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Details:

(FORM UPDATED: 08/11/2010)

**WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS**

2009-10

(session year)

Senate

(Assembly, Senate or Joint)

Committee on ... Education (SC-Ed)

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
(**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
(**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Gigi Godwin (LRB) (August/2011)

Senate

Record of Committee Proceedings

Committee on Education

Senate Bill 313

Relating to: physical fitness assessments, school nutrition, a quality rating system for day care centers, and granting rule-making authority.

By Joint Legislative Council.

September 30, 2009 Referred to Committee on Education.

March 25, 2010 **PUBLIC HEARING HELD**

Present: (7) Senators Lehman, Jauch, Erpenbach, Hansen, Olsen, Grothman and Hopper.

Absent: (0) None.

Appearances For

- Chuck Benedict, Beloit — Rep., 45th Assembly District
- Julie Lassa, Stevens Point — Sen., 24th Senate District
- Mara Brooks, Madison — Wisconsin Dental Association
- Carrie Kahn, Madison — Department of Health Services
- Jon Morgan, Madison — Department of Health Services
- Amy Meinen, Madison — Department of Health Services
- Debra Gatzke, Lake Mills — Dodge-Jefferson Healthy Lifestyles
- Keith Bakken, La Crosse — WAHPERD

Appearances Against

- None.

Appearances for Information Only

- Doug White, Madison — Department of Public Instruction
- Susan Nitzke, Madison
- Sheri Krause, Madison — Wisconsin Association of School Boards

Registrations For

- Luke Rollins, Madison — American Heart Association
- Sara Sahli, Madison — American Cancer Society
- Michael Welsh, Madison — Wisconsin Assn of Local Health Departments & Boards, Wisconsin Public Health Assn
- Ramie Zelenkova — Childrens Hospital & Health System

Registrations Against

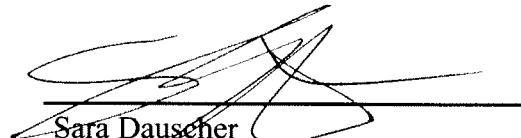
- Kelly McDowell, Madison — Wisconsin Beverage Association
- Jim Holperin, Conover — Sen., 12th Senate District
- Matt Kussow, Madison — Wisconsin Council of Religious and Independent Schools

Registrations for Information Only

- None.

April 22, 2010

Failed to pass pursuant to Senate Joint Resolution 1.



Sara Dauscher
Committee Clerk




REPRESENTATIVE
45TH ASSEMBLY DISTRICT

STATE CAPITOL
 P.O. Box 8952
 MADISON, WI 53708

John - ~~_____~~ MARCAZS
 SAWE

This is re: the LC study bill
 that you promised Julie a
 hearing on.

FYI. 

February 25, 2010

TO: Assembly Democr

FROM: Rep. Chuck Bennett

RE: ASA 2 to Assembly Bill 620 relating to school nutrition and student fitness assessments – possible floor action Thursday, March 4th

Dear Colleagues:

AB620- School Nutrition and Physical Fitness Assessments

Bill Summary:

This bill is the result of a Joint Legislative Council Study Committee and is the companion for Senate Bill 313. Currently, meals sold through the USDA school lunch program need to conform to certain nutritional standards, but those sold a-la-carte or in vending machines do not. This legislation extends the USDA requirements to these other areas.

Items sold in fundraisers or 30 minutes after the school day ends are unaffected.

There are no restrictions on what kids can bring to school on their own.

Additionally, it provides for annual aerobic fitness testing for school children in grades 3-12 with the individual results distributed to the parents.

Specifics:

- Annual aerobic fitness testing is required for students in grades 3-12. The individual results are then distributed to parents.
- Bans sales of candy and sugared soda during the school day



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- Foods must contain <35% of calories from fat and <10% from saturated fat
- Milk (2% or less), low fat chocolate milk, nuts/seeds and cheese are exempt

Frequently Asked Questions

What will still be available for sale in school vending machines?

Vendors will have a wide variety of choices to sell. Among the options:

- Water
- 100% fruit or vegetable juice
- Milk (2% or less)
- Low fat Chocolate or flavored milk
- Diet sports drinks: Gatorade G2, Powerade Option, Powerade Zero
- Propel Fitness Water
- Diet Snapple
- Vitamin Water 10
- Other beverages containing up to 40 calories per container

Why is the limit set at 40 calories per container?

The 40 calories per container limit was decided in a good-faith compromise to allow low-calorie sports drinks and diet beverages. Specifically, certain groups were interested in selling products such as Propel Water, which is allowed under this bill. The "per container" quantity was used rather than "per serving" as a result of DHS recommended language. In addition, this prevents the potential for manipulation of serving sizes to sell higher calorie beverages.

Will there be an amendment offered to allow the sale of flavored milk?

The chocolate milk portion of the bill was intended to allow low-fat versions of chocolate milk. Unfortunately, the pre-amendment language was inadvertently too strict and essentially banned all chocolate milk. The floor amendment will fix this so that chocolate milk with up to 170 calories per 8 oz serving is allowed.

Is there a fiscal effect?

This bill was crafted in an attempt to be as fiscally neutral as possible. For schools to purchase fitness testing software, there is a one-time cost of approximately \$300 per school building. Group discounts exist if they are purchased at the district level. The Milwaukee Public School District testified that they implemented the software that can be used in all 175 schools for approximately \$50,000, with the assistance of some grants from DPI.

The fiscal effect of implementing the nutritional requirements will vary by school. The Appleton Public School District has already made these changes and testified that they saw no loss of revenue.

What are the logistics of conducting the fitness testing in high school students?

The fitness test schedule for high school students was designed to match the same requirements as state physical education curriculum. Students will be tested annually in each of the 3 separate years they take the class.

Can our student athletes still drink/buy Gatorade?

