

MINUTES OF THE SENATE EDUCATION COMMITTEE

The meeting was called to order by Chairman Jean Schodorf at 1:30 p.m. on March 3, 2010, in Room 152-S of the Capitol.

All members were present.

Committee staff present:

Theresa Kiernan, Office of the Revisor of Statutes
Sharon Wenger, Kansas Legislative Research Department
Dorothy Gerhardt, Committee Assistant

Conferees appearing before the Committee:

Sue Storm, Legislative Coordinator, Kansas State Board of Education
Dr. Jason Eberhart-Phillips, Kansas Department of Health and Environment
Dr. Dennis Cooley, President, Kansas Chapter of the American Academy of Pediatrics
Jennifer Miller, President, American Diabetes Association Greater Kansas Leadership Board
Linda J. DeCoursey, Advocacy Director-Kansas, American Heart Association
Traci Marcum, Washburn Rural High School, USD #437
Christine Tuck, President, Kansas School Nurse Organization
Claudia Welch, Executive Council, KAHPERD
Marvin Stottlemire, Kansas Public Health Association, Inc.
Gordon Long, Sales Manager, Wichita Vending Company
Ron Hein, Legislative Counsel, Kansas Beverage Association
Patrick O'Donnell, General Manager, Pepsi-Cola Bottling Co. Of Topeka, Inc.
Tom Krebs, Governmental Relations Specialist, Kansas Association of School Boards
Sarah Tidwell, MS, RN, Legislative Chair, Kansas State Nurses Association (written only)
Alan Charles, Principal, Hoisington, USD #431, (written only)
Bill Wilson, Superintendent, Greeley County Schools, USD #200 (written only)
Dr. Richard A. Werling, Superintendent, Fort Scott, USD #234 (written only)
Cindy Foley, Director of Food and Nutrition Services, Salina, USD #305 (written only)
Erika Devore, Director of Community Outreach, KC Healthy Kids (written only)
Jane Norris, Wellington, KS (written only)
Steve Coen, Chair, Governor's Council on Fitness (written only)
Dr. Sarah E. Hampl, Medical Director, Weight Management Services, Children's Mercy Hospitals and Clinics (written only)
Crissy Kaleekal, President, Kansas Dietetic Association (written only)
Dale Dennis, Deputy Commissioner, Kansas Department of Education

Others attending:

See attached list.

Hearing on SB 499 - Schools; nutrition and health education guidelines; vending machines

Theresa Kiernan, Office of the Revisor of Statutes, provided a brief summary of the proposed legislation. **SB 499** would require all school districts to implement the exemplary level of the Kansas School Wellness Policy Model Guidelines relating to nutrition in vending machines in schools. The guidelines would be required to be implemented on or before July 1, 2011. School districts would be required to review district policies annually to ensure they are in compliance with the State Board's guidelines. The State Board would be required to update the Kansas School Wellness Policy Model Guidelines periodically to reflect the most recent recommendations on nutritional quality and healthy eating.

Sue Storm, Legislative Coordinator, Kansas State Board of Education (Attachment 1), stated that at its February meeting, the KSBE members voted unanimously to support the vending component of **SB 499**. However, they did not agree to support restrictions on school stores out of concern about potentially reducing revenue of student organizations. She also provided a copy of the Kansas School Wellness Policy Model Guidelines regarding nutrition.

Dr. Jason Eberhart-Phillips, Kansas Department of Health and Environment (Attachment 2), Dr. Dennis

CONTINUATION SHEET

Minutes of the Senate Education Committee at 1:30 p.m. on March 3, 2010, in Room 152-S of the Capitol.

Cooley, President, Kansas Chapter of the American Academy of Pediatrics (Attachment 3), Jennifer Miller, President, American Diabetes Association Greater Kansas Leadership Board (Attachment 4), Linda J. DeCoursey, Advocacy Director-Kansas, American Heart Association (Attachment 5), Traci Marcum, Washburn Rural High School, USD #437 (Attachment 6), Christine Tuck, President, Kansas School Nurse Organization (Attachment 7), Claudia Welch, Executive Council, KAHPERD (Attachment 8), and Marvin Stottlemire, Kansas Public Health Association, Inc. (Attachment 9), all provided testimony in support of **SB 499** citing concerns with childhood obesity and health problems which this can lead to. All promoted guidelines leading to promoting nutritious choices available in school vending machines.

Gordon Long, Sales Manager, Wichita Vending Company (Attachment 10), spoke in opposition to **SB 499** stating they feel the State should not take control from local school districts and parents issues dealing with children's eating habits. He also referred to the potential decrease in any revenue stream to the school districts.

Ron Hein, Legislative Counsel, Kansas Beverage Association (Attachment 11) and Patrick O'Donnell, General Manager, Pepsi-Cola Bottling Co. Of Topeka, Inc. (Attachment 12), also spoke in opposition citing the fact that this legislation was taking away local control and taking the decision regarding children's eating habits from parents and giving it to the State.

Tom Krebs, Governmental Relations Specialist, Kansas Association of School Boards (Attachment 13), also presented testimony in opposition to **SB 499** calling it another unfunded mandate on the association's members in that it takes away or limits another source of revenue for local schools.

The following conferees provided written testimony in support of **SB 499**:

Sarah Tidwell, MS, RN, Legislative Chair, Kansas State Nurses Association (Attachment 14)
Alan Charles, Principal, Hoisington, USD #431 (Attachment 15)
Bill Wilson, Superintendent, Greeley County Schools, USD #200 (Attachment 16)
Dr. Richard A. Werling, Superintendent, Fort Scott, USD #234 (Attachment 17)
Cindy Foley, Director of Food and Nutrition Services, Salina, USD #305 (Attachment 18)
Erika Devore, Director of Community Outreach, KC Healthy Kids (Attachment 19)
Jane Norris, Wellington, KS (Attachment 20)
Steve Coen, Chair, Governor's Council on Fitness (Attachment 21)
Dr. Sarah E. Hampl, Medical Director, Weight Management Services, Children's Mercy Hospitals and Clinics (Attachment 22)
Crissy Kaleekal, President, Kansas Dietetic Association (Attachment 23)

The next meeting is scheduled for March 4, 2010.

The meeting was adjourned at 02:30 p.m.

SENATE EDUCATION COMMITTEE GUEST LIST

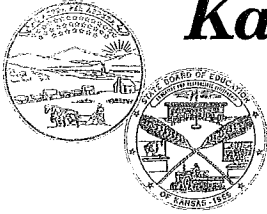
DATE: March 3, 2010

NAME	REPRESENTING
Dave M. DeBake	KRDE
Sue Stern	KSBDE
Jason Eberhart Phillips	KDHE
Malvin St. + Blumie	KPHA
Mark Thompson	KSD E
Craig Gunther	KCNTA
Gloria Welch	KAAPERD
Chris Dech	KCSNO
TRACI MARCUM	Washburn Rural HS.
Jane Shultz	KDHE
Paula Clayton	KDHE
Annika Miller	AMERICAN DIABETES ASSOC
Diane Gjerstad	Wichita Public Schools
Denny Burgess	MAMA
Tom Burgess	MAMA
J.P. DeBary	Classroom Vendor + Coffee Service
Ahemmed	Wichita Vending
PROUDON Long	Wichita Vending
Dennis (Boley m)	KAAP

SENATE EDUCATION COMMITTEE GUEST LIST

DATE: 3/3/2010

NAME	REPRESENTING
<i>Julie G. Brandy</i>	KDHE
<i>Susan Kang</i>	"
<i>Tracy Russell</i>	SQE
<i>Kim Griffiths</i>	
<i>Anna Marshall</i>	Washburn U. - School of Nursing
<i>Verda DeCrucey</i>	American Heart Assoc.
<i>Travis Lowe</i>	LIFE Gov't Relations
<i>Alisha Cox</i>	KU School of Social Welfare
<i>Stephanie Bray</i>	KU School of Social Welfare
<i>Maria Cangiani</i>	Washburn Univ. School of Nursing Grad. Level
<i>Maggie Burns</i>	KU School of Social Welfare
<i>Ali Finkelshteyn</i>	KU School of Social Welfare
<i>Aislu Akhmediyarova</i>	KU School of Social Welfare
<i>Mildred Edwards, PhD</i>	KAAAC - Office of the Governor
<i>Jennifer Elifitt</i>	Washburn Univ. Graduate Nursing
<i>Tom Kuh</i>	KASB
<i>Miraculu Flich</i>	KU School of Social Welfare
<i>Jillian Fitzmorris</i>	KU School of Social Welfare
<i>Kendra Long</i>	KU School of Social Welfare



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Kathy Martin <i>District 6</i>	Kenneth Willard <i>District 7</i>	Walt Chappell <i>District 8</i>	Jana Shaver <i>District 9</i>	David Dennis <i>District 10</i>

March 3, 2010

TO: Senate Education Committee

FROM: State Board of Education

SUBJECT: Senate Bill 499

My name is Sue Storm, Legislative Coordinator of the State Board of Education. Thank you for the opportunity to appear before you today. My testimony will include background on school wellness policies, explain how these policies are implemented in Kansas, describe the current nutritional status of vending in Kansas schools, and discuss the State Board of Education's position on Senate Bill 499.

Kansas State Board of Education (KSBE) Position on Senate Bill 499

At its February meeting, KSBE members voted unanimously to support the vending component of Senate Bill 499. However, they did not agree to support restrictions on school stores out of concern about potentially reducing revenue of student organizations.

In 53% of Kansas local education agencies (LEAs) with vending, up to half of vended items are still loaded with sugar, fat, sodium and excess calories. In another 10% of LEAs with vending, there are no restrictions at all on the sugar, fat, sodium and calories in vended items. The wide and easy availability of non-nutritious foods and beverages in our schools encourages students to consume excess calories and contributes to the childhood obesity epidemic. It also sends mixed messages to students about the importance of making healthy food choices.

This is illustrated by school food service directors' anecdotal reports that it is more difficult to sell fruits, vegetables, whole grains and milk in the cafeteria, when soda and candy bars are being vended at the same time just down the hall. Selling non-nutritious foods at school undermines the nutritional integrity of the taxpayer-supported school breakfast and lunch programs and also makes it extremely difficult to balance a food service program's budget.

Background

A federal law passed in 2004 required all LEAs participating in the USDA's school nutrition programs to establish a local wellness policy by the 2006-2007 school year. The wellness

policies must include nutrition guidelines for all foods available on the school campus during the school day. There must also be a plan for measuring implementation of the nutrition guidelines.

Senate Bill 499 would amend KSA 72-5128 which was passed in 2005. The current State statute reinforced the federal wellness policy law by directing the Kansas State Board of Education to “develop nutrition guidelines for all foods and beverages made available to students in Kansas public schools during the school day...with the goals of preventing and reducing childhood obesity”.

In August 2005, the Kansas State Board of Education adopted Wellness Policy Guidelines addressing nutrition, nutrition education and physical activity. These guidelines are based on extensive research and input from professionals in the fields of nutrition, nutrition education and physical activity. They will be updated approximately every five years to assure that they remain consistent with current science and recommendations from national authorities (such as the Institutes of Medicine, U.S Centers for Disease Control and Prevention and the U.S. Department of Agriculture). Each guideline is categorized as Basic, Advanced or Exemplary with each level being progressively more healthful.

Implementation

To assist LEAs with implementing their local wellness policies, KSDE developed a web-based computer system, called the “Wellness Policy Builder”. LEAs use this tool to create a customized local wellness policy based upon the State’s guidelines. There are 432 LEAs (i.e. school districts, private schools, state schools and residential child care institutions) currently participating in the National School Lunch Program. Of this number, 93% currently use KSDE’s Wellness Policy Builder to maintain their local wellness policies.

Each year, LEAs go through a process of renewing their agreements with KSDE to operate the Child Nutrition Programs. Updating the Wellness Policy Builder is a required component of this process. Thus, regardless of whether or not a LEA used the Wellness Policy Builder to develop its policy, KSDE has information about the LEA’s achievement level on each of the Kansas Wellness Policy Guidelines. KSDE monitors wellness policy implementation through the program renewal process and during annual on-site supervisory reviews. LEAs are required to work towards continuous improvement of their local wellness policies.

Current Nutritional Status of Vended Items in Kansas Schools

So have the foods and beverages offered in schools improved as a result of wellness policies? According to our data, the answer is definitely yes. The Wellness Policy Guidelines provide specific criteria for foods and beverages in the following categories: breakfasts, lunches, a la carte, vending machines and school stores, throughout the school day, and after school programs. In some of these categories, the foods and beverages were initially healthier and have improved faster than in other categories. The two most relevant categories in regard to Senate Bill 499 are “a la carte” items in comparison to items sold in vending machines and school stores.

The term “a la carte” refers to foods and beverages that school food service programs are allowed to sell in addition to school breakfasts, lunches and after school snacks.

- In the 2006-07 school year, of the LEAs selling items a la carte, 56% were at the Exemplary level.
- By the end of the 2008-09 school year, 76% were at the Exemplary level.

The picture for foods and beverages sold in vending machines and school stores is also improving, but not to the same extent that a la carte items have become healthier.

