

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

2328

2005 SENATE EDUCATION

SB 2328

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2328

Senate Education Committee

Conference Committee

Hearing Date 01/31/05

| Tape Number | Side A | Side B | Meter # |
|--|--------|--------|------------|
| 1 | X | | -2,600-End |
| | | X | 1-3,390 |
| Committee Clerk Signature <i>Patty Wilkens</i> | | | |

Minutes: relates to the which limitation of the sale of certain beverages on school property.

Senator Layton Freborg, Chairman called the meeting to order on SB 2328

All Senators were present.

Testimony in support of the Bill:

Senator Richard Brown introduced SB 2328. The bill asks for a prohibition of selling certain beverages in the school half a hour before school starts to one half hour before school ends. The only beverages that can be sold in the school during that period would be milk, water and fruit and vegetable juices. The bill speaks to the poor nutrition habits of our society. This is not an anti-Coke or anti-Pepsi bill, instead we want to help kids learn about moderation and good nutrition.

Senator Lee- Do any of the school districts already subscribe to programs similar to what you are offering?

Senator Brown- Yes.

Senator Flakoll- Do you think students will still bring it in their backpacks?

Senator Brown- Hopefully, we can count on parents to help with that. Soft drink companies have done a lot of good for our schools, there is an athletic field named after one of the companies here in Bismarck.

Senator Flakoll- Do you think students might be going off campus to get pop?

Senator Brown- I believe they have to stay inside school during the day.

Sharon Buhr, Director of the Young People's Healthy Heart Program from Valley City appeared in support of the bill. See written testimony.

Senator Freborg- So, 100% apple juice is quite a bit healthier for a person?

Sharon Buhr- Yes, it is better for you. It has a lot of healthy nutrients in it. There are a number of studies that have linked obesity to soft drinks, but there aren't any studies that show that link with fruit juice.

Senator Freborg- So, the sugar is what creates the obesity?

Sharon Buhr- I can only say what researchers have done, a number of studies have verified that soft drinks are an issue, and fruit juice is not. Only 15 % of our kids are getting 5 fruits and vegetables a day.

Senator Seymour- What do you do to make sure that parents don't give pop to kids?

Sharon Buhr- We have initiated a healthy team nutrition committee in the schools, with education in a variety of avenues.

Senator Flakoll- Do you have any data that would have information on calories from fat?

Sharon Buhr- This is not a simple issue, we would need to work at it, one piece at a time.

Representative Phil Mueller appeared in support of the bill. It comes down to public policy, and we need to start somewhere. 10.2% of the kids in our state are considered overweight, and the state is 23.7% obese. The activities of society have changed beyond our control. Our country spends \$117 billion a year on obesity problems.

Senator Seymour- Why don't you talk to the School Board Associations and ask them to send out a memo regarding this?

Representative Mueller- Some schools are currently taking action on this, while others are not. It depends if we want to make this issue public policy by going through this process.

Karen Ehrens appeared in support of the bill. See written testimony.

Senator Flakoll- How do we address the concerns of students getting soft drinks before they get to school and after school.

Karen Ehrens- The school is a place where learning takes place, we need to teach them about what is healthy for them. It is a double standard if we teach nutrition and then sell products that are unhealthy for them.

June Herman, Senior Director of Advocacy for the American Heart Association appeared in support of the bill. See written testimony.

Dr. Parag Kumar, a pediatrician at Med Center One appeared in support of the bill. See written testimony.

Testimony in opposition of the Bill:

Dean Koppelman, Superintendent of Schools for Valley City appeared in opposition to the bill. See written testimony.

Bev Nielson with the ND School Board Association appeared in opposition. The question needs to be raised on who will be the vending machine monitor in the Department of Public Instruction. Also, what will be the penalty for those who do not abide by the rules? In our opinion, this is the type of language that does not need to be in the Century Code. Changes are occurring in school districts across the country based on community desires, parental desires, and school board pressure. It is better that these matters come up from the community level, not be imposed by state law. The No Child Left Behind law is going to require that schools have healthy school policies. We ask that you leave it up to the local school boards to resolve this issue.

Parrell Grossman, President of the Bismarck Public School Board, appeared in opposition to the bill. See written testimony.

Doug Johnson, representing the ND Council of Education Leaders appeared in opposition to the bill. This needs to be a local decision, the school boards are empowered to make that decision. Another concern is who is going to monitor this? As administrators, we sit down with our staff and advisory groups, and have that discussion. Several schools set healthy choices policies that are already in place.

Tom Woodmansee, representing Mid-West Coca-Cola, noted that several soft drink industry officials are present at the committee meeting and would be available to answer any questions.

Karen Bjella, Executive Director of the Bismarck Public Schools Foundation, appeared in opposition to the bill. See written testimony.

Senator Freborg : closed the hearing on SB 2328

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Senate Education Committee

Bill/Resolution Number SB 2328

Hearing Date January 31, 2005

Action taken:

Senator Erbele made a motion for a DO NOT PASS,

Seconded by Senator Flakoll.

There was no further discussion

There being no other discussion roll call vote was taken. vote: 5 in favor, 1 opposed.

Senator Erbele will carry the bill.

The meeting was adjourned.

REPORT OF STANDING COMMITTEE (410)
January 31, 2005 4:46 p.m.

Module No: SR-20-1497
Carrier: Erbele
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2328: Education Committee (Sen. Freborg, Chairman) recommends DO NOT PASS
(5 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). SB 2328 was placed on the
Eleventh order on the calendar.

2005 TESTIMONY

SB 2328

Testimony

Senate Bill 2328

Senate Education Committee

Monday, January 31, 2005; 9:30 a.m.

North Dakota Department of Health

Good morning, Chairman Freborg and members of the Senate Education Committee. My name is Kim Senn, and I am director of Coordinated School Health for the North Dakota Department of Health. I am here today to testify in support of Senate Bill 2328.

There has been an alarming rise in overweight and obese children. Numerous factors – from lack of exercise, to eating too many calories, to genetics – contribute to obesity. In North Dakota, the number of overweight adolescents increased from 7.2 percent in 1999 to 9.3 percent in 2003. Being overweight is epidemic in the United States and in North Dakota and is a major factor in the development of heart disease and diabetes.

Different types of beverages – including soda, sport drinks, fruit-flavored drinks and sweetened tea – are sold at schools by soft drink companies. Unlike 100 percent fruit juices, these drinks do not provide a nutritional benefit to children; instead, they provide unnecessary and non-nutritious calories, sugar and caffeine.

Schools have a unique interest in promoting the health of children. Health is directly related to children's ability to maximize their academic potential. Healthy children have better attendance, improved behavior, and increased attention, creativity and test scores. Although children's health is not solely dependent on their school, the school can assist children by creating an atmosphere that teaches, supports and provides opportunities for healthy behaviors.

This concludes my testimony. I am happy to answer any questions you may have.

Testimony
Senate Bill 2328



Fighting Heart Disease and Stroke

Senate Education Committee
Monday, January 31, 2005

June Herman
Senior Advocacy Director, American Heart Association

Good morning, Chairman Freborg and members of the Senate Education Committee. My name is June Herman, and I am the senior director of advocacy for the American Heart Association. I am here today to testify in support of Senate Bill 2328, and ask for a "do pass" recommendation from this committee.

North Dakota and the nation has a broken health system. Business costs for health care continue to skyrocket, as do costs to taxpayers and government. Too often the solution is reducing benefits and access to care, or increasing the financial burden on workplaces or businesses. More must be done earlier, to prevent disease and to build a healthier North Dakota.

We can ill afford to support a system that fails to set the right example for our youth, or abdicates an important part of their responsibility through serving as "for profit" company stores for non-nutritious beverages, while moving to reduce PE and recess requirements for our kids. Basically "super-sizing" our children and sending them to our workforce or government programs to cover their health care.

Schools are not the sole problem to the youth obesity problem, but they are definitely part of the solution. Unfortunately this session, the movement to date has been to cut state expectations for the school's offering of PE, and defeat the protection of recess as part of the school day.

This bill is as much about setting appropriate state expectations for vendors as it is for schools. Attached to my testimony is a summary of an informal poll taken at a state school board association. While many schools are aware and working towards better vending options, a strong response is reflected in this survey for a stronger voice being needed with vendors. You can provide that voice with the passage of SB 2328.



**American Stroke
Association**
A Division of American
Heart Association

**American Heart
Association**
Learn and Live.

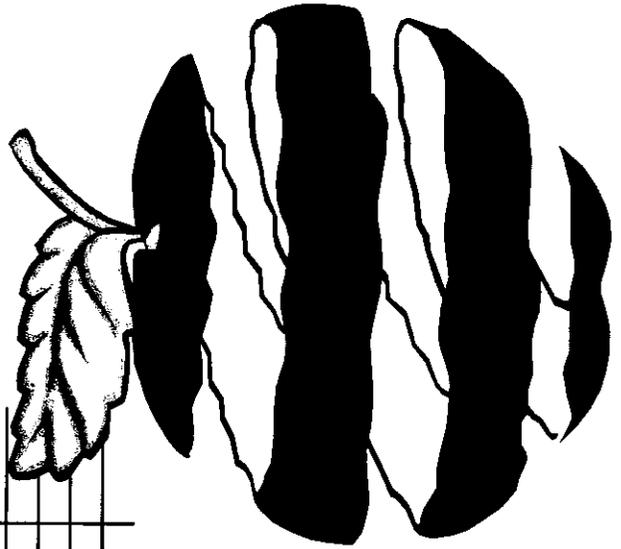
Don't supersize him.

Childhood obesity is a growing epidemic that increases death and disability from heart disease. Requiring minimum standards for physical education, such as 150 minutes per week of physical education for elementary schools and 225 minutes for middle schools, gives children a fighting chance against obesity and heart disease. And, coordinated school health programs will ensure that children have sound minds and healthy bodies. You can prevent supersized children who suffer more health problems and grow into unhealthy, less productive and disabled adults. Don't miss your chance to shape a whole new generation of Americans and stop the nation's No. 1 killer—heart disease.

Heart disease. You're the Cure.

School Health Policy Survey

| | Key: 1=No 3=Somewhat 5=Yes | | | | |
|--|----------------------------|---|----|----|----|
| Vending Machines | 1 | 2 | 3 | 4 | 5 |
| Do you offer Healthy Options/Limited Access to high sugar options | 6 | 5 | 13 | 11 | 7 |
| Is your vendor a receptive partner in changing vending contract | 3 | 6 | 18 | 7 | 8 |
| Would it help strengthen your voice with vendors to have regional efforts to request vending changes | | | | | |
| | | 2 | 6 | 8 | 24 |
| Greatest Barriers (comments) | | | | | |
| Apathy, when no options are available, the problem goes unaffected | | | | | |
| Sales \$\$ | | | | | |
| Principals | | | | | |
| Profit | | | | | |
| Changing kids mindset on vending choices | | | | | |
| Pop machines open candy machines limited access | | | | | |
| Making the change itself | | | | | |
| Vendors are a source of income so schools are reluctant to stop their use. | | | | | |
| Does not apply to our school, however kids bring their own snacks, challenge to make choices. | | | | | |
| Cost | | | | | |
| The kids | | | | | |
| No vending machines | | | | | |
| What kids will buy, \$ is bottom line! | | | | | |
| Inattention to solving the problem | | | | | |
| Lack of providers for healthy snacks | | | | | |



January 21, 2005

Terri LeGrand
High School Math Instructor
167 Second Street NW, #203
Valley City, ND 58072

ND Legislators:

I am writing with regard to the presence of pop machines in our schools. When this discussion takes place between colleagues, parents, and taxpayers alike, the conclusion most often arrived at is that they need to be removed.

I believe the availability of pop for our students is detrimental to both their health and learning. The empty calories in pop are contributing to the growing problem of obesity. Along with this, we know there is a link between nutrition and learning. I believe we are promoting poor nutrition choices for our students affecting not only their bodyweight but academics, also.

The unfortunate truth behind placing pop machines in our schools is the need to raise funds to supplement the under-funded budgets our schools face. Administrators and school boards are put in a tough spot choosing between what is best for students and the lifeboat provided by the pop companies.

It only makes sense to take the bait provided by the pop companies because the money has to come from somewhere. As an educator, I would like to see our state government come to the rescue! Please find the financial resources to replace what the pop funds are supporting. Help us do what is best for our students, not what is best for our budget.

Sincerely,



Terri LeGrand

| | | |
|---|---------------------------------------|--|
| VALLEY CITY PUBLIC SCHOOL DISTRICT #2 VALLEY CITY, NORTH DAKOTA 58072 HEALTHY SCHOOL NUTRITION ENVIRONMENT | Descriptor Code 9500 | Issued/Date 8/16/2004 |
| | Rescinded | Revised/Date |

HEALTHY SCHOOL NUTRITION ENVIRONMENT

The link between good nutrition and learning is well documented. Good nutrition and improved health optimizes student performance and ensures that no child is left behind. In addition, healthy eating patterns are essential for students to achieve their full physical and mental growth, and lifelong health and well-being. It has been demonstrated that healthy eating reduces the risk of developing many chronic diseases in both children and adults. It is also linked to reduced risk of mortality.

Schools have a responsibility to help students and staff, establish and maintain lifelong, healthy eating patterns. A Healthy School Nutrition Environment has been shown to positively influence students' eating habits.