Yes. There are 3 ways that student athletes can access sports drinks:

- Schools can have dedicated sports drink only vending machines if the machines are turned off before school starts and turned on 30 minutes after school ends.
- School fundraisers and booster club sales are exempted from the rules and are free to sell the products.
- There are no restrictions on what children choose to bring from home.

How could pending changes at the federal level for the USDA meal program affect this legislation?

Unfortunately, there is no way of knowing what the potential changes may be. It is possible that some tweaking to the current legislation may be necessary in the future. However, DPI has not been overly concerned at the possibility.

When does the bill go into effect?

Fitness testing will begin the following school year after the bill is signed. Any new vending contracts will need to conform to the bill's requirements, but existing vending contracts are unaffected. Schools will have until July 2012 to become fully compliant.

Examples of Beverages Allowed under AB620



Vitamin Water 10: 10 calories per serving (25 per 20oz bottle)



Gatorade G2: 25 calories per serving (40 per 12oz bottle)



Propel: 10 cal per serving (25 per 20oz)



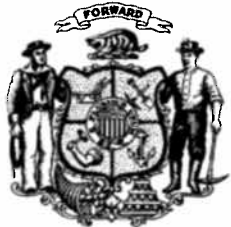
Powerade Option: 10 cal per 8 oz (25 per 20 oz)
Powerade Zero: 0 cal



Diet Snapple: 10 cal per serving (20 cal per bottle)



WISCONSIN STATE LEGISLATURE



Senator John Lehman
Chair, Senate Committee on Education
Room 310 South
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Steve Myrland
7402 Elmwood Ave
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23 March 2010

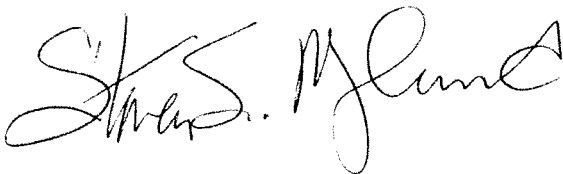
Senator Lehman,

I write (hastily) in regard to **2009 Senate Bill 313**, relating to physical fitness assessments, school nutrition, a quality rating system for day care centers, and granting rule-making authority. This measure includes the recommendation that the State of Wisconsin adopt a for-profit product known as FITNESSGRAM for use in evaluating our children.

This is an expensive way of taking the path of least resistance, and this path will lead us places we ought not go. As for my competence in judging the viability of FITNESSGRAM, I can do no better than include my CV and hope you will count it—and me—as an acceptable witness.

Here, attached, is an e-mail conversation I had with Paul Montague (UW Hospital Pediatric Clinic) and Greg Thompson (District PE Coordinator, Farmington Hills, MI Public Schools) concerning the adoption of FITNESSGRAM in Wisconsin schools. ! (I have also shared this with Jon Hisgen, Department of Public Instruction.)

Please contact me if I can be of any help to you in understanding any of this. We can do so much better for so many . . . for so much less
Sincerely,



Steven S. Myrland

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608.824.1556

Paul Montague writes:
Steve,

Dr Carrel testified at the legislative hearing on AB 620 yesterday. I would be curious to hear your take on mandatory fitness testing by schools in the draft bill.

Thank you!

Paul

I reply:
Paul,

I did hear about the proposal for mandatory physical testing. I am a devoted Fitness-Gram HATER . . . so I am not enthusiastic about the proposal as it stands. Sadly, we are in the midst of a perfect storm of bad stuff where health and fitness are concerned. We are bombarded (and I mean BOMBARDED) with fitness-related equipment adds and information, almost all of it of wretchedly poor quality. But the volume of all that crap serves to make people who don't know better start to believe they know better . . . just because they have all watched the same ads and seen the same stuff at the health-clubs. In other words, being "current" leads to "currency" as McLuhan suggested.

Disinterested politicians will love Fitness Gram-because it's a pre-packaged product and requires no learning or edification on their part. They just have to cast a vote for mandatory physical testing to be on the safe, CYA-side of the issue. Unfortunately, our kids will pay the price (again) for this political myopia . . .

Says me, anyway.

Steve-

Paul, again:
Hi Steve

Re: Fitnessgram. Aaron Carrel likes it. I am not convinced. It's like B.M.I. Plenty of oversimplification and room for misuse. I do know that a simple and accurate field (non-laboratory) test of fitness is needed.

Is there something better than Fitnessgram?

Paul

Me, again:
Paul,

Any measure of "fitness" that includes the Sit-and-Reach test is flawed-to the point where one has to question every other testing protocol included. I think what is needed, here, is a complete overhaul that utilizes a genuinely functional approach to developing bodies. I would urge you-and Dr. Carrell-to contact my colleague Greg Thompson, District PE Coordinator in Farmington, Michigan, to ask him about his district-wide approach to testing and evaluation as it is, I think, really well conceived.

Greg's teachers combine a nice, progressive, and do-able- set of movement and strength evaluations with some really good object-control rubrics and measurements. In a conversation with Greg, this morning, we touched on the idea that skills are tremendously important elements to acquire-if only because lack of skills is a huge impediment to an individual choosing to participate in (even) recreational physical activities (a picnic softball or soccer game, for instance).

Greg can be reached at this e-mail address:
GREGORY.THOMPSON@farmington.k12.mi.us<mailto:GREGORY.
THOMPSON@farmington.k12.mi.us>

His cell # is 734.323.9504.

I would also suggest you look at Kelvin Giles's "MOVEMENT DYNAMICS" screen. Kelvin also includes the Sit-and-Reach test; but he is quite happy to suggest people toss it in the trash. I really like what Kelvin's system does-for teachers / coaches / students and athletes. I have a copy of Kelvin's manual as well as one of his measurement tools, if you'd care to see these. His web-site address is: <http://movementdynamics.com/>

Greg and I had the chance to connect with Kelvin this past June when we all helped teach at Vern Gambetta's 2nd annual GAIN APPRENTORSHIP program in Florida. I liked everything I saw him do, and everything I heard him say.

