Issue Brief: Addressing childhood obesity

The problem

The problems associated with inadequate childhood nutrition, health and wellness have been clearly defined: approximately 17% of American children are obese, and the rates have doubled in children and tripled in teens over the past two decades. Facing a childhood obesity epidemic, poor student nutrition, insufficient physical activity, and risk of long-term health consequences, there is significant cause for concern. Teaching students to live a healthy lifestyle and making school environments healthier can have a major life-long impact on the well-being of our nation’s youth. In fact, health experts agree one of the most effective ways to prevent these chronic diseases is to establish policies and programs to help children and adolescents develop healthy eating and physical activity habits they can maintain throughout their lives.

The solution

In response to the alarming obesity trend, state policymakers are increasingly taking a variety of actions to address the nation’s growing waistlines. While some policy approaches fall largely under federal jurisdiction, others are shared with state governments. The policies contained in the “Competitive School Food and Beverage Act” and the “Healthy Schools Act” provide an outstanding opportunity for state leaders to improve food environments and promote the consumption of healthy food and beverages in schools. These model bills will create state standards for competitive foods and beverages (those served outside the federal schools breakfast or lunch programs) in schools by restricting the sale of unhealthy products in vending machines or a la carte lines; and strengthen existing school wellness policies.

“Competitive School Food and Beverage Act” model state legislation

This model bill addresses nutritional standards and requirements for “competitive foods and beverages” sold outside of reimbursable school meals. While the United States Department of Agriculture (USDA) regulates the nutritional quality of meals sold under its reimbursable school lunch and breakfast programs, similar standards do not exist for foods and beverages sold individually outside the USDA meal programs. This includes foods sold through vending machines, a la carte lines, fundraisers and school stores. These foods are often high in added sugars, salt or saturated fats and trans fats. A 2006 Centers for Disease Control study found that 33 percent of elementary schools, 71 percent of middle schools, and 89 percent of high schools had vending machines, a school store, canteen, or snack bar where students could buy food. Most of what was sold was of poor nutritional quality. Moreover, studies show an association between the availability of competitive foods in schools and higher intakes of total calories, total fat and saturated fat, and soft drinks; and lower intakes of fruits, vegetables, milk and key nutrients.
Many school administrators fear the loss of revenue if they eliminate the sale of competitive foods, and it has been argued that children will compensate by eating more of these foods at home. A recent study, however, proves otherwise. The USDA and the Centers for Disease Control and Prevention (CDC) studied 17 schools and school districts reporting income data after improving the nutritional quality of school foods and beverages. After improving their school foods, 12 schools and school districts increased their revenue and four reported no change. This model bill uses recommendations contained in the Institute of Medicine’s “Standards for School Food.1” The recommendations state that competitive foods should consist solely of fruit, vegetables, whole grains, and low or non-fat dairy products. This model bill can be introduced as part of a broader obesity initiative or a stand alone measure. It provides an excellent opportunity for states to enhance their public health advocacy.