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Before the U.S. Senate Committee on Agriculture, Nutrition and Forestry  
*Beyond Federal School Meals Programs: Reforming Nutrition for Kids in Schools*

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Chairman Harkin, Ranking Member Chambliss and members of the committee, thank you for the opportunity to come before you to speak about the importance of healthy school environments to the health and academic success of all students.

I am Karen Ehrens, a Registered Dietitian and Public Policy Chair of the North Dakota Dietetic Association, an affiliate of the American Dietetic Association (ADA). ADA is a professional association of more than 69,000 food and nutrition professionals whose members work with Americans in all walks of life – from before birth through old age, including in schools – providing care, services and knowledge to help people optimize their health through food and nutrition. The North Dakota Dietetic Association is an organization of more than 300 registered dietitians with a mission to support the public through the promotion of optimal health and nutrition.

ADA thanks the Committee for its interest in the food served in our nation's schools, and especially in nutrition standards for foods sold outside school meals programs. We ask that you consider national standards to ensure that **all** children in the United States have **equal** opportunity to a healthy school environment.

Between 1971 and 2006, childhood obesity rates at least doubled for children in all age groups; the obesity rate more than doubled for preschool children ages 2-5 years and adolescents ages 12-19 years, and it more than tripled for children aged 6-11 years.<sup>1</sup> In addition to the immediate social and emotional health risks of obesity, one of the long-term risks associated with obesity is the development of diabetes and other chronic diseases including heart disease, arthritis and certain cancers.

The photograph I'm holding shows my daughter's 5<sup>th</sup> grade class. These 21 kids were born two years before the turn of the century. It's estimated that one in three children born in the year 2000, or about 7 of these kids, will go on to develop diabetes in their lifetime. I'm here because I want to help these kids, and all kids in the United States, beat those odds.

Despite the increase in childhood obesity rates, many of our nation's schools continue to sell candy, snack foods, and sweetened drinks to children through vending machines, “a la carte” alongside meals in the cafeteria, in school stores and as fundraisers. As we address these “competitive foods,” I first wonder how it is we have come to this place in time when we accept that it is “normal” to provide access to low nutrition snack foods and sodas throughout the school day and that adults are raising money and gambling with children’s health?! It reminds me of what we are learning about the origins of the current financial crisis: for the sake of profit in the present, people disregarded the long-term consequences of their actions. Like toxic assets in the financial system, schools and other areas in our communities have been left with toxic environments.

The sale of low-nutrition competitive foods outside of school meals is associated with increases in children’s body mass index (BMI).<sup>ii</sup> In fact, one study by an economic research group estimates that up to one-fifth of the average increase in BMI in teens between 1994 and 2000 can be attributed to the increased availability of low nutrition foods in schools.<sup>iii</sup>

Currently, competitive foods sold in schools are not required to meet federal nutrition standards that have been set for school meals, both lunch and breakfast. There is U. S. Department of Agriculture (USDA) policy addressing foods sold outside of meals; USDA requires that “foods of minimal nutritional value” (FMNV) not be sold in foodservice areas during mealtimes. But those foods can be sold at any other time or place in a school. FMNV are foods that provide minimal contributions for eight specified nutrients, but calories, fats, salt, and sugars are not counted to determine whether a food is a FMNV. While sales of foods like jelly beans and soft drinks are prohibited as FMNV, sales of candy bars are allowed. This 30-year-old policy, developed when most all foods in schools were sold in and around the cafeteria, does not make sense any more.

The sale of low nutrition foods in schools is counter-productive. When competitive foods are sold in schools, it has been found that fewer kids eat school lunches, healthy foods offered as part of lunches are displaced, decreasing nutrient intake from those lunches, and more food is left uneaten and thrown away. The availability of unhealthy foods also sends a mixed message to students about the importance of choosing healthful foods as part of an overall healthy diet.<sup>iv</sup>

The sale of competitive foods is especially harmful for students who come from families with lower incomes. If students from families with limited budgets eat less healthy snack food instead of a free or reduced-price school meal, they lose out nutritionally in a bigger way than more affluent peers who make the same kind of choices but have other options to access healthy foods.<sup>v</sup>

I am a member of the Bismarck Public Schools Health Council, a team of teachers, parents, students, administrators and health professionals who has been working together to write and implement a local wellness policy. As a result of federal legislation in 2004, all schools that receive federal funds for school meals programs are to have wellness policies in place.

