Snack Foods and Beverages In Minnesota Schools

At a glance

- 27 percent of children in Minnesota are overweight or obese, compared to one-third nationwide.
- Providing students with access to healthy foods and beverages throughout the school day can improve the health of the state's 840.000 schoolchildren.²

Children who are overweight or obese—nearly one-third of all children in the United States—are at greater risk for heart disease, Type 2 diabetes, and other chronic diseases.³ To support children's health, school districts across the nation are beginning to implement nutrition standards set by the U.S. Department of Agriculture for snack foods and beverages sold outside of school meal programs, such as in vending machines, school stores, and cafeteria a la carte lines.

Recognizing that what children eat affects their health and ability to learn, many states have been working to improve the nutritional quality of snacks for several years. For example, 43 states have some level of policy in place regarding the types of snacks that schools may sell to students. Of these, seven have suggested guidelines; schools are not required to follow them. Very few of the policies in the remaining 36 states are as strong as the Smart Snacks in Schools nutrition standards for snack foods and beverages proposed by USDA.

Minnesota does not have a state policy regarding school snack foods and beverages. While individual schools or districts may have implemented nutrition standards for snack foods and beverages at the local level, Minnesota schools in general are likely to need more training and technical assistance as they implement USDA's Smart Snacks in Schools rule. Minnesota should adopt nutrition standards that at a minimum meet USDA's rule. Additionally, the state child nutrition agency should adopt policies and procedures that ensure effective implementation of the standards, such as providing:

- Technical assistance and training to schools and districts.
- Opportunities for collaboration and sharing of best practices with other districts in the state.
- Clear guidance on the number of fundraisers per year that each school may exempt from the standards.
- A plan for addressing how schools will be held accountable for meeting USDA's Smart Snacks in Schools nutrition standards.





According to recent research, school-age children living in states with strong restrictions on the sale of unhealthy snack foods and beverages in school gained less weight than those in states with no such policies.⁴ For the majority of the nation's children, less-healthy snack food choices still far outnumber healthier options such as fruits and vegetables.⁵ Having a national policy in place will serve as a baseline to ensure that the healthy choice is the easy choice for all students, no matter where they live.

Updating nutrition standards for snack foods and beverages sold in schools is not only a healthy option, but a fiscally sound one as well. Research shows that having nutrition standards in place for snacks and beverages results in more students purchasing USDA-reimbursable school meals, which in turn increases the revenue of school food service departments.⁶

What children eat and drink at school matters. Every state should fully implement USDA's Smart Snacks in Schools nutrition standards and make sure existing state school food policies align with or exceed the national nutrition standards. This will put all of the nation's schools on an even footing, regardless of their current state policies, and ensure that all kids, no matter what school they attend, have access to healthier snack foods and beverages throughout the school day.

Endnotes

- 1 Child and Adolescent Health Measurement Initiative, "Data Resource Center for Child & Adolescent Health" (2011), accessed July 29, 2014, http://www.childhealthdata.org/browse/allstates?q=2415.
- 2 National Center for Education Statistics, "State Education Data Profiles," accessed July 29, 2014, http://nces.ed.gov/programs/stateprofiles.
- Joan C. Han, Debbie A. Lawlor, and Sue Y.S. Kimm, "Childhood Obesity," *Lancet* 375, no. 9727 (2010): 1737-48; David S. Freedman et al., "Cardiovascular Risk Factors and Excess Adiposity Among Overweight Children and Adolescents: The Bogalusa Heart Study," *Journal of Pediatrics* 150, no. 1 (2007): 12-17; Evelyn P. Whitlock et al., "Screening and Interventions for Childhood Overweight: A Summary of Evidence for the U.S. Preventive Services Task Force," *Pediatrics* 116, no. 1 (2005): e125-44; E. Rand Sutherland, "Obesity and Asthma," *Immunology and Allergy Clinics of North America* 28, no. 3 (2008): 589-602; E.D. Taylor et al., "Orthopedic Complications of Overweight in Children and Adolescents," *Pediatrics* 117, no. 6 (2006): 2167-74; and W.H. Dietz, "Health Consequences of Obesity in Youth: Childhood Predictors of Adult Disease," *Pediatrics* 101, suppl. 2 (1998): 518-25.
- 4 Daniel R. Taber et al., "Weight Status Among Adolescents in States That Govern Competitive Food Nutrition Content," *Pediatrics* 130, no. 3 (2012), doi:10.1542/peds.2011-3353.
- 5 The Pew Charitable Trusts, "Out of Balance" (2012), http://www.pewtrusts.org/~/media/Assets/2014/08/ KSHFOutofBalanceWebFINAL102612pdf.pdf.
- 6 The Pew Charitable Trusts, "Health Impact Assessment" (2012), http://www.pewtrusts.org/en/research-and-analysis/reports/2012/06/01/hia-national-nutrition-standards-for-snack-and-a-la-carte-foods-and-beverages-sold-in-schools.







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