- In the 2006-07 school year, of the LEAs selling items in vending machines and school stores, 25% were at the Exemplary level.
- By the end of the 2008-09 school year, 37% were at the Exemplary level.

The percentage of LEAs at the Exemplary level for a la carte (76%) is more than double the Exemplary percentage for vending (37%). Additionally, the nutritional quality of a la carte foods is improving faster. Twenty percent (20%) of LEAs with a la carte sales have improved in comparison to only 12% of LEAs with vending. Furthermore, the number of LEAs with vending (N=334) is 57% greater than the number with a la carte (N=213). This means that vended items are more widely available than healthier a la carte choices.

Why is there such a difference between the nutritional quality of a la carte and vended items? The difference is accountability and leadership. Although there are few regulations governing a la carte, KSDE expects school food service personnel to improve the nutritional quality of everything they sell. School food service personnel are clearly working to meet this expectation. On the other hand, there is no accountability for vended items other than a federal requirement to refrain from selling carbonated beverages and sugary candies in the food service area during the food service period.

In summary, the passage of Senate Bill 499 is one step towards reducing childhood obesity by improving the nutrition landscape in Kansas schools. When students have better access to healthier foods and beverages, it will be far easier for them to make healthy choices. When kids make healthy choices, they are more likely to maintain a healthy weight, do well in school and grow into productive, successful adults. Therefore, on behalf of the Kansas State Board of Education, I strongly encourage you to support the vending component of Senate Bill 499.

I welcome your questions and the opportunity to provide further information. Thank you.

Kansas Pre-K-12 Wellness Policy Guidelines – Part 1. Nutrition

1-4

CATEGORY	BASIC (Minimum Requirements)	ADVANCED (More Healthful than BASIC)	EXEMPLARY (More Healthful than ADVANCED)
SCHOOL MEALS National School Lunch Program (NSLP) School Breakfast Program (SBP)	<p>All school meals comply with USDA regulations and state policies. (1)</p> <p>Barriers to student participation in the Child Nutrition Programs are eliminated:</p> <ul style="list-style-type: none"> • Students have at least 10 minutes to eat breakfast and at least 15 minutes to eat lunch. This does NOT include time spent walking to/from class or waiting in line. (2) • The lunchroom/cafeteria is clean, orderly and inviting. (3) • Adequate seating is available to accommodate all students served during each meal period. (4) • Adequate supervision is provided in the dining area(s). (5) • Students are allowed to converse with one another while they eat their meals. (6) • Whenever feasible, secondary schools should operate "closed" lunch periods to encourage students to eat a nutritious lunch. (7) 	BREAKFAST: At least 50% of pre-packaged cereals offered contain: (8)	BREAKFAST: All pre-packaged cereals offered contain: (9)
		<ul style="list-style-type: none"> • not more than 35% of weight from total sugar (or less than 9 g. per 100 calories), and • at least 1 g. of fiber per serving. 	<ul style="list-style-type: none"> • not more than 35% of weight from total sugar (or less than 9 g. per 100 calories), and • at least 1 g. of fiber per serving.
		Foods containing whole grains are offered at least 3 days a week. (10)	Foods containing whole grains are offered daily. (11)
		Fresh, canned, dried or frozen fruit or vegetables are offered at least 3 days a week. (12)	Fresh, canned, dried or frozen fruit or vegetables are offered daily. (13)
		Low-fat (1% or ½%) and/or skim (nonfat) milk is/are offered daily. (14)	Only low-fat (1% or ½%) and/or skim (nonfat) milk are offered. (15)
		LUNCH:	LUNCH:
		Students have at least 20 minutes to eat lunch. This does NOT include time spent walking to/from class or waiting in line. (16)	Students have at least 20 minutes to eat lunch. This does NOT include time spent walking to/from class or waiting in line. (16)
		An entrée choice with total fat ≤ 16 g. per serving is offered at least 3 days a week. (17)	An entrée choice with total fat ≤ 16 g. per serving is offered daily. (18)
		At least 3 choices of fruits and/or vegetables are offered daily. (19)	At least 4 choices of fruits and/or vegetables are offered daily. (20)
		At least 5 different fruits and 5 different vegetables are offered weekly. (21)	At least 10 different fruits and 10 different vegetables are offered monthly. (22)
		Fresh fruit or vegetables are offered at least 3 days a week. (23)	Fresh fruit or vegetables are offered daily. (24)
		A food item containing whole grains is offered at least 3 days a week. (25)	At least one food item containing whole grains is offered daily. (26)
		Low-fat (1% or ½%) and/or skim (nonfat) milk are offered daily. (27)	Only low-fat (1% or ½%) and/or skim (nonfat) milk are offered. (28)
		Salad dressings contain not more than 12 g. of fat per ounce. (29)	Salad dressings contain not more than 6 g. of fat per ounce. (30)
Desserts with more than 5 g. of fat per serving are offered no more than twice a week. (31)	Desserts with more than 5 g. of fat per serving are offered no more than twice a week. (31)		

Kansas Pre-K-12 Wellness Policy Guidelines – Part 1. Nutrition

1-5

CATEGORY	BASIC (Minimum Requirements)	ADVANCED (More Healthful than BASIC)	EXEMPLARY (More Healthful than ADVANCED)
<p>A LA CARTE All other food and beverage items sold by the school food service program in the school cafeteria or other locations where school meals are served or eaten</p>	<p>A la carte items comply with USDA regulations prohibiting the sale of "foods of minimal nutritional value" (see definition) where school meals are served or eaten during the meal period. (32)</p>	<p>A LA CARTE FOOD ITEMS are limited to:</p> <ul style="list-style-type: none"> The same portion size of any food item served that day in the NSLP or SBP (33) 	<p>A LA CARTE FOOD ITEMS are limited to:</p> <ul style="list-style-type: none"> The same portion size of any food item served that day in the NSLP or SBP (33)
		<ul style="list-style-type: none"> Fruits or vegetables (34) 	<ul style="list-style-type: none"> Fruits or vegetables (34)
		<ul style="list-style-type: none"> Yogurt (35) 	<ul style="list-style-type: none"> Low-fat and/or nonfat yogurt (36)
		<ul style="list-style-type: none"> Other items – At least 50% of items offered meet all of the following criteria per serving: (37) 	<ul style="list-style-type: none"> Other items – All items offered meet all of the following criteria per serving: (38)
		<ul style="list-style-type: none"> Fat – Except for nuts, seeds and nut butters, not more than 35% of total calories from fat (or less than 4 g. per 100 calories) (39) 	<ul style="list-style-type: none"> Fat – Except for nuts, seeds and nut butters, not more than 35% of total calories from fat (or less than 4 g. per 100 calories) (39)
		<ul style="list-style-type: none"> Sugar – Except for fruit without added sugar, not more than 35% of weight from total sugar (or less than 9 g. per 100 calories) (40) 	<ul style="list-style-type: none"> Sugar – Except for fruit without added sugar, not more than 35% of weight from total sugar (or less than 9 g. per 100 calories) (40)
		<ul style="list-style-type: none"> Calories – Not more than 200 calories per selling unit (41) 	<ul style="list-style-type: none"> Calories – Not more than 200 calories per selling unit (41)
		<p>A LA CARTE BEVERAGES are limited to:</p> <ul style="list-style-type: none"> Water, non-caloric (42) 	<p>A LA CARTE BEVERAGES are limited to:</p> <ul style="list-style-type: none"> Water, non-caloric (42)
		<ul style="list-style-type: none"> Milk ≤ 360 calories (43) 	<ul style="list-style-type: none"> Only low-fat (1% or ½%) and/or skim (nonfat) milk (44)
		<ul style="list-style-type: none"> Soy or rice beverages with not more than 35% of weight from total sugar (or less than 9 g. per 100 calories) (45) 	<ul style="list-style-type: none"> Soy or rice beverages with not more than 35% of weight from total sugar (or less than 9 g. per 100 calories) (45)
<ul style="list-style-type: none"> 50-100% juice (46) 	<ul style="list-style-type: none"> 100% juice (47) 		

Kansas Pre-K-12 Wellness Policy Guidelines – Part 1. Nutrition

1-6

CATEGORY	BASIC (Minimum Requirements)	ADVANCED (More Healthful than BASIC)	EXEMPLARY (More Healthful than ADVANCED)
VENDING Machines & School Stores	All vended foods and beverages are sold in compliance with USDA regulations prohibiting the sale of "Foods of Minimal Nutritional Value" (see definition) where school meals are served or eaten during the meal period. (48)	The sale of Foods of Minimal Nutritional Value (see definition) is not allowed on school property in areas accessible to students: <ul style="list-style-type: none"> • in elementary and middle schools until after the end of the school day (49) • in secondary schools until one hour after the end of the last lunch period (51) 	The sale of Foods of Minimal Nutritional Value (see definition) is not allowed on school property in areas accessible to students: <ul style="list-style-type: none"> • in elementary and middle schools (50) • in secondary schools until after the end of the school day (52)
		VENDED FOODS - At least 50 percent of items offered must meet all of the following criteria per selling unit: (53)	VENDED FOODS - All items offered must meet all of the following criteria per selling unit: (54)
		<ul style="list-style-type: none"> • Fat – Except for nuts, seeds and nut butters, not more than 35% of total calories from fat (or less than 4 g. per 100 calories) (55) 	<ul style="list-style-type: none"> • Fat – Except for nuts, seeds and nut butters, not more than 35% of total calories from fat (or less than 4 g. per 100 calories) (55)
		<ul style="list-style-type: none"> • Sugar – Except for fruit without added sugar, not more than 35% of weight from total sugar (or less than 9 g. per 100 calories) (56) 	<ul style="list-style-type: none"> • Sugar – Except for fruit without added sugar, not more than 35% of weight from total sugar (or less than 9 g. per 100 calories) (56)
		<ul style="list-style-type: none"> • Calories – Not more than 200 calories per selling unit (57) 	<ul style="list-style-type: none"> • Calories – Not more than 200 calories per selling unit (57)
		VENDED BEVERAGES are limited to: <ul style="list-style-type: none"> • Water, non-caloric (58) 	VENDED BEVERAGES are limited to: <ul style="list-style-type: none"> • Water, non-caloric (58)
		<ul style="list-style-type: none"> • Milk ≤ 360 calories (59) 	<ul style="list-style-type: none"> • Only low-fat (1% or ½%) and/or skim (nonfat) milk (60)
		<ul style="list-style-type: none"> • Soy or rice beverages with not more than 35% of weight from total sugar (or less than 9 g. per 100 calories) (61) 	<ul style="list-style-type: none"> • Soy or rice beverages with not more than 35% of weight from total sugar (or less than 9 g. per 100 calories) (61)
		<ul style="list-style-type: none"> • 50-100% juice (62) 	<ul style="list-style-type: none"> • 100% juice (63)
		<ul style="list-style-type: none"> • Electrolyte replacement beverages that contain not more than 48 g. of sweetener per 20-ounce selling unit may be offered in drink machines located near high school athletic training centers. (64) 	<ul style="list-style-type: none"> • Electrolyte replacement beverages that contain not more than 48 g. of sweetener per 20-ounce selling unit may be offered in drink machines located near high school athletic training centers. (64)
All school employees serve as positive role models by adhering to the Advanced vending guidelines adopted for students. (65)	All school employees serve as positive role models by adhering to the Exemplary vending guidelines adopted for students. (66)		

Kansas Pre-K-12 Wellness Policy Guidelines – Part 1. Nutrition

1-7

CATEGORY	BASIC (Minimum Requirements)	ADVANCED (More Healthful than BASIC)	EXEMPLARY (More Healthful than ADVANCED)
DURING THE SCHOOL DAY Classroom Parties & Celebrations Classroom Rewards Fundraisers Intramural Events	All foods and beverages are offered in compliance with USDA regulations prohibiting the sale of “foods of minimal nutritional value” where school meals are served or eaten during the meal period. (67)	Students are allowed to have individual water bottles in the classroom. (68)	Students are encouraged to have individual water bottles in the classroom. (69)
		Foods and beverages for classroom rewards, parties and celebrations will: <ul style="list-style-type: none"> • meet the same guidelines as the Advanced level for a la carte foods (70) • not be provided until at least one hour after the end of the last lunch period. (72) 	Foods and beverages for classroom rewards, parties and celebrations will: <ul style="list-style-type: none"> • meet the same guidelines as the Exemplary level for a la carte foods (71) • not be provided until at least one hour after the end of the last lunch period. (72)
		At least 50 percent of fundraising activities will not involve the sale of food and/or beverages. (73)	At least 75 percent of fundraising activities will not involve the sale of food and/or beverages. (74)
		Fundraising activities involving the sale of food or beverages will not take place until after the end of the last lunch period. (75)	Fundraising activities involving the sale of food or beverages will not take place until after the end of the last lunch period. (75)
		Refreshments provided for students participating in school events adhere to the Advanced guidelines for vended foods and beverages. (76)	Refreshments provided for students participating in school events adhere to the Exemplary guidelines for vended foods and beverages. (77)
		Parents, teachers and organizations are informed about the guidelines and are encouraged to follow them. (78)	Parents, teachers and organizations are informed about the guidelines and are encouraged to follow them. (78)
		AFTER SCHOOL PROGRAMS	Snacks served under the USDA After School Care Snack Program comply with all applicable federal regulations and state policies. (79)
<ul style="list-style-type: none"> • Fat – Except for nuts, seeds and nut butters, not more than 35% of total calories from fat (or less than 4 g. per 100 calories) (82) 	<ul style="list-style-type: none"> • Fat – Except for nuts, seeds and nut butters, not more than 35% of total calories from fat (or less than 4 g. per 100 calories) (82) 		
<ul style="list-style-type: none"> • Sugar – Except for fruit (without added sugar) and milk, not more than 35% of weight from total sugar (or less than 9 g. per 100 calories) (83) 	<ul style="list-style-type: none"> • Sugar – Except for fruit (without added sugar) and milk, not more than 35% of weight from total sugar (or less than 9 g. per 100 calories) (83) 		

