



KANSAS HEALTH INSTITUTE

# **CHILDREN'S HEALTH IN ALL POLICIES**

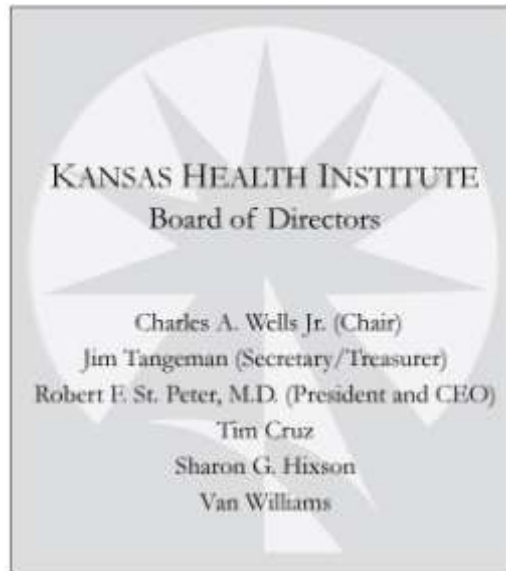
**POLICY OPTIONS FOR ADDRESSING  
OBESITY IN KANSAS CHILDREN**

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**February 2, 2010**

**Noon – 1:30 p.m.**




The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas.

Established in 1995 with a multi-year grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

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## OBESITY IN KANSAS CHILDREN: SLIDE I




# POLICY OPTIONS FOR ADDRESSING OBESITY IN KANSAS CHILDREN

Children's Health in All Policies  
February 2, 2010

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## OBESITY IN KANSAS CHILDREN: SLIDE 2



### WHAT DO STATE LEGISLATORS NEED TO KNOW ABOUT CHILDHOOD OBESITY?

- Approximately 1/3 of Kansas youth ages 10-17 were overweight or obese in 2007
  - Rates of children who are overweight and obese are steadily increasing
- A number of personal behaviors and environmental factors contribute to obesity
  - 25% of children ages 6-17 exercise at least 20 minutes per day
  - 23% of children ages 6-17 live in a neighborhood without sidewalks
  - 35% of high school students drink one or more sodas per day
  - 21% of high school students eat 5 servings of fruits and vegetables per day

### SLIDE 2 NOTES:

1. According to the 2007 National Survey of Children's Health, 15 percent of Kansas children ages 10-17 were overweight and 16 percent were obese. Approximately the same proportions were observed nationally.
2. Obese young people are more likely than their normal-weight peers to become overweight or obese as adults. Therefore, they are at a higher risk for associated adult health problems including heart disease, type 2 diabetes, stroke, several types of cancer and osteoarthritis.
  - a. Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases.<sup>1</sup>
3. The Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services recommend that children participate in moderately to vigorously intense physical activity at least 60 minutes every day.
  - a. These activities include running, hopping, skipping, jumping rope, swimming, dancing, and bicycling.<sup>2</sup>
  - b. Seventy-five percent of Kansas children do not even exercise at least 20 minutes each day.

<sup>1</sup> Centers for Disease Control and Prevention, Division of Adolescent and School Health. (2009). Retrieved January 25, 2010, from <http://www.cdc.gov/HealthyYouth/obesity/>.

<sup>2</sup> United States Department of Health and Human Services. (2008). *2008 Physical Activity Guidelines for Americans*. Retrieved January 25, 2010, from <http://www.health.gov/paguidelines/default.aspx>.

4. Studies have shown that people are more likely to walk and bicycle in neighborhoods that make a conscious effort to create a safe and effective infrastructure for doing so, such as building and maintaining sidewalks.<sup>3</sup>
5. Rates of obesity are higher among children who drink soda every day compared to children who do not.<sup>4</sup>
6. Benefits of a diet rich in fruits and vegetables are well-known. Dietary preferences and eating habits are formed early in childhood and become the foundation for lifelong eating habits.
  - a. Epidemiological studies have demonstrated that diets rich in fruits and vegetables are associated with a decreased incidence of and mortality from a number of chronic diseases including some cancers, diabetes, stroke, hypertension, cardiovascular disease and obesity.<sup>5</sup>


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<sup>3</sup> Trust for America's Health. (2009). *F as in Fat: How Obesity Policies are Failing in America*. Retrieved January 25, 2010, from <http://healthyamericans.org/reports/obesity2009/Obesity2009Report.pdf>.