The Valley City School District promotes a Healthy School Nutrition Environment. The District supports and promotes:

- 1. A comprehensive learning environment for developing and practicing lifelong wellness behaviors.**
 - The entire school environment, not just the classroom, shall be aligned with healthy school goals to positively influence a student's understanding, beliefs, and habits as they relate to good nutrition and regular physical activity.
 - Every student in grades kindergarten-grade 12 shall be encouraged to participate in at least one program of school-based physical activity at every grade level, either a physical education class and/or competitive sport and/or an intramural sport each year.
 - A healthy school environment should not be dependent on revenue from high-fat high-sugar, low nutrient foods to support school programs.
 - School personnel are encouraged to practice consistency of nutrition messages throughout the curriculum and school environment (e.g. in learning activities, classroom snacks, etc.).
 - School personnel are encouraged to be good role models.

2. Proper dietary habits contributing to students' health status and academic performance.

- All foods available on school grounds and at school-sponsored activities during the instructional day should meet or exceed the District Nutrition Standards (attached).

2004-2005: All pop machines off during breakfast and lunch

2005-2006: All pop machines off until after lunch period

2006-2007: All pop machines off until ½ hour after school is out

- All vending machines located on school property must have graphics featuring only 100% fruit or vegetable juices, water or healthy educational messages; there shall be no soda pop advertising on the vending machines.
- Recognizing that people/students eat/drink what an entire package is, it is recommended that smaller serving sizes be sold (e.g. 12 oz. of soda pop rather than the 20 oz. or larger size, etc.).
- Pop machines will not be placed into the elementary schools, except for the staff workroom.
- Emphasis should be placed on foods that are nutrient dense per calorie, whether they are served or sold.
- Foods should be served with consideration toward variety, appeal, taste, safety and packaging to ensure high quality meals/snacks.

3. A sequential program of nutrition instruction that is integrated within the comprehensive school health education curriculum and coordinated with the food service program.

- The nutrition classes should be taught by well-qualified and well-supported staff and should be aimed at influencing students' eating habits (behaviors) as well as their knowledge and attitudes.

4. A food service program that employs well-qualified staff who efficiently serve appealing choices of nutritious foods that comply with or exceed federal and state standards.

5. Pleasant eating areas for students and staff with adequate time for unhurried eating.

- Everyone should have a minimum of 20 minutes to eat a meal.

6. Marketing of healthy eating.

- Promote healthy eating to students, parents, teachers, administrators and the community.
- Give students positive, motivating messages about healthy eating and physical activity throughout the school setting.
- Reduce or eventually eliminate advertising that promotes less nutritious food choices.

District A la Carte and Fundraising Standards

| AREA | STANDARD |
|---|--|
| <p>School Day – Defined as from the beginning to the end of the instructional day.</p> | <p><u>Food Standard</u></p> <ul style="list-style-type: none"> • Less than or equal to 35% of calories from fat per serving. • Sugar not listed as first ingredient. • Nuts and seeds are allowable; candy is not allowable. • Fruits and/or vegetables shall be offered for sale at any location where food is sold. <p><u>Beverage Standard</u></p> <ul style="list-style-type: none"> • Greater than or equal to 30% fruit juice. • No added sweetener as the first ingredient. • Less than or equal to 35% of calories from fat per serving. • Vending sales of pop shall be turned off throughout the school day beginning SY 2006-2007. This shall be phased in over the next two years. <ul style="list-style-type: none"> • SY 2004-2005, Phase 1: Pop machines turned off district-wide during breakfast and lunch periods. • SY 2005-2006, Phase 2: Pop machines turned off from the opening of the school building until after the last lunch period • SY 2006-2007, Phase 3: Pop machines turned off from the opening of the school building until one half hour after the last class of the day. • Vending machines with 100% of the products fitting within the beverage standards can be on all day. <p><u>Additional Items</u> It is recognized that there may be RARE Special Occasions when the school principal may allow a school group to deviate from these standards.</p> |
| <p><u>Fundraising</u></p> | <p><u>Food Standard and Beverage Standard</u></p> <ul style="list-style-type: none"> • All food fundraising on campus, for sale or consumption within the instructional day, will be expected to follow the district nutrition standards. • VCPS encourages fundraising projects without selling food items. If food items are to be sold off campus, fundraising projects are encouraged to follow the district nutrition standards. If meat is sold as an entrée, there should be no more than 5 grams of fat per ounce. |
| <p><u>Concessions</u></p> | <p><u>Food Standard</u></p> <ul style="list-style-type: none"> • Fresh fruits and/or raw vegetables shall be offered for sale at any location where food is sold. <p><u>Beverage Standard</u></p> <ul style="list-style-type: none"> • Fruit based drinks (greater than or equal to 30% fruit juice) shall be offered at any location where beverages are sold. VCPS encourages the sale of 100% juice. |

**Each group that plans to sell food items must become "certified" to do so on a yearly basis. Each group can become "certified" by having a representative read the district fundraising policy and sign at the bottom guaranteeing the compliance of the group represented. A list of "certified" groups will be kept in the Central Office.

+ These standards are meant to be a beginning and may be improved/changed in the next years. The standards need to be sustainable, consistent and flexible.

SENATE EDUCATION COMMITTEE
LAYTON W. FREBORG, CHAIRMAN
JANUARY 31, 2005

TESTIMONY BY
PARRELL D. GROSSMAN
PRESIDENT
BISMARCK PUBLIC SCHOOL DISTRICT NO. 1
IN OPPOSITION TO
SENATE BILL NO. 2328

Mr. Chairman and members of the Senate Education Committee. I am Parrell Grossman, President of the Bismarck Public School Board. The Bismarck School Board opposes Senate Bill No. 2328.

While my testimony as a whole represents the position of the Bismarck School Board, my individual comments are not necessarily statements of all the individual Bismarck School Board members.

The Bismarck school district appreciates the intentions of this legislation. As schools we have an obligation to promote and advance the health of our students. This includes healthy food and beverages, as well as exercise and increased physical activities.

In our discussions on health issues and beverages in the school buildings, we are moving toward changes that will likely result in more nutritious beverages such as milk and juices in our beverage dispensing machines. However, we have not yet fully examined this issue. The beverages are only one piece of a more comprehensive policy that would address school meals, snacks, and beverages.

We believe this legislation is too specific and infringes on local control in the community. We believe this is a decision that should be left to the local school boards to adopt comprehensive policies in the next two years in consultation with the constituents, parents, health care professionals, etc. in each school district.

For these reasons, the Bismarck School Board urges this committee to give Senate Bill 2328 a "do not pass" recommendation.

Thank you for your time and consideration. I will try and answer any questions.

TESTIMONY ON SB 2328

Senate Education Committee

January 31, 2005

by Patrice S. Anderson, Assistant Director of School Health

328.2265

Department of Public Instruction

Good Morning Chairman Freborg and members of the Senate Education Committee. My name is Patrice Anderson, Assistant Director of School Health for the Department of Public Instruction (DPI). I am here today to provide neutral testimony regarding beverage vending in schools – Senate Bill 2328.

The current language does not specify how vending machines and their contents and time usage are to be monitored. As this responsibility would fall upon the Department, we would request clarification as to the implications for monitoring. Current monitoring systems are on a five year cycle; this would require annual monitoring, resulting in a burden for existing staff. Beverage vending in schools is not currently tracked by the DPI; therefore, we do not know the number of beverages purchased or the amount of revenue generated from those purchases. We know several districts (i.e. Grand Forks, Valley City, Williston, and Ellendale) have removed, or are in the process of removing, soda and sugar-sweetened beverages from vending machines. We do not know which beverages the majority of districts offer in the vending machines.

Coca-cola and Pepsi track purchase information and may be willing to share their information with the committee. I have personally visited with representatives from Coca-cola and Pepsi and heard from them that they are making changes in the beverages offered to students, limiting access to soda and sugar-sweetened beverages, and reducing the serving size of beverages available which is good for the health of students.

These beverage corporations are not benevolently filling a need. It appears that they are taking advantage of schools' dire financial situations to build brand loyalties and increase profits. The duration of some contracts and the termination clauses prevent some school districts from changing their beverage policy for up to a decade. The decision to enter into a beverage contract may carry health implications for children.

I know from studies in other states and anecdotal reports from ND districts that schools will continue to generate revenue from the sale of the healthier beverages. In many districts revenue has remained the same or increased.

The Department supports local control for school districts and before June 30, 2006 the United States Department of Agriculture (USDA) is requiring all districts receiving USDA funds for meal programs to develop a Wellness Policy (all but 10 small school districts receive funds). Under USDA 7 CFR Part 210 & 220, they must establish standards to address all foods and beverages sold or served to students including those available outside the school meal program. The following items should be considered when setting nutrition standards for all available foods during the school day.

- Set guidelines for foods and beverages in ala cart sales in the food service program on school campuses.
- **Set guidelines for foods and beverages sold in vending machines, snack bars, school stores, and concession stands on school campuses.**
- Set guidelines for foods and beverages sold as part of school-sponsored fundraising activities.
- Set guidelines for refreshments served at parties, celebrations, and meetings during the school day.

The districts can receive technical assistance to: establish healthy school nutrition environments, address childhood obesity, and prevent diet-related chronic disease. Districts must also develop a plan to implement the policy.

The DPI would like all schools to be healthy nutrition environments. As studies have shown, healthy nutritional intakes are part of overall health and directly related to children's ability to maximize their academic potential. We would like schools to be a safe haven from the unhealthy behaviors that contribute to obesity, diabetes, heart disease and dental cavities. It is particularly important today because of the increased incidence of childhood obesity and the obesity-related diseases that are becoming prevalent in young children. Children's health is not solely dependent on their school, but the school can assist children by creating an atmosphere that teaches, supports and provides opportunities for healthy behavior.

Selling beverages with unnecessary calories, sugar, and caffeine in schools, contradicts nutrition education lessons and sends students the message that good nutrition is not important. If all students received nutrition education in the classroom and healthy choices were available throughout the school, students may take what they learned and practiced in school, home to parents and their communities. Promoting healthy beverage options and limiting access to sweetened beverages is one way schools can positively impact student's health.

This concludes my testimony and I'd be happy to answer any questions you may have.

TESTIMONY TO THE SENATE EDUCATION COMMITTEE
JANUARY 31, 2005
SENATE BILL 2328

Chairman Freborg and members of the Senate Education Committee -
My name is Karen Bjella; I am the Executive Director of the Bismarck Public Schools
Foundation. I am here to testify in opposition to Senate Bill 2328.

In November 2000 the Bismarck Public Schools, Bismarck Public Schools Foundation,
Coca-Cola and Pepsi-Cola negotiated and signed a contract benefiting all parties.

A summary of benefits to the children in Bismarck:

- * Bismarck receives an average of \$75,000/year in per student payments
- * Bismarck receives \$10,000-\$13,000/year in commissions paid to the schools
- * Bismarck receives about \$85,000-\$88,000/year from the beverage companies
- * Bismarck will have received about \$425,000 after five years.

Terms of contract:

- Principals are consulted concerning the mix of products in the machines.
- Principals limit access to vending machines during school hours.

What is done with this money?

- 30% goes directly to the individual schools to use as they need - \$22,500/year
- 20% is put into an endowment fund for future needs - \$15,000/year
- 50% to Bismarck Public Schools Foundation - \$37,500/year
 - of this 50% - \$25,000/year is awarded to teachers in the form of mini-grants.
 - other projects funded include Art Gallery Program, Photography Unit, Children's Theatre Company, Summer Foreign Language Camp.

According to data beverage companies have compiled, Bismarck students are making better choices on the kind of beverages they purchase from the beverage vending machines in the schools. They are buying less carbonated soft drinks and more alternative beverages. On the average this past year they bought only about 2 soft drinks /week. The students by their own choice without legislation are making better choices.

Without the beverage contract all of these programs are in question - where will the money come from? All nonprofits struggle to find operation funds, we would again be competing for all those dollars.

Most importantly this is a local control issue. Let each community decide for themselves what is best for their community.

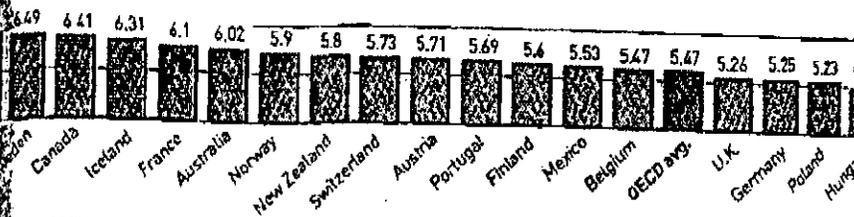
We recommend do not pass Senate Bill 2328. Thank you.

BKS
for 355-3001

Investors Business Daily
Em 1/07/05

INVESTORS.COM

on education, public and private, as % of GDP



Karen
Bjella

ES & INSIGHT

A Beef With Media Obesity Bias

BY HERMAN CAIN
AND DAN GAINOR

The holidays are over, and millions of people have resolved to lose the weight they just gained. As we headed into the new year, the major media made you think twice about the whole concept of holiday stuffing. How do we know? Our analysis shows that this is the media's pattern.

We've analyzed how the major media treated the issue of obesity for the last year and a half. The result? The major media are more likely to turn the holiday season into open season on the food industry than into a time to eat, drink and be merry.

Coverage Analysis

It's the new battle of the bulge. Anti-corporate activists have seized upon America's worries about weight to launch a campaign against the companies that produce the food that feeds us all. They blame U.S. businesses for the "obesity epidemic" and say it can best be cured through a diet of new taxes, more regulations and lawyer-enriching lawsuits.

One well-known activist even complained that healthier versions of traditional snack foods were bad because they were foods we "shouldn't be eating at all."

These "activists" have succeeded at getting their agenda out be-

cause the major media have done a poor job covering the issue. The Media Research Center's Free Market Project analyzed all news stories about obesity published in The New York Times and USA Today or aired on the three broadcast network evening news shows for 18 months.

