

**“Guidelines for Food Choices  
in School Stores &  
Vending Machines”**

**Healthy Choices Ad Hoc Committee  
Report to  
School District No. 23  
(Central Okanagan)  
Board of School Trustees**

As Presented to the Board on March 31, 2004

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## Introduction

Nutrition is important for growth, development, learning and activity. Children spend a large part of their day at school, where they are exposed to many influences when it comes to food choices. Healthy eating messages are reinforced when food sold in the school setting is consistent with classroom teachings. (Toronto Public Health)

Currently, most of the foods sold in school stores and vending machines do *not* reinforce classroom teachings. Many of these foods have been associated with increased risk of obesity and poor nutritional status in children. In the past 20 years, obesity in Canadian youth has tripled, and overweight has doubled. More than 1/3 of our students are now overweight or obese. (Tremblay)

The evidence is now in: school foods must play a crucial role in halting and hopefully reversing the current trends in childhood obesity. Governments, health associations, and other agencies are asking schools to take a hard look at the foods they make available to their students (*Appendix A*). Numerous parents and community leaders throughout North America have expressed their concerns. The issue of whether or not schools should switch to healthy choices is rarely discussed in the media anymore – now the discussions are focused on *how* schools can make the switch.

*“Schools are identified as a key setting for public health strategies...approaches in schools should...include school policy, the school physical and social environment, and links between schools and families and communities.”*  
U.S. Surgeon General

The Board of School District 23 chose to seriously address this issue and requested the formation of an Ad Hoc committee to study the issue, formulate guidelines (*Appendix B*), and provide the Board with a report.

These guidelines (which include an implementation strategy) were developed to assist our schools in creating an environment that makes healthy choices the easy choices for students.

“Just walking around the schools in my district, I saw some that had vending machines with soda and candy. I kept reading stories in the papers about the epidemic of childhood obesity and I kind of put two and two together and said, there’s something here that doesn’t make sense”.

*David Yassky, New York City Council, Park Slope Reader, Summer 2003*  
<http://www.psreader.com>

## Timeline

In June 2003, following a number of presentations (*Appendix C*), the School District 23 Board passed motions which recognized the connection between school food choices and students' health and learning, and mandated the formation of an Ad Hoc Committee on Healthy Food Choices In Vending Machines and School Stores (*Appendix D*).

The various partner groups were contacted and representatives came forward. The Committee began meeting in November 2003 (*Appendix E*).

Following a review of recent literature and much discussion, the Committee developed guidelines for food choices in school vending machines and stores.

It is our Committee's recommendation that these guidelines be accepted by the Board, be introduced to key school personnel, students, and parents in the 2004/05 school year, and be implemented with conviction and full participation.

## Background

Obesity and overweight are extremely difficult and expensive to treat. Their associated health costs from diabetes, heart disease, high blood pressure, depression, etc., are very high. The efficient solution lies in prevention. (US Surgeon General)

"...the childhood obesity epidemic can be primarily attributed to adverse environmental factors for which straightforward, if politically difficult, solutions exist."  
Ludwig et al

The rising levels of obesity in youth reflect lifestyles that have ultimately resulted in more calories being consumed than expended (Fried). While food issues in schools are not the sole answer to the problem, they play an important role:

- Schools have a critical influence on children's food choices. (Health Canada)
- "Good nutrition...improves children's ability to succeed at school." (Kendall)
- Only 1 out of 5 students consume the recommended number of vegetable and fruit servings. (Health Canada)
- Students are less likely to consume fruits, milk, and vegetables when their schools provide access to soft drinks and snack foods. (Cullen)
- Soft drink consumption has increased 300% in the past 20 years. 56%-85% of children drink at least 1 soft drink daily. 20% consume 4 or more servings daily. (American Academy of Pediatrics)
- One 600 mL (20-ounce) bottle of sweetened drink (pop, etc) contains 15-18 teaspoons of sugar. If a student consumed one bottle each school day, in one school year of 194 days they would consume 12-14 kg of sugar, or 46,000-68,000 calories.