Steve-

PS: And if I might be permitted to say something that might be construed as down-right snotty but is not meant to be: I think that choosing to have Doctors testify on all things fitness-related is a lot like having strength-coaches testify on surgical procedures . . .

That is to say: there are really great physical educators out there-right here in Madison, in fact, who can speak eloquently to power in the hope of heading off this freight-train collision of life-style-driven bad-food and sedentary living choices . . . The docs will ultimately have to deal with the nasty results of that collision, and they can certainly speak to the wisdom of trying to avoid that collision . . . but I am not at all confident they are the best folks to speak about *how* we can avoid that collision. No offense intended, honestly. S-

Paul:

Hi Steve

Dr Carrel's central motivation is to get kids to be physically active. The most important metric to him would be insulin sensitivity (he is an endocrinologist). His interest is to get kids active, but not so much in terms of type of activity. I am sure that his testimony was mainly about the medical need to combat child obesity and the need to increase physical activity and improve nutrition.

However, he does think the Fitnessgram is an OK tool to use to gather data on PE programming. I am pretty sure he will not be interested sufficiently in functional fitness theory to change course. The

advantage of Fitnessgram is it is available and accepted by recognized experts. It's probably too late. But I will contact Greg and see what I can learn. As usual, I will try to brief and influence Aaron as I learn new things.

Paul

Me:
Paul,

It's scandalous that we still feel compelled to have Doctors testifying about the medical need to combat childhood obesity, increase physical activity and improve nutrition . . . isn't it? I would say that it is impossible to miss the incontrovertible, empirical evidence of these needs if you are even *marginally* blessed with sight.

That FitnessGram is accepted by the "recognized experts" suggests—to me—that we need to recognize some new experts—at least; but it also offers us an opportunity to lead rather than follow. It would not take much to create a relatively simple, straight-forward means of progressively and developmentally evaluating children as they make their way from K - 12. My fear is that by aiming our efforts at flawed targets, we will succeed in hitting them . . . and fail our children yet, again.

I know it appears to be a daunting challenge; but I am convinced the only sane response to a daunting challenge is to take a good step in a good direction and build on that—rather than take a compromised step in a bad direction and build on that. What we lack, here, is leadership! That is what we need to provide.

Not that I have much of an opinion either way, of course . . . ;-)

Steve-

Greg Thompson weighs-in:
Steve and Paul,

Thanks for including me in your exchange. Interesting.

In Farmington we do not use Fitnessgram. There are a number of standardized instruments out there including the President's fitness challenge and fitness gram that seem to be the most broadly used. My issue with Fitnessgram has to do with a couple of elements that you have both mentioned. BMI and sit and reach are both components. I have had enough people that I have great respect for explain how contraindicated the sit and reach test is. We are now in our second year of using the sway test. My staff and students like it. Compelling test.

Interestingly, unlike sit and reach, the most athletic kids perform better on it. As far as BMI, as Paul mentioned, it is a bit of a magnet for misinterpretation. Just a bad tool. Unfortunately, it is easier for researchers to use a bad tool that someone has validated as a dependent measure than developing a new tool. In most cases, reviewers will only approve research if the folks doing the work use an existing tool.

That withstanding, Steve is correct in that we should be leading. We are trying in Farmington but progress is slow. At the core of my philosophy with regard to our national health crisis is skillful movement in our children. I think if we connect them to their bodies in a meaningful way, we create a society of people who like the way it feels to move proficiently and will enjoy it for a lifetime. Sadly, the prevailing wind is blowing us toward mindless movement in the form of exercise machines and video-based exercise programs. The folks that develop and market these toys have very little understanding of the importance of variety in our movement challenges. Further, they want to sell us something and are in the business of promoting the notion that you must have expensive equipment to exercise.

I can't wait to see the Wii folks figure out to how to make Wii snowshoeing! When I get asked about these programs I always ask my colleagues if they are going to use Wii reading or math to replace

teachers. Whether we are talking about the tests above or the mindless video games or exercise machines, the feedback we get from meaningful exercise is where the magic lies. Skillful physical educators can change children's perceptions of themselves forever. Think back to your own experiences to a coach that really taught you how to do something better. That perceptual change on your part is something you never forget.

I will just say this and then I am going to pack it in. I am reading a book at the moment by Kate Barrett and Pam Allison. Kate is a former US National Team Field Hockey coach and one of the finest PE teacher educators that ever drew breath. In this book, she outlines her methods class units and process. There is no fitness chapter in the book. A serious reading will help one see how any child trained using her method would be fit, and skillful, and capable of enjoying being physically active for a lifetime. Here is the challenge. I was speaking to her yesterday and though in her seventies she is still quite full of piss and vinegar. As we talked about how beautifully she explains the need for a practitioner to meld an understanding of motor development, biomechanics and pedagogy, she lamented (Ok, almost yelled) that it is just too hard for people to learn. She may be right. In my own case, I am 25 years in and feel like I am just scratching the surface of what she and a few other giants understand. But learning difficult things does not keep people from becoming doctors. In fact, if a society were to reward it, we would probably have more people with great talent willing to become highly proficient physical educators. I can only say from my perspective, it is fun work. And most days, less bloody than being a doctor.

So, maybe we should be talking about what it takes to become a physical educator. Someone with the training and resources to put this part of our world right. You would have to start someplace. You would probably have to lead and let the researchers follow telling you why your work was good. That is a process I would be interesting in joining.

Thanks for letting me weigh-in.

Regards,
Greg Thompson

Paul:

Greg and Steve

Thank you both for educating me. Reading the Wisconsin AB 620 bill, the Fitnessgram as the assessment tool in Wisconsin is a done deal if it passes. If it fails I will go to work on Dr Carrel. I have attached a copy of the bill.

