Vending Machine Dilemmas

Promoting Healthy Choices

One County’s Experience Traveling Along the Road to Success

Given the declining health of American youth as seen in rising obesity rates, increased incidence of childhood obesity, and prevalence of other risk factors like high cholesterol and blood pressure, business, education, food service, and health professionals as well as parents and students are struggling to balance the need for critical school funds with the desire to promote healthy food and beverage options for students.

A number of actions are taking place across the country to promote healthier school environments. In Congress, policymakers are debating a variety of bills impacting children’s health—from promoting access to health care, to providing free fruits and vegetables to students; state legislatures are looking at many school-based proposals including banning junk food to requiring heights and weights on students; and local boards of education and schools are constantly deliberating and discussing ways to promote a healthy school environment while still maintaining precious revenue streams that vending operations often provide.

And no wonder more policy officials and school administrators are taking action. With childhood obesity rates soaring—having doubled for children and tripled for teens in the past 20 years1 and eating and exercise habits not near where health officials say they should be, schools across the country are scurrying to take steps to show they are—or at least can be—part of the solution, not the problem.

This article will highlight a successful effort in the Montgomery County, Maryland school district to implement strong nutrition standards for vending machines, school stores, and other foods sold as à la carte items in school cafeterias.

The Statistics Say It All

We know that healthy eating beginning in childhood is associated with reduced risk for many diseases, including the three leading causes of death: heart disease, cancer, and stroke.2 Yet, eating and exercise patterns of most children are not meeting health official recommendations.

- Less than 40 percent of children and adolescents meet the U.S. dietary guidelines for saturated fat.3
- Almost 80 percent of young people do not eat enough fruits and vegetables.4
- 85 percent of adolescent females do not consume enough calcium and milk intake has decreased while soft drink intake has increased.5-9
- More young people are using unsafe methods to lose or maintain weight.10
- Overall, the percentage of high school students attending daily physical education (P.E.) classes declined significantly from 1991 (42 percent) to 2003 (28 percent).11
- 35 percent of high school students do not participate in regular, vigorous physical activity.12
- 80 percent of children tested in California failed to meet established standards for physical fitness.13

Such health concerns have galvanized the parent and teacher communities. Two national polls, one of 500 public school teachers and one of 800 parents of school-age children, revealed that parents and teachers overwhelmingly agreed that all students should have P.E. every day and have access to healthy foods. Specifically:

Teachers and parents overwhelmingly support P.E.:

by Tracy A. Fox
Teachers (81 percent) and parents (85 percent) favor schools requiring students to take P.E. every day at every grade level.

86 percent of both teachers and parents agree that, to be healthy, every child should get at least 30 minutes of physical activity at school every day from kindergarten through high school.

90 percent of teachers and 86 percent of parents are convinced that physically active children are better able to learn and are better behaved in the classroom.

97 percent of teachers and 88 percent of parents believe school boards should not eliminate P.E. for budgetary reasons.

82 percent of teachers and 73 percent of parents oppose reducing time spent on P.E. in order to focus on academics.

87 percent of teachers and 77 percent of parents believe that, in order to fulfill stricter academic standards, schools should look at alternatives other than eliminating P.E.

Teachers and parents overwhelmingly support converting the contents of vending machines to healthy foods and beverages:

92 percent of teachers and 91 percent of parents favor converting the selections in vending machines to healthy foods and beverages.

86 percent of teachers and 83 percent of parents oppose allowing vending machines with soft drinks, unhealthy snacks, and candy in elementary schools.14

The escalating concerns about children’s health, coupled with increasing awareness and pressure placed on schools to make changes, have many school administrators and officials on the hot seat. A walk down practically any school hallway these days will show why schools are under fire to make changes and help promote better food and beverage options. In addition to rows of lockers and back packs, banks of vending machines, easily accessible to bustling students during the school day, line the hallways of practically every high school and most middle and elementary schools across the country. In fact, nearly half of all elementary schools, three-quarters of middle/junior high schools, and nearly all of senior high schools have vending machines, school stores, or snack bars.15

To make matters worse, results from national, state and multi-state surveys clearly demonstrate that most vending options available to children in schools are of poor nutritional value—either high in calories and/or low in nutrition. The Centers for Disease Control and Prevention found that the most common items sold out of vending machines, school stores, and snack bars include soft drinks, sports drinks, fruit drinks that are not 100 percent juice, salty snacks, candy, and baked goods that are not low in fat.16 In addition, fruits, vegetables, and other healthy, low fat choices were rarely available in these outlets.

A Center for Science in the Public Interest survey of 1,420 vending machines in 24 states found that in both middle and high schools, 75 percent of beverage options and 85 percent of snacks were of poor nutritional quality. The most prevalent options are soda, imitation fruit juices, candy, chips, cookies, and snack cakes. Of the 9,723 total snack slots, only 26 slots contained a fruit or vegetable and only 7 percent of the beverage options were fruit juice (i.e., contained greater than 50 percent real juice).17

Further confirmation of the poor quality of school vending come from a survey conducted in 471 public schools in Kentucky which found that 84 percent of the food sold in vending machines is junk food—high in calories, fat, and/or sugar. Soda, candy, and fried snacks were the three most common items sold in Kentucky schools.18

The results of these surveys show that the overwhelming majority of options available to children in school vending machines are of poor nutritional quality—generally high in calories and/or low in nutrition. The pervasiveness of junk food in school vending machines limits students’ ability to make healthy food choices and undermines efforts of parents’ to feed their children well.