- Sweetened drink consumption in children is directly linked to increased rates of obesity in youth. (Ludwig)
- "...it would take 75 minutes of biking for a young person to burn off the calories in a 20-ounce bottle of soda." <http://www.cspinet.org/new/200309151.html>
- About 90% of bone mass is gained in childhood and adolescence. Sweetened drinks have replaced milk in students' diets. About 60% of boys and 80% of girls are deficient in calcium. (Whiting)
- Just a 5-10% deficit in bone mass may result in a 50% greater lifetime prevalence of hip fracture. (American Academy of Pediatrics)

### Guidelines' Snapshot

For complete guidelines/recommendations, please see *Appendix B*.

The guidelines use food/beverage lists developed by Interior Health Community Nutrition Programs. Foods and beverages are classified as "serve most", "serve sometimes" and "serve least" foods (*Appendix F*). (The Ministry of Health Planning has recently funded the development of a more comprehensive list of available choices for provincial use. It should include brand names to make it easier to find appropriate choices, and be available to schools and suppliers by late Summer 2004.)

Measures need to be taken to ensure that the guidelines are understood and to encourage and assist schools in implementing them with success. For this reason, our guidelines include an implementation strategy which includes an education forum with "School Health Teams", Committee support to schools during 2004/05, student input, a 3-year phase in, allowance for some "serve least" choices at secondary schools with open campuses, and involvement of food suppliers.

Summary of Guidelines for School Stores and Vending Machines, Goal For Year 3 of Implementation			
	Serve Most	Serve Sometimes	Serve Least
Elementary	100% vending, 90% school stores	up to 10% in school stores	none
Middle	70 %	30 %	none
Secondary	70 %	20 %	10 %

"It's not a ban on junk food, we're just getting out of the business of promoting it"

*Jacqueline Domac, with "Students For Public Health Advocacy", Venice High School, California,*  
[http://www.rwjf.org/news/special/physEd\\_2b.jhtml](http://www.rwjf.org/news/special/physEd_2b.jhtml)

## Key Issues

In the process of developing the recommendations, the Committee discussed and considered several key issues which had been raised as concerns with respect to the success or failure of a move to offer more healthy food choices in the schools.

Much of the literature on this topic is American. Several States and many districts have led the way in terms of legislating or mandating healthier choices for their schools. In some cases the sale of pop is completely prohibited. Their learning experiences in implementing the changes will be of great benefit to our District.

### **i) Loss of Revenue for Schools**

When we first stopped selling empty calorie snacks, our students complained...but they still bought something. In fact, we started to make more sales than before. Many parents told us they were more willing to give their child money when healthier choices were available"

*Donna Connolly, Former Principal  
Constable Neil Bruce Middle School*

The Committee reviewed numerous examples where the change to healthier choices led to either a revenue neutral or positive situation. A few schools reported a slight decrease in revenue, which was easily made up with other simple fundraising strategies.

Revenue gain resulting from a switch to healthier choices was attributed to factors such as:

- a. creating student "buy-in" and linking healthier choices with school pride
- b. pricing differentials that make healthier choices more affordable than junk foods
- c. location and number of machines (healthy choice machines in prime traffic areas)
- d. placement of items in machines (ex. healthy choices at eye level)
- e. timers, on machines carrying unhealthy choices, which limit access until after lunch or after school hours
- f. timing and length of breaks
- g. varied considerations for schools with open vs. closed campuses
- h. proximity of the school to outside sources of "serve least" foods

The Committee concluded that with a concerted implementation plan, our revenue results should not be significantly different from the American experience. The implementation strategies outlined in our guidelines will be crucial to the acceptance and success of changes in food/beverage choices.

In addition, it was concluded that as students pass through the system there would be a growing acceptance that, just as there are expectations for achievement and behavior while at school, it would just be "expected" that healthy choices would be either the only or the main items available.

In the event of a revenue neutral or loss situation, the trade-off in terms of health and learning benefits for the students (and health of the community) is too important. The Committee feels strongly that the school environment should

reinforce the education given to students, and that revenue should not be generated at the expense of our children's health. There are alternate, simple methods of fundraising that schools have successfully used.

**ii) Students Leaving Campus to buy “serve least” foods**

This issue primarily concerns schools with open campuses. In Los Angeles, many campuses were in fact closed to accommodate the healthy food choices. In other schools throughout the States, the length of lunch break was altered to discourage students from leaving the campus.