Kansas Pre-K-12 Wellness Policy Guidelines – Part 1. Nutrition

8-1

DEFINITIONS:

Foods of Minimal Nutritional Value (FMNV) are those foods as defined in federal regulations for the National School Lunch Program (7CFR Part 210) and the School Breakfast Program (7CFR Part 220). FMNV includes all soda water, water ices, chewing gum, certain candies, hard candy, jellies and gums, marshmallow candies, fondant, licorice, spun candy and candy coated popcorn; except for individual items in these categories that have been specifically exempted by the U.S. Department of Agriculture. (84)

Fruits may be fresh, frozen, canned or dried and do NOT include juices. Snack foods (such as banana chips) and condiments (such as jam or jelly) made from fruit are not considered “fruit” under the Kansas Eat Smart Nutrition guidelines. Canned fruit should be packed in light syrup, or preferably in juice. (85)

Foods Containing Whole Grain - Whole grains include, but are not limited to, whole wheat flour, entire wheat flour, cracked wheat, graham flour, brown rice, old-fashioned oatmeal, and quick-cooking oats or whole-grain cornmeal. To be considered as a food containing whole grain, a commercially produced food item would have a whole grain listed as one of the first three ingredients on the product’s Nutrition Facts Label. School-prepared products would have a whole grain as one of three ingredients with the greatest weight as shown on the recipe. The 2005 Dietary Guidelines for Americans recommend that at least half of an individual’s recommended grain servings should be whole grains. (86)

Kansas Nutrition Guidelines defines three levels of nutrition standards for schools: basic, advanced, and exemplary. The basic level complies with the minimum requirements found in federal Child Nutrition Program regulations and state policy. The standards for each subsequent level are more healthful than those for the previous level. (87)

National School Lunch Program (NSLP) is a federal Child Nutrition Program designed to provide students with healthful lunches that meet approximately 1/3 of their daily nutritional needs. (88)

Nonprofit food service program refers to the National School Lunch Program and/or the School Breakfast Program, which are both federal Child Nutrition Programs. (89)

School Breakfast Program (SBP) is a federal Child Nutrition Program designed to provide students with healthful breakfasts that meet approximately 1/4 of their daily nutritional needs. (90)

Selling Unit is a pre-portioned or pre-packaged food or beverage item sold as one whole unit. (91)

Vegetables may be fresh, frozen or canned and should not be fried. Snack foods (such as potato chips) and condiments (such as pickle relish, catsup and chili sauce) made from a vegetable are not considered a “vegetable” under the Kansas Nutrition Guidelines. (92)

Vended items include foods and beverages sold through vending machines and school stores in competition with the school’s nonprofit food service program. (93)



Mark Parkinson, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

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**Testimony on SB 499
School Vending and School Stores**

**Presented to
Senate Education Committee**

**By
Jason Eberhart-Phillips MD, MPH,
State Health Officer and Director of Health,
Kansas Department of Health and Environment**

March 3, 2010

Chairwoman Schodorf and members of the committee, I am Dr. Jason Eberhart-Phillips, State Health Officer and Director of Health for the Kansas Department of Health and Environment. Thank you for the opportunity to present testimony in strong support of SB 499. This bill would require all school districts to implement the "exemplary" level of the Kansas school wellness policy model guidelines, as they relate to vending and school stores.

As a part of the Child Nutrition and WIC Reauthorization Act of 2004, the U.S. Congress established a requirement that all school districts with a federally-funded school meals program develop and implement wellness policies that address nutrition and physical activity by the start of the 2006-2007 school year. Subsequently, in 2005, SB 154 required the Kansas State Board of Education to establish wellness policy guidelines. This bill was written into law as Kansas Statute 72-5128. As a result, model guidelines were developed through a statewide collaborative process incorporating recommendations from state and national authorities.

When Kansas adopted KSA 2009 Supp 72-5128, the Legislature took a significant step toward ensuring that Kansas school children learn to practice healthy lifestyles while attending Kansas schools.

In 2006, upon consultation with the Alliance for a Healthier Generation, the American Beverage Association developed School Beverage Guidelines recommending that schools limit student access to full-calorie beverages. It appears that beverage suppliers operating

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in some schools in Kansas have adopted these guidelines, and while the extent of these efforts is unknown, early indications are promising.

Adoption of SB 499 is the next logical step to help schools achieve the healthiest snack and beverage sale options. By moving all schools to meet the “exemplary” level of performance, it would provide uniformity among school districts statewide for these services. Unlike the previous efforts of the beverage industry, this bill would address the sales of both beverages and foods sold through vending and in school stores. SB 499 includes both types of snack sales and sale venues to maintain policy consistency with the model guidelines developed in response to KS 72-5128. As recognized by these guidelines, addressing all snack sales through vending and school stores reduces the potential for transferring unhealthy choices from one type or setting to another.

SB 499 will enhance state efforts to reverse the upward trends in childhood obesity. One-fourth of Kansas youth are overweight or obese. This means that 25% of our students already have a major risk factor for heart disease, diabetes, liver disease, and orthopedic conditions. Current evidence indicates that obese Kansas teens have an 80% chance of becoming obese Kansas adultsⁱⁱ, resulting not only in reduced quality of life, but also generating staggering health care costs from the earlier onset of associated chronic diseases. The state already struggles to meet the rapidly increasing cost of health care. Allowing our youngest Kansans to develop chronic conditions early in life will do nothing but add to future cost.

While schools cannot be solely charged with solving the obesity epidemic, school-based policies and programs to support healthy eating are critical in this battle. On a typical school day, a Kansas student will spend almost half of his/her waking hours in school and will consume at least one-third of his/her meals while at school. Currently, meals served within the federally subsidized school meal program are required to conform to nutritional standards set at the national level. However, competitive foods and beverages offered to students outside of the federally subsidized meal programs, foods which have in recent years become part of the regular food landscape in Kansas schools, are not currently required to meet similar standards. These competitive foods and beverages tend to be high in fat, added sugars, sodium and calories.

The third School Nutrition and Dietary Assessment study (SNDA-III)ⁱⁱⁱ found that during the school day students on average consume more than 150 calories daily from competitive, low-nutrition, energy-dense foods. Ridding schools of sugar-sweetened beverages is an important start, as they are directly linked to obesity^{iv}. But there is mounting evidence that artificially-sweetened beverage consumption also leads to weight gain in children.^v This bill would remove both diet and full-calorie soft drinks from Kansas schools, limiting beverages to water, low-fat milk and 100 percent juices.

In all, 22 states across the country have already enacted bills that set nutrition standards for school vending. Review of research published in the March 2008 *Journal of School Health* concluded that selling snack foods that meet improved nutrition standards does not typically result in revenue loss^{vi}. In addition, increased participation in the National School Lunch Program was found to occur after healthier competitive foods were

introduced, resulting in a net gain of dollars to the schools. We believe this can compensate for any unexpected revenue loss that schools might experience.

Providing a healthy school environment reinforces the nutrition education that schools provide. Each day across Kansas, our students are expected to prevail against an array of food and beverage choices in the very schools where they are taught that these products are “less healthy”.

In summary, we owe it to Kansas students to ensure that every school environment promotes healthy learning, where the healthy dietary choice is the easy choice, where healthy eating habits are given time and opportunity to develop into life long habits. Research has consistently shown that the mission of schools to educate children cannot be achieved when students are not healthy.^{viii-xxxix} Providing better opportunities for optimal nutrition during the school day supports the efforts of educators in preparing the next generation of Kansans to be educated and healthy.

Thank you for the opportunity to appear before the committee today. I will now stand for questions.

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TESTIMONY ON SB 499 Kansas Senate Committee on Education March 10, 2010

Thank you Chairperson Schodorf and members of the Committee

My name is Dr. Dennis Cooley. I am a pediatrician here today speaking for the Kansas Chapter of the American Academy of Pediatrics, which represents over 90% of the pediatricians in the state. The KAAP strongly supports passage of SB 499. Kansas' pediatricians are highly concerned about the fact that 31% of Kansas' school-aged children are overweight and obese. This rate continues to rise. We are concerned about the medical and psychological complications that these children and teens are suffering, including Type 2 Diabetes, high blood pressure, high lipids, bullying, depression and a host of other ailments. Ailments that are causing them to report a quality of life similar to that of children undergoing chemotherapy. In addition, these children may well have a lifespan shorter than their parents. For these reasons and others, the time is now to seize the opportunity to create a healthier school environment for all children, regardless of their weight status. The nutrition and physical activity opportunities that children have while in school shape their lifestyle habits as adults.

By passage of this bill you have the opportunity to impact the current and future health of our children. First this bill will strengthen the role of the Kansas State Board of Education to collaborate with fellow state agencies and other child nutrition and health experts to develop nutrition guidelines for all foods and drinks available to students during the school day. Renewed emphasis on physical activity and wellness education will be included. Updated district wellness policies based on the most current evidence will result. Secondly, school district boards of education will be asked to ensure that their schools' vending and store offerings are at the exemplary level based on the KS Department of Education's school wellness guidelines. These guidelines have repeatedly been looked to as model guidelines by other states and national agencies, including the Centers for Disease Control. To qualify as exemplary, the sale of foods of minimal nutritional value would not be permitted on school property. Vended food items would be low in fat and sugar and have a reasonable number of calories. Equally important items available to school personnel would meet the same guidelines as those for students, promoting the health of school staff and assisting them to be role models for their students. There are hundreds of examples of how other schools across the country have adopted healthy vending policies and have maintained and even increased their revenues.

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And finally the bill provides for sufficient time for districts to explore healthier vended options with current vendors, to revise their current contracts or to search for new vendors with healthy options.

In conclusion, on behalf of pediatricians across Kansas, I ask you to take this opportunity to give our children a better chance to lead healthy and full lives by maximizing their chances to eat, play and learn in a healthier school environment.

March 3, 2010

Kansas Senate Committee on Education

American Diabetes Association Testimony on SB 499

Jennifer Miller, President of the ADA Greater Kansas Leadership Board

Good Afternoon, I'm Jennifer Miller, President of the American Diabetes Association Greater Kansas Leadership Board and I am here to speak in support of SB 499.

This legislation requires all school districts to implement the exemplary level of the Kansas school wellness policy specific to nutrition in vending machines and school stores.

With this bill Kansas joins the growing number of states which have either introduced or passed legislation that creates nutrition guidelines for food and drinks in vending machines.

Our Association is part of a coalition with American Heart Association and American Cancer Society that has developed a campaign we call "Everyday Choices for a Healthier Life". This legislation is an important part of our efforts.

The growing human and financial costs of these chronic diseases create an urgency that we need to do something now. Schools are a unique environment, where children spend many of their waking hours and eat 30-50% of their calories

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on school days. Since childhood is a crucial phase of developing healthy behavior it is imperative that all parts of the school environment be healthy.

Over the last two decades rates of obesity have tripled in children and adolescents. There is a distinct correlation with the increases in children's body mass index (or BMI) and the sale of low-nutrition foods in schools outside of mealtime. Additionally, a key study estimates that a fifth of the average increase in BMI in teens between 1994 and 2000 can be directly attributed to increased availability of junk food in the schools.

Kansas ranks 19th in overall obesity rates. The percentage of obesity in children in Kansas is 31.1% which ranks it 22nd in the country for children in the 10-17 age group. (Data comes from "Trust for America's Health at <http://healthyamericans.org>). All of this is relevant to the Association because obesity is a key factor in the diabetes epidemic this country is facing. It is not the only factor, genetics is also critical, but creating a healthier eating environment for our children has been shown to have significant impact.

Diabetes has increased dramatically in Kansas and we are seeing those increases all across the board, including children. In Kansas, the percentage of diagnosed diabetes was 4% in 1998 and 10 years later in 2008 it is at 8.1% and increasing.

According to the Centers for Disease Control one in every 3 children born in the year 2000 will be diagnosed with diabetes. Type 2 diabetes, recently found only in adults, has increased rapidly in youth in recent years as our kids have become inactive and overweight.

If that is not scary enough, that a disease that used to be considered a rare phenomenon in children is emerging at greater and greater rates, how about the idea that those who develop Type 2 diabetes in childhood will be faced with serious diabetes complications such as heart attack and stroke, blindness, amputation and kidney failure in their twenties.