Industry's Fault

The first analysis was from May 1, 2003, through April 30, 2004. The second covered the next six months and, unfortunately, shows the media haven't changed their tune much.

In the first study, about half of the 205 stories debated obesity's causes. Of these, most (64%) blamed America's weight problems on food companies rather than on personal behavior. This improved in our second study, but it's still a problem. The concept of personal responsibility still hasn't taken hold in U.S. newsrooms.

For example, on the March 9, 2004, "World News Tonight," ABC reporter Lisa Stark linked the food industry's behavior with poor health:

"It's estimated 64% of Americans weigh too much. That increases the risk of diabetes, heart disease and some form of cancer. Those who help people lose weight say they're not surprised by the new numbers. The food industry spends \$34 billion a year to market its products."

The notion that industry advertising causes obesity is a key argument of anti-corporate activists.

A couple of weeks earlier, on the Feb. 24 "CBS Evening News," Elizabeth Kaledin framed an entire story around a negative report from the Center for Science in the Public Interest charging that children's menus at restaurants such as Outback and Red Lobster were dominated by unhealthy choices.

"Move over, McNuggets," Kaledin crowed. "There's a new food villain in town. New research finds kids' meals at many popular restaurant chains are loaded with more fat and calories than the average fast-food fare."

Story after story cited "food experts" who criticized the food industry for making of all things, what we want to eat. The media compounded the problem by treating these talking heads like disinterested bystanders, not activists or "experts" pushing only one view.

Weight Didn't Change

No doubt, obesity is an important health problem. But out of 302 stories, only one report tried to put the alarming statistics into context.

"Until 1998, a 5-foot-5 woman who weighed 164 pounds was considered normal," USA Today's Nancy Hellmich and Rita Rubin explained in June 2003. "Then the official body mass index

(weight/height) criteria changed, and all of a sudden she was considered overweight if she weighed 150 pounds. The guidelines labeled another 29 million people as overweight. Now almost 65% of Americans weigh too much."

Asking For Balance

Unfortunately, Hellmich and Rubin were two of several reporters who couldn't decide which statistics to use for childhood obesity. An assortment of health and obesity stories claim everything from 15% to more than 30% of children and adolescents 6 to 19 are overweight.

According to the Centers for Disease Control, the actual number is 16%, roughly half of what is claimed in several stories.

This combination of poor facts, a reliance on activists to set the agenda and a strong anti-business approach is a recipe for continued bad coverage. It's time for the media to shape up and try feeding us more balanced coverage.

■ **Herman Cain**, former president and chairman of Godfather's Pizza Inc., former Senate candidate in Georgia and former CEO of the National Restaurant Association, is now the national chairman of the Media Research Center's Free Market Project.

■ **Dan Gainor** is director of the Free Market Project (www.freemarketproject.org).

Pop Machines In High Schools

Concerns about the overall health and well-being of America's children continue to rise as the obesity epidemic continues to expand.

To gauge parents' thoughts on school vending machines, researchers at the University of Minnesota recently conducted focus groups, from which five major themes emerged (in order of importance):

- Student control/choice:** Parents saw high school as a time for teens to have more freedom in decision making and taking care of themselves.
- Regulations:** Most parents were supportive of schools' limiting access to vending machines. They wanted a wider variety of choices available to students with healthier alternatives.
- Parental knowledge:** Most parents did not know much about the soft drink vending machines at their children's schools.
- The purpose of soft drink vending machines in schools:** Parents generally did not know how much money vending machines generated for the schools but did agree that they would rather see the money go to the school instead of a supermarket.
- Health impact of soft drinks:** Parents agreed that drinking soft drinks, particularly in excess, has negative physical effects. However, parents did feel that the health impact of soft drinks was lower down on the list of priorities, below cigarettes, alcohol, drugs, or even coffee.

Too often soft drinks take the place of more nutritious beverages such as milk and fruit juices. Encourage children to enjoy soft drinks in moderation-as long as they also consume other nutrient-rich drinks.

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11/30/2004

Liquid Candy

How Soft Drinks are Harming Americans' Health

Michael F. Jacobson, Ph.D.

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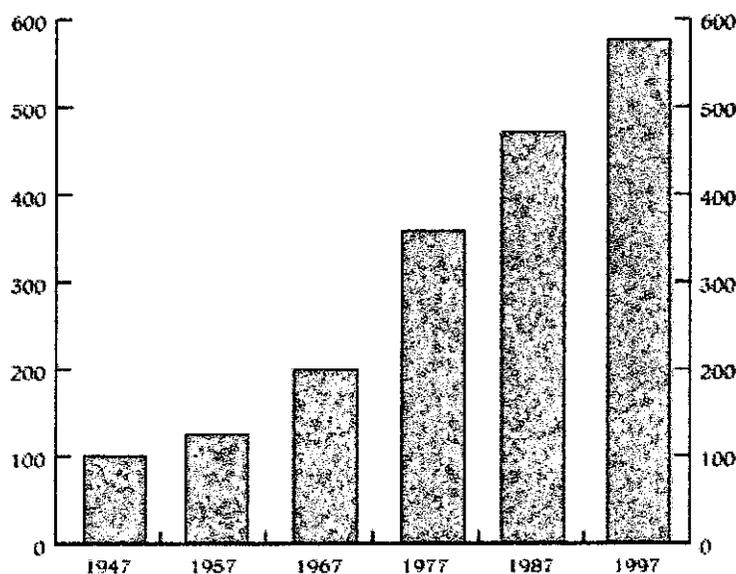
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In 1942, when production of carbonated soft drinks was about 60 12-ounce servings per person, the American Medical Association's (AMA) Council on Foods and Nutrition stated:

From the health point of view it is desirable especially to have restriction of such use of sugar as is represented by consumption of sweetened carbonated beverages and forms of candy which are of low nutritional value. The Council believes it would be in the interest of the public health for all practical means to be taken to limit consumption of sugar in any form in which it fails to be combined with significant proportions of other foods of high nutritive quality.¹

By 1998, soft-drink production had increased by nine-fold (Figure 1) and provided more than one-third of all refined sugars in the diet, but the AMA and other medical organizations now are largely silent. This review discusses the nutritional impact and health consequences of massive consumption of soft-drinks,² particularly in teenagers.

Figure 1. Annual soft drink production in the U.S. (12-ounce cans per person)



National Soft Drink Association; *Beverage World*

Soaring Consumption of Soft Drinks

Carbonated soft drinks account for more than 27 percent of Americans' beverage consumption.³ In 1997, Americans spent over \$54 billion to buy 14 billion gallons of soft drinks. That is equivalent to more than 576 12-ounce servings per year or 1.6 12-ounce cans per day for every man, woman, and child.⁴ That is also more than twice the amount produced in 1974. Artificially sweetened diet sodas account for 24% of sales, up from 8.6% in 1970.⁵

Table 1. Consumption of non-diet soft drinks by 12- to 19-year-olds (ounces per day) and percent of caloric intakes (all figures include non-drinkers).

| Year | Ounces per day | | Percent of calories | |
|---------|----------------|-------|---------------------|-------|
| | boys | girls | boys | girls |
| 1977-78 | 7 | 6 | 3 | 4 |
| 1987-88 | 12 | 7 | 6 | 5 |
| 1994-96 | 19 | 12 | 9 | 8 |

Calculated from U.S. Dept. Agr. Nationwide Food Consumption Survey, 1977-78; Continuing Survey of Food Intakes by Individual, 1987-88, 1994-96.

Children start drinking soda pop at a remarkably young age, and consumption increases through young adulthood. One fifth of one- and two-year-old children consume soft drinks.⁶ Those toddlers drink an average of seven ounces -- nearly one cup -- per day. Toddlers' consumption changed little between the late 1970s and mid 1990s.

Table 2. Consumption of regular and diet soft drinks by 12- to 19-year-olds (excludes non-drinkers).

| Year | Ounces per day | |
|---------|----------------|-------|
| | boys | girls |
| 1977-78 | 16 | 15 |
| 1987-88 | 23 | 18 |
| 1994-96 | 28 | 21 |

U.S. Dept. Agr. Nationwide Food Consumption Survey, 1977-78; Continuing Survey of Food Intakes by Individual, 1987-88, 1994-96.

Almost half of all children between 6 and 11 drink soda pop, with the average drinker consuming 15 ounces per day. That's up slightly from 12 ounces in 1977-78.

The most avid consumers of all are 12- to 29-year-old males. Among boys 12 to 19, those who imbibe soda pop drink an average of almost 2½ 12-ounce sodas (28.5 ounces) per day. Teenage girls also drink large amounts of pop. Girls who drink soft drinks

consume about 1.7 sodas per day. (Women in their twenties average slightly more: two 12-ounce sodas per day.) (See Tables 1 and 2)

In a new analysis of diet-intake data, soft-drink consumption by 13- to 18-year-olds was examined (the results cannot be compared directly to the data shown for 12- to 19-year-olds because slightly different methods were used). This analysis identified how much soda pop is consumed by how many teens. For instance, one-fourth of 13- to 18-year-old male pop-drinkers drink 2½ or more cans per day, and one out of 20 drinks five cans or more.⁷ (See Table 3) One-fourth of 13- to 18-year-old female pop-drinkers drink about two cans or more per day, and one out of twenty drinks three cans or more.⁸ (Actual intakes may well be higher, because many survey participants tend to underestimate quantities of "bad" foods consumed.)

Table 3. Consumption of regular and diet soft drinks by 13- to 18-year olds (ounces per day; excludes non-drinkers)

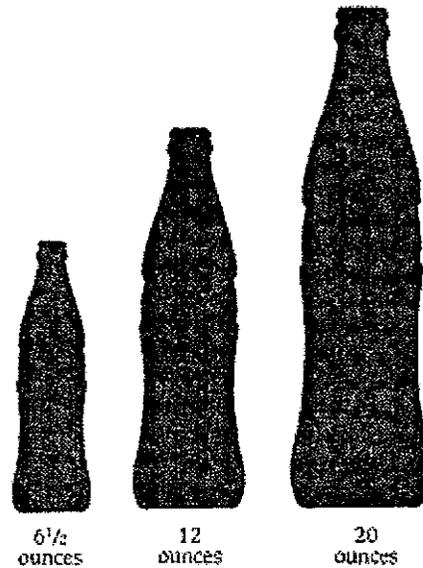
| | -- percentiles -- | | | | | |
|----------------------------|-------------------|----|----|----|----|----|
| | 5 | 25 | 50 | 75 | 90 | 95 |
| 1994-96; boys, 13-18 | 6 | 12 | 20 | 30 | 44 | 57 |
| 1994-96; girls, 13-18 | 4 | 6 | 14 | 23 | 32 | 40 |
| 1977-78; boys and girls | 3 | 5 | 9 | 15 | - | 27 |

Percentile calculations by Environ, Inc.; data from USDA, CSFII, Figures for 1977-78 calculated from P.M. Guenther, J. Am. Diet. Assoc. 1986;86:493-9.

By contrast, twenty years ago, the typical (50th-percentile) 13- to 18-year-old consumer of soft drinks (boys and girls together) drank ¾ of a can per day, while the 95th-percentile teen drank 2¼ cans. That's slightly more than one-half of current consumption.

One reason, aside from the ubiquitous advertising, for increasing consumption is that the industry has steadily increased container sizes (Figure 2). In the 1950s, Coca-Cola's 6½-ounce bottle was the standard serving. That grew into the 12-ounce can, and now those are being supplanted by 20-ounce bottles (and the 64-ounce Double Gulp at 7-Eleven stores). The larger the container, the more beverage people are likely to drink, especially when they assume they are buying single-serving containers.

Figure 2. Growing size of single-serving containers



Also, prices encourage people to drink large servings. For instance, at McDonald's restaurants a 12-ounce ("child size") drink costs 89 cents, while a drink 250% larger (42-ounce "super size") costs only 79% more (\$1.59).² At Cineplex Odeon theaters, a 20-ounce ("small") drink costs \$2.50, but one 120% larger (44-ounce "large") costs only 30% more (\$3.25).¹⁰

Nutritional Impact of Soft Drinks

Regular soft drinks provide youths and young adults with hefty amounts of sugar and calories. Both regular *and* diet sodas affect Americans' intake of various minerals, vitamins, and additives.

Sugar Intake

Carbonated drinks are the single biggest source of refined sugars in the American diet.¹¹ According to dietary surveys,¹² soda pop provides the average American with seven teaspoons of sugar per day, out of a total of 20 teaspoons. Teenage boys get 44% of their 34 teaspoons of sugar a day from soft drinks. Teenage girls get 40% of their 24 teaspoons of sugar from soft drinks. Because some people drink little soda pop, the percentage of sugar provided by pop is higher among actual drinkers.

The U.S. Department of Agriculture (USDA) recommends that people eating 1,600 calories a day not eat more than six teaspoons a day of refined sugar, 12 teaspoons for those eating 2,200 calories, and 18 teaspoons for those eating 2,800 calories.^{13,14} To put those numbers in perspective, consider that the average 12- to 19-year-old boy consumes about 2,750 calories and 1½ cans of soda with 15 teaspoons of sugar a day; the average girl consumes about 1,850 calories and one can with ten teaspoons of sugar. Thus, teens just about hit their recommended sugar limits from soft drinks alone. With candy,

cookies, cake, ice cream, and other sugary foods, most exceed those recommendations by a large margin.