There will always be a certain percentage of students who leave, whether to purchase junk food, for diversion, or whatever. The implementation of our guidelines is likely to result in some students choosing to leave while they adapt to a changing food environment. The Committee concluded that, in the long term, this will be temporary and that the benefits to the larger student population outweigh the negatives. However, it was in part this consideration, as well as secondary students' increased ability to make informed choices, that led the Committee to leave 10% “serve least” foods in the guidelines for secondary schools.

**iii) Student Entrepreneurs**

A concern that students might start to sell junk food out of their lockers or trunks of their vehicles -- a kind of “black market” – was expressed to the Committee. Two Committee members attended a school nutrition policy forum and asked speaker Marilyn Briggs, the former Assistant Superintendent of Public Instruction with the California Department of Education, how Los Angeles had dealt with this. She was unaware of any concern. The Committee didn't see any documentation that other schools had experienced this problem, and concluded that any such attempts by students would be short-lived.

**iv) Student Buy-In and Marketing**

Healthier choices do not garner the same advertising budgets as do junk foods. For example, in 2001 the advertising budgets of Coca-Cola and PepsiCo approached \$3 billion in the United States alone while healthier choice products have vastly smaller budgets (Fried). Competing with this huge disparity is a challenge. The whole issue of market competition, and perhaps promotion of healthy choices, could definitely be considered by marketing, graphic arts, or business classes within the schools.

**v) After-School and Community Use**

Timers are available for vending machines that could provide schools with the option of having a greater number of “serve least” foods available for after-school hours and weekend customers.

However, the Committee feels that the message from our schools should be consistent in reinforcing healthy eating behaviours, regardless of the audience. The school environment reflects and reinforces values to the community. Our message

to students should be confident and clear: the school environment should reinforce healthy eating and model healthy behaviours regardless of the audience.

#### **vi) Contracts**

The Committee was aware that most schools have entered into some form of contract with corporate or local suppliers. Without being privy to the actual terms of contracts, the Committee acknowledges that the terms of the existing contracts need to be honoured, and that within current contracts there is definitely room to work within those terms. For example:

- a. place healthier choices in more conspicuous locations
- b. manipulate pricing to make healthier choices more affordable to students
- c. stock more of the healthy choices available from the supplier
- d. if the contractor is unable to provide appropriate milk products, the contract can be amended to bring in additional machines from another vendor. This has been successfully done in numerous Ontario schools.

As existing contracts expire, schools can look at other options which might allow greater access to revenue generating opportunities using healthier choices: independent local vendors, or schools purchasing their own machines which could be operated by the school or a certain class with support from CUPE or a combination thereof.

#### **vii) Impact on Custodians and School Cleanliness**

The President of CUPE advised the Committee that the implementation of the guidelines would likely be an improvement to the current situation.

#### **viii) Milk Machines**

It is important to increase the accessibility of appropriate milk products to students. Many options are available for schools to consider: working with their current supplier, programs through the BC Dairy Foundation, independent contractors, etc. One important point is that due to the nature of milk products, the machines' requirement for electricity and temperature control are critical.

#### **ix) Stakeholder Involvement**

For this initiative to be a success, especially at the middle and senior secondary level, all interested parties need to be part of the decision making process. It was from this premise that the committee recommends that the implementation strategy (which includes all stakeholders) be an integral part of the guidelines.

### **Conclusion**

We thank the Board for the opportunity to address this important topic. The health of our students is important today, tomorrow, and in the future. It is for this reason that we submit these guidelines to the Board for acceptance and full implementation. The Committee is ready and eager to continue functioning to facilitate the implementation phase of the guidelines.

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## **Appendix A: Some Organizations with Statements Regarding Healthy School Food Choices**

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## **Appendix B: Ad Hoc Committee Recommendations to SD23 Board**

The committee unanimously recommends that the following guidelines be approved by the Board:

### **Recommendation 1:**

THAT: The Board adopt the following healthy food choice guidelines prepared by the School District No. 23 Ad Hoc Healthy Food Choices Committee, for use in all elementary, middle and secondary schools in this District.