Developing Nutrition Standards in Montgomery County, Maryland

This brings us to the events that eventually led to the development of nutrition standards for Montgomery County schools—events that actually began in the state capital. Over the last four sessions of the Maryland state legislature, a state senator and a House of Delegates representative have been instrumental in raising awareness in the state house of the importance of promoting healthy choices in schools and limiting access to unhealthy foods and beverages. While the initial bills were focused on commercialism and restricting vending operations, bills introduced in the 2003 and 2004 sessions on nutrition and physical activity addressed a number of areas including nutritious offerings, physical activity, data collection using the CDC Youth Risk Factor Behavior Survey, insurance coverage and a statewide obesity task force.
Of the six nutrition and obesity-related bills that were introduced in the 2004 legislative session, one survived and was enacted as law. That bill requires that Maryland conduct the CDC Youth Risk Factor Surveillance Survey. The other bills, including two with a particular focus on nutrition and vending operations, received more attention and votes then in years past but fell short in the final stages of the legislative session.

However, these legislative initiatives and efforts were instrumental in highlighting a problem, raising awareness (especially among key policymakers), and bringing together stakeholders who were able to promote change at the local level. In fact, many of the organizations and individuals that came together in support of the bills over the years have continued advocacy efforts to promote more nutritious options in schools at the county and school house level.

**Paving the Way for Change**

Energized by the state legislative efforts and growing community awareness about the need to promote healthier options in schools, individuals and organizations throughout Montgomery County continued to communicate with county officials and other leaders on the need for higher nutritional standards for all items served in schools. Over the past three years, dozens of parents, health officials, teachers, and other community activists met with school board members, the food service director, and other county officials, testified at monthly board of education meetings, sent letters, spoke at PTA meetings, appeared on local TV stations, and wrote letters to the editor and other articles for the local paper, on the need to improve vending and other food/beverage offerings in schools.

While these efforts initially seemed to have little impact, things started to change in the fall of 2003 when a County Councilman got involved. Concerned about the rising rates of obesity, a countywide community forum was held in November 2003 with prominent national and local speakers. With a minimal budget and a lot of volunteer time, a hugely successful Childhood Obesity Forum was held at the headquarters of the county council. Over 200 community members attended—from school nurses, physical education teachers, doctors, dentists, parents, school board members, nutrition professionals, to other local leaders. The forum highlighted the need for more aggressive action to address the looming childhood obesity epidemic.

Around the time of the forum, two prominent Board of Education (BOE) officials took action. In October of 2003, a BOE resolution was passed calling for a Vending Study Group to be formed to review the types of beverages offered in vending machines. Another resolution was passed in December 2003 restricting the sale of soda until the end of the school day (versus after lunch) and the charge of the Vending Study Group was expanded to address snacks in vending machines. The group, composed of parents, principals, and county officials including the health and food service directors, reviewed federal and state policies regarding beverages and snacks, county health education practices, and nationwide actions to combat obesity. It also met with students to hear their thoughts on vending issues.

The group met from November 2003 to January 2004 to address the resolutions and develop recommendations. While the discussions were at times heated—mainly when vending revenue issues came up—all committee members were dedicated to promoting the health of students. In the end, a strong set of recommendations was sent to the county superintendent, who subsequently supported all of the group’s recommendations and officially announced that the changes to vending and school store operations would take effect in the 2004–2005 school year.

Following are the Vending Study Group’s nutrition-related recommendations:

- Ensure that beverages sold to students during the school day, either through vending machines or school stores, are in containers of 16 ounces or less and must be one of the following types:
  - Water;

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**About Montgomery County Public Schools**

The Montgomery County Public Schools (MCPS) system, with over 139,000 students and 191 schools, is the largest school system in Maryland, and one of the fastest growing nationwide. MCPS is a diverse school system with students coming from more then 163 countries. While Montgomery County is generally considered a prosperous area, many students are from limited-resource households and about 23 percent students receive free or reduced price lunches. Source: MCPS Schools at a Glance, Office of Shared Accountability, 2003–2004 school year, online at www.mcps.k12.md.us/index.cfm.
Non-carbonated flavored water;
100% juice;
Juice beverage containing 20–50% fruit juice in 2004–2005 and a minimum of 50% juice thereafter; or
Isotonic beverage.
Locate machines selling isotonic beverages adjacent to physical education facilities.
Resume and promote milk vending (with an emphasis on low fat options) in secondary schools.
Ensure that snack items sold to students during the school day, either through vending machines or school stores, meet the following nutritional requirements per single serving, as stated on the food label:
7 grams or less of fat (exception for nut and seed mixes);
2 grams or less of saturated fat (trans fat is included to the degree it can be determined); and
15 grams or less of sugar (exceptions are fresh and dried fruits).
Staff will collaborate with suppliers to provide packaging with single servings whenever possible.
Encourage refrigerated vending where possible to promote a greater variety of choices, including fruits and vegetables.
The Division of Food and Nutrition Services should maintain oversight of beverages and snacks sold to students during the school day.
Another positive outcome of this process is that these standards will also apply to all à la carte items—a decision made by the county that went beyond the study group charge. This means that practically all food items sold in the cafeteria but not part of the federally approved school meals will be required to meet the new standards listed above. This significant change assures that students in Montgomery County Public Schools will have access to a variety of healthy food choices throughout the school day and throughout the school campus.

