

Prevention Policy Brief

From the Prevention Research Center at Tulane University

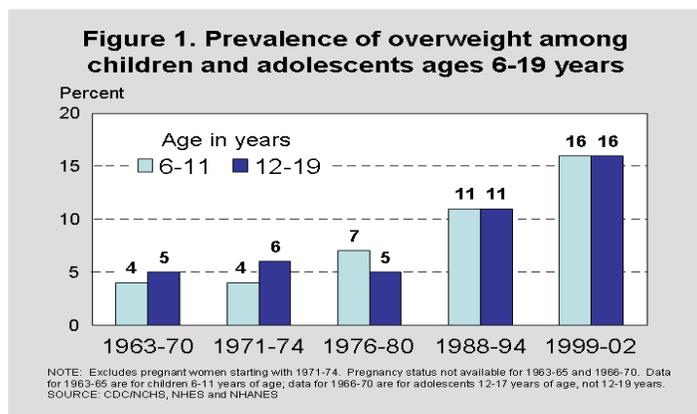


School vending: Selling obesity on campus

The Problem

Nine million US children are overweight, a figure that has been on the rise since the 1980s. Childhood overweight and obesity often leads to adult obesity and a wide range of resulting health risks. Type 2 diabetes, once rare in children, is becoming much more common, along with the complications of this disease. Obesity is linked to an estimated 112,000 deaths per year.

Here are the facts:



CDC graphic

The Causes

Since the 1980s, vending machines and other competitive food sources have become increasingly common on school campuses across the country. At the same time that teachers and school nutritionists are trying to educate students about healthy eating, schools provide easy access to sugary and high-fat snacks and beverages. School vending brings corporate branding into education and provides a level of social acceptability for soft drinks and processed snacks. Competitive foods also reduce the success of the National School Lunch Program, which is designed to provide well-balanced meals to children during school hours. Simply stated, the presence of vending machines on school campuses sends the wrong message and makes our children sick.

The Causes, continued

Here are the facts:

- 43% of elementary schools, 74% of middle/junior high schools, and 98% of senior high schools have a vending machine, school store, canteen, or snack bar where students can buy food.¹
- On any given day, 56% of children consume soft drinks, an increase of 48% in 20 years.²
- One extra 12-oz soft drink per day will cause a 9-lb weight gain in one year.³
- One 1.5-oz bag of potato chips per day will cause a 15-lb weight gain in one year.³

The Solution

Unhealthy drinks and snacks have no place in schools. Vending machines, if they exist at all, should offer foods consistent with the nutritional values taught in the classroom. The switch has been made successfully in school districts across the country.

School successes:

- Folsom Cordova Unified School District in California combatted poor nutrition and diminishing revenue in one sweeping action, by doing away with all school vending machines. The district's food services department now operates in the black with increased participation in school-meal programs.⁴
- As part of an overall program to improve school health, the McComb School District in Mississippi now prohibits vending in elementary schools and only allows water, 100% juice, low-fat milk, and low-sugar sports drinks to be sold in middle and high schools. Since the change, the district reports no loss in revenue, adding that students will purchase the products available to them.⁴

The Solution, continued

More School Successes:

- Maine School Union 106 removed all sodas and low-nutrition snacks from their vending machines. Schools saw no change or reported an increase in revenue from most machines.⁴
- Montana's Whitefish Middle School eliminated soda and candy sold in vending machines and now offers only 100% fruit juice, water, and healthy snacks. One of the biggest changes reported has been the marked decrease in discipline issues following lunch.⁴

Making it Happen

Policy-makers should support measures that will eliminate access to foods and beverages of limited nutritional value. In 2005, the Louisiana Legislature mandated that unhealthy offerings must share high school vending space with more healthful snacks and beverages. This act was a good start, but does not go far enough. High school students should have healthy choices.

School districts or individual schools can adopt more stringent policies than required by this state law. Policies can either eliminate vending machines or require that all items sold be low-calorie and healthful. Examples of policies are available at:

http://www.cspinet.org/nutritionpolicy/school_food_legislation2.pdf

Sources

1. CDC. Foods and Beverages Sold Outside of the School Meal Program: Fact Sheet from the School Health Policies and Programs Study, 2000, 2004
2. French SA, Lin BH, Guthrie JF. National trends in soft drink consumption among children and adolescents age 6 to 17 years: Prevalence, amounts, and sources, 1977/1978 to 1994/1998. *J Am Diet Assoc.* 2003 Oct; 103(10):1326-31.
3. Weinsier RL, Bracco D, Schultz Y. Predicted effects of small decreases in energy expenditure on weight gain in adult women. *Int J Obes Relat Metab Disord* 1993; 17:693-700.
4. Center for Science in the Public Interest. Schools and School Districts that have Improved School Foods and Beverages and Not Lost Revenues. http://www.cspinet.org/nutritionpolicy/improved_school_foods_without_losing_revenue2.pdf.

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