Commencing September 2004, from the attached "Snack Choices in School Stores and Vending Machine" pamphlet prepared by the Interior Health Community Nutrition Programs:

- a) All elementary schools offer for sale in any school store a minimum of 90% "Serve Most" foods and no more than 10% "Serve Sometimes" foods, and that all vending machines contain 100% "Serve Most" foods.
- b) All middle schools have a three-year transition phase, with the following being offered for sale in any school store or vending machine:  
  
Year 1: 50% "Serve Most", 40% "Serve Sometimes", 10% "Serve Least";  
Year 2: 60% "Serve Most", 30% "Serve Sometimes", 10% "Serve Least";  
Year 3: 70% "Serve Most", 30% "Serve Sometimes", 0% "Serve Least".
- c) All secondary schools have a three-year transition phase, with the following being offered for sale in any school store or vending machine:  
  
Year 1: 50% "Serve Most", 30% "Serve Sometimes", 20% "Serve Least";  
Year 2: 60% "Serve Most", 30% "Serve Sometimes", 10% "Serve Least";  
Year 3: 70% "Serve Most", 20% "Serve Sometimes", 10% "Serve Least".

With the following proviso:

THAT: All efforts be made to achieve the guideline recommendations while still honouring the terms of any existing contracts, that existing vending machine contracts continue until expiration, and that all new or renewed vending machine contracts should honour the healthy food choice guidelines.

### **Recommendation 2:**

THAT: The Board approve the following healthy food choice strategy and budget proposal for the timely and effective implementation of the healthy food choice guidelines:

- a) that prior to the end of June 2004, each school form a "Healthy Food Team" made up of an administrator, a teacher, a student, a CUPE representative and a parent representative;
- b) that in the fall of 2004, all school "Healthy Food Teams" attend a half-day in-service session to be organized by the Ad Hoc Committee for the purpose of fully informing all individuals on the team about the latest research on this issue; the importance of healthy choices, the guidelines and implementation strategies for use at the various schools;
- c) that for the purpose of implementation of the guidelines and strategy, the Board approve a budget of \$9,000.

## **Appendix C: Presenters to School District 23 Board regarding food choices in our schools**

Carol Taylor, parent

Dr. Tom Warshawski, M.D., FRCP. President, BC Pediatric Society.

Dr. Alan Milnes, D.D.S., Certified Specialist in Pediatric Dentistry. Chairman, Scientific Affairs Committee, Canadian Academy of Pediatric Dentistry.

Cathy Richards, R.D., Community Nutrition Programs, Family Health, Prevention and Early Intervention, Interior Health.

## **Appendix D: June 2003 Motions, School District 23 Board**

### **R196-03**

The Board recognizes:

THAT: the health of students is an important factor in student learning and to later productivity and enjoyment in life;

AND THAT: the public education system has a powerful influence on the development of our youth and future citizens;

AND FURTHER THAT:

the significance of the revenue generated at the school level from the sale of various food products and that choice and having healthy food choices available at the schools is important.

### **R199-03**

THAT: In recognizing the principles in Motion R196-03, the Board refers this matter to an ad hoc committee, the composition of which shall be comprised of:

- 2 Trustees
- 3 parent representatives from COPAC with representation from the elementary, middle and secondary levels
- A representative from COTA, the Principals and Vice Principals Association and CUPE
- 2 health professionals
- 1 middle and 1 secondary school student representative.

### **R203-03**

THAT: The Board agrees that the mandate of the Ad Hoc Committee on Healthy Food Choices In Vending Machines and School Stores shall be to:

- develop guidelines for use by the schools in their decision making process respecting healthy food choices sold in school vending machines and school stores.
- provide a full report with recommendations back to the Board in December 2003

AND FURTHER, the Board agrees that the Ad Hoc Committee Chairperson shall be appointed by the Ad Hoc Committee Members.

## **Appendix E: Members of the Ad Hoc Committee on Healthy Food Choices in Vending Machines and School Stores**

### School Board Representatives:

Caryl Horan, Trustee  
Anna Hunt-Binkley, Trustee

### COPAC Representatives:

Art Boehm  
Ardis Miller  
Irene Ruel

### COTA Representative:

Tom Potts

### COPVPA Representative:

Rob Melle, Rutland Senior

### CUPE L. 3523 Representative:

Bill Zeman, President

### Interior Health:

Cathy Richards, Community Nutritionist  
Rhonda Tomaszewski, Program Leader Chronic Disease Prevention

### Student:

Lindsay Klarenbeek, Rutland Senior

