

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

MPC Report 1-13

INTRODUCED BY: Public Health Committee
Medical Policy Council

SUBJECT: Report of the Public Health Committee on Resolution 4-13

REFERRED TO: Reference Committee A

Background: Resolution 4-13 directed MedChi to study its policy with regard to school lunches with an emphasis on examining effective practices in schools which would have a positive impact on students' nutrition, health, and physical well-being that are affordable and promote the long-term health, life-long learning, and overall well-being of our children. This task was assigned by the Board of Trustees to the Medical Policy Council and completed by the Public Health Committee.

Two national acts have greatly improved the quality of food served in US Classrooms: the Healthy Hunger Free Kids Act of 2010 (HHFKA) and the 2010 Child Nutrition Reauthorization which has banned trans-fats from school cafeterias, restricted sodium intake to set age-appropriate quantities, and has required at least half the grains served in schools be whole grains. These acts, which were the first major overhaul of the National School Lunch Program in over 15 years, also changed the way food procurement specialists planned meals and increased federal reimbursement by six cents per meal. This act has finally ended the nutrient-based menu planning system and established a food-based menu planning system where healthy foods are required to be served in age appropriate portions. The old nutrient-based system allowed any food that met the elemental nutrition requirements to be considered a vegetable, fruit or grain. Ketchup can no longer be considered a vegetable. Only vegetables now fulfill the vegetable requirement. While this monumental legislation has vastly improved the landscape of student lunches there is still more work to be done to promote the health and well being of our children.

The purpose of this report is to provide recommendations to the MedChi House of Delegates on improvements that can be made to the National School Lunch Program. These affordable recommendations for schools would have a positive impact on students' nutrition, health, and physical well-being and promote the long-term health, life-long learning, and overall well-being of children. In conjunction with our dietary recommendations MedChi would also like to emphasize that providing students with the opportunity to have physical education, and access to physical activity during the school day is also instrumental to life- long health.

Goals:

- **Encourage full participation in all students eligible for the Free and Reduced Price School Lunch and Breakfast Programs**

Currently, free and reduced priced lunches are available for students with family incomes below 130% and 185% of the Federal Poverty Level. This program is being under-utilized and there are still barriers to registration. Since 2006 states have been federally mandated to increase the number of SNAP enrolled, eligible students through the direct certification process. As of the 2011-2012 school year, while direct certification has been steadily improving, those not directly certified are still failing to enroll and as a

result students who should have access to these programs are being left out.ⁱ We should encourage schools to enroll 100% of eligible students into this federal food safety net program.

- **Create a statutory limit on the amount of added sugar allowed in a school lunch meal**

While the HHFKA has set many daily minimums and maximums for grains, meats, fruits, vegetables, sodium and fats among other nutrients, there is no limit to the amount of calories that can come from added sugar in each meal. Maryland should encourage their schools to adopt a universal limit on the consumption of calories from added sugar. It has been well documented that an increase in sugar consumption has been tied to dental caries,ⁱⁱ “several metabolic abnormalities and adverse health conditions, as well as shortfalls of essential nutrients” and obesity.ⁱⁱⁱ

- **Create increased nutritional requirements for a la carte and vending machine items**

Currently the increased regulations of the Healthy Hunger Free Kids Act of 2010 only apply to the foods served through the National School Breakfast/Lunch and Snack programs. The USDA has released an interim final rule^{iv} which limit the unhealthy foods sold al la carte and in vending machines, the school based “competitive foods.” These rules should be the same as the rules for the Healthy Hunger Free Kids Act regulations. The rules adopted by the USDA for these types of competitive foods are the baseline for what can be served or made available to students outside of the standard “meal.” It is counter-productive that competitive foods can be less healthful than the foods provided through the National School Lunch Program.

- **Offer vegetarian/vegan entrée every lunch day**

Plant based diets are shown to correlate with a lower BMI among adolescents as compared to their meat eating counterparts. “Plant-based diets are low in energy density and high in complex carbohydrate, fiber, and water, which may increase satiety and resting energy expenditure. Plant-based dietary patterns should be encouraged for optimal health and environmental benefits.”^v A broadly defined plant-based diet has significant health benefits,^{vi} and is effective for weight loss.^{vii} Vegetarians have lower rates of heart disease, high blood pressure and are found to consume more thiamin, riboflavin, folate, magnesium, potassium and iron.^{viii} To encourage plant based and vegetarian diets in children and young adults, this type of lunch option should always be available.

- **Discontinue allowing potatoes as a vegetable/reduce the quantity allowed during school lunches**

Children today only eat 40% of the recommended amount of fruits and vegetables and 29% of those vegetables are potatoes.^{ix} Potatoes have a high glycemic load and have significantly more carbohydrates than other non-starch vegetables. Harvard’s Guide to Healthy Eating has excluded potatoes from the vegetable category all together.^x However, the National Potato Council is quick to point out that one serving of potatoes delivers 13% of a child’s daily potassium needs for less than 5 cents, and because kids are attracted to potatoes the school won’t be wasting their money in discarded meals. Potatoes are also rich in Vitamin C, B-6, and Magnesium.^{xi}

- **To fulfill the meat/meat alternative policies should encourage fish, poultry, beans and lean meats**

The American Heart Association recommends fish, poultry, and beans as a way to reduce cholesterol and lower consumption of foods high in fats. These low fat meat alternatives are good sources of protein, and essential fatty-acids.^{xii} Studies have shown in adult subjects lean beef, fish and poultry diets reduced LDL

apolipoprotein B by 16-19% and LDL cholesterol by 5-9%.^{xiii} It is important to foster these healthy habits and expose children to healthy protein sources at an early age.