Calorie Intake

Lots of soda pop means lots of sugar means lots of calories. Soft drinks are the fifth largest source of calories for adults.¹⁵ They provide 5.6% of all the calories that Americans consume.¹⁶ In 12- to 19-year-olds, soft drinks provide 9% of boys' calories and 8% of girls' calories.¹⁷ Those percentages are triple (boys) or double (girls) what they were in 1977-78. (See Table 1) Those figures include teens who consumed little or no soda pop.

For the average 13- to 18-year-old boy or girl drinker, soft drinks provide about 9% of calories. Boys and girls in the 75th percentile of consumption obtained 12% of their calories from soft drinks, and those in the 90th percentile about 18% of their calories.

Nutrient Intakes

Many nutritionists state that soft drinks and other calorie-rich, nutrient-poor foods can fit into a good diet. In theory, they are correct, but, regrettably, they ignore the fact that most Americans consume great quantities of soft drinks and meager quantities of healthful foods. One government study found that only 2% of 2- to 19-year-olds met all five federal recommendations for a healthy diet.¹⁸ USDA's Healthy Eating Index found that on a scale of 0-100, teenagers had scores in the low 60s (as did most other age-sex groups). Scores between 51 and 80 indicate that a diet "needs improvement."¹⁹

Dietary surveys of teenagers found that in 1996:

- Only 34% of boys and 33% of girls consumed the number of servings of vegetables recommended by USDA's Food Pyramid.
- Only 11% of boys and 16% of girls consumed the recommended amount of fruit.
- Only 29% of boys and 10% of girls consumed the recommended amount of dairy foods.
- Most boys and girls did not meet the recommended amounts of grain and protein foods.

Those surveys also found that few 12- to 19-year-olds consumed recommended amounts of certain nutrients, including:

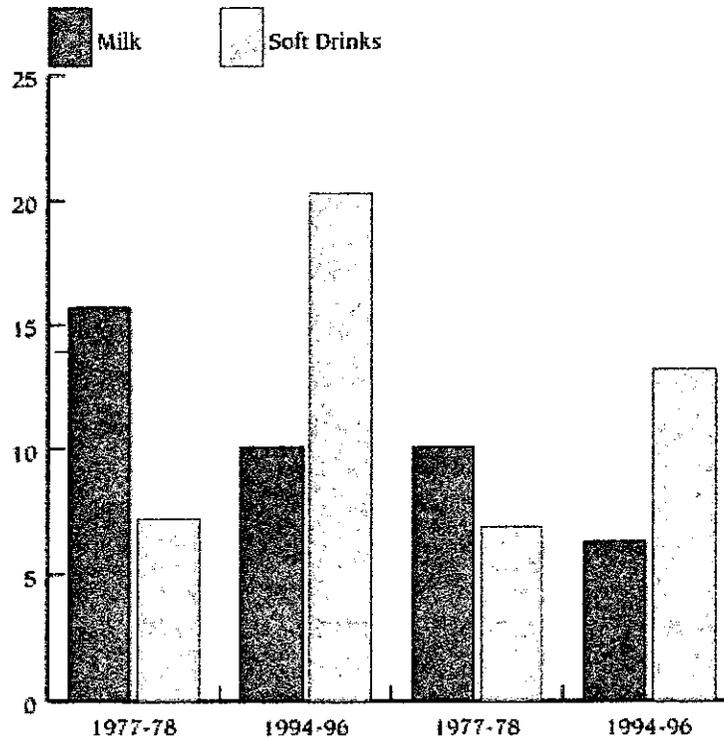
- calcium: only 36% of boys and 14% of girls consumed 100% of the Recommended Dietary Allowance (RDA).
- vitamin A: only 36% of boys and 31% of girls consumed 100% of the RDA.
- magnesium: only 34% of boys and 18% of girls consumed 100% of the RDA.

As teens have doubled or tripled their consumption of soft drinks, they cut their consumption of milk by more than 40%. Twenty years ago, boys consumed more than

twice as much milk as soft drinks, and girls consumed 50% more milk than soft drinks (Figure 3). By 1994-96, both boys and girls consumed twice as much soda pop as milk (and 20- to 29-year-olds consumed three times as much). Teenage boys consumed about 2 2/3 cups of carbonated soft drinks per day but only 1 1/4 cups of fluid milk. Girls consumed about 1 1/2 cups per day of soft drinks, but less than 1 cup of milk. Compared to adolescent nonconsumers, heavy drinkers of soda pop (26 ounces per day or more) are almost four times more likely to drink less than one glass of milk a day.²⁰

In 1977-78, teenage boys and girls who frequently drank soft drinks consumed about 20% less calcium than non-consumers. Heavy soft-drink consumption also correlated with low intake of magnesium, ascorbic acid, riboflavin, and vitamin A, as well as high intake of calories, fat, and carbohydrate.²¹ In 1994-96, calcium continued to be a special problem for female soft-drink consumers.²²

Figure 3. Teens' (ages 12-19) consumption of milk and soft drinks (ounces per day).



USDA: NFCS, CSFII

Health Impact of Soft Drinks

The soft-drink industry has consistently portrayed its products as being positively healthful, saying they are 90% water and contain sugars found in nature. A poster that the National Soft Drink Association has provided to teachers states:

As refreshing sources of needed liquids and energy, soft drinks represent a positive addition to a well-balanced diet....These same three sugars also occur naturally, for

example, in fruits....In your body it makes no difference whether the sugar is from a soft drink or a peach.²³

M. Douglas Ivester, Coca-Cola's chairman and CEO, defending marketing in Africa, said, "Actually, our product is quite healthy. Fluid replenishment is a key to health....Coca-Cola does a great service because it encourages people to take in more and more liquids."²⁴

In fact, soft drinks pose health risks both because of what they contain (for example, sugar and various additives) and what they replace in the diet (beverages and foods that provide vitamins, minerals, and other nutrients).

Obesity

Obesity increases the risk of diabetes and cardiovascular disease and causes severe social and psychological problems in millions of Americans. Between 1971-74 and 1988-94, obesity rates in teenage boys soared from 5% to 12% and in teenage girls from 7% to 11%. Among adults, between 1976-80 and 1988-94, the rate of obesity jumped by one-third, from 25% to 35%.²⁵

Numerous factors -- from lack of exercise to eating too many calories to genetics -- contribute to obesity. Soda pop adds unnecessary, non-nutritious calories to the diet, though it has not been possible to prove that it (or any other individual food) is responsible for the excess calories that lead to obesity. However, one recent study found that soft drinks provide more calories to overweight youths than to other youths. The difference was most striking among teenage boys: Soda pop provides 10.3% of the calories consumed by overweight boys, but only 7.6% of calories consumed by other boys. There was no consistent pattern of differences with regard to intake of calories, fat, or several other factors.²⁶

Obesity rates have risen in tandem with soft-drink consumption, and heavy consumers of soda pop have higher calorie intakes.²⁷ While those observations do not prove that sugary soft drinks cause obesity (heavy consumers may exercise more and need more calories), heavy consumption is likely to contribute to weight gain in many consumers.

Regardless of whether soda pop (or sugar) contributes to weight gain, nutritionists and weight-loss experts routinely advise overweight individuals to consume fewer calories -- starting with empty-calorie foods such as soft drinks. The National Institutes of Health recommends that people who are trying to lose or control their weight should drink water instead of soft drinks with sugar.²⁸

Bones and Osteoporosis

People who drink soft drinks instead of milk or other dairy products likely will have lower calcium intakes. Low calcium intake contributes to osteoporosis, a disease leading to fragile and broken bones.²⁹ Currently, 10 million Americans have osteoporosis.

Another 18 million have low bone mass and are at increased risk of osteoporosis. Women are more frequently affected than men. Considering the low calcium intake of today's teenage girls, osteoporosis rates may well rise.

The risk of osteoporosis depends in part on how much bone mass is built early in life. Girls build 92% of their bone mass by age 18,³⁰ but if they don't consume enough calcium in their teenage years they cannot "catch up" later. That is why experts recommend higher calcium intakes for youths 9 to 18 than for adults 19 to 50. Currently, teenage girls are consuming only 60% of the recommended amount, with soft-drink drinkers consuming almost one-fifth less than nonconsumers.³¹

While osteoporosis takes decades to develop, preliminary research suggests that drinking soda pop instead of milk can contribute to broken bones in children. One study found that children 3 to 15 years old who had suffered broken bones had lower bone density, which can result from low calcium intake.³²

Tooth Decay

Refined sugar is one of several important factors that promote tooth decay (dental caries). Regular soft drinks promote decay because they bathe the teeth of frequent consumers in sugar-water for long periods of time during the day. An analysis of data from 1971-74 found a strong correlation between the frequency of between-meal consumption of soda pop and dental caries.³³ (Those researchers considered other sugary foods in the diet and other variables.) Soft drinks appear to cause decay in certain surfaces of certain teeth more than in others.³⁴

Tooth-decay rates have declined considerably in recent decades, thanks to such preventive factors as fluoride-containing toothpaste, fluoridated water, tooth sealants, and others. Nevertheless, caries remains a problem for some people. A large survey in California found that children (ages 6 to 8, 15) of less-educated parents have 20% higher rates of decayed and filled teeth.³⁵ A national study found that African-American and Mexican-American children (6 to 18 years old) are about twice as likely to have untreated caries as their white counterparts.³⁶ For people in high-risk groups, prevention is particularly important.

To prevent tooth decay, even the Canadian Soft Drink Association recommends limiting between-meal snacking of sugary and starchy foods, avoiding prolonged sugar levels in the mouth, and eating sugary foods and beverages with meals. Unfortunately, many heavy drinkers of soft drinks violate each of those precepts.

Heart Disease

Heart disease is the nation's number-one killer. Some of the most important causes are diets high in saturated and *trans* fat and cholesterol; cigarette smoking; and a sedentary lifestyle. In addition, in many adults a diet high in sugar may also promote heart disease.

High-sugar diets may contribute to heart disease in people who are "insulin resistant." Those people, an estimated one-fourth of adults, frequently have high levels of triglycerides and low levels of HDL ("good") cholesterol in their blood. When they eat a diet high in carbohydrates, their triglyceride and insulin levels rise. Sugar has a greater effect than other carbohydrates.³⁷ The high triglyceride levels are associated with a higher risk of heart disease.³⁸ It would make sense for insulin-resistant people, in particular, to consume low levels of regular soft drinks and other sugary foods. Research is needed on insulin resistance in adolescents.

Kidney Stones

Kidney (urinary) stones are one of the most painful disorders to afflict humans and one of the most common disorders of the urinary tract. According to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), a unit of the National Institutes of Health, more than 1 million cases of kidney stones were diagnosed in 1985.³⁹ NIDDK estimates that 10 percent of all Americans will have a kidney stone during their lifetime. Several times more men, frequently between the ages of 20 and 40, are affected than women. Young men are also the heaviest consumers of soft drinks.

After a study suggested a link between soft drinks and kidney stones, researchers conducted an intervention trial.⁴⁰ That trial involved 1,009 men who had suffered kidney stones and drank at least 5 1/3 ounces of soda pop per day. Half the men were asked to refrain from drinking pop, while the others were not asked. Over the next three years drinkers of Coca-Cola and other cola beverages acidified only with phosphoric acid who reduced their consumption (to less than half their customary levels) were almost one-third less likely to experience recurrence of stones. Among those who usually drank soft drinks acidified with citric acid (with or without phosphoric acid), drinking less had no effect. While more research needs to be done on the cola-stone connection, the NIDDK includes cola beverages on a list of foods that doctors may advise patients to avoid.

Additives: Psychoactive Drug, Allergens, and More

Several additives in soft drinks raise health concerns. Caffeine, a mildly addictive stimulant drug, is present in most cola and "pepper" drinks, as well as some orange sodas and other products. Caffeine's addictiveness may be one reason why six of the seven most popular soft drinks contain caffeine.⁴¹ Caffeine-free colas are available, but account for only about 5% of colas made by Coca-Cola and Pepsi-Cola.⁴² On the other hand, Coca-Cola and other companies have begun marketing soft drinks, such as Surge, Josta, and Jolt, with 30% to 60% more caffeine than Coke and Pepsi.

In 1994-96, the average 13- to 18-year-old boy who drank soft drinks consumed about 1 2/3 cans per day. Those drinking Mountain Dew would have ingested 92 mg of caffeine from that source (55 mg caffeine/12 ounces). That is equivalent to about one six-ounce cup of brewed coffee. Boys in the 90th-percentile of soft-drink consumption consume as much caffeine as is in two cups of coffee; for girls the figure is 1 1/2 cups of coffee.

One problem with caffeine is that it increases the excretion of calcium in urine.⁴³ Drinking 12 ounces of caffeine-containing soft drink causes the loss of about 20 milligrams of calcium, or two percent of the U.S. RDA (or Daily Value). That loss, compounded by the relatively low calcium intake in girls who are heavy consumers of soda pop, may increase the risk of osteoporosis.

Caffeine can cause nervousness, irritability, sleeplessness, and rapid heart beat.⁴⁴ Caffeine causes children who normally do not consume much caffeine to be restless and fidgety, develop headaches, and have difficulty going to sleep.⁴⁵ Also, caffeine's addictiveness may keep people hooked on soft drinks (or other caffeine-containing beverages). One reflection of the drug's addictiveness is that when children age six to 12 stop consuming caffeine, they suffer withdrawal symptoms that impair their attention span and performance.⁴⁶

Several additives used in soft drinks cause occasional allergic reactions. Yellow 5 dye causes asthma, hives, and a runny nose.⁴⁷ A natural red coloring, cochineal (and its close relative carmine), causes life-threatening reactions.⁴⁸ Dyes can cause hyperactivity in sensitive children.⁴⁹

In diet sodas, artificial sweeteners may raise concerns. Saccharin, which has been replaced by aspartame in all but a few brands, has been linked in human studies to urinary-bladder cancer and in animal studies to cancers of the bladder and other organs.⁵⁰ Congress has required products made with saccharin to bear a warning label. The safety of acesulfame-K, which was approved in 1998 for use in soft drinks, has been questioned by several cancer experts.⁵¹ Also, aspartame should be better tested.