<sup>4</sup> University of California, Los Angeles Center for Health Policy Research. (2009). *Bubbling Over: Soda Consumption and Its Link to Obesity in California*. Retrieved January 25, 2010, from <http://www.healthpolicy.ucla.edu/NewsReleaseDetails.aspx?id=35>.

<sup>5</sup> Bazzano, L.A. (2006). The high cost of not consuming fruits and vegetables. *J Am Diet Assoc.*, 106, 1364-1368.

## OBESITY IN KANSAS CHILDREN: SLIDE 3



### WHAT CAN STATE LEGISLATORS DO?

- Improve nutritional standards for school lunches and competitive foods
- Include nutrition education in school health curricula
- Measure Body Mass Index (BMI) and screen for diabetes at school
- Adopt Complete Streets initiatives
- Support physical education programs in schools
- Bring fresh, local produce to school children through farm-to-school programs

### SLIDE 3 NOTES:

1. The Institute of Medicine recently recommended revising the nutritional standards of school breakfast and lunch programs by increasing the amount and variety of fruits, vegetables, and whole grains, setting a minimum and maximum level of calories and reducing the amounts of saturated fat and sodium in meals.<sup>6</sup>
2. Competitive foods are those foods which compete with, and are sold separately from, the federally-regulated school meals programs. They are usually found in vending machines, school stores and in “a la carte” lines. They typically have little nutritional value. The FDA cannot regulate these items and thus, these items are not required to meet the minimum FDA nutrition requirements for hot lunches and breakfasts.
3. Schools serve as effective screening sites because virtually all children can participate.

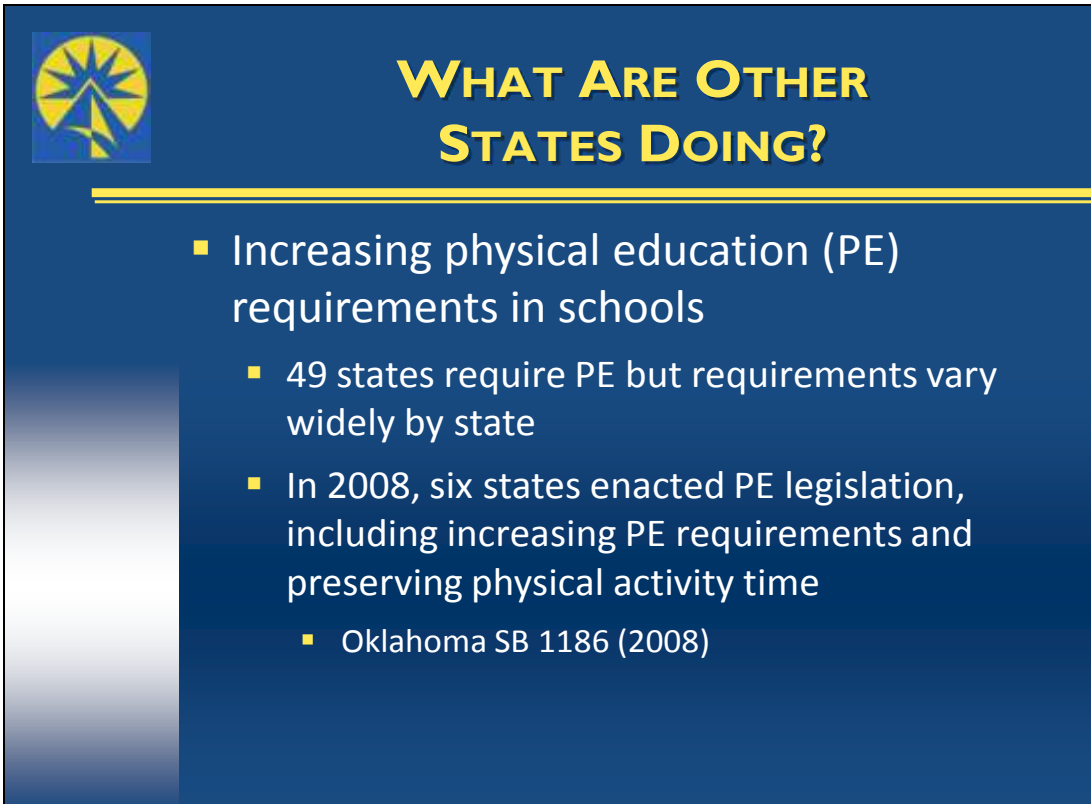
<sup>6</sup> Institute of Medicine. (2009). *School Meals: Building Blocks for Healthy Children*. Retrieved January 25, 2010, from <http://www.iom.edu/~media/Files/Report%20Files/2009/School-Meals/School%20Meals%202009%20%20Report%20Brief.ashx>.