COMMITTEE RECOMMENDATIONS:

1. All Maryland schools should implement a program to register all eligible students for the free and reduced price lunch program.
2. The Maryland State Department of Education should create additional guidelines to limit the total amount of added sugar allowed per student per day considering the meals served for breakfast, lunch and snack, as well as discontinuing the practice of counting potatoes as a vegetable.
3. All schools should be encouraged to offer a daily vegetarian or vegan entrée at lunch, and when offering a meat entrée schools should offer fish poultry beans and lean meats only.
4. The Department of Education should increase the required standards for competitive school foods to what is required for school meals under the HFFKA.

ⁱ Direct Certification in the National School Lunch Program: State Implementation Progress School Year 2010-2011. Report to Congress. <http://www.fns.usda.gov/ora/MENU/Published/CNP/FILES/DirectCert2011.pdf>

ⁱⁱⁱ Johnson RK et. al. *Dietary sugars intake and cardiovascular health: a scientific statement from the American Heart Association. American Heart Association Nutrition Committee of the Council on Nutrition, Physical Activity, and Metabolism and the Council on Epidemiology and Prevention*
<http://www.ncbi.nlm.nih.gov/pubmed/19704096>

^{iv} USDA 7 CFR 210- 220 <http://www.gpo.gov/fdsys/pkg/FR-2013-06-28/pdf/2013-15249.pdf>

^v Sabaet J, and Wien M, Vegetarian Diets and Childhood Obesity. The American Journal of Clinical Nutrition. (2010) <http://ajcn.nutrition.org/content/91/5/1525S.full.pdf+html>

^{vi} Nutritional Update for Physicians: Plant Based Diets. The Permanente Journal Spring 2013.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3662288/>

^{vii} Review Vegetarian diets and weight status. *Berkow SE, Barnard N. Nutr Rev. 2006 Apr; 64(4):175-88*

^{viii} A vegetarian dietary pattern as a nutrient-dense approach to weight management: an analysis of the national health and nutrition examination survey 1999-2004. *Farmer B, Larson BT, Fulgoni VL 3rd, Rainville AJ, Liepa GU, J Am Diet Assoc. 2011 Jun; 111(6):819-27.*

^{ix} Institute of Medicine. *School Meals: Building Blocks for Healthy Children*. Washington, D.C.: National Academies Press; 2009.

^x Harvard School of Public Health The Nutrition Source My Plate.
<http://www.hsph.harvard.edu/nutritionsource/healthy-eating-plate/>

^{xi} National Potato Council, Potatoes: a Go Food for Kids!
<http://www.potatoesinschools.com/Content/pdf/Go%20Food%20for%20Kids.pdf>

^{xii} AHA Scientific Statement, Diet and Lifestyle Recommendations Revision for 2006. See also: American Heart Association. Eat More Chicken, Fish and Beans. Getting Healthy Nutrition Center. (2013)
http://www.heart.org/HEARTORG/GettingHealthy/WeightManagement/LosingWeight/Eat-More-Chicken-Fish-and-Beans-than-Red-Meat_UCM_320278_Article.jsp

^{xii} Beauchesne-Rondeau E, et al. Plasma lipids and lipoproteins in hypercholesterolemic men fed a lipid-lowering diet containing lean beef, lean fish, or poultry. The American Journal of Clinical Nutrition. 597-593 (March, 2003) <http://ajcn.nutrition.org/content/77/3/587.short>

Appendix A:

Physicians Committee for Responsible Medicine <http://www.pcrm.org/health/healthy-school-lunches/>

IOM report <http://iom.edu/Reports/2009/School-Meals-Building-Blocks-for-Healthy-Children.aspx>

AHA Dietary Recommendations for Children and Adolescents: <http://circ.ahajournals.org/content/112/13/2061.full>

2013 Update http://www.heart.org/HEARTORG/GettingHealthy/Dietary-Recommendations-for-Healthy-Children_UCM_303886_Article.jsp

HealthierUS School Challenge <http://www.fns.usda.gov/tn/HealthierUS/promotional.html>

School Lunch requirements under Final USDA Rule to Comply with HHFKA

<http://www.fns.usda.gov/cnd/governance/legislation/comparison.pdf>

- Guidelines do not address sugar content. (only addresses: fat, sodium, overall calories and availability of fruits and veggies (including types))

American Academy of Pediatrics: Pediatric Nutrition Handbook

Nutrition Standards in the National School Lunch and School Breakfast Programs

Pilot Programs: http://www.usda.gov/documents/Pilot_Program_Info_Sheet.pdf

HHFKA Webinar: <http://changelabsolutions.org/publications/healthy-hunger-free-kids-act>

As adopted by the House of Delegates at its meeting on September 21, 2013.