Aggressive Marketing of Soft Drinks

Soft-drink companies are among the most aggressive marketers in the world. They have used advertising and many other techniques to increase sales.

Soft-drink advertising budgets dwarf all advertising and public-service campaigns promoting the consumption of fruits, vegetables, healthful diets, and low-fat milk. In 1997, Coca-Cola, which accounts for 44%⁵² of the soft-drink market in the U.S., spent \$277 million on advertising and the four major companies \$631 million. Between 1986 and 1997 those companies spent \$6.8 billion on advertising.⁵³

Companies make sure their products are always readily accessible. Thus, in 1997, 2.8 million soft-drink vending machines dispensed 27 billion drinks worth \$17.5 billion.⁵⁴ Coca-Cola's soft drinks are sold at two million stores, more than 450,000 restaurants, and 1.4 million vending machines and coolers.⁵⁵

Table 4. Beverage prices

| Beverage | Cost | Cost per quart (¢) |
|----------|------|--------------------|
|----------|------|--------------------|

| | | |
|---|--|----|
| Cola, supermarket brand | \$.59/2 liters | 28 |
| Coca-Cola | \$.69/2 liters | 33 |
| Pepsi-Cola | \$.99/6 12-oz. cans \$3.99/24 12-oz. cans | 44 |
| Bottled water (supermarket brand) | \$.79/gallon | 20 |
| Bottled spring water (supermarket brand) | \$.89/gallon | 22 |
| Seltzer water, club soda, supermarket brand | \$.89/2 liters | 42 |
| Milk | \$2.79/gallon | 70 |
| | \$.95/quart | 95 |
| Orange juice, frozen, supermarket brand | \$1.39/12-oz. can | 93 |

Prices at Washington-area supermarkets, September, 1998.

The major companies target children aggressively (though, to their credit, they have not gone after 4-year-olds by advertising on Saturday-morning television). Pepsi advertises on Channel One, a daily news program shown in 12,000 schools.⁵⁶ Companies inculcate brand loyalties in children and boost consumption by paying school districts and others for exclusive marketing agreements. For instance, Dr Pepper paid the Grapevine-Colleyville, Texas, School District \$3.45 million for a ten-year contract (it includes rooftop advertising to reach passengers in planes landing at the nearby Dallas/Ft. Worth Airport).⁵⁷ To reach youths after school, Coca-Cola is paying \$60 million over ten years to the Boys & Girls Clubs of America for exclusive marketing rights in more than 2,000 clubs.⁵⁸

In one of the most despicable marketing gambits, Pepsi, Dr Pepper, and Seven-Up encourage feeding soft drinks to babies by licensing their logos to a major maker of baby bottles, Munchkin Bottling, Inc. Infants and toddlers are four times likelier to be fed soda pop out of those bottles than out of regular baby bottles.⁵⁹

Also fueling soft-drink sales is the low cost of the sugar-water-additive products. (See Table 4) Supermarket brands are particularly cheap, easily getting as low as 28 cents per quart, but even Coca-Cola and Pepsi-Cola are available for 33 cents per quart when on special. Milk costs two to three times as much, about 70 to 95 cents per quart.

Moreover, in recent years, inflation has had a greater effect on the price of milk than of soft drinks. Between 1982-84 and 1997 the Consumer Price Index rose 2.3 times as much for milk as for soft drinks.⁶⁰

The soft-drink industry is aiming for continued expansion in coming years. Thus, the president of Coca-Cola bemoans the fact that his company accounts for only 1 billion out

of the 47 billion servings of all beverages that earthlings consume daily.⁶¹ The company's goal is to:

make Coca-Cola the preferred drink for any occasion, whether it's a simple family supper or a formal state dinner. . . . [T]o build pervasiveness of our products, we're putting ice-cold Coca-Cola classic and our other brands within reach, wherever you look: at the supermarket, the video store, the soccer field, the gas station -- everywhere.⁶²

Recommendations for Action

In part because of powerful advertising, universal availability, and low price, and in part because of disinterest on the part of many nutritionists and other health professionals, Americans have come to consider soft drinks a routine snack and a standard, appropriate part of meals instead of an occasional treat, as they were treated several decades ago. Moreover, many of today's younger parents grew up with soft drinks, see their routine consumption as normal, and so make little effort to restrict their children's consumption of them.

It is a fact, though, that soft drinks provide enormous amounts of sugar and calories to a nation that does not meet national dietary goals and that is experiencing an epidemic of obesity. The replacement of milk by soft drinks in teenage girls' diets portends continuing high rates of osteoporosis. Soft drinks may also contribute to dental problems, kidney stones, and heart disease. Additives may cause insomnia, behavioral problems, and allergic reactions and may increase slightly the risk of cancer.

The industry promises that it will be doing everything possible to persuade even more Americans to drink even more soda pop even more often. Parents and health officials need to recognize soft drinks for what they are -- liquid candy -- and do everything possible to return those beverages to their former, reasonable role as an occasional treat.

- Individuals and families should consider how much soda pop they are drinking and reduce consumption accordingly. Parents should stock their homes with healthful foods and beverages that family members enjoy.
- Physicians, nurses, and nutritionists routinely should ask their patients how much soda pop they are drinking and advise them, if appropriate, of dietary changes to make.
- Organizations concerned about women's and children's health, dental and bone health, and heart disease should collaborate on campaigns to reduce soft-drink consumption.
- Local, state, and federal governments should be as aggressive in providing water fountains in public buildings and spaces as the industry is in placing vending machines everywhere.
- State and local governments should consider taxing soft drinks, as Arkansas, Tennessee, Washington, and West Virginia already do. Arkansas raised \$40 million in fiscal year 1998 from that tax.⁶³ If all states taxed soft drinks at Arkansas' rate (2 cents per 12-ounce can), they could raise \$3 billion annually.

Those revenues could fund campaigns to improve diets, build exercise facilities (bike paths, swimming pools, etc.), and support physical-education programs in schools.

- Local governments could require calorie listings on menu boards at fast-food outlets and on vending machines to sensitize consumers to the nutritional "cost" of sugared soft drinks and other foods.
- School systems and other organizations catering to children should stop selling soft drinks, candy, and similar foods in hallways, shops, and cafeterias.
- School systems and youth organizations should not auction themselves off to the highest bidder for exclusive soft-drink marketing rights. Those deals profit the companies and schools at the expense of the students' health.
- The National Academy of Sciences or Surgeon General should review the impact of current and projected levels of soft-drink (and sugar) consumption on public health.
- Soft-drink companies voluntarily should not advertise to children and adolescents. Labels should advise parents that soft drinks may replace lowfat milk, fruit juice, and other healthy foods in the diets of children and adolescents.
- Scientific research should explore the role of heavy consumption of soft drinks (and sugar) in nutritional status, obesity, caries, kidney stones, osteoporosis, and heart disease.

Endnotes

1. *JAMA*. 1942;120:763-5.
2. This review does not cover sweetened non-carbonated beverages (bottled ice teas, fruit drinks and ades, bottled ice tea, etc.).
3. National Soft Drink Assoc. web site, www.nstda.org.
4. *Ibid*.
5. USDA/ERS: *Food Consumption, Prices, and Expenditures, 1970-95*, Stat. Bull. No. 939 (August, 1997).
6. Unless otherwise specified, all data on consumption of soft drinks, milk, and calorie intake were obtained or calculated from U.S. Department of Agriculture (USDA) surveys (one-day data) particularly Continuing Survey of Food Intakes of Individuals (CSFII), 1994-96 (Data Tables 9.4, 9.7, 10.4, 10.7); 1987-88 (Report No. 87+1, Tables 1.2-1 and -2; 1.7-1 and -2); Nationwide Food Consumption Surveys, 1977-78 (Tables A1.2-1 and -2; A1.7-1 and -2). Intake of added sugars by age was obtained from USDA's analysis for purposes of the Food Guide Pyramid (two-day 1996 data, Table 6). Teens' consumption of vegetables, fruit, and other foods also is from Pyramid Servings Data, USDA, Dec. 1997, based on CSFII, 1996. We are grateful to USDA staff members in the Food Surveys Research Group for their assistance. (See USDA web site: www.barc.usda.gov/bhnrc/foodsurvey/home.htm)
7. Analyses by Environ, Inc., Sept. 1998, based on USDA CSFII 1994-96 two-day data.
8. *Ibid*.
9. CSPI survey, August 26, 1998.
10. *Nutrition Action Healthletter*. 1998 (July/Aug.);25(6):6.
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12. Those dietary surveys find that consumers report consuming only 57% of all soft drinks produced. While some soft drinks are wasted or returned to manufacturers, that fact provides good evidence that the surveys greatly underestimate actual intake.
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THE CAFETERIA CRU

By CATHY BOOTH-THOMAS AUSTIN

WHEN SCHOOLS OPENED IN Texas this fall, some favorites were missing from the cafeteria menus: sodas and candy bars had been banned for grade schoolers; chips and cookies were mini-size. And that perennial favorite, the French fry, was given just one more year before it too will be banned. Howls of protest could be heard from Lubbock to Laredo. And not just from students. Principals complained about being forced to act as "nutrition police." Teachers said they needed candy to reward students. Parents and kids traded schoolyard rumors about Twinkies being confiscated from lunch boxes. Nearly everyone, addicted to the revenues that vending machines bring, complained that there wouldn't be enough money for beloved activities like band camp and choir trips. Angry e-mails poured in to the woman who had imposed the new rules—Texas agriculture commissioner Susan Combs.

At 6 ft. 2 in., Combs would stand out in any food fight, but the School Nutrition Association hails her as a pioneer for her groundbreaking junk-food ban, which takes on suppliers such as Coca-Cola and Frito-Lay that count on selling to schools to establish brand loyalty in kids. Like a growing number of youngsters in the U.S., kids in Texas have been getting fatter. Over a third of all school-age children in the state are overweight or obese, far worse than the national rate of 10% to 15%. By 2040, the costs of treating those kids when they become obese adults is expected to hit \$40 billion a year for Texas alone. But hardly anybody seems willing to do much about the problem. Cash-strapped school districts are reluctant to give up their slice of the \$104 million that outside food vendors make in the state from the likes of super-size sodas and pizzas each year. Although California was the first state to forbid soft-drink sales at elementary and junior high schools last year, bans on junk food in schools face opposition across the U.S. A bill by Iowa's Senator Tom Harkin, a Democrat, to let the Federal Government develop nutrition guidelines for vending-



MATTHEW MANON FOR TIME (2)

Combs has taken a tough stand against junk-food vendors and parent bake sales

machine food was scuttled by both parties. No other state has a food ban as strict as the one in Texas. Even Mom's home-baked goodies, sold to benefit the school art program or the prom, can't be eaten during school hours.

A fourth-generation Texas cattle rancher, Combs is given to straight talking and no-nonsense solutions. "The stats are so clear, the problem so dire, the financial

problems so enormous, can we *not* address it?" she asks. Her detractors call her the Food Nazi behind her back—to which she replies serenely, "I prefer czarina, not that they'll understand the difference." The sniping about lost revenues from PTA bake sales and vending machines just leaves her exasperated. "Are we going to sell marijuana to build gyms?" she says, relishing the hyperbole. "Well, the health-care consequences of this food are that bad."

A mother of three (her 25-year-old son is a Marine on duty in Iraq), Combs, 59, has been interested in children's issues since she was a young prosecutor in Dallas work-

SADER

High noon in Texas: the agriculture chief is making a stand against junk food. Can she win?

parties and allowing bake sales—although students can't eat their purchases until the last bell has rung. And while kids can still bring whatever they want for lunch from home—"If you want to send deep-fat-fried Twinkies every day, that's your business," says Combs—no sharing is allowed.

By cracking down on the parent bake sales as well as the corporate vending machines, Combs has avoided a plate-throwing confrontation with big contractors who bristled at the suggestion that their products were making kids fat. Some suppliers of prepared school lunches have even embraced new rules that set a weekly limit on the amount of fat and sugar in the meals. Food-service provider Aramark, for instance, offers popular dishes like penne Alfredo made with less fat. Pizza Hut has reconfigured its school pizza to meet the new fat requirements. Frito-Lay brought in baked chips rather than fried ones and cut portion sizes. Coca-Cola, Pepsi and Nestlé hustled in healthier new offerings too.

Early skeptics, from principals to PTA moms, are coming around to Combs' point of view, but it hasn't been painless. Richardson High School, north of Dallas, had to shut down its prof-



Grain bars, nuts, baked chips and Fig Newtons are available in cafeteria vending machines

One Lubbock grade school, she adds, even rolled carts with candy down the halls to sell to kindergartners. "The whole culture inside our schools is pervaded—invented—by this marketing of food to the child. We put our financial needs ahead of their best interests," she says. "It's shocking."