4. “Complete Streets” refers to policies and transportation systems that take into account the needs and safety of all users: bicyclists, pedestrians, transit users, the disabled, children, and senior citizens.
  - a. Studies have shown that people are more likely to walk and bicycle in neighborhoods that make a conscious effort to create a safe and effective infrastructure.
  
5. Emphasis on maximizing time spent on academics and test preparations has been considered a barrier to increasing PE in schools. However, research has demonstrated that physical activity during the school day can increase student achievement.

*See Slide 4, Section 2.*
  
6. Farm-to-school programs are broadly defined as school-based programs that connect schools and local farms with the objectives of serving healthy meals in the cafeteria, improving student nutrition, providing agriculture, health, and nutrition education opportunities and supporting local and regional farmers.

This list is obtained from the National Conference of State Legislatures. (2009). *Promoting Healthy Communities and Reducing Childhood Obesity: Legislative Options*. Retrieved January 25, 2010, from <http://www.rwjf.org/files/research/20090330ncsllegislationreport2009.pdf>.

## OBESITY IN KANSAS CHILDREN: SLIDE 4



### WHAT ARE OTHER STATES DOING?

- Increasing physical education (PE) requirements in schools
  - 49 states require PE but requirements vary widely by state
  - In 2008, six states enacted PE legislation, including increasing PE requirements and preserving physical activity time
    - Oklahoma SB 1186 (2008)

### SLIDE 4 NOTES:

1. The *2008 Physical Activity Guidelines for Americans* recommend that children and adolescents engage in at least 60 minutes of moderately- to vigorously-intense, age-appropriate physical activity each day.
  - a. Compared to those who are inactive, physically active youth have higher levels of cardiorespiratory fitness and stronger bones and muscles. They may also have lower body fat and reduced symptoms of anxiety and depression.<sup>7</sup>
2. Schools provide students with opportunities for daily physical activity and for building skills that support active lifestyles. Budget constraints and pressure to improve standardized test scores have caused school systems to question the value of physical education. Some have downsized or eliminated PE under the assumption that more classroom time will improve academic performance or increase standardized test scores. Research studies have consistently demonstrated that:
  - a. More time in PE and other school-based physical activity does not adversely affect academic performance;

<sup>7</sup> United States Department of Health and Human Services. (2008).

- b. Physically active and fit children tend to have better academic achievement;
  - c. Higher levels of physical fitness are linked with better school attendance and fewer disciplinary problems.<sup>8</sup>
3. Forty-nine states require PE, but requirements vary widely by state. In Kansas, children in grades K-5 are required to participate in PE; however, the state does not require a minimum number of minutes per week. Also, high school students are required to have 1 unit (one year) of PE to graduate, half of which can include health education.<sup>9</sup>
4. In 2008, six states enacted PE legislation or resolutions. The enacted legislation varied widely, but Oklahoma passed a particularly comprehensive bill.
  - a. Oklahoma SB 1186 required school boards, as a condition of accreditation for public elementary schools, to provide students in grades K-5 with 60 minutes per week of physical activity, in addition to the already required 60 minutes per week of PE. Physical activity time could include a number of activities, such as physical education, exercise programs, fitness breaks, recess, classroom activities and wellness and nutrition education.<sup>10</sup>


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<sup>8</sup> Robert Wood Johnson Foundation. (2009). *Active Education: Physical Education, Physical Activity and Academic Performance*. Retrieved January 25, 2010, from <http://www.rwjf.org/files/research/20090925alractiveeducation.pdf>.