But one question persists about PE. Is it not a good thing for PE to require schools to gather fitness data and report it? Even if the data is simplistic? Granted it is another requirement on the PE teacher. But it will tend to elevate the importance of PE in the curriculum. In my mind we need to shine the light on PE programming, and any attention and even controversial debate is good. The improvement of the curriculum will come from PE leaders such as yourselves as long as PE becomes important again-- reversing the decades-long trend toward de-emphasis.

Greg, I have learned from Steve and fully accept the value of skillful movement in all planes.

Best wishes,

Paul

Me:

Paul,

I think I might let Greg field this one--given that he and his fellow teachers probably gather more (great) evaluative data on every kid in their district kids than most districts already in bed with the FitnessGram protocol.

But I can't avoid tossing in my own response, too . . .

You asked a direct question in two parts:

“Is it not a good thing for PE to require schools to gather fitness data and report it? Even if the data is simplistic?”

I would have to answer in two parts: “Yes. No.”

The FitnessGram data is not merely “simplistic”, it is contrived and misleading. This is from a group posting I made on August 20th, 2008, citing a reference from an article in the Harvard Med School’s Health Publication:

The “Body Mass Index” cited in the Harvard piece is something I have always hated. It is a blunt-edged- cookie-cutter-one-size-fits-*all-sizes* idea and therefore fails to recognize the first rule I live by: “*It’s always about difference.*” This is what Roger Eischens taught me, and I believe it to be infallibly and unfailingly true. BMI considers only your height and weight, and does not take into consideration the *composition* of weight (i. e. how much of your weight is bone, fat, muscle, water, *lunch*--even, etc.).

Just so you get a sense of things . . . the BMI chart that follows the Harvard article gives me a BMI rating of 24.82 (borderline “overweight”). I *resent* that.

And now let’s consider the Sit-and-Reach test for what it really *does*: *It rewards hyper-mobility.* That is: a child instinctively knows that to reach farther and push the indicator past her / his toes is best . . . right? “I’m *really* flexible!” Just by *using* this silly box, we conflate flexibility (a waste-basket term if ever there was one!) with hyper-mobility and we give kids the impression that these are *good* things, when any honest orthopedic surgeon, ATC, or PT will tell you that 85% (or so) of the orthopedic injuries they deal with are likely the result of too much joint-mobility rather than not enough. The Sit-and-Reach test rewards kids for having hyper-mobile, Gumby-joints; *Gravity*, on the other hand, *does not*. And gravity, as you know, is *where we must live*.

This test *really* tells us who is most likely to be injured doing physical things . . . but that’s not how the kids, their parents, their teachers, and now . . . the Wisconsin State Legislature see it.

The more these illegitimate evaluative tools are employed . . . the more legitimate they become; and they *are bastards*, in truth.

So: No, Paul. I can’t ever condone testing to generate contrived and manipulative data. The (sad?) reality of our physical selves is that those tests which can generate the quickest, easiest, cleanest number-

results generally don't tell us *anything* we really need to know. Moreover, these tests are hideously unpleasant for the kids, themselves—so we are once, again, relegated to that awful pedagogical position of having to say “Now I know you all hate this... but we have to do those tests, again.”

Paul: we need to *inspire* children to move. FitnessGram doesn't do that. It inspires politicians (and, sadly, medical folks) to hide behind the veneer of authenticity it affords them while they continue to play pass the buck . . . and duck the issues.

I've been out here for a long, long time, Paul; I am not going to soften on stuff like this because these sorts of things have and will continue to define health, misery, life, and death for our nation—especially those citizens too young to have a say in what we make them do: our children. I have two, by the way, and they deserve better than FitnessGram and its ilk.

Now: Like I said . . . I think I'll let Greg handle this question . . .

Cheers, Paul,
Steve Myrland

Greg:

Thanks for handling the question Steve. I think you identified the core issue. Accountability is important and has been a desperately needed change in education. As Steve adroitly (if not in 25 words or less) explained, there are a lot of sub-par assessment tools out there that are widely used. This is actually an area where I think the medical community could be of great assistance. If the orthopedic surgeon community came out with a statement regarding sit and reach, our national association would begin to listen. If pediatricians came out with a similar review of BMI, I think it would help people in our field. Imagine the impact if the AMA denounced these two measures. The problem with all forms of academia in my experience is that they rarely do an effective job of comparing notes. In physical education, the pedagogy folks rarely speak to the motor development, biomechanics and motor learning folks.

Good discussions. Let me know if you need my further input,
Greg Thompson

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Co-owner: Myrland & Grinaker Coaching, Inc. 2007 – present
Associate: Gambetta Sports Training Systems, 1996 - present

Instructor / Consultant:

- Sport-Speed; Athletic performance training camps; 2001 – 2003
- University of Wisconsin Sports Medicine 2000 – 2002

Strength, Conditioning & Performance Coach:

- University of Wisconsin-Madison Athletic Department (NCAA Division 1) September 1988 - September 1993; August 1994 – September 2001; Sport responsibilities: Tennis; Soccer; Gymnastics; Baseball; Basketball; Softball; Hockey; Track; Cross-Country; Rowing
- San Jose Sharks Hockey Club, National Hockey League September 1993 – August 1994.
- Chicago White Sox Baseball Club, (Spring Training) March 1994 / '95 / '96
- Tampa Bay Mutiny, Major League Soccer, August 1996 / '97
- PRO-PREP (pre-combine football prep-camp), February 1998 / '99;
- Middleton High School Swimming & Diving; Boys: 2001, 2002, 2003; Girls: 2008
- Train-To-Play – Athletic development program for young athletes

Consultant

- Region II, Soccer: Boys Olympic Development Program
- Wisconsin Youth Soccer Association
- Minnesota Youth Soccer Association
- Middleton–Cross Plains Area School District Physical Education
- Farmington Hills Michigan School District Physical Education
- Jefferson County Iowa Physical Education (Great Prairie AEA)
- Iowa National Guard / Wisconsin National Guard / Wisconsin Army Reserve
- Middleton / Cross Plains Firefighters / EMT's
- Weyerhaeuser Company; Longview Washington
- Central Cross Country Ski Association