Bismarck’s strong wellness policy has resulted in the removal of soda pop vending machines from schools in the district. Students may purchase only milk, water or 100% fruit/vegetable juice during the school day. At other schools in North Dakota and across the country, however, students still have access to soda pop, other sweetened beverages and snack foods at times

during the school day. Each local wellness policy is different, and in some cases, the policies and practices in those schools allow children access to beverages that can displace healthy drinks from diets, contribute calories and caffeine without nutrition to their bodies, contribute to cavities, and both hinder adequate calcium consumption and leach calcium from growing bones. Parents at these schools do not have the same assurances of a healthy environment for their children.

The legislation that put these wellness policies in place across the nation was a huge step forward, and I thank you as members of Congress for making that happen. A main outcome for creating healthy school environments through local wellness policies is to provide children with the opportunity to learn to the best of their ability. But local wellness policies, while they have minimum content guidelines, are all different. Some are strong, but others were completed in a very cursory way, and sit filed on a shelf. As experience has shown in Bismarck, it also takes a committed team and school administration to ensure that written local wellness policies are carried out on a day-to-day and school-to-school basis. If there is not a champion at each school, a policy may only be partially implemented or not implemented at all.

What this comes down to is that as local wellness policies are carried out, there is unequal access to healthy school environments, and this is why national standards for the sale of competitive foods are needed. All children should have the opportunity to attend school in healthy environments. Parents in small school districts, or in low-income districts, may not have the time, resources, or opportunity to advocate for strong nutrition policies. This can create health disparities between large and small districts or between well-funded districts and districts with fewer resources.

We recognize that schools are falling short of revenue to plan, prepare and serve healthy meals and carry out other student services. And that some schools have turned to competitive foods for revenues. If a school decides to offer competitive snacks and beverages to students, we encourage offering foods that help children meet the gaps in their daily dietary needs by offering fruits, vegetables, whole grains, and nonfat or low-fat dairy products. You'll hear from others today who will demonstrate that schools can make money selling healthier foods. I would also encourage all of us to look at this issue in a broader context, and examine whether we need to identify other funding mechanisms for school services.

At the same time that childhood obesity rates have been increasing, another change has taken place in the past 30 years that makes it necessary for us to look differently at access to food and nutrition. While for all of the time that humans have lived on earth, the main challenge has been obtaining **enough** food and nutrients. Now we live in a place and an era where **too much** food is the problem. Overweight and obesity represent the largest expression of malnutrition in the United States – both coexisting with, and at times, overshadowing hunger as the most significant nutrition problem facing the nation.

Schools are one of the key settings for public health strategies to address overweight and obesity. As Congress and the Administration are moving forward with health care reform this year, I'd like to suggest that establishing nutrition standards for all foods sold in schools is a solid rock in the foundation of prevention efforts. Indeed, nutrition is the cornerstone of prevention.

We need financing systems and policies that support prevention and better manage chronic disease. We have to equip the public, including children in school – before they are patients – with information, motivation, skills they can use to be healthy, and environments that support their personal responsibility for making healthy choices.

As a Registered Dietitian, I can tell you that many of the most-costly disabling conditions can be prevented through nutrition strategies. And with proper nutrition support, many complications can be averted or delayed. Federal attention to public nutrition and investment in nutrition care, education and research is essential. From these small, practical steps, great benefits may accrue to people, their families and the nation. And you can take that first step by establishing meaningful nutrition standards for all foods sold in schools.

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<sup>i</sup> (obesity = sex-and age-specific BMI  $\geq$  95th percentile) National Health and Nutrition Examination Surveys, 1971-1974 through 2003-2006, summarized by the Centers for Disease Control and Prevention, accessed on March 21, 2009 at <http://www.cdc.gov/nccdphp/dnpa/obesity/childhood/prevalence.htm>

<sup>ii</sup> Kubik M, Lytle L, Story M. “Schoolwide Food Practices Are Associated with Body Mass Index in Middle School Students.” *Archive of Pediatric and Adolescent Medicine* 2005, vol. 159, pp. 1111-1114.

<sup>iii</sup> Anderson P and Butcher K. “Reading, Writing, and Raisinets: Are School Finances Contributing to Children’s Obesity?” National Bureau of Economic Research (NBER) Working Paper Series. Cambridge, MA: NBER, 2005.

<sup>iv</sup> Newman C, Ralston K and Clauson A. “Balancing Nutrition, Participation, and Cost in the National School Lunch Program,” *Amber Waves*, September 2008, Economic Research Service, U.S. Department of Agriculture, accessed March 23, 2009 at <http://www.ers.usda.gov/AmberWaves/September08/Features/BalancingNSLP.htm>

<sup>v</sup> Food Research Action Committee. “Child Nutrition Policy Brief: Competitive Foods in Schools.” FRAC, 2008. Accessed March 23, 2009 at <http://www.frac.org/pdf/cncompfoods.PDF>