

**Testimony of  
Susan Borra  
Immediate Past-President, American Dietetic Association  
on  
Healthy Children in the School Nutrition Programs  
before the  
Senate Agriculture Committee  
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Mr. Chairman and members of the Committee, thank you for the opportunity to discuss the role school nutrition programs can play on children's health. My name is Susan Borra and I am the immediate past-president of the American Dietetic Association (ADA) am here representing my fellow members of ADA -- 67,000 food and nutrition professionals. ADA is the largest organization of its kind and it is guided by a philosophy based on sound science and evidence-based practice. ADA members work on nearly every aspect of food, nutrition and health, here and around the globe. One in six of ADA's members are employed in a public health setting, including school food service, and they bring their unique training and skills that integrate nutrition and safe food handling into public programs.

will describe to the Committee the prevalence, influences and implications of childhood overweight and obesity. My comments reflect consumer research focused on children, parents and teachers regarding overweight and obesity and ADA's recommendation for the role schools can play. ADA believes that the most effective strategy in addressing obesity through the school nutrition programs is a three pronged approach: trained professionals in decision-making roles, nutrition standards with accountability and nutrition education that is evaluated and complements the ability to select a healthful diet with foods that are served in the school nutrition programs.

ADA has focused attention on the issue of obesity – particularly healthy weights for children. You have heard the statistics:

Childhood overweight and obesity is at an all-time high in the United States

- Obesity rates have tripled in school-age children and adolescents since 1970.
- Sixty percent of overweight children have at least one adverse cardiovascular disease risk factor such as high cholesterol, triglycerides or blood pressure.
- Research shows that overweight children frequently become overweight adults.
- Americans are spending more than \$100 billion in direct and indirect costs annually to treat obesity and associated chronic disease and these costs are rising dramatically.

Overweight and obesity is a chronic disease that occurs when people consume more calories than they expend. Genetic, social, cultural and environmental influences contribute to the imbalance of calorie consumption and energy expenditure – affecting where, when and what we eat, declining physical activity and increasing sedentary lifestyles. Children and adolescents are not immune from those influences. The dietary intake of many children does not meet federal nutrition guidelines. For example, fewer than 15 percent of school children eat the recommended servings of fruit, and only 30 percent consume the recommended milk group servings. Children of all ages also spend more free time in sedentary activities at home and in school. If these trends continue, children's ability to learn and grow to their full potential may be affected. The fact that more than half of all children in the United States eat breakfast, lunch or a snack at school demonstrates the degree to which schools can support the development of life long balanced nutritional and exercise habits.

Researchers who have studied overweight and obesity agree that successful intervention will require a multifaceted approach. They also agree that successful prevention and treatment of obesity in childhood could reduce the adult incidence of chronic disease such as cardiovascular disease. Research specific to the role federal nutrition programs in obesity prevention is extremely limited, yet it would be helpful in designing effective interventions.

ADA has invested in numerous projects to understand more about childhood overweight and obesity. In qualitative research we found people do not seem to connect the relationship between overweight and chronic disease. Children and adolescents focus on appearance, but they are not focused on health. Their concerns about weight generally arise as the result of failed athletic performance (more for boys) or dissatisfaction with appearance (more for girls). When children and adolescents try to change their eating behavior to lose weight, they say they skip meals rather than modify their eating habits in healthy ways.

Research shows that parents generally do not recognize the potential long-term health problems for overweight children. Parents hesitate to take action regarding their children's weight, because they believe their children will outgrow their weight problem. Many parents are disengaged from their kids' eating habits and only recognize weight as an issue when acute health problems arise or when it is extreme enough to prevent their children from keeping up physically or socially with their peers. And, they say they lack knowledge about how to help children control their weight and they fear that their intervention could cause other unhealthy eating disorders, such as anorexia.

Teachers recognize that their overweight students are less active, less confident, less popular with peers and oftentimes, more pessimistic about their lives compared to children of normal weight. Teachers consider it essential that parents support healthy lifestyles at home. However, they see little continuity between lessons on healthy living at school and lifestyle outside their classrooms.