Contributing Author

- "Performance and Conditioning for Soccer"
- "Training & Conditioning"
- "Fast-Pitch Delivery" (Women's Softball)
- "The Birch Scroll" (Publication of the American Birkebeiner [Nordic Skiing])
- "Sports Coach" (Australian Sports Commission)

Member Editorial Board

- "Training & Conditioning"

STEVEN SCOTT MYRLAND

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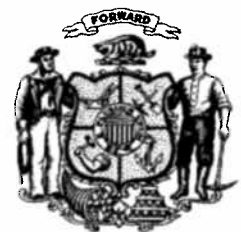
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WISCONSIN STATE LEGISLATURE





To: Senate Education Committee

From: Mara Brooks, WDA

Re: SB 313 – Nutrition in Public Schools

Date: March 24, 2010

The Wisconsin Dental Association is supportive of SB 313 because of its limitation on unhealthy food choices in the school systems. WDA represents nearly 85% of all licensed dentists in this state and our member dentists see the negative oral health impact borne by excessive consumption of regular and diet sodas as well as fruit juices and high sugar milk drinks.

The frequent consumption of acidic and sugary beverages increases the risk of tooth decay – if you look through the attached brochure you'll see some examples of the levels of acid and sugar in some of the more popular soft drinks and power drinks. I think you'll be astounded to discover the acid-content comparison between battery acid (at the bottom of the page) and that of the drinks that are listed. Several studies have linked obesity, diabetes, osteoporosis and oral health problems in children to increasing consumption of carbonated beverages, fruit juices, sports drinks and high sugar milk drinks.

Our members frequently tell stories of children who have been in their practice since toddlerhood that have had no cavities and then all of a sudden show up in the practice with a mouthful of decay in early adolescence. After some questioning, it becomes apparent that the student has obtained access to the sugar and acid found in soda and other beverages (as well as candy) that is readily available through the vending machines in their schools and which they now have greater freedom to purchase outside of the watchful eyes and guidance of their parents.

WDA members believe so strongly in the message of moderating consumption of unhealthy beverages that dentists have invested hundreds of thousands of their own money to develop an advertising campaign entitled "Sip All Day – Get Decay" which highlights the link between tooth decay and excessive consumption of both diet and regular soda. Many of you may have seen the ads we've developed with this message. One of our ads also touches upon the negative impact of sugary fruit juices and so our one request would be for you to consider an additional amendment to the bill that also bans fruit juices from being sold in vending machines. While they do provide nutritional benefits, the excessive consumption of fruit juices can have an equally negative impact on a person's oral health.

Dentists are health care providers who would much rather spend money preventing decay than earn money from treating it; further, we support healthy food and drink choices. That is why we submit our support today for Senate Bill 313 and why we specifically seek your support for passage of this proposal. We must all do our part to help educate and encourage limited consumption of unhealthy choices by the young in our society. It is imperative that we help them develop healthy lifestyle habits that they can embrace for the rest of their lives. If you have any questions about the WDA's position on this bill or about our "Healthy Choices" campaign, please feel free to call me in our WDA Madison office at #250-3442.

WHAT DENTISTS SAY ABOUT SIPPING ALL DAY.

“ I can spot frequent pop drinkers easily by looking at their teeth. ”

“ I had a 16-year-old patient in with 30 severe cavities. He admitted he drank two Mountain Dew's for breakfast, drank one on the bus, and then had four to five at school. He figured he drank 10 to 12 pops a day and said he can't stop. ”

“ Sweetened soda is to teeth as cigarettes are to lungs. ”

“SODA POP MOUTH” IS A PUBLIC HEALTH PROBLEM THAT CONCERNS EVERYONE.

Students, you have the power to change the beverages offered in your school. If your only choices are soda pop and sweetened juices, speak up and ask your school administrators for beverages that won't harm your teeth.

Parents, please talk to your children about the effects of soda pop consumption. Monitor what, how much and when they drink. Encourage healthy alternatives such as milk and water.

School boards and administrators, please ensure that your school's food and beverage policy influences students to make healthy choices.

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www.wda.org

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SEE WHAT HAPPENS WHEN YOU SIP ALL DAY.



A 16-year-old had no cavities last year: zip, zero, zilch, nada. This is a picture of the same person's teeth one year later with 15 cavities. Gross is right!

How to reduce decay:

- Drink soft drinks in moderation.
- Don't sip for extended periods of time. Ongoing sipping prolongs sugar and acid attacks on your teeth.
- Use a straw to keep the sugar away from your teeth.
- After drinking, swish your mouth out with water to dilute the sugar.
- Never drink pop or juice before bedtime because the liquid pools in your mouth and coats your tongue and teeth with sugar and acid.
- Read labels. Regular pop is high in sugar. And diet or "sugar-free" pop is high in acid. Sugar and acid are bad for your teeth.
- Drink water instead of pop. It has no sugar, no acid and no calories.
- Get regular checkups and cleanings to remove bacteria buildup (plaque). Floss, too.
- Use a fluoride toothpaste to protect your teeth.

SOME HARD FACTS ABOUT SOFT DRINKS.

- A bottle of pop in the 50's was 6.5 ounces. Today, a 12-ounce can is standard and a 20-ounce bottle is common.
- Larger container sizes mean more calories, more sugar and more acid in a single serving. A 64 oz. "Big Cup" has more than five cans of pop in a single serving!
- There is no nutritional value in soft drinks. In regular pop all of the calories come from sugar.
- In addition to cavities, heavy pop consumption has been linked to diabetes, obesity and osteoporosis.
- One fifth of all one and two-year-old children drink pop.
- Today, teens drink three times more pop than 20 years ago, often replacing milk.
- Soft drink companies pay high schools and middle schools big bucks to offer their products.
- Sealants only protect tooth chewing surfaces. Pop decay tends to occur where sealants can't reach.