Stronger standards for vending machines further limit student access to sugary drinks, candy, and other low nutrition food and we believe is just good public policy. This bill just gives us another key tool to address the problem of overweight and obesity and the resulting diseases.

Thank you for the opportunity to speak on this timely and necessary legislation. You can count on our unwavering support to help improve the health and well being of Kansas children.



American Heart Association | American Stroke Association

Learn and Live

you'rethe
cure™

March 3, 2010

TO: Senate Committee on Education

FROM: Linda J. De Coursey, Advocacy Director—Kansas

RE: SB 499—Schools, nutrition and health education guidelines; vending machines

Madame Chairwoman and members of the committee:

I thank you kindly for allowing me to speak out on this important issue on behalf of the American Heart Association. My name is Linda De Coursey and I am the Director of Advocacy—Kansas.

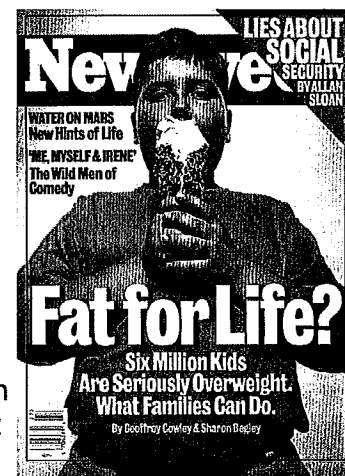
Childhood obesity is one of our nation's leading health threats. The obesity epidemic is clearly taking its toll, as more and more kids are developing conditions and diseases that have typically been associated with adults (such as diabetes).

Today over 12 million children and teens in the United States are overweight, and another 12 million are at risk of overweight. *That's 1 out of every 6 kids!*

Overweight can lead to early health problems such as:

- high blood pressure
- type 2 diabetes
- high blood cholesterol.
- Overweight can lead to health problems as adults: Overweight adolescents have a 70% chance of becoming overweight adults.

So what is the American Heart Association doing about it? Five years ago, the Alliance for a Healthier Generation was formed and is a partnership between the American Heart Association and The William J. Clinton Foundation, with funding from The Robert Wood Johnson Foundation.



In May, 2006, the Alliance announced its first agreement with industry as part of the Healthy Schools Program. The Alliance worked with representatives of Cadbury Schweppes, Coca-Cola, PepsiCo, and the American Beverage Association to establish new, voluntary guidelines to limit portion sizes and reduce the number of calories present in beverages throughout the nation's schools. It affected close to 35 million students across the country

In October, 2006, another major announcement was made by the Alliance with regards to an agreement with Campbell Soup Company, Dannon, Kraft Foods, Mars, and PepsiCo. These five groups in collaboration with the Alliance for a Healthier Generation established nutrition guidelines that could lead to healthier food choices for millions of children in schools across the nation.

The agreements provides clear science-based guidelines to schools to provide lower calorie and more nutritious beverage options for children. With the support of industry, schools now can more easily negotiate new contracts and amend existing contracts for healthier on-campus drinks.

You will find fact sheets on both of these agreements attached to my testimony.

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Obesity is a complex problem, and there is no one solution. The core of the problem, however, is that many young people are consuming more calories than they are burning. That is further set out with a study by the Kansas Health Institute in 2006. You will note with the graph from that study (below), at the time when physical activity drops for students is when presence of vending machines appears. The full copy of the study of attached to my testimony.

By limiting the products offered and reducing the portion sizes available in schools, students will get fewer calories than they do today and will learn important lessons about portion control and appropriate serving sizes.

Schools alone cannot solve the nutritional problems of children. It will take the combined efforts of families, schools, communities, government agencies, health providers, the food industry, and the media to make significant progress.

However, collectively **20 percent** of the U.S. population is in schools:

- 54 million young people attend nearly 123,000 schools nationwide
- 6 million adults work in schools

So, this is one of the most efficient and effective ways to shape the health and well-being of the next generation.

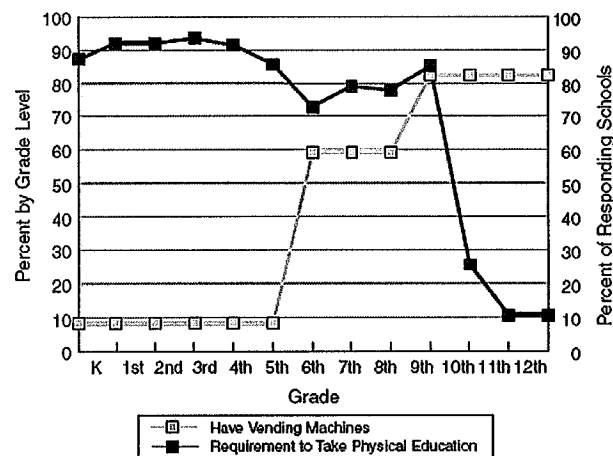
If obesity among kids continues to increase, some experts believe our current generation will become the first in American history to *live shorter lives than their parents*. We can do better!

The science-based guideline agreements with the industries made in 2006, parallels the guidelines of the exemplary level of the Kansas school wellness policy model guidelines relating to nutrition in vending machines and school stores that you are being asked to codify into Kansas law. Passing SB 499, is a step in the right direction. Let's work together to help our kids live longer, healthier lives.

Thank you for your consideration of the very important issue.



Requirement for Physical Education by Grade and Presence of Vending Machines by School





**WASHBURN RURAL
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Reene Wittenbach
Administrative Assistant
Head Secretary
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Emily Hastert
Registrar
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Attendance Office
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Health Office
Ext. 4112

**Senate Bill No. 499
School Vending and School Stores
Presented to
Senate Committee on Education
By**

**Traci Marcum, MEd, Health and Physical Education Teacher,
Washburn Rural High School**

Delivered March 3, 2010

Chairman Schordorf and members of the committee, I am Traci Marcum, Health and Physical Education Teacher at Washburn Rural High School here in Topeka and I thank you for the opportunity to provide comments on Senate Bill Number 499, School Vending and School Stores.

Washburn Rural is a 6A high school in Topeka, Kansas. In the last few years we have been making our school and district a healthier one by stressing the importance of living a healthier lifestyle. We have implemented many new food alternatives to choose from in the cafeteria and we have made a significant change in the vending machines at our school. Two of our vending machines turned into healthy ones and can only carry foods that meet exemplary status according to the state wellness policy guidelines. These healthy vending machines are on throughout the entire school day. In this vending machine we have pretzels, beef jerky, animal crackers, pickles, trail mix, granola bars, and more items that meet exemplary guidelines for vended food per unit.

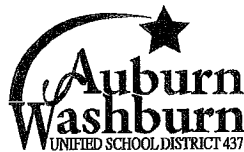
When looking at the profit of the machines here is what you see...

Month	November 2009	December 2009	January 2010	February 2010	Total
2 Healthy Vending Machines	\$1650	\$1176	\$717	\$1500	\$5043
2 other vending machines	\$964	\$703	\$567	\$900	\$3134

\$1909—61% greater income for Healthy Vending Machines

After changing two vending machines from high calorie, high-sugar and fat-filled items to much healthier options, we notice that students will pick the healthier options when they are offered. Basically if they are hungry, they will eat what is offered. Students do not need the schools to provide less nutritious items for them; I propose to change the items in each vending machine to exemplary status and ban the sale of food to students that have minimal nutritional value on school property. This would be a big step forward in reducing obesity in our students

Thank you for devoting your time and attention to this subject. I will now stand for questions.



Inspiring and Challenging

EVERY CHILD, EVERY DAY
*Senate Education
3-3-10
Attachment 6*



**Kansas School
Nurse Organization**

P. O. Box 782584 Wichita, KS 67278-2584
<http://www.ksno.org>

To: Education Committee – Chairman Schodorf
From: Christine Tuck, Kansas School Nurse Organization President
Re: Support of **Senate Bill No. 499 School Vending and School Stores**

Vending Machines Gone Bad

Chairman Schodorf and members of the committee” –I am Chris Tuck, a school nurse and the current President of Kansas School Nurse Organization and I am here in support SB 499 School Vending and School Stores.

How many times a day do you think about food? For me, I couldn't even guess my own answer, but it's a high number to be sure. These days, if you wanted to, you could find food every time you thought out it, whether you were at the car wash or the hardware store or the park. Today, the *dreaded vending machine*, has become one of the biggest woes. Filled to the brim with high calorie foods, these machines lay waiting for unsuspecting snack attacks. With the rising obesity rates, especially among children, these machines have been brutally attacked for their presence on school campuses, and around almost every corner.

But, vending machines have not always been so malicious. At the turn of the century, one could find a vending machine at the local train depot offering a healthy snack to a hungry traveler. It was a vending machine dispensing apples. Naturally sweet, full of nutrients and prepackaged in an edible wrapper, apples seemed to be a perfect fit for such a machine.

So when did it all go wrong? Since their inception, vending machines allowed the delivery of products quickly, easily and relatively inexpensively to large groups of people. When we are talking about apples this is great. However, when apples turn into sodas, candy, and chips, the problems begin. Today this is no more apparent than on many school campuses. In recent months, the push has been to remove or limit vending machines at school. Seems a shame to waste such a useful tool. Maybe by simply replacing the contents with something like apples or other nutritious foods, a problem could be turned again into a useful tool.

As I am sure you are aware, Congress is in the process of updating the child nutrition programs, as required every five years. The Child Nutrition Reauthorization (CNR) provides policy makers and advocates the opportunity to strengthen and improve the National School Lunch, School Breakfast, and other child nutrition programs. School nurses have had a voice in this process as have dozens of organizations working together to develop a strong set of recommendations for the 2009 CNR. One of the top priorities is to update the national school nutrition standard for foods sold out of vending machines,

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Attachment 7

school stores, and a la carte foods sold alongside school meals in the cafeteria. The US Department of Agriculture's current standards are out of sync with science, current dietary patterns, and concerns for children's health ("Categories of Foods", n.d; US Department of Health and Human Services and USDA, 2005). The current standards only limit the sale of soda, lollipops, and other foods of minimal nutritive value. They don't address important nutrition concerns like calories, saturated or trans fat, or salt.

School nurses have seen a tremendous change in their student population over the past 20 – 30 years. In the last two decades the percentage of overweight children has almost doubled and the percentage of overweight adolescents has almost tripled. In the 1970s, when the current school nutrition standards were created, <5% of children were overweight or obese and Type 2 diabetes was known as "adult onset" diabetes. Since then, the obesity rate has tripled in kids and Type 2 diabetes, as well as high blood pressure and high cholesterol, are seen more commonly in children (Ogden et al., 1999-2004). Treating these diseases is not cheap; obesity costs the health care system \$147 billion a year. Yet, switching to healthier foods costs nothing and studies by the USDA and CDC show that some schools can actually make more money after changing to healthier products in vending machines and a la carte (FNS, USDA, CDC, HHS, USDE, 2005).

Access to adequate, healthy food is a basic human right. In some places, like schools, a vending machine with nutritionally beneficial food can offer that kind of access without anyone having to modify their standard behavior. And because of our snack-crazed, "grab and go" culture, we might as well have healthier options. I realize that changing the food content in vending machines will not totally solve the overweight/obesity issue impacting our nation, however it will promote healthier choices and behaviors to address this public health issue in our schools. Schools have an opportunity to educate children about the ill effects of eating junk foods, which contain excessive amounts of fat and sugar. The facts about vending machines and the overall effects of consuming junk food should be taught and modeled in schools. Change can be brought about through the combined efforts of people from every sector of society. Together we can improve the school nutrition environment, teach lifelong healthy eating behaviors, and support smart decision making about food for all children.

I urge you to support a school vending machine that doesn't dispense hydrogenated oil and high fructose corn syrup, but rather assist to improve the school nutrition environment, teach lifelong healthy eating behaviors, and support smart decision making about food for all of us!

I want to thank you for your time and attention to this matter and welcome any questions you may have.

Christine Tuck, RN, BSN, MS, NCSN
President Kansas School Nurse Organization
Health Services Director, Seaman USD #345
1124 NW Lyman
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Kansas School Nurse Organization

P. O. Box 782584 Wichita, KS 67278-2584
<http://www.ksno.org>

To: Education Committee – Chairman Schodorf
From: Christine Tuck, Kansas School Nurse Organization President
Re: Support of **Senate Bill No. 499 School Vending and School Stores**

What We Know!