But even a lifelong Republican in a Republican state can do only so much. At first Combs couldn't get the Texas legislature to limit vending-machine sales, but in 2003, working behind the scenes with Governor Rick Perry, she got the federally funded breakfast and lunch programs transferred from the Texas education agency to the agriculture department, giving her oversight of the outside vendors. Last March she announced the new policy on junk food, to be implemented when school began in August. Combs has made adjustments over the months since, backing down on a ban on sweets at birthday

parties and allowing bake sales—although students can't eat their purchases until the last bell has rung. And while kids can still bring whatever they want for lunch from home—"If you want to send deep-fat-fried Twinkies every day, that's your business," says Combs—no sharing is allowed.

parties that paid for VCRs in every room as well as sheet music for the choir. "As sad as I was to lose the money," says former PTA head Pat Epstein, "we don't need to be stuffing our kids with bad food." At Haggard Elementary School in nearby Plano, principal Vicki Aldridge mourned the loss of the Donuts for Dads events, but was pleasantly surprised when parents bought \$800 worth of books for the school instead of spending the money on doughnuts and other sweets.

Meanwhile, Combs has urged PTAs to offer healthy alternatives—muffins, fruit or water—at food sales and encouraged teachers to reward kids with coupons redeemable at in-school stores for nonfood prizes. She has a new assignment for herself as well: addressing the state's lack of adequate physical-education programs and the cancellation of recess. "We cram them full of unhealthy food and don't let them expend it," says Combs. "It's a recipe for disaster." Look for a Susan Combs recipe to fix that too. □

ing child-abuse cases. When she became Texas agriculture commissioner in 1999, she noted the rise in childhood obesity but had the authority to do little besides tout healthy farm products. Her breaking point came, she says, at a school in San Marcos, when the principal explained why the school needed junk food in vending machines as an obese young boy sat right in front of him. "We have food chaos in our schools, with coaches selling food, moms selling food, PTAs selling, Project Graduation, the Kiwanis, and then there's the manufacturers trying to get into the schools to build brand loyalty," she says.

THE BISMARCK TRIBUNE

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Schools shouldn't push junk food, drink

Every few years, the Tribune does a story about junk food and drink in local schools, and nothing ever seems to change.

School officials, teachers and students affirm the unhealthy state of affairs and throw up their hands. A student in Laura Schreier's May 23 story, "Vending dilemma," could have been speaking for them all when he said, "Kids are going to buy it anyway, so they might as well (spend) here and give the school some money."

This is not an argument worthy of an academy, where somebody is supposed to be teaching and learn-

**Tribune
editorial** ing something about argumentation and logic. We know it wouldn't be made on behalf of a cigarette machine, yet the patterns of bad eating and obesity doctors are finding among school kids may be more insidious than tobacco use.

Schools should be setting an example and standing for what's right — not taking their money from Coke and Pepsi and washing their hands. And they certainly shouldn't have a company store dispensing this stuff, just in case a kid accidentally gets past all the vending machines.

It's not about just junk food. The activity level of kids as a group seems much lower than generations ago. All the computer games don't help, but again the schools themselves are implicated, as physical education is more catch-as-catch-can than it used to be. (It's not a component at all of No Child Left Behind.)

We adults should be as interested in our kids' physical well-being as we are in our own. Thirty or 40 years ago, an adult walking or running after dark soon picked up a police tail. Now, you can expect to see wild, disheveled-looking adults panting down the street at any hour of the day or night, while if you want to see a kid bestirring himself, you have to go down to the shopping mall.

If nothing else, who's going to be around to take care of us in our physically fit senescence?

Getting back to the schools, they have largely abdicated an important part of their responsibility in their neglect of diet and exercise. If we should ever take advantage of the opportunity for a teaching moment in these areas, we could also all reform our vocabularies. There is nothing either "healthy" or "unhealthy" in any food or exercise; they are strictly neutral, that way.

"Healthful," now — that's something that's good for you. Like a half-dozen laps around the gym, followed by a glass of water or carton of milk instead of pop.

— Frederic Smith for the Tribune

SODA CONSUMPTION AND DENTAL CARIES

Soda consumption has increased 500% in the last 50 years. The tooth decay rate in 1985 was at an all time low in the US due to community fluoride programs. Since then, more communities have become fluoridated but the decay rate is increasing. When children substitute non-nutritive, cavity-causing liquids for essential liquids, all aspects of their health is affected. Dental disease is a simple process. Bacteria plus sugar equals decalcified (softened) enamel. We are all lucky to have buffers in our saliva that can counter infrequent acid attacks. Unfortunately, it takes 30-60 minutes for the re-mineralization of enamel to occur after the last bit/swallow of a cariogenic (cavity causing) food.

Soda is a double-edged sword. It provides a very high density of sugars that the bacteria use to create acid. Soda also has phosphoric and citric acids which soften the enamel before the bacteria create its own acid. Regardless of dental hygiene (brushing and flossing) or fluoride content, multiple frequent acid attacks will cause cavities. Anyone that has ever drunk a pop and felt the "chalkiness" of their teeth has experienced generalized decalcification of the outer layer of their enamel.

Tooth decay secondary to excessive soda consumption is the most difficult cavity to restore. The decalcification (softening of enamel) is circumferential about the tooth. Previously, when young people had cavities they were on chewing surfaces and between the teeth. Because of the complexity of soda-induced cavities, many young people are requiring complex dental procedures such as root canals and crown therapies. I have found it to be impossible to keep up with tooth restoration of the extensive decay rates in the teenage population. I, personally, no longer see teens in my office because I don't have time to provide all the required dental restorations.

In 1980 the US government determined that because of the decreasing decay rate and fluoridation throughout the US, fewer dentists would be needed. Funding was decreased to public dental schools to decrease enrollment. Currently, there is a national dental shortage because of many factors. People are living longer, keeping their teeth longer, and getting more cavities again. The soda consumption in the state of ND costs everybody: increased dental insurance costs, increased dental Medicaid costs, and in dental manpower shortage.

As a parent I can regulate the amount of non-nutritive, sugared liquids that my children drink at home. As they get older and are more independent it is difficult to monitor their soda intake. Schools have a responsibility to provide a healthy environment which includes providing optimal nutritional choices. Children often choose sugared drinks because they taste good. We also know that children will eat and drink what is made available to them. This fact drives home the importance of having sole access to nutritional drinks.

We have a responsibility to our children to promote optimal nutritional intake. The once improving dental health of our children is now deteriorating due to soda and sugared

drink consumption. Eating/drinking habits are established early and lead to healthy or unhealthy habits as adults. Be an advocate for our children and their future health. Remove soda and sugared drinks from vending machines in schools.

Take Action Tools: Sound Bites

It is helpful to prepare talking points in advance of a presentation or media interview. Use or adapt the points below to fit your community's needs.

Argument: "Students need freedom of choice."

- ✍ Schools have the responsibility to encourage and model healthy behaviors. North Dakota children need to be taught how to make healthy choices.
- ✍ There are numerous nutritious beverages that students can drink such as waters, 100% fruit juices and milk.
- ✍ Healthy choices need to be just as available and appealing as unhealthy choices. Students currently do not have much of a choice.

Argument: "No food is a 'bad' food."

- ✍ This assumes that all foods are eaten as part of a healthy diet. Unfortunately, few children eat healthfully. The consumption of high sugar beverages has risen significantly and outpaces the consumption of milk.
- ✍ When children are missing out on essential nutrients like calcium, it is very important to help kids eat and drink nutritiously.

Argument: "Children will be thirsty at school."

- ✍ There are plenty of thirst-quenching beverages that do not have empty calories.
- ✍ For many years, students were able to exist on campus with just water and milk. The need for soda is a recent phenomenon with no physiological need justified.

Argument: "Why not give them what they already drink at home?"

- ✍ The school has a responsibility to model healthy behaviors that are taught in the classroom. There are many behaviors that occur in the home that are not acceptable at school.
- ✍ Because kids drink soda at home is an even better reason to limit their consumption at school. School can be a safe haven from unhealthy behaviors that contribute to obesity, osteoporosis and dental problems.

- ✍ Advertising in schools comes along with an implied endorsement from the school.

Argument: "Corporations are just filling a gap of under-funded public schools."

- ✍ Corporate sponsorship is not a real solution to under-funded schools. Corporations are not benevolently filling a need. They are taking advantage of schools' dire situation to build brand loyalties and increase profits.
- ✍ Corporate advertising disrupts education. It gives schools new priorities that have nothing to do with education. Beverage contracts with soft drink companies encourage the sale of non-nutritious products and put the school in a position of promoting that product to generate sales.
- ✍ The money that pays for the sodas comes out of the pockets of students and parents. The school gets only a percentage of the money generated. When divided up among the total school district population, per student per year of contract, this deal is not as lucrative as it sounds.

TESTIMONY ON SB 2328
Senate Education Committee
January 31, 2005
by Parag Kumar, MD, FAAP
Pediatrician, MedCenter One Health Systems
Assistant Professor of Pediatrics – UND School of Medicine

Good morning, Chairman Freborg and members of the Senate Education Committee. My name is Parag Kumar. I am a pediatrician at Medcenter One in Bismarck and Assistant Professor of Pediatrics at UND School of Medicine and Health Sciences. On behalf of North Dakota branch of American Academy of Pediatrics and Medcenter One, and also as a parent of 2 school going children I am here to speak in favor of SB 2328.

I have been a pediatrician at Medcenter One for two and a half years. I am one of 6 pediatricians who see approximately 30,000 patients annually in a 175 mile radius of Bismarck. We are truly alarmed by the increase in number of overweight children attending our clinic.

Childhood Obesity is a national epidemic. In the last 2 decades its rates have doubled in children and tripled in adolescents. In North Dakota 16 % urban & 19 % rural 6th graders are obese. This is more than the national rate. We are seeing adult diseases like Type 2 diabetes, hypertension, high cholesterol and gall stones in children. Every 3rd case of Type 2 Diabetes also called Adult onset Diabetes is now diagnosed in children. To be born in the year 2000 is the biggest risk factor for Diabetes. 1: 3 will develop diabetes. Kids are at risk of heart attack, blindness, or will need coronary bypass surgery before 25 yrs . Insulin Resistance syndrome in which all 3 (Diabetes, high BP, high Cholesterol) is nt is now seen even in 5 yr olds.

There are many causes for this epidemic . Too much TV, lack of physical activity and junk food all contribute to this raging epidemic. But the most obvious cause is that our children are drinking way too much pop. Pop consumption among children has gone up by 7 times since the 70s. We have truly become a coca cola nation. Our school system has become sales agent for the soft drink companies.

Pop is not just another beverage. In one can of Mountain Dew is 19 tsf(tea spoonful) of sugar which is 7 tsf more than the total daily recommended intake. There are 275 cal in 20 oz can. Children consume thousands of empty calories in form of pop. They go unrecognized by their parents. They are nothing but LIQUID CANDY OR SUGARED WATER. No parent or school official will give permission for a child to take 19 tsf of sugar several times a day , day after day.

One of the high ranking NDSBA members in a thank you note to me mentioned that after hearing my presentation at the SBA conference he has decreased his pop consumption. Numerous parents and teachers are amazed as to why we sell this product in school. If Pop is promoted, endorsed and made easily available at an ARM'S LENGTH then our children will drink it. Anything with so much sugar (high fructose corn syrup) and promotion is tasty & tempting.

David Ludwig in Boston showed that even 1 can of Pop increases your chances of developing obesity by 60 % . Each can of Pop raises the BMI by 0.18. In a study of 51,000 nurses who were followed for 8 yrs their chances of developing type 2 diabetes increased by 80 % . It is hard to accept the No-Impact argument of Pop. 1 can of 20 oz. pop will increase body weight by 24 lbs in a year. Schools which eliminated pop reduced obesity rates. In Jan 2004 -Data like this led to the recommendation of AAP to remove the sweetened beverages/pop out of the schools. Consider this it takes 2 hrs of moderate walking to burn of the calories from pop.

Calcium Deprivation:

If our children drink pop they cut down on milk. Children consume twice as much soda as milk. They drink 40 % less milk in schools. 60-90 % teens are calcium deprived . Our teenagers are calcium deficient and recently Surgeon General raised alarm about osteoporosis. Acid and phosphates leach the calcium from the bones. Can we dispute the fact that Pop is a major contributor to the toxic nutrition environment in our schools.

CAFFEINE:

180 milligrams of caffeine in a 40-pound child can cause nausea, vomiting, diarrhea, cramps, muscle twitching & decrease fine motor coordination
□ □ There are 184 milligrams of caffeine in two 20-oz. bottles of Mountain Dew. (210 milligrams in 3 20-oz. bottles of Diet Coke). Caffeine is also a diuretic, which causes dehydration. Caffeine leads to sleep disruption, insomnia and withdrawal causes anxiety, tension, irritability, headaches and stomach aches. Pop companies are promoting brand loyalty, addiction to caffeine & sugar at a young age. Is this the freedom of choice we want our children to have.

When we send our children to school we expect that they will be in a safe environment. Children do not have the maturity or the education to make healthy choices. They believe in immediate gratification. They do not control their environment. Adults are entrusted with this task. We have to hold the school boards accountable for the decisions harming our children's health. By reducing physical activity and marketing a harmful product they are willingly and knowingly undermining our children's health.

Now I will like to attract your attention to unethical , amoral & questionable practices adopted by soda companies.

But first I will quote from the NATIONAL SOFT DRINKS ASSOCIATION: "SOFT DRINKS COMPANIES HAVE SHOWN HOW DEEPLY THEY CARE FOR THE YOUTH OF THE NATION."

1. H2NO program run by coca cola to reduce water consumption.
2. They enter in to "exclusive contracts" or "pouring rights".
3. Charlie Brown Legislator from Indiana & Chairman of Public health committee told me that coca cola spent over 3 million dollars and threatened to take a bottling plant to neighboring state.
4. Soft drink manufacturers sued USDA in 1983 Washington DC District Court saying that Schools and USDA should not have any control or standards over FMNV sold out side the cafeteria. They did not want "Big brother" to interject when it comes to refreshments. But they restrict each others products by exclusive contracts. "perception of choice"
5. ADA -is a paid for by National Soft Drinks Association.
6. Deceptively Promoted by stars as an Energy Drink.
7. Coke has only urged the local bottlers and not withdrawn pressure on the schools to increase sales.
8. They have increased commission on soft drinks to schools.