HOW MUCH POP DO YOU DRINK IN AN AVERAGE WEEK?

Soft drinks are no longer an occasional treat. They've become a daily habit for a growing number of people, especially kids, teens and young adults. A steady diet of soft drinks is a leading cause of tooth decay.

Here's how you get cavities:

- Sugar in pop combines with bacteria in your mouth to form acid.
- Diet or "sugar-free" pop contains its own acid.
- Acid in soft drinks, whether they contain sugar or not, is the primary cause of weakening tooth enamel.
- The acid attacks your teeth. Each acid attack lasts about 20 minutes.
- The acid attack starts over again with every sip.
- Ongoing acid attacks weaken your tooth enamel.
- Bacteria in your mouth cause cavities when tooth enamel is damaged.
- If you have a receding gum line, acid does more damage below the gum line than above it. This is particularly a concern for adults.

SUGAR & ACID = DOUBLE TROUBLE

Nutrition Facts	
Seri. Size 1 Can	
Amount Per Serving	
Calories 140	
Total Fat 0	
Sodium 40mg	
Total Carb 39g	
Protein 0	
INGREDIENTS: WATER, CARAMEL COLOR, ASPARTAME, PHOSPHORIC ACID, POTASSIUM ACID PHOSPHATE TO PROTECT TASTE, NATURAL FLAVORS, CAFFEINE.	

Nutrition Facts	
Seri. Size 1 Can	
Amount Per Serving	
Calories 0	
Total Fat 0	
Sodium 40mg	
Total Carb 0g	
Protein 0	
INGREDIENTS: WATER, CARAMEL COLOR, ASPARTAME, PHOSPHORIC ACID, POTASSIUM ACID PHOSPHATE TO PROTECT TASTE, NATURAL FLAVORS.	

Acid*

Low = Bad

Sugar**

Per 12 oz. serving (1 can)

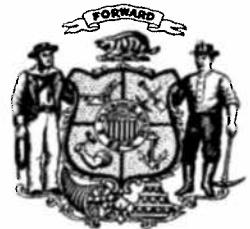
	Acid*	Sugar**
Pure Water	7.00 (neutral)	0.0
Barq's	4.61	10.7 tsp.
Diet Barq's	4.55	0.0
Diet 7Up	3.67	0.0
Sprite	3.42	9.0 tsp.
Diet Dr. Pepper	3.41	0.0
Diet Coke	3.39	0.0
Diet Mountain Dew	3.34	0.0
Grape Minute Maid Soda	3.29	11.9 tsp.
Mountain Dew	3.22	11.0 tsp.
Fresca	3.20	0.0
Orange Slice	3.12	11.9 tsp.
Diet Pepsi	3.05	0.0
Nestea	3.04	5.0 tsp.
Surge	3.02	10.0 tsp.
Gatorade	2.95	3.3 tsp.
Dr. Pepper	2.92	9.5 tsp.
Squirt	2.85	9.5 tsp.
Hawaiian Fruit Punch	2.82	10.2 tsp.
Orange Minute Maid Soda	2.80	11.2 tsp.
Coke Classic	2.53	9.3 tsp.
Pepsi	2.49	9.8 tsp.
Battery Acid	1.00 (ouch)	0.0

* Laboratory tests, University of Minnesota School of Dentistry, 2000

** USDA: 4.2 grams = 1 teaspoon sugar



WISCONSIN STATE LEGISLATURE





March 24, 2010

The Honorable Members of the Senate Education Committee
Wisconsin State Senate
Post Office Box 8952
Madison, WI 53708

Dear Chairman Lehman, Vice-Chair Jauch, and Members,

I am writing to express the American Cancer Society's support of Senate Bill 313, related to physical fitness assessments and school nutrition.

Approximately one-third of all cancer deaths are attributable to poor diet, physical inactivity, and overweight and obesity. Being overweight or obese has been associated with increased risk of several different common cancers, including colon, esophagus, kidney, endometrial, and breast cancer. Regardless of weight, physical activity has been shown to decrease the risk of certain cancers. In addition, there is substantial evidence of the relationship between nutrition and cancer risk. Diets very low in vegetables, fruits and whole grains, and high in red and processed meats are associated with increased risk of some common cancers. Poor nutrition, including consumption of calorie-dense and high sugar foods and beverages, is a major contributor to obesity.

It is essential that healthy behavior patterns are established early in childhood. Maintaining a healthy weight from childhood through adulthood can substantially reduce an individual's cancer risk. Schools are a critical place to teach children about maintaining a healthy weight, being physically active, and adopting a healthy diet for life. The Society supports policies that provide quality, affordable nutritious foods in schools and quality, age-appropriate health and physical education to all students.

We recognize that fostering healthy behaviors and removing barriers to healthy living may be among the most critical actions we can take to promote wellness and reduce the burden of cancer in Wisconsin. The Society supports Senate Bill 313 as a way to promote healthy eating behaviors and encourage physical activity among Wisconsin students and urges you to approve this important legislation.

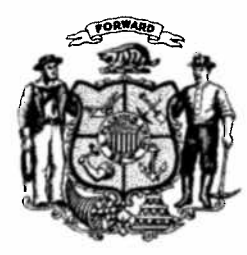
Sincerely,

A handwritten signature in black ink that reads "Bob Meyer". The signature is written in a cursive style with a large, stylized "M" and "Y".

Bob Meyer
Wisconsin Government Relations Director



WISCONSIN STATE LEGISLATURE



**Expert Educational Testimony to the WI Senate Committee on Education Regarding SB313
March 25, 2010**

I have been a researcher and educator in the field of food and nutrition for the past 40 years. I teach a course on community nutrition and I have written a book on nutrition for early childhood settings that will be coming out in April of this year. I am chair of WI PAN, a statewide coalition that promotes nutrition and physical activity to prevent obesity and diabetes and I was part of a Legislative Council study group that recommended physical fitness assessments and stricter standards for foods and beverages in schools and child care programs.