- Every student deserves access to healthy food and beverage choices in school.
- The rate of obesity is increasing in the student population; 11.1% Kansas students who were \geq 95th percentile for body mass index, by age and sex; **14% Kg – 9th graders in USD #345, 08-09 data**. It is estimated that 32% of children and adolescents are overweight or obese.
- Children spend a large portion of their day at school, and schools are a key setting in which to implement strategies to address this problem.
- Childhood overweight accelerates the development of chronic diseases such as Type II diabetes, cardiovascular diseases, sleep apnea, gall bladder disease, asthma, cancer, and others; **(2000 – 2001 school year 3 Type 1 diabetics and 1 Type 2 in USD #345; 2009 – 2010 school year 8 Type 1 diabetics and 25 Type 2)**
- 43 % of elementary schools, 74% of middle schools, and 98% of high schools have vending machines, school stores, or snack bars where students can purchase food or beverages that are in competition with federally supported child nutrition programs (CDC School Health Policies and Programs Study 2000).
- Students are choosing to purchase foods from ala carte choices and vending machines that compete with the USDA child nutrition programs and have no federal nutrition guidelines (CDC School Health Policies and Programs Study, 2000).
- It has been found that 98% of school-aged children in the United States do not meet the requirements of the Food Guide Pyramid for all five-food groups (Food Sold in Competition with USDA School Meals Programs: A Report to Congress, 2001).
- Only 8% of Kansas schools offered fruits and non-fried vegetables in vending machines and school stores, canteens, or snack bars; 79% ate fruits and vegetables less than 5 times per day; 33% drank a can, bottle or glass of soda or pop (not including diet soda or diet pop), at least one time per week (Kansas Youth Risk Behavior Survey, 2007).
- Healthy People 2010 report recommends that schools promote healthy eating to promote good health and ensure adequate nutrition that assist with normal development and academic performance or success.
- Children who are offered nutritious foods and beverages will eat these foods and develop good eating habits (Evaluation of the USDA Fruit and Vegetable Pilot Program: Report to Congress, 2001).

Vending Machine Pros and Cons

Pros

- Opportunity to provide easy access to nutritious snacks and other food items, such as yogurt, pita chips, soy nuts, string cheese, carrots with dips, dried fruit, etc.
- Availability of food on school campuses saves time
- Earn \$ for schools to fund programs, computers, after school activities
- Promotion of healthy choices to improve overall health and reduce childhood overweight/obesity

Cons

- Junk food sold affects the health of children

Schools have an opportunity to educate children about the ill effects of eating junk food which contains excessive amounts of fat and sugar. The facts about vending machines and the overall effects of consuming junk food should be taught and modeled in schools. Change can be brought about through the combined efforts of people from every sector of society. Together we can improve the school nutrition environment, teach lifelong healthy eating behaviors, and support smart decision making about food for all children.

I want to thank you for your time and attention to this matter and welcome any questions you may have.

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KAHPERD
Kansas Association of Health * Physical Education * Recreation * Dance

Senate Bill No. 499
School Vending and School Stores

Presented to
Senate Committee on Education

By
Claudia Welch,KAHPERD Executive Council, Member At Large
Health and Physical Education Teacher
Seaman High School

Chairman Schodorf and members of the committee – I am Claudia Welch, a Health and Physical Education Teacher at Seaman High School, and Serve as the Member at Large on the Kansas Association of Health Physical Education Recreation & Dance (KAHPERD) Executive Council.

I am here in support of Senate Bill No. 499

The Kansas Association of Health, Physical Education, Recreation and Dance has provided the attached formal statement of support for Senate Bill #499.

Choices--The food and physical activity choices made today – and everyday-affect your health and how you feel today and in the future. Eating right and being physically active are keys to a healthy lifestyle

Consider this – If you eat 100 more food calories a day than you burn, you will gain about 1 pound in a month. That's about 10 pounds in a year. The bottom line is that to lose weight, it's important to reduce calories and increase physical activity

Regular physical activity is important for your overall health and fitness—plus it helps control body weight, promotes a feeling of well being and reduces the risk of chronic diseases.

According to the Center for Disease Control, close to 65% of all U.S. Citizens are obese or overweight. The State of Kansas is not immune to the health problems associated with the obesity epidemic. The Report Card on Health and Physical Education in Kansas is a document developed by KAHPERD. It illustrates where Kansas ranks compared to the other 50 States in the risk factors associated with the obesity epidemic facing America. The Report Card outlines the Standards used to promote physical activity. It also highlights the guidelines for physical activity developed by NASPE. We all share in the responsibility of providing leadership activities that benefit the health of every Kansan.

- 14% of Kansas children are obese, which ranks us 24th nationally

K A H P E R D

Kansas Association of Health * Physical Education * Recreation * Dance

- 62% of Kansas' adults are overweight and obese, which ranks 23 nationally
- Three of every 10 Kansas children are overweight
- 54% of Kansas High School Students and 25% of Kansas children (age 10-14) do not meet recommended daily physical activity levels

School Wellness encompasses healthy eating, adequate physical activity, nutrition education and physical education for all students. Improving school wellness practices is essential to decreasing childhood obesity and preparing children to live healthy, activity, productive lives.

Strategies to eliminate junk food have involved replacing high fat, high sugar, and high calories items with nutritional quality foods (fruits, vegetables, whole grains, and fat free or low fat milk products).

Addressing over-consumption of 'junk food' is perceived as more urgent, and more directly related to childhood obesity, than overall diet quality.

Kids' health is dependent on consuming adequate nutrients. Nutritional quality is needed for proper growth, physical/mental development and the prevention of chronic disease

School wellness isn't just a matter of shifting the emphasis off the least nutritious foods; it's about shifting the emphasis onto healthier foods to reach the point where the foods that kids want to consume are the ones that they should consume.

Childhood obesity is a costly problem, in many ways. A growing body of evidence indicates that poor nutrition, physical inactivity, and obesity are associated with lower levels of student achievement. Unhealthy eating and inactive lifestyle contribute too many chronic illnesses and set children up for poor health throughout their lives—at a significant cost to them, their communities, and society.

Our future deserves better! Please vote yes for SB 499. I will be happy to take any questions.



**KANSAS ASSOCIATION OF
Health • Physical Education • Recreation • Dance**

The Kansas Association of Health, Physical Education, Recreation and Dance (KAHPERD) strongly supports Senate Bill 499 relating to nutrition and health guidelines. Our organization believes that it is vital that our schools provide positive role modeling with regards to educating students about the importance of healthy nutritional choices.

According to research found in "F as in Fat: How Obesity Policies are Failing in America" (2008), 3 out of 10 Kansas children are overweight. While we understand that there may be financial implications, the lifestyle choices of our children today, and in the future, literally outweighs the monetary gains in the continuation of providing unhealthy food choices in our schools. If current trends continue, we will see a decline in our students' health and quality of life. Our future deserves better! Please vote yes for SB 499.

Testimony presented by Claudia Welch, MEd, Executive Committee, Kansas Association of Health, Physical Education, Recreation and Dance (KAHPERD), Health and Physical Education Teacher and Chair of District Wellness Committee, Seaman High School, USD #345.

To: Education Committee – Chairman Schodorf

From: Claudia Welch, Kansas Association Health Physical Education Recreation Dance (KAHPERD)

Re: Support of **Senate Bill No. 499 Nutrition and Health Guidelines**

Quality Physical Education and Physical Activity are Key to Obesity Reduction and Prevention

- The Physical Activity Guidelines for Americans recommends 60 minutes per day of physical activity for children and youth. NASPE recommends 150 minutes per week of elementary physical education and 225 minutes per week of middle and high school physical education. (US Department of Health and Human Services, 2008)
- Only 35% of high school students participate in at least 60 minutes per day; 25% do not participate in 60 minutes of physical activity on any day of the week. (2CDC. Youth Risk Behavior Surveillance-United States 2007 (pdf1M). Morbidity Weekly Report 2008; 57 (No.55-4).
- Inactivity levels are correlated with increased obesity. (<http://www.cdc.gov/nccdphp/dnpa/obesity/>)
- School-based physical activity and physical education are shown to contribute to the health and well-being of students, including improved behaviors and self esteem. (American Journal of Public Health, Carlson, Susan A., et al., April 2008)
- Adolescent obesity has increased 300% since 1980. (Center for Disease Control and Prevention, 2006)
- CDC estimates that health care outlays to treat obesity related illnesses will be \$4 trillion in 2015. (Center for Medicare and Medical Services, 2005)
- Lower obesity rates could save \$314 billion annually. (Trust for America's Health, Gadola, Emily; Levi, Jeffery; & Segal, Laura, 2007)

What are American Children eating today? (Kansas School Wellness Policy Model Guidelines booklet)

Good nutrition during the school years is vitally important for helping children grow strong, succeed in school and establish healthy habits for a lifetime.

- More than 60% of children and adolescents in the United States eat too much fat and saturated fat and not enough fruits and vegetables
- Only 39% of children eat enough fiber
- 85% of American females do not consume enough calcium. During the past 25 years, consumption of milk, the largest source of calcium, decreased 36% among adolescent females
- At the same time, average daily soft drink consumption doubled among adolescent girls, increasing from 6 to 11 ounces, and almost tripled among adolescent boys, from 7 to 19 ounces
- Between 18 and 20 percent of calories consumed by children and adolescents come from added sugars
- Poor eating habits may prevent American children from reaching their full potential. For example, research suggests that skipping breakfast can affect children's intellectual performance

Vending – What is Fit Pick? (<http://www.fitpick.org/about.php>)

It's the vending industry's newest program to encourage vending machine owners to provide healthier snacks and drinks

Fit Pick helps consumers locate vending machine choices that support a healthy lifestyle. It is a simple, ready to use system of vending machine stickers that identify vending products which meet a standardized set of nutrition guidelines

Fit Pick nutritional criteria are based on the recommendations of the:

- American Heart Association
- 2005 USDA Dietary Guidelines for Americans
- Alliance for a Healthier Generation

Fit Pick products are lower in fat and sugar. Labels are available for two different categories of nutritional criteria. The most commonly selected criteria is the **35-10-35 Plan** which means no more than:

- 35% of total calories from fat
- 10 % of calories from saturated fat
- 35% of total product weight from sugar

To: Education Committee – Chairman Schodorf
From: Claudia Welch, Kansas Association Health Physical Education Recreation Dance (KAHPERD)
Re: Support of **Senate Bill No. 499 Nutrition and Health Guidelines**

Fit Pick is easy to implement. It does not require any outright purchase by vending sites, does not usually require changes to vending contracts unless desired, and is easily installed and maintained.

Fit Pick is a national program. It is available for communities and vending operators throughout the nation. Fit Pick was developed by the National Automatic Merchandising Association (NAMA) and can be installed by most vending operators

School Wellness – Schools alone cannot solve the nutritional problems of children. To tackle wellness, they need broad, specific, and continuing support from all sides and all constituencies. Schools can and must promote and encourage healthy eating, physical activity, nutrition and physical education as part of the solution to the childhood obesity epidemic. Clearly, effective systems for monitoring and evaluating policy implementation would enable stakeholders to develop and improve ongoing, targeted intervention strategies.

I want to thank you for your time and attention to this matter and welcome any questions you may have.

Claudia Welch,
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Testimony before the Senate Education Committee
March 3, 2010

Marvin Stottlemire, Chair Legislation and Issues Committee, Kansas Public Health
Association.

Senator Shodorf, members of the committee, thank you for the opportunity to appear here today. My name is Marvin Stottlemire and I'm the chair of the Legislation and Issues Committee of the Kansas Public Health Association. (KPHA) KPHA's nearly 800 members represent virtually all of the professions working in public health in the state. I'm here today to testify in favor of SB-499.

I don't need to tell you that childhood obesity is an epidemic in this nation and this state. You can pick up any newspaper and read about it. This epidemic is not only tragic, it is costly as increasing incidence of diabetes and other diseases related to obesity will drive up the cost of health care, both nationally and in Kansas.

While SB 499 will not solve this problem, it is an important step in the right direction. Significantly, the fiscal note indicates it will do so at no additional costs to either the state or school districts. It is rare indeed when a legislative body is given an opportunity to pass legislation that will help improve the health of its state's citizens without incurring additional expenses.

I encourage you to report this bill out favorably.

Thank you.

Senate Education
3-3-10
Attachment 9

The Honorable Jean Schodorf,
Senate Education Committee
Re: SB 499
March 3rd, 2010

Wichita Vending Company
4430 W. 29th Circle South
Wichita, Ks 67215
316-269-2447

Madam Chairperson and Members of the Committee:

My name is Gordon Long, I am the Sales Manager of Wichita Vending in Wichita Kansas. We at Wichita Vending oppose this bill for a number of reasons. We do not feel that the State should take control away from our school district and parents on issues dealing with our children's eating habits. We believe that those responsibilities should be left to those that know our children and their needs the best, parents and our local school officials. We are on the USD 259 health and wellness committee and have donated our time and products to promote the "decision one makes to live a healthy lifestyle".

At Wichita Vending we have always been proactive with the ideas of health and wellness for our school age customers. We have for the past 7 years through the use of signage and with the data tracking available maintained the 50/50 advanced margins of low fat and sugar items in our vending equipment. We feel that at the high school level a decision of trust exists with the young adults and their ability to make choices throughout life.

We oppose the exemplary level of product mix listed in the policy guidelines and feel the advanced 50/50 level of product choices promotes a more balanced decision to the students. If exemplary levels are enforced the students because of their decision of choice, will stop by on the way to school or bring from home a larger variety of unhealthy products from convenience and grocery stores.

Let me be clear to the committee that we at Wichita Vending are always looking for ways to be involved in healthy choices and we feel a decrease in any revenue stream will limit the funds the school districts receive. We feel that this issue should be handled by parents and at the local school district level instead of by the state. We are encouraging this committee to kill this bill. Thank you for your time.