Clearly children, parents and teachers need resources to deal with the issues of healthy weight. Government, academia, the health community and industry all have roles to play in addressing the factors contributing to this national epidemic. ADA believes that planning and coordination of activities are vital if rapid progress is to be made and sustained.

School nutrition programs offer a unique opportunity to positively impact this complex issue. Schools may have the best opportunity to influence health and nutrition habits because students spend such a large portion of their day in school.

We conclude that much more than lunch is on the table in the school lunch program. Developing children's knowledge and building healthy eating behaviors must be considered and supported. The school nutrition programs are a logical focal point of what should be a comprehensive effort to help kids remain healthy for life by making sound choices about eating and exercising.

ADA believes that the most effective strategy in addressing obesity through the school nutrition programs is a three pronged approach: trained professionals in decision-making roles, nutrition standards with accountability and nutrition education that is evaluated and complements the ability to select a healthful diet with foods that are served in the school nutrition programs.

Well-designed and effectively implemented school-based nutrition education is essential to helping children improve nutrition knowledge, attitudes and behavior. The complexities of the food environment coupled with dynamic family structures and increasing independence of children, underscore the need for enhanced nutrition education efforts in schools

ADA believes that nutrition education needs to be strengthened and promoted in school nutrition programs by adding a state-level infrastructure and networking component to the existing Team Nutrition program. This would allow better coordination of nutrition education activities across states and districts. It would also provide the programs consistency and the ability to conduct evaluations to determine effectiveness and enhance program operations.

Education efforts are likely to be more effective when combined with positive changes to the school environment, like improving the quality of school meals and promoting more fruits and vegetables. Planning menus and foodservice for children of different ages, preferences, activity levels, cultural backgrounds, and special needs is a complex and challenging task. The difficulty of achieving nutrition standards for school nutrition programs is indicated in research documenting problems in foodservice and these same studies verify that standards alone are not enough. Other research suggests that child-care programs with access to dietetics professionals produce higher-quality meals

ADA believes that it should be required that the Director of the School Nutrition Program at the district level obtain a national certification such as Registered Dietitian, Dietetic Technician, Registered, American School Food Service Association School

Food and Nutrition Specialist certification, or other certifications deemed appropriate by the Secretary of Agriculture.

Selling competitive foods with a low ratio of nutrients to energy in schools contradicts nutrition education taught in the classroom and sends children the message that nutrition is not important. While some competitive foods might be low fat and healthy, the majority of competitive foods offered in schools are high in calories and fat and low in nutrients. It is inevitable that in today's school environment, consumption of these widely available competitive foods can negatively affect children's diets. The school environment should support and reinforce nutrition education in the classroom.

ADA believes the Secretary of USDA should appoint an advisory committee to develop universal nutrition standards for all foods and beverages served on school campuses in order to promote food choices that contribute to a healthy eating pattern. This committee should be comprised of persons with interest and specific expertise in child nutrition and health, dietetics, and school food service and operations. When these guidelines are developed, the Secretary should have the authority to enforce these guidelines.

A recent report by the National Research Council suggests that USDA research needs to focus on improving the understanding of food-consumption behavior and its links to health. This research is essential for designing effective nutritional policies and programs.

Nutrition -- one of the most cost-effective preventive treatments available to the American public -- remains a minor priority in federal research funding, with approximately four cents of every \$100 spent on health care in the United States

directed toward nutrition research. Between 1965 and 1995, the proportion of health research and development funded by federal sources dropped by almost half to 37.4 percent of the total \$35.8 billion expended. ADA encourages increased funding for school nutrition program research.

Addressing obesity through the school nutrition programs by placing trained professionals in decision-making roles, implementing nutrition standards with accountability and providing nutrition education program that is evaluated and complements the ability to select a healthful diet with foods that are served in the school nutrition programs can be an effective strategy. While making changes to the school nutrition programs won't solve the nation's obesity problems, changes today can contribute to disease prevention.