Choices :

Children should have choices but from healthy products. There are healthy alternatives like low fat milk, bottled water & of course water fountains. Soft drinks taste good and they are promoted with budgets that tower above that for healthier drinks. Have you ever seen an advertisement for water ? Children will always select soft drinks more than any juice. Sports drinks like Gatorade(Pepsi) 125 cal & Powerade(coke) 180 calories do have fewer calories per oz. , but they come in bigger bottles. They are still flavored sugar. Juice is good only if it is 100% and is available in small containers.

Soft Drink Companies present themselves as "HAVING A COMMITMENT TO EDUCATION AND HEALTH." I challenge the industry to prove this true by withdrawing its products from schools and help fund North Dakota education without attaching strings.

We also like "local control" and dislike 'mandates'. But local school administrators easily succumb to the financial lure of soda companies to pay for non academic programs. We have laws prohibiting alcohol, drug & tobacco sales to our children. By passing SB 2328 we have to lower their exposure to hazards of obesity, osteoporosis & tooth decay. Our future voters are looking up to you to protect them from ill effects of pop in schools.

I will be happy to answer any questions.



North Dakota Dietetic Association



January 31, 2005
Testimony SB 2328

Chairman Freborg and Members of the Senate Education Committee:

I am Karen Ehrens, a Registered Dietitian and parent of a first grader, and I thank you for the opportunity to speak before you today. As members of the *Healthy North Dakota* coalition of more than 150 agencies, organizations and businesses, the 280 individual members of the North Dakota Dietetic Association support SB 2328, which assures that our children have access to only health-promoting drinks during the school day. Working to address causes of obesity to youth and adults is a priority area for *Healthy North Dakota*.

The majority of beverage options available to children from school vending machines are of poor nutritional quality. In fact, 95 percent of North Dakota's students in grades 7-12 can purchase soft drinks and other high-sugar beverages from vending machines, school stores or canteens. Other evidence presented to you this morning will detail the detrimental effects of consuming soda pop on children's oral and nutritional health and the role it plays as one factor contributing to the growing problem of obesity. In our state the percentage of high school seniors who are overweight increased from 6 percent in 1999 to 10 percent in 2003.

Students will buy — and consume — healthful foods and beverages when there are options available. School foodservice and vending programs can continue to make money while offering healthful food and beverage options to students. I have the case studies from 13 schools across the country that have successfully changed practices, and I would be happy to share this with anyone that is interested. I would like to share more in depth two such cases from schools right here in North Dakota.

In Williston, junior high students had the option to purchase candy in the morning just before classes began as a fundraising effort for the student council. The student council, working with a local public health nutritionist and the school's staff and administration, replaced the "candy cart" with a "breakfast cart" that offered healthier foods. In addition, the soda pop vending machines were turned off in the morning hours before school while 100% juice vending machines were left on. Sales of the healthier options from the "Breakfast Cart" have remained the same as previous sales from the candy cart.

At Ben Franklin Middle School in Fargo, the local public health nutritionist worked together with the school nutrition program to study whether or not students would purchase healthier options from the a la carte line in advance of writing a school nutrition policy. During a five-week period when milk, fruit juice, and water were sold on the a la carte line, sales of all three items increased, as did the average profit.

Policies and practices in schools such as allowing access to only healthy vending machine options help to create a supportive environment for North Dakota's children so that they can learn to make healthy eating part of their everyday lives. In order to combat the current epidemic of obesity, it will take the cooperative efforts not only of schools, but also families, communities, and the companies that sell food and beverages to children to make healthy eating and physical activity priorities. Please join in making North Dakota healthy by supporting efforts to create environments where all of us can make healthy choices.

We are confident that schools can change what is offered in vending machines, and there are a handful in North Dakota that have. The question is, "will they?" without the backing of the law combined with the support of families, and the health and business communities. In our society, we make laws to protect the things that we find most important, and what is more important to us than our children and our children's health? We have laws that help us make sure that our schools "safe and drug-free"; we have laws that help us make sure that our schools are tobacco-free. Today I sent my daughter to school knowing that she will be in an environment that is safe, drug-free, and tobacco-free. I have a vision that each parent across North Dakota will one day be able to send their sons and daughters to school knowing that they will be in an environment where they will be able to eat and drink healthfully, as well.



Karen K. Ehrens, LRD (Licensed, Registered Dietitian)
Legislative Chair, North Dakota Dietetic Association and Partner in Healthy North Dakota



GRAND FORKS PUBLIC SCHOOLS

A Great Place to Grow and Learn!

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To: Senate Committee on Education

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From: Julie Tunseth
Grand Forks Public Schools
Child Nutrition Director

Re: Proposed Bill on Soda Pop Vending

This letter is being sent to testify on how we have changed school environments in the Grand Forks Public Schools and our plans for continued growth towards wellness. This letter is in support of our collaborate effort by industry and school community on changing school environments that educate healthy lifelong eating habits.

After the adoption of our Nutrition Education Practice Policy #6175 for the Grand Forks Public Schools we began a strategic implementation guide to help us start making the changes needed to improve the healthy options of our school environments. In reference to school vending, we invited the vending companies currently doing business in our schools to a meeting in which they received the nutritional standards we were expecting to see in vending selections. We had set nutritional and product standards for all three levels of school buildings: elementary, middle and high school. The vending companies, both beverage and snack, were more than willing to make the changes. The school building leaders for vending and concession stands were less willing to make the changes. As a team of food service, school administrators, school board members and industry we were able to make the change to vending and concession stands in our elementary and middle schools. Our high schools have made changes also, setting time limits on beverages, limiting container sizes, changing location of the vending machines and increasing healthy options.

In order for school environments to change it will take an effort by many people in different positions to make it work. School authorities need to start making the changes necessary to send a healthy message to anyone walking into a school environment. If both the classroom curriculum and environments are teaching healthy living, we will begin to see improvements in the health crisis we currently are witnessing in our society.

Minot High School

John Sandeen
Principal

Mark Vollmer
Assistant Principal

Jeri Koll Grant
Assistant Principal



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January 28, 2005

Magic City Campus

Honorable Layton W. Freborg, Chairman
Senate Education Committee
600 East Boulevard Avenue
Bismarck, ND 58505

Dear Senator Freborg:

This letter is in reference to Senate Bill 2328, which addresses the use of vending machines in public school buildings and, specifically, limits the hours of operation for these vendors. Minot High School has worked diligently with parent and student organizations to promote healthy life choices for all of our students and staff.

During the past two academic years we have seen a dramatic decrease in the purchase of carbonated beverages. In turn, our students are choosing healthier beverages such as water, 100% fruit juice drinks, and milk. In short, we have increased healthy drink consumption by 33% in the last two years.

As an educator I believe in the process of providing information to students so they can make healthy educated decisions in regard to their own lives. As a North Dakotan, I also believe in the power of local control. It is imperative that local school boards have the ability and the authority to create the rules that directly affect our youth.

The Minot Public School System is addressing this issue through our North Central Accreditation process. It is our belief that eliminating choices is far different than promoting healthy choices. Please allow us to maintain local control. Please support a "do not pass" recommendation on Senate Bill 2328.

As always I remain your partner in education,

A handwritten signature in cursive script that reads 'Mark Vollmer'.

Mark Vollmer
Assistant Principal

MV/lj

59th Legislative Assembly of North Dakota
Senate Education Committee
January 31, 2005

TESTIMONY on SB 2328: Limitation of certain beverages on school property

I am Sharon Buhr from Valley City. Thank you for allowing me to testify today on SB 2328. I am a licensed registered dietitian, a school board member and director of the Young People's Healthy Heart Program, which produces and distributes nutrition materials nationally. Today I am testifying as a member of the Healthy School Nutrition Alliance which is a part of *Healthy North Dakota*. We are a very diverse group of people interested in the health and well being of children across our state.

WHY IS THE HEALTHY SCHOOL NUTRITION ALLIANCE TESTIFYING ABOUT SOFT DRINKS AND SWEETENED BEVERAGES?

Soda pop is made of carbonated water, added flavorings and SUGAR. How much sugar? 12 oz of soda pop contains over 10 teaspoons of sugar and no nutrition! (See test tubes.)

If soft drinks and other sweetened beverages were occasional treats, we wouldn't be concerned. But they are heavily marketed, and consumed in vast amounts. (See chart.) From 1985 to 1997, school districts decreased the amounts of milk they bought by nearly 30% and increased their purchases of carbonated sodas by an impressive 1,100% (USDA).

HOW MUCH DO STUDENTS DRINK?

USDA data indicates that the average girl aged 12-19 drinks over 12 ounces of regular soda a day (160 calories) and the average boy drinks over 21 ounces (280 calories). A researcher from North Dakota showed that heavy users take in over 600 calories a day in these beverages. These extra calories from soft drinks, plus additional empty calories from other sweetened beverages replace calories from more nutritious foods and are a major reason for the increase in obesity of our youth in North Dakota.

THERE ARE PROBLEMS WITH HIGH INTAKES OF SODA POP AND SWEETENED BEVERAGES:

- *The more soda pop and sweetened beverages students drink, the heavier they are.
- *Children who drink more sweetened drinks a day consume less milk.
- *Frequent consumption of carbonated and sweetened beverages increases the risk of dental caries and erosion.
- *Lastly, nutrition impacts learning. Children who eat better, and children who are a healthier weight learn better and perform better on standardized achievement tests.

WHY SHOULD SWEETENED BEVERAGES BE BANNED DURING SCHOOL HOURS?

1. We eat "because it's there"! If a food is in front of us, we will eat it. If a food is *not there* we won't think about it and we won't eat it. Did you drink soda pop during school when you were there? The answer is probably *no*. Why you ask? One reason is that **it was not there**. Obviously this is not what the soda companies want to hear, but we

have testimony to show that if we switch from sweetened beverages being offered in schools to healthy beverages being offered, the sales change, but remain at previous levels.

2. Schools must be role models regarding health. We are required to *teach health* to our students. Merely telling them what to do is not enough; we need to help them do it, which in this case means not having pop and sweetened beverages available during the school day.

The USDA has been promoting the use of programs in our schools that will create a healthy school nutrition environment which means not selling soda pop during school hours. A host of organizations, including the National School Board Association, the National Associations of Elementary and Secondary School Principals, ^{U.D.P.W.C.D.} Education, the Department of ^{Healthy} Human Services, and the Center for Disease Control joined with the USDA to promote these programs.

3. Parents are concerned that their children are drinking too much pop. In a survey we did in Valley City a majority of the teachers and parents stated that they would like to have the pop machines turned off during the school day. This mirrors 2003 national data from the Robert Wood Johnson Foundation.

HOW DO I AS A SCHOOL BOARD MEMBER FEEL?

As a school board member, I must put the health and learning ability of our students above everything else. That is my priority. I cannot sacrifice short term goals (such as making money through pop sales to pay for a school program) for the long term goals of health and learning. Schools and parents have a responsibility to help their students grow and learn in a healthy manner. The North Dakota Legislature shares this responsibility.

If this legislation would have been in place when our school district made its new nutrition policy, it would have made for a stronger policy with much less dissension in the preparation stages. Also, uniformity (via legislation) would help school districts who negotiate with soft drink companies; it would make the playing field level.

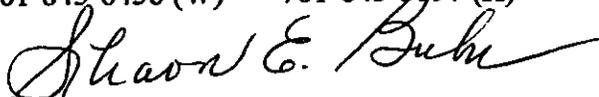
This single bill is not the entire answer to the problem, but coupled with proper funding of education, it is a good beginning.

The Healthy School Nutrition Alliance urges you to give a "do pass" to SB 2328.
Again, thank you for allowing me to testify on this bill.

Sharon E. Buhr, MPH, LRD
Healthy North Dakota, Healthy School Nutrition Policy Chair
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Position Statement

Soda Pop Vending Legislation

Healthy North Dakota is a framework supporting North Dakotans in their efforts to make healthy choices by focusing on wellness and prevention – in schools, workplaces, senior centers, homes and anywhere people live, work and play.

Issue

Soda pop intake in students is linked to obesity, poor nutrition and increased cavities which affects students' ability to learn.

Position Adopted

The following bill (SB 2328) has been introduced:

Sale of certain drinks-Prohibited. The board of a school district may not allow on school property any sale of beverages other than water, one hundred percent milk one hundred percent fruit juice, or one hundred percent vegetable juice to students from one-half hour before the start of the first class period to one-half hour after the conclusion of the last class period. The prohibition applies to any sale of beverages, including cafeteria sales, concessions sales, and vending machine sales.

All vending machines located on school grounds shall have graphics featuring only one hundred percent fruit or one hundred percent vegetable juice, fruit and vegetables, water, healthy education messages, physical activity, or graphics promoting school or community.

Justification

***16% of ND grade 6 students were overweight in 2002. In ND from 1999 to 2003 there was a 19% increase of overweight junior and senior high school students.**

SOURCES:

- ND State Data: 2002 Grade 6 survey
- YRBS 1999 and 2003

***When children drank more than 12 oz of sweetened drinks a day, they gained significantly more weight than children who drank less than 6 oz a day. It is calculated that for each additional soda consumed, the risk of obesity increases 1.6 times.**

SOURCES:

- Ludwig DS, Peterson KE, Gortmaker SL. Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. *Lancet* 2001; 357: 505-508
- Pediatrics Vol. 113 No. 1 January 2004, pp 152-154: Policy Statement (This AAP Policy Statement references the article listed just above this reference.)