Senate Education
3-3-10
Attachment 10

HEIN LAW FIRM, CHARTERED

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Ronald R. Hein

Attorney-at-Law

Email: rhein@heinlaw.com

Senate Education Committee

Testimony Re: SB 499

Presented by Ronald R. Hein

on behalf of

Kansas Beverage Association

March 3, 2010

Madam Chairman, Members of the Committee:

My name is Ron Hein, and I am legislative counsel for the Kansas Beverage Association (KBA) (formerly the Kansas Soft Drink Association), which is the state trade association for beverage bottling companies operating in Kansas. Products manufactured and distributed by members of the KBA include carbonated diet and regular soft drinks, bottled waters, isotonic drinks, juice, juice drinks, sports drinks, dairy-based beverages, teas, and other beverages.

The Kansas Beverage Association opposes SB 499 for a variety of reasons. The bill takes away local control of the school districts; and places a decision with the state that should be a decision of the parents regards eating habits of their own children.

We understand and applaud the intent behind this legislation, but we believe that the actions which have been taken by our industry already meet and exceed the solutions this bill is seeking.

To give the committee a brief history of the issue regarding soft drinks in schools, several years ago concerns were raised in the media, in the public, and, to some extent through state legislation regarding vending of soft drinks in schools. In response to those concerns, the American Beverage Association came forward with a dramatic response, the establishment of guidelines voluntarily imposed on our member businesses which would insure that healthier beverage choices were made available to school children.

Subsequent to that action, the American Beverage Association, entered into an agreement with the William J. Clinton foundation and the American Heart Association, establishing the Alliance for a Healthier Generation (hereinafter "Alliance") which established an even more dramatic program to remove sugared carbonated soft drinks from school settings, and which fully met the concerns raised by parents and others to address the issues of soft drinks in schools.

The guidelines issued by the American Beverage Association more than satisfy the goals

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Attachment 11*

March 3, 2010

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of this legislation.

During this entire process, the Kansas Beverage Association was also vitally aware and supportive of the concept that decisions regarding non-curricula actions of our school districts should be made at the most local level possible, which under our state's educational system, is the local school board, because the school boards are most logistically responsible to the concerns of the parents and patrons of the school district.

The KBA has strongly advocated that mandatory legislation or government intervention is not the most appropriate remedy when the industry is working in conjunction with the public and other interested groups to solve these problems in a voluntary, private sector driven manner.

Lastly, our industry is nation-wide, and different states requiring different rules disrupts our business, forces inefficiency in our system, and causes confusion. Our route drivers servicing accounts on both sides of the state line, if required to operate with different rules, will face confusion and inaccuracy. Having a consistent nation-wide policy for distribution of our product is a more effective manner of dealing with these types of issues, rather than allowing a patch-work type of state by state requirements.

I have attached a copy of the ABA guidelines for your review. I have also attached a copy of the Kansas State Department of Education (KSDE) Wellness Guidelines, which were implemented in 2006 as a result of federal nutrition initiatives.

Therefore, the KBA is of the opinion that this issue has been fully settled by the successful move made by the Alliance, which clearly insures that the beverages available to all students in K-12, and specifically in elementary school and middle schools, whose students are the least capable of making decisions for themselves, will only have available healthy choices in the vending machines in the schools. In fact, the current ABA/Alliance guidelines were determined and implemented with the best science available, and the rationale for some of the deviations from these guidelines which KSDE have implemented seem to be based upon a more arbitrary standard.

Again, we believe that the latest actions by the ABA, and all our member companies, has indeed, been a revolutionary action which has met and exceeded the expectations of parents and healthcare groups which are interested in insuring that our children are exposed only to healthy food choices in beverage vending machines in schools.

We would ask that you oppose SB 499.

Thank you very much for permitting me to testify, and I will be happy to yield to questions.



PEPSI-COLA of TOPEKA

Patrick O'Donnell
General Manager-Pepsi Cola of Topeka
podonnell@linpepco.com

Senate Education Committee
Testimony Re: SB 499
Presented by Patrick O'Donnell
March 3, 2010

Madam Chairman, Members of the Committee:

My name is Patrick O'Donnell, and I am general manager of Pepsi-Cola Bottling Co. of Topeka Inc, which is the Pepsi-Cola distribution facility based in Topeka, servicing in whole or part eight counties around Topeka. Products we distribute include carbonated and non-carbonated zero calorie diet, low calorie and regular soft drinks, bottled Aquafina water, full and lower calorie Gatorade isotonic drinks, 100% juice drinks, 100% vitamin enhanced juice drinks, low and zero calorie vitamin enhanced water drinks, low calorie sports drinks, coffee/dairy-based beverages, full and zero calorie tea drinks, and other beverages.

Pepsi-Cola of Topeka opposes SB 499. The bill takes away local control from the school districts and individual schools and places that control within the hands of the state.

The theory of this bill has a good intent, but I believe that the actions which have been taken by individual beverage companies, our industry as a whole, schools and school districts in coordination with national organizations already meet and exceed the solutions this bill is seeking. Our history regarding healthier vending products in schools is this. In 2003 concerns were raised outside of Kansas regarding vending in schools. Because of these initial concerns Pepsi Cola North America for Pepsi-Cola franchises developed a set of guidelines requiring 65% of all vending products available to students had to be diet products, waters and better for you products (sport, isotonic and juice based drinks). We communicated this guideline to the schools and districts we worked with and started implementation immediately. In 2005 the Alliance for a Healthier Generation (a joint initiative of the American Heart Association and the William J Clinton Foundation) developed guidelines that went further than PCNA's guidelines and we again communicated the guidelines and the products we distributed that met these guidelines to all schools and districts we serviced. We then in coordination with the schools and the districts started implementing the guidelines. This implementation was intended to be accomplished for the 2009/2010 school year. We had all but one of our districts compliant at the beginning of the 2009/2010 year and the last district will be compliant in March 2010.

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Attachment 12



PEPSI-COLA of TOPEKA

The guidelines issued by the Alliance for a Healthier Generation and embraced by all beverage companies that I am aware of more than satisfy the theory of what this bill encompasses and frankly is more stringent regarding product than this bill. This bill would allow beverage companies to vend full calorie sports drinks in or around gymnasiums and locker rooms that currently have been taken out based upon the Alliance's guidelines.

Since the inception of self imposed vending regulations we have been cooperative in implementing any regulations developed. We did this because we believe it is truly the right thing to do for the children in our schools. With that said to have a state mandate that mirrors but doesn't quite meet the current self imposed standards seems to be a very meritless remedy.

It is my and my company's opinion that the issue has been addressed to the utmost level by the standards of the Alliance's guidelines and conformity my beverage company and the beverage industry as a whole has achieved in all levels of our schools and districts. These achievements have met and in some cases exceeded the expectations of health councils, health groups, parents, school boards and school administrators within our delivery territory.

I would ask that you oppose SB499.

Thank you for permitting me to testify, and I will be happy to answer any questions.

KANSAS
ASSOCIATION



OF
SCHOOL
BOARDS

1420 SW Arrowhead Road • Topeka, Kansas 66604-4024
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Testimony before the
Senate Education Committee
on
SB 499

by
Tom Krebs, Governmental Relations Specialist
Kansas Association of School Boards

March 3, 2010

Madame Chair, Members of the Committee:

Thank you for the opportunity to testify on **SB 499**. We stand as an opponent of the bill.

We obviously are not against efforts to improve the health of students in our schools. Our members understand healthy kids are more likely to be engaged, eager learners, and, as a result, are more likely to achieve at increased academic levels. Over the years, we have brought that fact to our members' attention through seminars and our annual convention and other venues. We are, in fact, a representative on the Kansas Coordinated School Health Program.

With all that being said, we still need to call this what it is...an unfunded mandate on our members. It mandates, by July 1, 2011, school boards adopt policies that are at the exemplary level of school vending guidelines.

Unfortunately, more so than ever, schools are increasingly dependent on sources of revenue that aren't necessarily of their choosing, but faced with the alternative, have taken advantage of them. They range from increased fees on textbooks, materials, and program participation to using more community fundraisers, selling advertising, and, yes, using revenues from vending machines. As always, it is our contention the level a district wants to use these discretionary income streams, and how they affect students and parents, is a local decision. Districts that choose to go the currently voluntary route of choosing the exemplary standards are to be applauded, but forcing districts to go that route impinges on their ability to best balance desired programs and the means for paying for them.

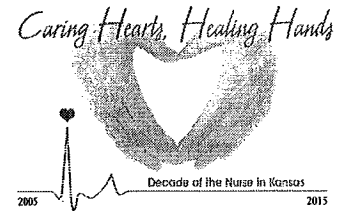
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Several years ago, I had to testify against increased physical education requirements for the exact same reasons. Being the "skunk at the picnic" is not the role we choose for ourselves, but given the specific policy direction we have been given on issues like these by our members, it is the position that serves their, and their communities' interests, best.

Thank you for your consideration.



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President Pat Plank, MSN, RN

**Written Testimony Presented to the Senate Education Committee
SB 499: Nutrition and Health Education Guidelines
Proponent
March 3, 2010**

Chairman Schodorf and members of the Education Committee,

The Kansas State Nurses Association (KSNA) is the professional organization for the more than 30,000 registered nurses in the state. Thank you for taking our written comments today on SB 499 concerning school districts; amending the requirements related to nutrition and health education in Kansas schools.

KSNA **supports** the passage of SB 499, simply based on the healthcare concerns that obesity in Kansas creates. With 1 in 4 Kansas students grades, 9-12 either overweight or at risk for overweight,¹ measures must be taken to help combat this serious health concern. Statistics verify that 28% of adult Kansans are obese, with the prevalence doubled since 1992.² The goal of Kansas for Healthy People 2010 related to obesity measures is for only 5% of children ages 12 – 19 to be overweight or obese and 15% of the adult population. The 2007 and 2008 data show rates of 11% and 28% respectively for Kansas.²

As nurses, we know that obesity directly contributes to the chronic health conditions that many Kansans experience as adults; including high blood pressure, diabetes, heart disease, stroke, arthritis, and sleep apnea. We see the effect these chronic conditions have on adult productivity and satisfaction with life, let alone the financial burden for the individual and the State. It has been reported an estimated \$657 million per year in medical costs is spent on obesity related diseases in Kansas.

It is essential to change behaviors early during childhood so that long term we can reduce these health problems. Providing healthful foods and beverages to children in the schools, to start them on the road to healthy weight control, is one way to help combat this problem. We ask you to support SB 499.

Sarah Tidwell, MS, RN
KSNA Legislative Chair

1. *Facts on Childhood Overweight in Kansas*. Office of Health Promotion, Kansas Department of Health and Environment, 2006 publication.

2. *Health Risk Behaviors of Kansans: Results from 2008 Kansas Behavioral Risk Factor Surveillance System*. Kansas Department of Health and Environment. Available at http://www.kdheks.gov/brfss/PDF/2008_Kansas_BRFSS_Report.pdf

Senate Education
3-3-10
Attachment 14

USD #431

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**Senate Bill No. 499
School Vending and School Stores**

Presented to the Senate Ways and Means Committee

**By
Alan Charles
Principal
USD #431 Hoisington**

Chairman and members of the committee, I am Alan Charles, Elementary Principal in Hoisington, Kansas. I would like to specifically address school vending. We no longer vend any products to students at both the elementary schools that I am the principal of in Hoisington. We have been able to generate revenue by having a fundraiser at each school that target items that are not food items.

At Roosevelt Elementary we sell trash bags and generate a profit of about \$ 3,500.00. At Lincoln Elementary we sell bedding plants in the spring, and raise about \$4,500.00. My point is there are ways to raise revenues for school projects that do not have to be done by vending unhealthy foods or foods of minimal value.

These are done only once each year and funds are used for the students at each school.

Thank you for your time in hearing my concerns.

Alan Charles

Alan Charles
Lincoln and Roosevelt Elementary Principal
Hoisington, Kansas
620-653-4549
acharles@usd431.net

1.

*Senate Education
3-3-10
Attachment 15*

Greeley County Schools

USD #200 • 400 W. Lawrence • Tribune, KS 67879

Office Phone: 620-376-4211 • Fax: 620-376-2465

E-mail: bwilson@tribuneschools.org

Board of Education

Warren Kuttler
Sheryl Crotinger
Dalene Moser
Andrew Myers
Dave Olson
Todd Schmidt
Janice Fahrenholtz

Bill Wilson

Superintendent

Beth Nemecek

Bookkeeper/Clerk

Eleanor Arnold

Secretary/Food Service

Senate Bill No. 499 School Vending and School Stores

Presented to
Senate Committee on Ways and Means

By
Bill Wilson
Superintendent, Greeley County Schools – USD #200

March 1, 2010

Chairman and members of the committee:

I am Bill Wilson, Superintendent, Greeley County Schools sharing with you regarding school vending. This past fall our district adopted the following guidelines on behalf of our students:

Providing the students of Greeley County Schools with healthy options for vending supports the goals and objectives of the district's desire for our students to make positive choices.