Thank you for the opportunity to describe this national epidemic, the attitudes of children, parents and teachers, and to lay the groundwork of thought toward making school nutrition programs a resource in the national strategy focused on prevention of overweight and obesity among American children.

# School Food Programs: Competitive Foods and Nutrition Education



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Healthy eating patterns in childhood and adolescence promote optimal health, growth and intellectual development. Studies show children perform better in school when they have appropriate nutritional intake. Significant health problems, such as iron deficiency anemia, renal disease, eating disorders and dental problems can be prevented with a healthy diet. Dietary habits also play an important role in helping to prevent more chronic health problems such as coronary heart disease, cancer, stroke, diabetes, high blood pressure, obesity and osteoporosis.

Lifestyles that include healthy eating and physical activity support and sustain the maintenance of a healthy weight, for both individuals and the population as a whole, are a major focus of the American Dietetic Association (ADA) and its members. With obesity rates continuously rising—they have tripled in school-age children and adolescents since 1970—ADA will focus on obesity, including prevention of childhood obesity, as a key interest. ADA is committed to strengthen the federal nutrition programs and will focus child nutrition reauthorization efforts on enhancing nutrition education, improving environments conducive to healthy food and beverage choices and developing a comprehensive, behavior-based research agenda. ADA believes appropriately trained individuals in decision-making roles can transform these programs in ways to help children/students succeed in making healthy food and beverage choices throughout the day.

## Guiding Knowledge

ADA's work on the issues of competitive foods and nutrition education are guided by the following principles:

School food and nutrition environments should promote energy balance, moderation and eating patterns that are consistent with the federal dietary and nutrition guidelines.

- ❖ *Schools and communities have a shared responsibility to provide all students with access to high-quality affordable foods/beverages and nutrition services as an integral part of the total education program.*
- ❖ *A healthy lifestyle can be achieved when a variety of foods and beverages are consumed in moderation with appropriate portions and balanced with adequate physical activity.*
- ❖ *Foods and beverages available and consumed by children in schools should contribute to dietary patterns consistent with Federal and national nutrition recommendations and guidelines (e.g. Dietary Reference Intakes, Dietary Guidelines for Americans, and the Food Guide Pyramid) and contribute to the development of lifelong, healthy eating habits.*

School nutrition personnel are integral to food service systems and should be appropriately certified and possess principles and knowledge in food and nutrition.

- ❖ *The knowledge and skills required of school food and nutrition program professionals are rigorous, diverse, and comparable to the depth of knowledge required in other educational disciplines.*
- ❖ *No other aspect of school administration is required to operate a self-supporting business within the framework of service delivery. Cost-effective school food service requires precise skills to balance student satisfaction and nutritional needs.*

Students can be taught optimal dietary practices and incorporate that knowledge into their lives. School-based nutrition education is vital for many students to learn healthy eating patterns.

- ❖ *Developing life-long healthful lifestyles and behaviors requires education and an environment to support healthy food habits and physical activity.*
- ❖ *Educational goals, including the nutrition goals of the National School Lunch Program and the School Breakfast Program, should be supported and extended through policies at the federal, state, and local levels that create an overall school environment with learning experiences that enable students to develop lifelong, healthful eating habits.*

A comprehensive research agenda is essential to address the needs of school nutrition programs. The following areas represent research priorities of the Association.

- ❖ *Effectiveness of nutrition and lifestyle change interventions.*
- ❖ *Prevention and treatment of childhood obesity and associated chronic diseases.*
- ❖ *Translation of research into nutrition interventions and programs.*
- ❖ *Access to safe and secure food supply.*
- ❖ *Cost-effective delivery of food and nutrition programs at the local, state, and federal levels.*
- ❖ *Evaluation of nutrition interventions and programs.*
- ❖ *Dietary pattern and eating behavior and choices.*

## Strategies for Addressing Competitive Foods and Nutrition Education in School Nutrition Programs

ADA supports the following strategies for addressing the school nutrition programs. ADA recommends:

**The Secretary of Agriculture be empowered with authority to regulate all foods and beverages sold throughout the day on school premises for schools participating in the school breakfast, lunch, and after school programs.**

- *The Secretary of USDA should appoint an advisory committee to develop universal nutrition standards for all foods and beverages served on school campuses in order to promote food choices that contribute to a healthy eating pattern. (e.g., vending, a la carte, school store options, competitive foods). This committee should be comprised of persons with interest and specific expertise in child nutrition and health, dietetics, and school food service and operations.*
  - *USDA should provide guidance to states and districts in consultation with key stakeholders, such as ADA and American School Food Service Association (ASFSA), on food and beverage contracts. All foods and beverages (including those sold in vending machines, as part of the school lunch and a la carte in the school cafeteria, in school stores and other areas where foods are sold) should comply with the universal nutrition standards and contribute to dietary patterns consistent with federal nutrition and dietary guidelines.*
- *USDA should issue guidance to states regarding the time students have to purchase and consume meals. Guidance should highlight the need for students to have adequate time available to obtain and eat school meals. Such guidance should be tied to meal reimbursement. The USDA should work with the Department of Education to review considerations of minimum time periods once students are seated with their meals.*
- *USDA initiatives should support fruit and vegetable intake throughout the school day.*
- *The requirement for milk beverage should be continued; schools should have the flexibility to decide what types of milk to offer so that school meals are nutritionally and cost equivalent to current offerings. Lower-fat milk is among the healthiest choice.*
- *Require that the Director of the School Nutrition Program at the district level obtain a national certification (ASFSA-SFNS<sup>1</sup>, RD, DTR or other deemed appropriate by the Secretary).*
- *The Director of the School Nutrition Program possesses the knowledge and skills and should be involved in the decision-making process on all food and beverages served on the school campus to ensure that students can make healthy food and beverage choices throughout the day.*
- *Planning for the nutritional intake of children with special food and nutrition needs requires the biochemical and food science knowledge that only registered dietitians possess. Mandate that RDs make decisions that address the nutritional intake/needs of children with special health-care needs (e.g., allergies, diabetes, medication interaction with foods, lactose intolerant, enteral feedings, special formulas, HIV/AIDS, dialysis, etc.).*
- *Reimbursement rates should be increased. The amount of the increase will be determined after analyzing data being collected by Government Accounting Office on meal costs. An analysis by OANE/FNS<sup>2</sup> for school year 2000, determined that free meal reimbursements for lunch were 6 cents short, reduced price were 36 cents short and full-paid were 18.75 cents short.*

### **Strengthening nutrition education and promotion in School Nutrition Programs.**

*Enhance nutrition education, evaluation, and the Team Nutrition program by adding a state-level infrastructure and networking component to coordinate nutrition education activities across child nutrition programs and conduct evaluations to determine effectiveness and enhance program operations.*

*Well-designed and effectively implemented school-based nutrition education is essential to helping children improve nutrition knowledge, attitudes and behavior. Education efforts are likely to be more effective when combined with positive changes to the school environment, like improving the quality of school meals and promoting more fruits and vegetables. The complexities of the food environment coupled with dynamic family structures and increasing independence of children, underscore the need for enhanced nutrition education efforts in schools. Environmental changes – like increasing healthy beverage choices in vending machines - coupled with effective nutrition education, go hand in hand. The coordination of classroom and cafeteria experiences provides greater opportunities for students to practice skills and develop lifelong healthy eating habits. While nutrition education is essential to promote positive dietary habits, many programs have not been evaluated or shown to be particularly effective in bringing about positive behavior changes. While USDA's Team Nutrition program includes a number of essential components for delivering nutrition education, it is deficient in two critical areas: infrastructure and evaluation. To address these needs, ADA recommends the following enhancements to the existing Team Nutrition program:*

- *Increase funding for Team Nutrition by adding \$50 million annually for the Team Nutrition infrastructure component; \$10 million will go towards funding staff in each state, \$10 million will go towards conducting essential evaluations of nutrition education programs, \$30 million will go towards program funds, to be distributed to each state, for conducting program operations including surveillance, technical assistance, grants to local districts, etc. The current level of funding for Team Nutrition - \$10 million per year – shall be maintained. Total request for this recommendation is \$60 million.*