Lessons Learned

Legislative Efforts
While the majority of legislative efforts never make it to the bill-signing stage (in Maryland alone, over 2,000 bills are introduced during the three-month legislative session with about 600 actually going on to become law), that does not mean the remaining 1,400 are failures. In fact, legislative efforts, even failed ones, often have the very positive effect of forcing local entities and officials to “wake up and smell the roses” and bring about change at the local level—better that, locals often feel, then be told by the state what to do. In addition, state legislative efforts usually get better over time. Get to know the state legislators that are concerned about nutrition issues and work with them to craft legislative language that has a better chance of succeeding.

Community Advocacy
Highlighting the issue from a number of angles (testimony, letters/emails, articles, TV appearances, community forums) is time consuming but necessary in order to influence key decision makers and keep the issue “front and center.” Everyone learns in different ways and often receives information through multiple channels—the greater the range of communication tactics, the more likely you are to capture the interest of a variety of key stakeholders. Don’t get frustrated by what may appear as a lack of interest—use that as an indication of the need to identify different approaches to get your message across.

Consensus Building
When participating in meetings where county officials, principals, and parents are involved, it is important to have a good understanding of where every member is coming from. Principals are concerned and committed to providing the best environment for their students—and they are required to run their schools as businesses. County officials are making decisions that will potentially impact thousands of students (nearly 140,000 in Montgomery County) and must weigh such decisions against the larger issues they confront daily. And parents want to be assured that their children are provided with ample opportunities to make healthy choices—which should not mean a token granola bar or water bottle in a vending machine.

It is also important to know when a compromise is necessary. For example, a number of committee members (including myself) would have liked isotonic drinks to be categorized like sodas. However, given they represent a very small percent of beverage sales, and the machines will be located near gyms, this is an area in which compromise was essential in order for the other, more significant changes to be supported.

Summary
Recent legislative initiatives, such as the Child Nutrition Reauthorization Bill, signed into law in June 2004, include provisions requiring school districts to establish “Wellness Policies” to address physical activity and nutrition. School districts across the nation are developing policies and plans to address the growing problem of unhealthy eating and exercise patterns among youth, and state and local board officials and school administrators are key to developing successful strategies.
As experienced in Montgomery County, the road to success is often paved with milestones, pebbles, a few large boulders, and can only be accomplished with input and involvement of dedicated state and county officials and organizations. Success was realized when a diverse group of individuals and organizations came together, including state legislators, county council members, board of education members, the school food service, health and physical education professionals, Health Department officials, the County School Health Council, the county PTA, and many other dedicated staff and volunteers. Such efforts take time, energy, and commitment. The time is right to take action to promote healthy choices in schools, whether at the federal, state, or local level. We must continue down the road to success, recognize the pebbles and boulders that will surely get in the way, and still forge ahead.

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RESOURCES

Action for Healthy Kids: Action for Healthy Kids (AFHK) is a nationwide initiative dedicated to improving the health and educational performance of children through better nutrition and physical activity in schools. AFHK is composed of 51 state teams and a national coordinating and resource group. AFHK fosters sharing and collaboration among diverse stakeholders to encourage and facilitate meaningful change in schools. Guidance and direction is provided by more than 40 national organizations and government agencies representing education, health, physical activity, and nutrition. More information is available online at www.actionforhealthykids.org.

The Centers for Disease Control and Promotion’s Making It Happen: School Nutrition Success Stories contains 32 success stories of innovative K–12 schools across the United States that improved their school nutrition environments for foods and beverages sold and offered outside of federal meal programs. Making It Happen includes ideas on what to improve, how to do it, and partners in change. Making It Happen was jointly published with the Food and Nutrition Service, U.S. Department of Agriculture, and supported by the U.S. Department of Education. Available online at www.cdc.gov/HealthyYouth/nutrition/Making-It-Happen/index.htm.

The Center for Science in the Public Interest’s School Foods Tool Kit: A Guide To Improving School Foods and Beverages is designed to help parents, schools, food service directors, and other stakeholders realize their goal of improving the nutritional quality of the foods and beverages that our kids eat and drink at school and protecting our children’s health. The toolkit is available online at www.cspinet.org/schoolfood/index.html.

10. Ibid.