited by Elizabeth Frazao. Washington, D.C.: Economic Research Service, U.S. Department of Agriculture, 1999. Agriculture Information Bulletin No. 750, pp. 5-32.

¹⁴ Finkelstein EA, Fiebelkorn IC, Wang G. "State-level Estimates of Annual Medical Expenditures Attributable to Obesity." *Obesity Research* 2004; 12:18-24.

¹⁵ Wang G, Dietz W. "Economic Burden of Obesity in Youths Aged 6 to 17 Years: 1979-1999." *Pediatrics* 2002, vol. 109, pp. e81.

¹⁶ Neumark-Sztainer D, French S, Hanna P, Story M, Fulkerson J. "School Lunch and Snacking Patterns among High School Students: Associations with School Food Environment and Policies." *International Journal of Behavioral Nutrition and Physical Activity* 2005, vol. 2, published on-line.

¹⁷ Cullen K et al. "Effect of A La Carte and Snack Bar Foods at School on Children's Lunchtime Intake of Fruits and Vegetables." *Journal of the American Dietetic Association* 2000, vol. 100, pp. 1482-1486.

¹⁸ Cullen K and Zakeri I. "Fruits, Vegetables, Milk, and Sweetened Beverages Consumption and Access to a la Carte/Snack Bar Meals at School." *American Journal of Public Health* 2004, vol. 94, pp. 463-467.