### **Increasing funding for Child Nutrition Program research.**

*This funding will:*

- *Allow FNS to conduct research on and evaluation of their programs.*
- *Allow FNS to develop a comprehensive research agenda.*
- *Encourage FNS to develop a research agenda with input from key stakeholders as well as an open process for all qualified researchers to bid on FNS research projects.*

<sup>1</sup> ASFSA-SFNS – American School Food Service Association – School Foodservice and Nutrition Specialist. For further info regarding the qualifications please visit [www.asfsa.org](http://www.asfsa.org)

<sup>2</sup> OANE/FNS – Office of Analysis, Nutrition, and Evaluation/Food and Nutrition Service, a division of USDA.

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## **PUBLIC POLICY STRATEGIES TO REDUCE PREVALENCE OF OBESITY/OVERWEIGHT**



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Lifestyles that support and sustain the maintenance of a healthy weight, for both individuals and the population as a whole, are a major focus of the American Dietetic Association and its nearly 70,000 members. In the last 20 years, obesity rates have increased among adults in the United States by more than 60 percent. Perhaps more troubling is that rates have doubled among children and tripled among adolescents since 1980. This rapid rise in the prevalence of overweight and obesity among all segments of the U.S. population, identified by the Surgeon General as a national epidemic, is of grave concern as people's health and quality of life suffer and society's health care costs and related burdens soar.

Dietetics professionals are ideally qualified and positioned to make vital contributions toward the prevention and treatment of obesity. In their everyday roles, they translate complex nutrition principles into a vast array of healthful and appealing food options for millions of Americans. At nearly every level where professionals and institutions attempt to deal with the health and social consequences of obesity, dietetic professionals help lead the way in finding individual and national solutions. For these reasons, obesity is a primary focus of ADA's work.

### **GUIDING KNOWLEDGE**

ADA's work on the issue of overweight and obesity is guided by the following statements:

Obesity is a complex multifactorial chronic disease state involving interactions between genetic, physiological, psychological, metabolic, and environmental influences.

- ✓ *The medical definition of obesity must be evidence-based, appropriate to each segment of the population, and reflect the obesity syndrome that is more than extreme levels of fatness.  
The environment promotes increased consumption of calories and decreased physical activity, leading to weight gain for many individuals.  
The increasing incidence of obesity and associated chronic disease is estimated to cost more than \$100 billion in the United States this year, and the costs are rising.*

Prevention and treatment strategies are both needed.

*Success requires life-long commitments to healthful lifestyles and behaviors – including those that guide food habits and physical activity.*

*A variety of intervention options must be available to meet individual needs, including diet and lifestyle modifications, pharmacotherapy and surgery, as appropriate.*

Prevention and treatment of obesity/overweight must be addressed in a multidisciplinary team approach

*Registered dietitians (RD) and dietetic technicians registered (DTR), physicians, nurses, psychologists, exercise physiologists, pharmacists and others must work collaboratively to identify people at risk and to implement successful interventions that create awareness, teach appropriate nutrition and exercise strategies and skills and address environmental contributors to obesity and overweight at all stages of the life span.*

*All foods can fit into a healthful eating style as a part of a balanced diet when consumed in moderation with appropriate portion sizes, and combined with regular, adequate physical activity.*

The nature and depth of work required to intervene effectively on an individual or community basis will require resources beyond those routinely provided today for promoting healthy lifestyles.

*Addressing obesity will reduce the risk for many chronic diseases and substantially reduce the millions of dollars now spent on treating diabetes, hypertension, coronary heart disease and knee osteoarthritis.*

Public and private initiatives are needed to combat factors that contribute to increase in obesity.

*Government, academia, the health care community and the food industry all have roles to play in addressing the factors contributing to obesity and overweight. Coordination of activities and partnerships are vital if rapid progress is to be made and sustained.*