All vending items should be consistent with the following guidelines.

Beverages:

Juices should be 100% juice

Water

Flavored water should be non-caloric

Sport Drinks should contain 48 grams or less of sweetner/20oz. unit

Foods:

Less than 200 calories

Less than 9 grams sugar per 100 calories

Less than 4 grams fat per 100 calories

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3-3-10
Attachment 16

Greeley County Schools

USD #200 • 400 W. Lawrence • Tribune, KS 67879

Office Phone: 620-376-4211 • Fax: 620-376-2465

E-mail: bwilson@tribuneschools.org

Bill Wilson

Superintendent

Beth Nemechek

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Todd Schmidt

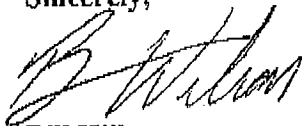
Janice Fahrenholtz

The policy, while simple, addresses our vending products completely. We have provided drink and snack machines in our building for over 15 years. We have been gradually making progress in providing healthy options in both machines and have finally adopted the guidelines outlined in the "Exemplary" category of the Coordinated School Health Program. The impact on sales has been noticeable and revenues have diminished slightly. We do not rely on these revenues and are not concerned that they have been reduced. Our belief is that offering healthy choices is our responsibility and that it is a part of our job in educating students in this area. We also would note that sales may have been impacted by our move this year to the 4-day school week and the implementation of "Healthy Snack" program provided to students though funds obtained via grants. Our data would be more compelling if we did not have multiple variables. We also would suggest that tightened family budgets may also play a role in our drop in sales. Time will obviously provide us more relevant data. We would call your attention to the data included in the attached letter from our vendor (Snappy Snack Vending and Coffee Service Co., INC).

Our contention remains that sales should not be our concern – extending our educational domain to include the vending machines on our property should. Our hope is that any legislation would not be cumbersome or overly complex. Positive results can be accrued with simplicity and common sense. We plan to continue our policy and will continue to work closely with our vending providers to offer healthy choices for our students.

Thank you for consideration of this matter. If you desire additional information or would like to discuss this matter further, please do not hesitate to contact me.

Sincerely,



Bill Wilson

Superintendent

Greeley County Schools

(620) 376-8046

March 1, 2010

TO: Greeley County Schools

FROM: Snappy Snack Vending and Coffee Service Co., INC

RE: School Vending

To Whom It May Concern:

Enclosed you will find information requested by Greeley County Schools in regards to sales figures from the snack vending machines in service there. While numbers are important when looking for accurate data, numbers cannot stand on their own in this situation. Additional information is needed to accurately interpret these numbers and while we will account for many factors, additional information from the school itself would serve this purpose as well.

GREELEY COUNTY SCHOOL SALES COMPARISON

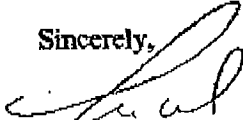
	05-'06	06-'07	07-'08	08-'09	09-'10
SEPT	304.75	431.2	313.85	316.15	242.55
OCT	224.75	244.15	257.1	180.2	226.2
NOV	140.95	255.85	215.5	190.2	228.65
DEC	185.1	185.2	217.05	227.1	220.95
JAN	117.2	148.4	245.25	211.3	240.3
FEB	225.25	250.55	318.45	234.2	195.5
MAR	279.45	197.15	151.4	182.8	
APR	252.15	225.2	293.45	248.8	
MAY	178.25	186.2	119.6	128.95	
TOTAL	1907.85	2121.9	2131.65	1917.7	1354.15

With the passing of Senate Bill-154(SB-154) in 2005, Snappy Snack Vending took a proactive approach to vending in public schools. "Foods of Minimal Nutritional Value" as defined by the US Department of Agriculture were removed from all school vending machines, and "smart choice" snacks focusing on whole grains, multi-grains and baked versus fried snacks were provided also, point of sale materials were posted on the vending machines to heighten awareness of these items. With the beginning of the 2007-2008 school year, Snappy Snack Vending increased company standards, ensuring all school vending machines adhered to the American Dietetic Association's 35-10-35 Rule and introduced products containing 0 grams of transfat, high protein items such as nuts,

meat snacks and peanut butters as well as items made with real fruit juices offering benefits of vitamin intake.

While these were steps taken on the part of Snappy Snack Vending, steps that had a considerable impact on sales, additional steps were taken by the school as well. Factors to be considered would include but not be limited to, time of use restrictions that were put on the machines (these restrictions have fluctuated throughout the data presented), declining population of the area and therefore declining enrollment, the transition from carbonated beverage vending to non carbonated beverage vending only, and change from a five day school week to a four day school week. All of these need to be considered when interpreting the data presented.

Sincerely,



Loren Schnabel
President



Marjie Schnabel
Secretary

Unified School District 234

424 South Main
Fort Scott, Kansas 66701-2697
www.usd234.org
620-223-0800 Fax 620-223-2760

RICHARD A. WERLING, Ed. D.
Superintendent

ALAN L. DRAKE
Business Manager



Senate Bill No. 499 School Vending and School Stores

Presented to
Senate Committee on Education

By
Dr. Richard A. Werling
Superintendent of Schools, Fort Scott USD 234

February 23, 2010

Chairman or Chairwoman and members of the committee, I am Dr. Richard A. Werling, Superintendent of Schools for Fort Scott USD 234, and I am presenting written testimony regarding Senate Bill Number 499 which would require all school districts to implement the exemplary level of the Kansas school wellness policy guidelines in relation to school vending and school stores.

In visiting a school, it takes little time for an adult to see the tragic escalation of obesity in our children. The problem of obesity in our children results from too little physical activity and unhealthful choices in food. Our government carefully monitors what is served in school cafeterias. The same government oversight needs to occur in school vending machines and school stores that students have access to during the school day.

Some justify unhealthful food and beverage choices in school stores and vending machines because the revenue from these sources is critical to school operations. Our experience is that students will buy whatever is available to them, so revenue will flow just as readily if healthful choices are what students are able to purchase. The message to students during a school day needs to be consistent—making healthy food choices is always important, whether it is meal time or snack time.

Requiring healthful food and beverage choices in all Kansas schools will quickly prompt vendors to make products that can be sold to students during the school day. Again, students will buy what is available to them, so an increase in the number and variety of healthful products is needed.

Habits are developed in childhood, and we want our children to develop good habits when it comes to eating and physical activity. We know that healthy children are better students, and the emphasis on academic achievement is certainly present in our schools today. Healthy students have better attendance records and exhibit better behavior in school. People who develop good health habits as children are more likely to continue those habits as adults, and we all know what poor health can do to health care costs and the resulting costs of health insurance.

We are not able to control what students eat when they leave school at the end of the day, but we can control what is available for them to eat when they are at school. A consistent message at school—in our health education classrooms, in our school-prepared meals, and in the foods and beverages available for students to purchase—is absolutely critical.

Thank you for reading my testimony and for your serious consideration of Senate Bill 499.



Vending in Schools
Senate Bill No. 499

Presented to
Committee on Ways and Means

By
Cindy Foley

Prepared February 22, 2010

Mr. Chairman and Members of the Committee,

I am Cindy Foley, Director of Food and Nutrition Services, USD 305 – Salina Public Schools. Our school district has been at the exemplary level of the Kansas Wellness Policy Guidelines since 2006. In the spring of 2005, our district organized a Vending Policy Committee upon recommendation of our superintendent. I was appointed to lead this committee. Our school board approved the committee's recommended vending/a la carte policy in June 2005 for the upcoming school year, with amendments approved in June 2006 and 2007. Our vending beverage policy started at the advanced level in 2005 and progressed to exemplary in 2006.

When students returned to school in August 2005, there were limited drink and snack choices available to high school and middle school students in the cafeteria and vending machines. Elementary and middle schools didn't have vending machines, but there were noticeable changes at the high schools. Our vending policy regulated the total number of vending machines and where vending drink machines could be located in the high schools. We did observe a reduction in a la carte sales the first year, but meal sales increased at both high schools which helped make up for the reduced a la carte sales revenue. Our policy addressed all a la carte snack and beverages available to students in the cafeteria as well as through vending machines.

Salina Public Schools

Unified School District 305
www.usd305.com


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(785) 309-4700

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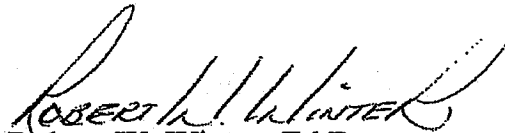
The process was well covered by our local newspaper and two of our board members expressed concern that students would rebel and attempt to smuggle in "banned" beverages. In reality, students appeared to accept the changes. In an article published in our local paper in December 2005, a local vending owner was quoted as saying "I really thought sales would drop dramatically. The dollar sales are within 5 percent of what they were last year. I really wasn't expecting the kids to eat the items. I was pleasantly surprised." He went on to say he didn't have any problem finding items that met the requirements because "snack food makers prepared for the shift to more health-conscious fare."

As the years progressed, more options have become available as snack food and beverage companies develop more products meeting our guidelines. School building commissions from the vending sales remain fairly stable. Our ultimate goal was to provide a healthier environment for students, and through our District Health Council, which includes vending policy committee members; we continue to work towards that goal.

Thank you,



Cindy Foley, MS, RD, LD
(785) 309-4715
cindy.foley@usd305.com



Robert W. Winter, Ed.D.
Superintendent



**Senate Bill No. 499
School Vending and School Stores**

**Presented to
Senate Committee on Education**

**By
Erika Devore, MS, RD
Director of Community Outreach
KC Healthy Kids**

Prepared 3.1.10

Chairman and members of the committee, we are writing to you today to give our support for Senate Bill 499, School Vending and School Stores.

KC Healthy Kids is a 501(c) (3) charitable foundation serving Greater Kansas City by providing strategic leadership to reduce childhood obesity and promote fit and healthy kids. Our mission is to "reduce obesity and improve the health of Greater Kansas City's children by informing, advocating, and mobilizing the resources and talents of our community". We are the leader in representing childhood obesity issues locally and in building a multisectoral, cooperative, organizational infrastructure investing in best practices, technology, and communications that improve the health of Greater Kansas City's children.

Childhood obesity has reached epidemic levels. According to a report by Trust for America's Health, F as in Fat (2009), 27.2% of adults are obese in Kansas while 31.1% of children are overweight or obese. Experts predict this will be the first generation of children to have a shorter life span than their parents. These overweight and obese children are at higher risk for long-term health problems, including heart disease, stroke, type 2 diabetes, certain cancers, high blood pressure, and gallbladder disease.

The cost of obesity will be significant to the state of Kansas. As more children develop these diseases, healthcare costs will rise – costs that are supplemented by state funds in many cases. This will put more strain on the state budget and will affect the money available for education. By supporting SB 499 and making the healthy choice the easy choice in our schools, children will learn to make healthy choices, schools will continue to see profits, and Kansas will be taking an enormous step in fighting childhood obesity.

P.O. Box 480227
Kansas City, MO
64148-0227

tel (816)523-5353
fax (816)222-0601

www.kchealthykids.org

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3-3-10
Attachment 19

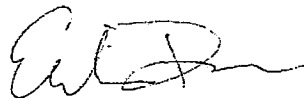
As teachers across Kansas do their best to give our children a premium education, it is difficult when a large percentage of their class are suffering the effects of a chronic disease. Teachers not only have to deal with the physical implications of these conditions with their classroom students, but also have to deal with the mental health implications. Many children who are coping with the physical effects of obesity also suffer from low self esteem. Beyond the social implications this often leads to increased absenteeism. A child who is physically healthy is more likely to be academically successful, alert, and mentally healthy .

Experts across the nation agree that one of the most effective ways to prevent these chronic diseases is to establish policies and programs that help children and adolescents develop healthy eating behaviors. Many school districts nationwide have already taken the steps to establish policies that provide healthier options in their vending machines and school stores. Kansas should embrace the proposed restrictions as a bare minimum standard for protecting the health and welfare of our state's children.

Financially, districts that have made changes to their vending machines and school stores are finding their revenue is not declining as often argued. In fact, many are seeing an increase. School districts demonstrating the largest revenue increases from adding healthier options to their vending machines include the student in the food selection process. The students are encouraged to help determine what they will and will not buy and through this process gain ownership in the changes made as well as a sense of responsibility to their own health in the future.

Kids do better academically when they are healthy, so schools have an incentive to create an environment that promotes student health. One way of doing this is to make healthy foods more affordable and easily accessible, such as making these foods an integral component of vending machines or the school store. Passing SB 499 would be a great first step to creating a healthy school environment and encouraging healthy, lifetime behaviors in our children.

Thank you for your consideration in passing SB 499.

A handwritten signature in black ink, appearing to read "Erika Devore".

Erika Devore MS, RD
KC Healthy Kids
edevore@kchealthykids.org
816-838-0563

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Senate Bill No. 499
School Vending and School Stores

Presented to:
Senate Committee on Education

By:
Jane Norris, Wellington Kansas
Resident/Parent/Registered Nurse/School Nurse

Prepared:
March 2, 2010

Chairman and Members of the Committee:

Allow me to introduce myself: I am Jane Norris, Wife, Mother, Agribusiness Partner in Norris Farms, Registered Nurse and have worked as a School Nurse in Sumner County for 16 years and am a member of the USD 353 Coordinated School Health Program Team. Today I am submitting this written testimony in support of Senate Bill Number 499 – School Vending and School Stores.