As policy makers, I want you to know how important good nutrition is in promoting children's physical development and their ability to learn. Research shows that it is important to provide healthy food from the earliest stages of a child's development.

A recent editorial in the *New England Journal of Medicine* (Ludwig, 2007) refers to child obesity as a "looming crisis" that demands immediate and focused attention. The U.S. Surgeon General points out that this issue cannot be solved by parents alone. Indeed, all major stakeholders including lawmakers, government agencies, schools, and early childhood programs must do their part by working with parents and other stakeholders to make sure that all children have access to healthy foods and beverages, nutrition education, and physical activity.

Following are some basic facts that show how important it is to address these problems without delay.

- Almost 20% of children ages 6 to 11 are now considered obese. That percentage is approximately three times higher than it was 30 years ago (Ogden, 2010).
- According to the Centers for Disease Control and Prevention, obese children have increased risk factors for cardiovascular disease and higher than normal rates of asthma, hepatic steatosis (fatty liver), sleep apnea and Type 2 diabetes.
- Obese children and adolescents have a high risk of becoming obese adults (Whitaker, 1997).
- Obesity and poor nutrition are health issues with strong fiscal ramifications. The estimated health care costs that are attributable to obesity in Wisconsin adults amount to \$1.5 billion per year (Finkelstein 2003).
- The American Dietetic Association, the Society for Nutrition Education, the American Academy of Family Physicians, the American Academy of Pediatrics, the U.S. Surgeon General, U.S. Department of Agriculture, and the U.S. Department of Health and Human Services and other leading experts in health and nutrition recommend stronger policies and programs to improve nutrition and physical activity for children at home, in their schools and in their communities.

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Respectfully submitted by:

Susan Nitzke, PhD, RD

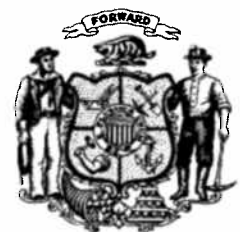
Chair of WI PAN (Wisconsin Partnership for Activity and Nutrition)

Professor, Extension Specialist, and Chair of Nutritional Sciences, UW-Madison

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WISCONSIN STATE LEGISLATURE





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March 25, 2010

TO: Members-Senate Committee on Education
Senator John Lehman-Chair

FROM: Rep. Chuck Benedict

RE: SB 313

Senator Lehman, members of the committee, thank you for the opportunity to appear before you today in support of Senate Bill 313 relating to school nutrition and student fitness assessments.

Senate Bill 313 is a companion bill to AB 620 which I'm authoring in the Assembly and is the result of a Joint Legislative Council Study Committee. I thought it might be useful to committee members to be briefed on the changes that have been made to the Assembly version of the bill during review by the Assembly Committee on Public Health-which I chair. The changes I will be discussing are included in Assembly Substitute Amendment #2, which passed the committee on February 12, 2010.

During executive action on the bill, an amendment was adopted which applies the requirements of the bill to begin in the 2011-2012 school year rather than 2010-2011 as originally proposed. An additional amendment will be offered to clarify a concern dealing with chocolate milk and another dealing with school fundraisers to make clear that they will be exempt from the bill.

My office has been in discussions with representatives of the Wisconsin Beverage Association relative to guidelines utilized by the Alliance for a Healthier Generation. We appreciate their efforts to help address childhood obesity concerns and the progress they have made in many schools. I also appreciate their willingness to work with me and we have incorporated some of their ideas to date. I am open to continuing



discussions with them in an effort to determine if further agreement can be reached.

Currently, meals sold through the USDA school lunch program need to conform to certain nutritional standards, but those sold a-la-carte or in vending machines do not. This legislation extends the USDA requirements to these other areas.

Items sold in fundraisers or 30 minutes after the school day ends are unaffected.

There are no restrictions on what kids can bring to school on their own.

Additionally, it provides for annual aerobic fitness testing for school children in grades 3-12 with the individual results distributed to the parents.

Specifics:

- Annual aerobic fitness testing is required for students in grades 3-12. The individual results are then distributed to parents.
- Bans sales of candy and sugared soda during the school day
- Foods must contain <35% of calories from fat and <10% from saturated fat
- Milk (2% or less), low fat chocolate milk, nuts/seeds and cheese are exempt

Frequently Asked Questions

What will still be available for sale in school vending machines?

Vendors will have a wide variety of choices to sell. Among the options:

- Water
- 100% fruit or vegetable juice
- Milk (2% or less)
- Low fat Chocolate or flavored milk
- Diet sports drinks: Gatorade G2, Powerade Option, Powerade Zero
- Propel Fitness Water
- Diet Snapple
- Vitamin Water 10
- Other beverages containing up to 40 calories per container

Why is the limit set at 40 calories per container?

The 40 calories per container limit was decided in a good-faith compromise to allow low-calorie sports drinks and diet beverages. Specifically, certain groups were interested in selling products such as Propel Water, which is allowed under this bill. The "per container" quantity was used rather than "per serving" as a result of DHS recommended language. In addition, this prevents the potential for manipulation of serving sizes to sell higher calorie beverages.

Will there be an amendment offered to allow the sale of flavored milk?

The chocolate milk portion of the bill was intended to allow low-fat versions of chocolate milk. Unfortunately, the pre-amendment language was inadvertently too strict and essentially banned all chocolate milk. As a result, I intend to offer a floor amendment that will fix this so that chocolate milk with up to 170 calories per 8 oz serving is allowed.

Is there a fiscal effect?

This bill was crafted in an attempt to be as fiscally neutral as possible. For schools to purchase fitness testing software, there is a one-time cost of approximately \$300 per school building. Group discounts exist if they are purchased at the district level. The Milwaukee Public School District testified that they implemented the software that can be used in all 175 schools for approximately \$50,000, with the assistance of some grants from DPI.