<sup>9</sup> Kansas Department of Health and Environment. (2008). *The Status of Physical Fitness Among Kansas Youth*. Retrieved January 25, 2010, from [http://www.kshealthykids.org/KSCH\\_Docs/Status%20of%20Physical%20Fitness%20Among%20Ks%20Youth%20-%20KCSH.pdf](http://www.kshealthykids.org/KSCH_Docs/Status%20of%20Physical%20Fitness%20Among%20Ks%20Youth%20-%20KCSH.pdf).

<sup>10</sup> National Conference of State Legislatures. (2009). *Promoting Healthy Communities and Reducing Childhood Obesity: Legislative Options*. Retrieved January 25, 2010, from <http://www.rwjf.org/files/research/20090330ncsllegislationreport2009.pdf>.

## OBESITY IN KANSAS CHILDREN: SLIDE 5




### KEY QUESTIONS FROM CHAP ROUNDTABLES

- How have other states implemented farm-to-school programs?
- How have other states addressed the issue of competitive foods in schools?

### SLIDE 5 NOTES:

In the roundtable discussion on childhood obesity at our first CHAP convening, our group focused on two policy strategies to explore: implementing farm-to-school programs and addressing competitive foods in schools.

## OBESITY IN KANSAS CHILDREN: SLIDE 6



### WHAT ARE PROMISING POLICY SOLUTIONS?

- Farm-to-school
  - As of July 2009, 19 states have some form of statewide policy establishing farm-to-school programs
  - Washington state SB 6483 (2008) created a farm-to-school program to:
    - Facilitate school purchase of Washington-grown foods
    - Integrate curricula on the benefits of local food
    - Create a fresh fruit and vegetable grant program
    - Require revision of food procurement laws

### SLIDE 6 NOTES:

1. As of 2009, 19 states have some form of farm-to-school policy. In 40 states, school- or community-level farm-to-school programs have been established. Policies vary but typically include establishing mechanisms to link farms and schools, creating price preferences for local foods, relaxing food procurements standards to ease purchasing of local foods and developing mini grant programs.<sup>11</sup>
2. Studies show that farm-to-school programs have contributed positively to students' knowledge, attitudes, and behaviors towards local and healthy foods. The programs have also promoted healthier dietary choices, increased consumption of fruits and vegetables and demonstrated modest increases in farm incomes.<sup>12</sup>
3. In 2008, the state of Washington passed comprehensive farm-to-school legislation.

<sup>11</sup> Trust for America's Health. (2009).

<sup>12</sup> Center for Food & Justice, Urban & Environmental Policy Institute, Occidental College. (2008). *Bearing Fruit: Farm to School Program Evaluation Resources and Recommendations*. Retrieved January 25, 2010, from <http://departments.oxy.edu/uepi/cfj/publications/BF%20ofull%20report.pdf>.

## OBESITY IN KANSAS CHILDREN: SLIDE 7



### WHAT ARE PROMISING POLICY SOLUTIONS?

- Competitive foods
  - Restriction of competitive foods in schools is controversial
    - Many school administrators fear losing revenue
    - Some argue students will eat more junk food at home
  - Evidence indicates:
    - Revenue does not decline when food offerings in vending machines are altered
    - Students do not eat more low-nutrition foods at home to compensate for school limitations