***The average American drinks over 53 gallons of pop a year. (18.5 oz/day)**

SOURCE: National Soft Drink Assoc. (www.nsd.org/)

***Children who drink more sweetened drinks a day consume less milk.**

SOURCES:

- Calvadini C, Siega-Riz AM, Popkin BM. US adolescent food intake trends from 1965 to 1996. *Arch Dis Child.* 2000;83: 18-24
- Lytle LA, Seifert S, Greenstein J, McGovern P. How do children's eating patterns and food choices change over time? Results from a cohort study. *Am J Health Promo.* 2000; 14: 222-228

-Pediatrics Vol. 113 No. 1 January 2004, pp 152-154: Policy Statement (This AAP Policy references the statements listed just above this reference.)

-Gen Dent Jan-Feb 2003; 51: 1; 30-6

-Harnack L, Stang J, Story M. Soft drink consumption among U.S. children and adolescents: nutritional consequences. J Am Diet Assoc 1999;99:436-441

***Studies have consistently demonstrated that frequent consumption of carbonated beverages and sweetened beverages increases the risk of dental caries.**

SOURCES:

-Pediatrics Vol. 112 No. 3 September 2003, pp. e184-e191

-Community Dent Health June 1999; 16(2):68-71

-J Am Dent Assoc 1984; 109:241-5

***Nutrition impacts learning.**

SOURCES:

-Fact Sheet: Nutrition, Physical Activity and Achievement <www.ActionForHealthyKids.org>

-Center on Hunger, Poverty, and Nutrition Policy. Statement on the Link between Nutrition and Cognitive Development in Children. Medford, MA: Tufts University, School of Nutrition 1995

-Making the Connection: Health and Student Achievement; ASTHO 2202 (lists number references)

ADDITIONAL EXCELLENT SOURCES ON SODA POP, SCHOOLS AND CHILDREN:

1. Liquid Candy: How Soft Drinks are Harming Americans' Health
By Michael F. Jacobson, Ph.D. Center for Science in the Public Interest
(One table shows how soft drink consumption by 12-19 years olds has increased from 15.5 oz/day in 1977 to 24.5 oz/day in 1996.)
2. *Food Politics* (Chapter 9: Pushing Soft Drinks) by Marion Nestle c 2002.
3. Time Magazine, June 7, 2004: The Obesity Warriors, p 78-89
4. Pediatrics 113 (1): 1520154. Policy Statement of the AAP on Soft Drinks in Schools

The more access students have to soda pop, the more they will drink, and research shows that the quality of their diet decreases. The result is that they will become more overweight, have more health problems (and cavities) and will not learn as well. In addition, schools play a significant role in nutrition education, through teaching and role modeling. Banning vending of soda pop/sweetened beverages during school hours will promote a healthier school environment and healthier students.

Summary of Current Policy/Related issue

Student soft drink sales continue to increase. Presently soft drink companies are promoting the sale of soda pop/sweetened beverage to schools via contracts providing financial benefits to schools. Students have access to vending machines and other sales throughout the school day which increases their intake of soda/sweetened beverages. It is optimal to have soda/sweetened beverage sales reduced so students drink less. Soft drink contracts make it difficult for school boards to set limits for when soft drinks can be sold. A law would make the playing field level for all schools in working with soft drink companies and it would provide a healthier environment for the students.

Contact for further information

Sharon E. Buhr, Policy Chair, Healthy School Nutrition Alliance, Healthy North Dakota
sharonbuhr@catholichealth.net 701-845-6456 (W)

1/30/2005

You have clout. Use it for the health of your kids.



Public school policies are made with your tax dollars. You have a right to expect nutritious food and beverage choices in your schools. Share this information with other parents. Start a petition drive. Write to your school board. Call your school superintendent. Contact your state legislators. Tell them to:

- Add healthy choices to vending machines — milk, water, 100% fruit juice, fresh fruit and cheese.
- Abolish exclusive pop contracts that encourage heavy soft drink consumption.
- Adopt incentive programs tied to healthy choices.
- Eliminate resealable containers to avoid prolonged sipping.
- Change advertising on vending machines to promote healthy choices.
- Turn off vending machines between classes.
- Allow only water in classrooms.
- Create a District Nutrition Advisory Committee to develop policy, monitor vending contracts and food and beverage choices.

Want More Information?

Contact the Minnesota Dental Association to learn more about "Sip All Day, Get Decay" educational materials. Call 651-646-7454 or e-mail info@mndental.org. Also, visit:

www.mndental.org

www.midwestdairy.com

www.ActionForHealthyKids.org

www.saveharry.com

References

- "A Mixed Message: The School Vending Machine," M. Hinkle, *Journal of School Health*, January 1982
- "Caffeinated Kids" *Consumer Reports*, July 2003
- "Caffeine: Where Is It Hiding?" *Consumer Reports*, July 2003
- Coalition of Dairy Interests, www.3aday.org
- "Dental Caries in Adolescents Associated with Caffeinated Carbonated Beverages," R. Majewski, *Pediatric Dentistry*, 23:3, 2001
- "Diabetes Alert for Kids" www.ucihealth.com
- "Exclusive Soda Contracts: To Fizz or Fizzle" www.californiaprojectlean.org
- "Food and Nutrition Intakes by Children," US Department of Agriculture-Agricultural Research Service 1994-1996
www.بارc.usda.gov/bhnr/c/foodsurvey/home.htm
- "Liquid Candy: How Soft Drinks Are Harming Americans' Health" Michael F. Jacobson, Ph.D., Centers for Science in the Public Interest
- "National Health Examination Surveys 1963-1991," *Archives of Pediatrics and Adolescent Medicine*, 1995; 149:1085-1091
- News Release, November 12, 1997, www.nichd.nih.gov
- "Overweight and Obesity: At a Glance" www.surgeongeneral.gov
- Sip All Day. Get Decay. Brochure, Minnesota Dental Association
- "The Gorge-Yourself Environment" Erica Goode, *The New York Times*, July 22, 2003
- The Most Complete Food Counter, Annette B. Natow, Ph.D., R.D. and Jo-Ann Heslin, M.A., R.D., 1999
- "Watch What You Dew!" Deborah Mendenhall, *Pittsburgh Post-Gazette*, September 4, 2001
- "Why Milk Matters: Questions and Answers for Professionals" www.nichd.nih.gov
- WCCO-TV Dimension Report, November 2000
- www.saveharry.com

Some Hard Facts about Soft Drinks



Today, kids and teens drink three times more pop than 20 years ago. They drink twice as much pop as milk.



Children consume 100 more calories per day than 10 years ago. Most of these calories come from pop, juice, fast food and candy.



12- to 19-year-old boys who drink pop consume an average of 81 gallons of pop per year. Girls the same age drink an average of 61 gallons.



A 12-oz. can of Mountain Dew contains 11 teaspoons of sugar. A person who drinks two cans per day consumes more than 1.5 pounds of sugar per week from Mountain Dew alone.

Some Hard Facts about Soft Drinks



A 20-oz. Bottle of Mountain Dew contains 92 milligrams of caffeine, nearly equivalent to an adult dose of NoDoz.



It takes two hours of moderate walking to burn off the calories in one 20-oz. bottle of pop.



Serving sizes have tripled since the 50s. Today, a 20-oz. bottle of pop is becoming standard and a 64-oz. "Big Cup" is not uncommon.



7-Eleven's 64-oz. Double Gulp has close to 800 calories, more than one-third of many people's daily calorie requirement.

Some Hard Facts about Soft Drinks



Soft drinks have no nutritional value. That's why they're often called "liquid candy" or "sugar water."



Soft drink companies pay schools big bucks in vending machine contracts to encourage pop drinking.

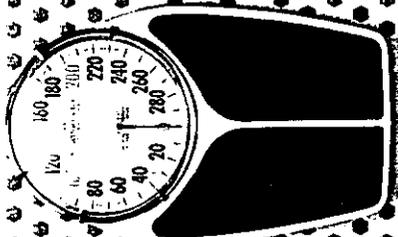


Some schools earn more than \$100,000/year from these contracts.



No wonder milk consumption in schools has declined 40% in the past 20 years.

Childhood Obesity: A Growing Health Epidemic



Childhood obesity has doubled in the past 20 years.

- High calories from fast food, pop, juice, candy and other non-nutritious food combined with insufficient physical activity are putting unhealthy pounds on kids.
- Obesity is linked to Type II diabetes, heart disease, stroke, cancer and other chronic diseases.
- One of every 50 American youngsters has Type II diabetes, a life-threatening disease that previously struck only older adults.
- 80% of obese adolescents remain obese as adults.

Soft Drinks: Calorie Content

| | 12-oz Can | 20-oz. Bottle | 64-oz. Big Cup |
|---------------------|-----------|---------------|----------------|
| Sunkist Orange Soda | 190 | 325 | 1,040 |
| Mountain Dew | 165 | 275 | 880 |
| Dr. Pepper | 160 | 250 | 800 |
| Pepsi | 150 | 250 | 800 |
| Coke Classic | 140 | 250 | 800 |
| Sprite | 140 | 250 | 800 |
| 7-Up | 140 | 250 | 800 |

Kids and Teens in Calcium Crisis



- Diets of kids and teens fall far short of calcium recommendations.
- 30% of 1 to 5 year olds do not get enough calcium.
- 70% of preteen girls and 60% of preteen boys are calcium deprived.
- 70% of teen boys and 90% of teen girls fall short of calcium recommendations.
- Calcium is needed to build strong bones, prevent bone fractures and develop healthy teeth.
- Reduced milk consumption during critical bone-building years is putting kids at risk for osteoporosis.

Calcium Counts

| | |
|--------------------|----------------------|
| 1 to 5 year olds | 800 milligrams |
| 6 to 10 year olds | 800-1200 milligrams |
| 11 to 18 year olds | 1200-1500 milligrams |

How much calcium is in your children's diet?

| | | |
|--------------------------------|---------|---------|
| Milk (1%) | 8 oz. | 300 mg. |
| Cheddar Cheese | 1.5 oz. | 306 mg. |
| Low-Fat Fruit Yogurt | 8 oz. | 314 mg. |
| Calcium-Fortified Orange Juice | 8 oz. | 300 mg. |
| Cooked Frozen Spinach | 1/2 cup | 139 mg. |
| Canned White Beans | 1/2 cup | 95 mg. |

Kids and Caffeine Addiction



180 milligrams of caffeine in a 40-pound child can cause nausea, vomiting, diarrhea, cramps and muscle twitching.

- There are 184 milligrams of caffeine in two 20-oz. bottles of Mountain Dew.
- There are 210 milligrams of caffeine in three 20-oz. bottles of Diet Coke.
- Caffeine is a diuretic, which causes fluid loss and increases risk of dehydration.
- Caffeine can lead to sleep disruption and insomnia.
- Caffeine withdrawal can cause anxiety, tension, irritability, headaches and stomach aches.

Soft Drinks: Caffeine Content

| | Number of Milligrams of Caffeine | | |
|---------------------|----------------------------------|---------------|----------------|
| | 12-oz. Can | 20-oz. Bottle | 64-oz. Big Cup |
| Mountain Dew | 55 | 92 | 293 |
| Pepsi One | 55 | 92 | 293 |
| Diet Coke | 42 | 70 | 224 |
| Dr. Pepper | 40 | 67 | 213 |
| Pepsi | 37 | 62 | 197 |
| Sunkist Orange Soda | 35 | 58 | 197 |
| Coke Classic | 34 | 57 | 181 |

Sip All Day. Get Decay.



- Sugar in pop combines with bacteria in mouth to form acid.
- Diet or “sugar-free” pop contains its own acid.
- Acid attacks teeth. Each acid attack lasts about 20 minutes.
- The acid attack starts over with every sip. Ongoing acid attacks weaken tooth enamel.
- When tooth enamel is damaged, bacteria in mouth cause cavities.
- Sealants only protect tooth chewing surfaces. Pop decay tends to occur where sealants can’t reach.
- Kids and teens are more susceptible to pop decay because their tooth enamel is not fully developed.

Soft Drinks: Sugar Content

Source: American Dietetic Association, 1997

| | 12-oz. Can | 20-oz. Bottle | 64-oz. Big Cup |
|-------------------------|------------|---------------|----------------|
| Orange Slice | 11.9 | 19.8 | 63.5 |
| Minute Maid Orange Soda | 11.2 | 18.7 | 59.7 |
| Mountain Dew | 11.0 | 18.3 | 58.7 |
| Barq's Root Beer | 10.7 | 17.8 | 57.1 |
| Pepsi | 9.8 | 16.3 | 52.3 |
| Squirt | 9.5 | 15.8 | 50.7 |
| Dr. Pepper | 9.5 | 15.8 | 50.7 |
| 7-Up | 9.3 | 15.5 | 49.6 |
| Coke Classic | 9.3 | 15.5 | 49.6 |
| Sprite | 9.0 | 15.0 | 48.0 |

Soft Drinks and Schools: The Unreal Thing



- Soft drink companies often pay schools large sums to place pop vending machines in elementary, junior and senior high schools.
- Higher pop consumption = higher school profits. Many companies insist on exclusive contracts with unhealthy profit incentives that promote heavy pop consumption.
- School profits buy sports equipment, scoreboards and fund extracurricular activities at the expense of kids' health.
- Pop companies are promoting brand loyalty, addiction to caffeine and sugar at a young age.
- How many pop vending machines are in your schools?
- How much do your schools profit from these contracts?
- Are your children a profit center for their schools?