

# American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™  
February 2, 2005

To: Kansas House Health and Human Services Committee  
From: Sarah Hampl, MD, FAAP  
Re: House Bill 2137—Healthy food choices in vending machines

I am a general pediatrician at Children's Mercy Hospital. I serve on the nutrition committee of the **Kansas chapter of the American Academy of Pediatrics**. Through the KAAP I am teaching pediatricians from across the state about how to be effective advocates for childhood obesity prevention within their communities. I also teach Kansas pediatricians and their office staffs about how to correctly diagnose and manage children who are obese. I am on the steering committee of the Kansas Chapter of Action for Healthy Kids, a nationwide organization that supports healthy nutrition environments for schoolchildren.

The Kansas Chapter of the American Academy of Pediatrics supports the enactment of House Bill 2137.

Overweight and obesity in children and adolescents has nearly doubled in the past 20 years. Nationwide, nearly 1 in 3 children is overweight and 1 in 6 are obese as defined by body mass index criteria (Ogden et al, 2002). In Kansas, 25% of adolescents are either overweight or obese, which parallels the national average (Hunt, KS Health Statistics Report, 2004). This is not a "baby fat" issue. The likelihood that a child, especially an adolescent, will remain overweight into adulthood is as high as 80% according to longitudinal studies (Whitaker et al, 1997). Furthermore, overweight children experience adult-type illnesses. Sixty percent of obese children have at least 1 medical complication, and an additional 25% have 2 or more complications (Freedman et al, 1999). It is estimated that 1 in 3 children born in the year 2000 will develop Type 2 Diabetes, a well-known complication of obesity, in their lifetime. The hundreds of thousands of deaths and over \$100 billion dollars spent in treatment of obesity-related illness annually (Allison et al, 1999) mandates that significant effort should be undertaken to prevent obesity. This prevention effort must begin in our children.

Our children face an uphill battle. They are faced with enticements from multiple sources to eat and drink in an unhealthy manner. It is not surprising that children's food selections are high in added fat and sugar; this category accounts for as much as 40% of children's daily energy intake (Munoz et al, 1997). Sweetened drinks are the primary source of added sugar in children's daily diets (Guthrie and Morton, 2000). One 12 oz soft drink has 10 or more teaspoons of sugar and 150 or more calories, and these figures obviously increase as the serving size increases to the commonly available 20 oz bottle. Three out of 4 school age children drink at least 1 soft drink daily. Adolescent males drink the most soft drinks; 1 in 5 teenage males drinks 4 or more soft drinks per day (Gleason and Sutor, 2001). Teenage males in Kansas are more likely to be overweight

than teenage females (Hunt, 2004). Each can of soft drink has been associated with a 0.18 increase in a child's BMI and a 60% increase in their risk of developing obesity (Ludwig et al, 2001). **Promotion of obesity** is not the only concern. Soft drinks also promote **dental caries and erosion of dental enamel**. Soft drink consumption also contributes to the development of suboptimal bone density in that milk consumption typically declines as soft drink consumption increases. Teenage girls lay down 40% of their bone mass during adolescence. If their diets are inadequate in calcium, **weak bones and osteoporosis** can result in an increased risk of fractures in their adult years.

Kansas schools represent an important environment in which healthy habits can be taught and reinforced. Students eat 1 and sometimes 2 meals per day at school, so what is offered in the lunchroom is an area of impact. But what is available outside the cafeteria is just as influential in the shaping of students' food and drink preferences and practices. The brevity of the school lunch period influences some students to choose the more quickly available selections found in vending machines. Other students have access to vending throughout the school day.

Students in Kansas schools are benefiting from the efforts of the Coordinated School Health program, the KState University Extension and Kansas Action for Healthy Kids to name a few; these organizations see the dire present and future consequences of unhealthy nutrition and physical activity patterns. Our students should receive a unified and not a mixed message when they step out of the classroom. Kansas schools have an opportunity through vending machines to promote the development and maintenance of lifelong healthy eating habits by providing nutritious food and drink options. The proposed bill is a moderate and reasonable step in this direction.

Concern has been raised about the loss of revenue that may occur once the vending machine changes are implemented. This revenue is often used to support needed, yet otherwise unfunded or underfunded student programs. We should be encouraged by examining the experiences of other school districts which have successfully implemented healthy food and drink alternative vending. Large and small school districts across the country, including those in CA, MN, PA and even here in Kansas (KS Dairy Vending Machine Test, 2004) have seen no loss in revenue after replacing items of minimal nutritional value (USDA 7 CFR part 210 appendix B) with healthier foods and drinks. In fact, it is well-documented that students do purchase these healthier alternatives; some schools have actually experienced an increase in revenue ([www.actionforhealthykids.org](http://www.actionforhealthykids.org)). Furthermore, multiple resources are available to assist school districts in making vending machine changes. The Centers for Disease Control, Action for Healthy Kids and the Center for Science and the Public Interest offer detailed instructions and examples regarding implementation of healthy vending.

In summary, multiple efforts are occurring across the state of Kansas to promote the prevention of obesity in our children. The passage of House Bill 2137 would further this effort by allowing Kansas students the chance to adopt and practice healthy nutrition habits during the schoolday. A well-planned and implemented effort should result in no loss of school revenue and will make school a healthier place for Kansas children.