### SLIDE 7 NOTES:

1. Competitive foods are those foods which compete with, and are sold separately from, the federally-regulated school meals programs. They are usually found in vending machines, school stores and in a la carte lines. They typically have little nutritional value.
2. A 2006 survey of Kansas public school districts, conducted by KHI and KSDE, found that 45 percent of school food service programs offer a la carte items and nearly 60 percent of schools have vending machines available for use by students.
  - a. Ninety percent of high schools had vending machines available. The five most common items available to students from vending machines were carbonated beverages, water, juice, chips, snack foods and candy.
  - b. Common a la carte items included milk, juice, water, chips, snack foods, ice cream and additional entrées.
  - c. Vending machines were more common in rural areas compared to urban areas, and a la carte foods were more common in urban rather than rural schools.<sup>13</sup>

<sup>13</sup> Kansas Health Institute. (2006). *One Piece of the Childhood Obesity Puzzle: Kansas Public Schools*. Retrieved January 25, 2010, from [http://media.khi.org/news/documents/2009/10/23/childhood\\_obesity\\_piece\\_puzzle.pdf](http://media.khi.org/news/documents/2009/10/23/childhood_obesity_piece_puzzle.pdf).

3. Studies show an association between the availability of competitive foods in schools and a higher intake of total calories, total fat, saturated fat and soft drinks. However, restricting competitive foods in schools is controversial. School districts fear losing revenue due to changes in competitive food offerings and that children will eat more junk food at home to compensate for the absence of these foods at schools.<sup>14</sup>
4. A 2008 review of recent studies, however, found that school districts' fears about lost revenues were unfounded.
  - a. Changes in food offerings included nutrient requirements for all snack foods, portion size limits and decreased prices for low-fat snacks.
  - b. In fact, in some schools, there was increased student participation in the school lunch program which may buffer losses in snack sales.<sup>15</sup>
5. A recent study found that when low-nutrition foods were removed from schools, students' consumption of those foods did not increase at home.<sup>16</sup>

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<sup>14</sup> Yale University, Rudd Center for Food Policy and Obesity. (2009). *School Food: Opportunities for Improvement*. Retrieved January 25, 2010, from <http://www.valeruddcenter.org/resources/upload/docs/what/reports/RuddBriefSchoolFoodPolicy2009.pdf>.

<sup>15</sup> Yale University, Rudd Center for Food Policy and Obesity. (2009).

<sup>16</sup> Schwartz, M. B., Novak, S. A., & Fiore, S. S. (2009). The impact of removing snacks of low nutritional value from middle schools. *Health Educ. Behav.*, 36, 999-1011.

## OBESITY IN KANSAS CHILDREN: SLIDE 8



### WHAT ARE PROMISING POLICY SOLUTIONS?

- Competitive foods policy options
  - Nutritional standards for competitive foods sold anywhere on school grounds
  - Restrictions on when and where competitive foods may be sold
    - Kentucky SB 172 (2005)

### SLIDE 8 NOTES:

1. Some examples of strengthened nutritional criteria include limiting snack foods in vending machines and in a la carte lines to foods that contain no more than 35 percent of calories from fat, no more than 10 percent of calories for saturated fat, or less than 35 percent of sugar by weight. Portion sizes can also be restricted to meet nutritional criteria.
2. Examples of restrictions on where and when foods are sold include limiting the hours of operation of vending machines and not allowing the sale of low-nutrition foods in classrooms for fundraising activities.
3. An example of a comprehensive competitive foods policy is Kentucky SB 172 from 2005. It required the state Board of Education to establish minimum nutritional standards for all food and beverage programs that are sold outside the National School Lunch and Breakfast Programs and banned the sale of competitive foods and beverages from the

# CHAP ADVISORY PANEL MEETING # 3

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HANDOUTS FOR FEB. 2, 2010

arrival of the first student at the school building until 30 minutes after the last lunch period.<sup>17</sup>

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<sup>17</sup> National Conference of State Legislatures. (2005). *Vending Machines in Schools*. Retrieved January 25, 2010, from <http://www.ncsl.org/issuesresearch/health/vendingmachinesinschools2005/tabid/14108/default.aspx>.

## OBESITY IN KANSAS CHILDREN: SLIDE 9



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