I feel strongly that every effort to impact the health of the children and adolescents of Kansas should be capitalized.

As a Mother I have witnessed firsthand the lack of healthy choices my Son's had while attending school and school events. They participated in athletics & Extra Curricular Activities, Grade School through High School. During these numerous events we spent many hours in school buildings and facilities across the state. It did not take long for me to realize that food & beverage choices offered via vending machines and/or school stores/concessions were of minimal nutritional value or possibly not even available. It became our routine to pack a cooler with water and healthy sandwiches and snacks to take with us to events, even Honor Band!

Also in the role of Mother I helped sponsor concession stands for athletic events. One of the most popular items we sold was a ham and cheese sandwich. Participants and Adults alike many times while reading food options listed for the day would be amazed that we had thought to prepare sandwiches. We also carried fresh fruits, water & other healthy snack options. At the end of each concession

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stand event we were usually out of the healthy options & had the unhealthy snack options (candy, pop, chips) left over.

Vending and Concession Stand options have changed over the past few years, slightly, in that most now offer bottled water and low/no calorie soda/pop. However, there is much room for improvement.

I have been a Registered Nurse for 28½ years and a School Nurse for 16 years. During this time I have witnessed firsthand the increase in Obesity related disease and illness, most notably the increase in Diabetes as a medical diagnosis for our students and young adults. When I first started as a School Nurse I did not have any Type II Diabetics as students. However that is a trend which is rapidly changing. Type II Diabetes was formerly known as Adult onset Diabetes as it was primarily diagnosed in adults who were overweight. You may have heard of someone who can “control” their diabetes with diet, exercise and an oral medication. These people have Type II Diabetes. At this time I have one student of Middle School age who is a Type II Diabetic and 3 students who are Type I (Insulin Dependent) Diabetics. Visiting with area School Nurses they are echoing the same upswing in the number of diabetic students they have attending school. We have had several other students with Type I and Type II diabetics who have graduated or moved to other school districts with their families. This upward trend is one that everyone should be concerned with as the long term health impact for these students is immense.

Hand in hand with obesity I have also begun to have students with High Blood Pressure which has required intervention with the student’s doctor and medication to control! This is a not a positive trend change for school health issues. Nutrition is not the only culprit in the rise of obesity for our society as a whole. The decrease in physical activity is also a contributing factor.

I could go on at length regarding the many health issues related to nutrition, students, school health and exercise, but I feel this has given you a snapshot of the issues I have witnessed first hand as a School Nurse.

The Coordinated School Health Program (CSHP) Team for USD 353 has been working towards improving the health of our students and staff as well as educating and raising awareness of the Eight Components of the CSHP Model. The Eight Components are: Health Education; Physical Education; Health Services; Nutrition Services; Counseling, Psychological & Social Services; Healthy School Environment; Health Promotion for Staff and Family/Community Involvement.

Recently at a CSHP meeting a representative from the Central of Burden School District shared that they had purchased and implemented a cold vending machine and are offering healthy options such as low fat milk, low fat cheese, yogurt, and fruits! Their High School FFA group is responsible for stocking the machine & utilizing it as a fund raising project. One example of how health vending can be implemented.

I realize that many schools utilize vending and school stores as fund raising venues and they have the perception that if they don't offer "junk food" the students and others will not purchase items from them. It may be true that they may notice a drop in sales at the onset of the change. However I would challenge those who would question the need for this change to reexamine why they are concerned. Is profit the only thing we should be concerned with? As an Adult I do strive to set an example for the students, be it with the food choices I make or wearing a seat belt or pledging to exercise more and control my own weight.

Habits – I would challenge all of you and each of our Kansas Educators to examine their own habits and see if they are a good living example of healthy habits for the children and youth of Kansas. Education – is a habit – we repeatedly teach math, science, English, reading, etc. to our children so that the ability to speak, write, add, and problem solve becomes habit. I would refer you to the definition listed below & challenge us all to examine and ask why would we resist this change? Is it just a habit?

Habit Defined –noun

1. an acquired behavior pattern regularly followed until it has become almost involuntary: *the habit of looking both ways before crossing the street.*
2. customary practice or use: *Daily bathing is an American habit.*
3. a particular practice, custom, or usage: *the habit of shaking hands.*
4. a dominant or regular disposition or tendency; prevailing character or quality: *She has a habit of looking at the bright side of things.*
5. addiction, esp. to narcotics (often prec. by *the*).
6. mental character or disposition: *a habit of mind.*
7. characteristic bodily or physical condition.
8. the characteristic form, aspect, mode of growth, etc., of an organism: *a twining habit.*
9. the characteristic crystalline form of a mineral.
10. garb of a particular rank, profession, religious order, etc.: *a monk's habit.*
11. the attire worn by a rider of a saddle horse.

Origin: 1175–1225; ME < L *habitus* state, style, practice, equiv. to *habi-* (var. s. of *habēre* to have) + *-tus* verbal n. suffix; r. ME *abit* < OF <http://dictionary.reference.com/browse/habit>

I support SB 499 and urge you to support it too. Our children are the future of this state and if we, the adults cannot or do not or are unwilling to make the decision to

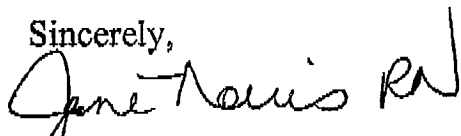
lead by action and word then we are not setting the best example for our Kansas Students.

I would also pose the questions – Can we think outside the box for the good of the current students and future adults of Kansas? Can we find the alternatives to our current vending/school store practices?

I do believe we can accept change, embrace the change as good and move forward!

Thank You for your time and for considering my position on SB 499. I would like to state that I support the bill as a positive indicator for our State!

Sincerely,



Jane Norris

Wife, Mother, Agribusiness Partner in Norris Farms,
Registered Nurse, Kansas School Nurse

KANSAS
Governor's Council on FITNESS

Council Members:

Steve Coen, *Chair*
Wayne Osness, *Vice Chair*
Roderick Bremby
William Bruning
Deborah Clements
David Dzewaltowski
James Early
Virginia Elliott
Donna Fleischacker
Dolores Furtado
Diane Greenleaf
Mary Jo Hafliger
Billie Hall
Rhonda Holt
Douglas Iliff
Jodi Mackey
Martin Kennedy
Kim Kimminau
John Oppliger
Monica Pierson
Sandra Procter
Karla Stenzel
Harold Swedlund, Jr.
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Honorary Members:

Co-Chairs:
George Brett
Lynette Woodard
Danni Boatwright
Albert Guardado, Jr.
William John
Danny Manning
Kevin Saunders

Senate Bill No. 499
School Vending and School Stores

Presented to
Senate Committee on Education

March 2, 2010

On behalf of the Governor's Council on Fitness, I am pleased to provide this written testimony in strong support of SB499. The provisions of this bill are highly consistent with priorities for achieving the Council's mission of promoting regular, lifelong physical activity and healthy eating practices for achieving healthy weight, increasing longevity and preventing chronic diseases. The Council was established in 2006 and works actively to share timely and relevant health information with Kansans and partner with businesses, schools and individuals to promote healthy lifestyles.

In the battle against obesity, improved nutrition and increased physical activity are the two most modifiable risk factors. Reducing the number of obese Kansas children and adolescents reduces their risk for developing diabetes, cardiovascular disease and other life changing conditions. Currently, 25% of Kansas high school students are obese. ¹ Research indicates that 80% of these students will become obese adults. ² Without lifestyle interventions; one in three children born today will develop diabetes.³

While all efforts to improve the nutrition of children in Kansas are laudable, specific policies such as SB499 are critical. Research has consistently related the availability of snacks and drinks sold in school to students' high intake of total calories, soft drinks, total fat and saturated fat, and lower intake of fruits and vegetables.⁴ With few exceptions, studies have found that students have better diets, relative to the recommendations of the Dietary Guidelines for Americans, when unhealthy competitive foods, such as those sold through vending and school stores, are not sold at school. Research also indicates that when more healthful food such as fruit and vegetables are available, students purchase and consume more of them. One national study estimated that having no access to a school store or snack bar (machine)

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reduced the consumption of sugar-sweetened beverages by 22 calories per school day among middle school students and by 28 calories per school day among high school students.⁵ Over the course of a typical school year this represents nearly 4,000 fewer calories consumed by Kansas middle school students and over 5,000 fewer calories consumed by Kansas high school students.

This bill in no way prohibits schools from offering vended snacks and beverages nor forces schools to remove school stores. SB499 simply stipulates that the products sold through these mechanisms be healthy and meet exemplary model guidelines for vending machines and school stores. Schools can continue to profit from these resources without jeopardizing the health of their students and may actually offer healthy vending for longer hours and in new locations. Recent data suggest that the majority of schools have been able to improve the nutritional value of competitive foods without their changing overall revenue. Studies that have reviewed the long term impact of switching to healthy vending and school stores do not support the concern that improving the nutritional quality of competitive foods will hurt school revenue. 4



Steve Coen, Chair

1. Kansas Youth Risk Behavior Survey, 2009, Kansas State Department of Education
2. Guo SS, Chumlea WC. Tracking of body mass index in children in relation to overweight in adulthood. *Am J Clin Nutr* 1999;70(1):145S-8.
3. "Millions of Hispanics at Increased Risk for Type 2 Diabetes," NIH News, 29 June, 2004, [<http://www.nih.gov/news/pr/jun2004/niddk-29.htm>] (Accessed December 4, 2008.)
4. Story M, Nannery MS, Schwartz B. Schools and Obesity Prevention: Creating School Environments and Policies to Promote Healthy Eating and Physical Activity.
5. Larson N, Story M. Are 'competitive foods' sold at school making our children fat?. *Journal of Health Affairs*, 29, no. 3 (2010): 430-435. (Accessed March 2, 2010)



March 2, 2010

The Honorable Senator Schodorf
300 SW 10th Street
TOPEKA KS 66612-1504

Dear Senator Schodorf and Members of the Committee on Education:

As a pediatrician involved in childhood obesity prevention and treatment, and as Medical Director of Weight Management Services at Children's Mercy Hospital, I support Senate Bill 499. The latest National Survey of Children's Health indicates that 31% of Kansas school-aged children are overweight or obese. In Children's Mercy's Weight Management programs, we see firsthand the devastating medical and psychological effects of obesity. I and my colleagues understand and appreciate the important role that schools play in the lives of children and teens, specifically in the development of their eating and physical activity habits. With the passage of this bill, Kansas schools can provide consistent opportunities to make the healthy choice the easy choice for students, day in and day out. This is important not only to prevent the development of excess weight but to help overweight students achieve a healthier weight. It is critical to the success of patients leaving our weight management programs that they enter a school environment that supports them in making healthy choices.

Senate Bill 499 would create this supportive school environment in a number of ways. The Kansas State Board of Education will work with other state agencies to create guidelines for all foods and drinks available to students during the school day. Specifically, school vending and school stores will be required to meet the exemplary level recommended by the Kansas State Department of Education. Updated district wellness policies, including physical activity and wellness education will be a part of this program.

Thank you and the committee for your consideration of this important legislation which will help Kansas students in making healthy choices to achieve or maintain a healthy weight and a healthy life.

Sincerely,

Sarah E. Hampl MD

Sarah E. Hampl, MD
Medical Director, Weight Management Services
Children's Mercy Hospitals and Clinics

*Senate Education
3-3-10
Attachment 22*

Senate Committee on Education

Hearing on Senate Bill 499

Wednesday, March 3, 2010

Written Testimony Supporting SB 499

Crissy Kaleekal MS, RD, LD, President; and

Charlotte Buchanan RD, LD, CNSC, State Policy Chair –

Kansas Dietetic Association

Good afternoon Chairperson Schodorf, and Honorable Members of the Senate Education Committee. These comments are submitted on behalf of the Kansas Dietetic Association (KDA) by Crissy Kaleekal, 2010 President, and Charlotte Buchanan, 2010 State Policy Chair.

The Kansas Dietetic Association supports the intent and spirit embodied in SB 499. It is the policy of the KDA to speak with one voice on behalf of Registered Dietitians in Kansas. As nutrition professionals, we believe that any effort which increases the promotion of nutrition education is beneficial, especially in the school setting. We do not believe that schools alone can solve the nutritional problems that exist today, as they relate to school children; however, through the combined efforts of families, school programs, government agencies, and health providers, along with the food industry, significant progress can be made. That said, schools play a critical role in the formation of attitudes and views on food and food choices.

The Kansas State Department of Education has already established “Exemplary” nutrition guidelines as part of its overall *Kansas Pre-K-12 Policy Guidelines*. The KDA supports efforts

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that bring the most healthful criteria available to students, through classroom education as well as to educators through in-service opportunities.

We appreciate the opportunity to comment on this important legislation and urge the committee to pass SB 499 favorably out of committee.