The fiscal effect of implementing the nutritional requirements will vary by school. The Appleton Public School District has already made these changes and testified that they saw no loss of revenue.

What are the logistics of conducting the fitness testing in high school students?

The fitness test schedule for high school students was designed to match the same requirements as state physical education curriculum. Students will be tested annually in each of the 3 separate years they take the class.

Can our student athletes still drink/buy Gatorade?

Yes. There are 3 ways that student athletes can access sports drinks:

- Schools can have dedicated sports drink only vending machines if the machines are turned off before school starts and turned on 30 minutes after school ends.
- School fundraisers and booster club sales are exempted from the rules and are free to sell the products.
- There are no restrictions on what children choose to bring from home.

How could pending changes at the federal level for the USDA meal program affect this legislation?

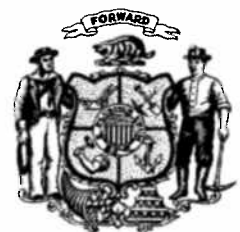
Unfortunately, there is no way of knowing what the potential changes may be. It is possible that some tweaking to the current legislation may be necessary in the future. However, DPI has not been overly concerned at the possibility.

When does the bill go into effect?

Fitness testing will begin the following school year after the bill is signed. Any new vending contracts will need to conform to the bill's requirements, but existing vending contracts are unaffected. Schools will have until July 2012 to become fully compliant.



WISCONSIN STATE LEGISLATURE





JULIE LASSA

STATE SENATOR

Testimony on Senate Bill 313
Senate Committee on Education
Thursday, March 25, 2010
10:00 am

Senator Lehman and committee members, good morning.

Thank you for holding a hearing today on Senate Bill 313. This legislation is one of many bills that have been forwarded by the Legislative Council Special Committee on Performance-Based Disease Management Programs for Large Populations. As Chair of that Committee, I believe this is important legislation that represents a positive step that we can take to promote health and wellness in children and stop the rise in childhood obesity.

First Lady Michelle Obama's initiative to fight childhood obesity has focused the nation's attention on the epidemic of obesity in the United States and the serious health problems associated with it, both now and in the future. The statistics are disturbing: the Centers for Disease Control reports that 65% of our country's population is overweight, one in three children in the United States does not get the recommended amount of daily vigorous activity, and the incidence of obesity in children between the ages of 6-11 has doubled in the last twenty years. Nearly a third of all children in this country are overweight or obese, and a third will suffer from diabetes at some point in their lifetimes. And doctors are seeing children with other diseases – high blood pressure, cancers, arthritis, joint and back problems – that were once seen only in older adults. Medical experts are now warning that for the first time in the history of our nation, the next generation may be on track to having a shorter lifespan than their parents' generation. If this does not set off alarm bells in Wisconsin and around the country, I don't know what will.

Our state is by no means immune from this problem. The National Initiative for Children's Health Care Quality issued Wisconsin a grade of "C" on their report card for childhood obesity related activities. This crisis doesn't only affect those children whose health is in jeopardy; it affects each one of us. The estimated health care costs attributable to obesity in Wisconsin adults totals \$1.5 billion. The obesity epidemic, beginning with our children, holds dire negative consequences for the health of the people of Wisconsin, for future health care budgets, and for the economy of our state, unless we take action to combat these statistics and reverse the obesity trend.

As policymakers, we have considerable influence over how students throughout Wisconsin spend their day in our schools and a great opportunity to help prevent childhood obesity. Senate Bill 313 sets nutritional standards for all food sold in schools, bans the sale of soda and candy during school hours through both food services and vending machines, prohibits the sale of any beverages other than milk, water and 100% fruit or vegetable juice on school grounds during the school day and requires that schools annually test the aerobic capacity of students in grades 3-12.

Currently, the only nutritional guidelines that schools are required to use are those of the USDA free and reduced school breakfast and lunch programs in exchange for federal money. Senate Bill 313 adopts USDA standards and applies them to all food sold in public schools, charter schools and private schools. The bill requires that, beginning in the 2012-2013 school year, food sold on school grounds may contain no more than 30% of total calories from fat,

excluding nuts and seeds, and no more than 10% of total calories are from saturated fat. The bill also encourages the consumption of whole grains, fresh fruits and fresh vegetables.

Soda pop is a major contributing factor to obesity in children. In 2004, the American Academy of Pediatrics recommended that that soda and other soft drinks be banned from schools to help tackle our nation's obesity epidemic. Not only do regular sodas contain empty sugar calories, diet sodas have nearly the same acidity levels as battery acid. Senate Bill 313 will encourage healthier eating habits by limiting the sale of soft drinks and candy on school grounds to after the end of the school day. These products are allowed to be sold starting one half-hour after the end of the school day as long as they are not sold from vending machines for after-school events. Additionally, the bill permits the sale of milk, water and 100% fruit or vegetable juice on school grounds during the school day and encourages school fundraising that involves the sale of food to follow these requirements.

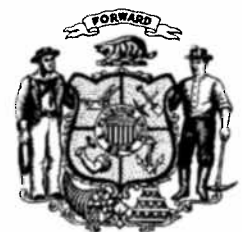
Physical education and activity in school is important, but a child's physical fitness isn't just limited to the school day, which is why family involvement is key. Since family is the largest aspect of a child's environment, Senate Bill 313 requires that physical fitness assessments be conducted annually for children in grades 3-12 and the results sent home to parents so that they better understand their child's fitness level. This information can be a valuable tool to parents looking to positively impact the health of their child.

The Appleton Area School District has adopted many of these policies as part of their Promoting Healthy Lifestyles program. Their program began in 2003 and was phased in over three years. Since the program's inception the district has seen an increase in students' ability to concentrate and think more clearly; better practice of good nutrition outside of school; fewer health complaints and less feelings of hunger in mid-morning and afternoon. Dr. Scullen, the former Superintendent of the District, stated that student drop-outs and expulsions became non-existent after the policy went into place because healthier lifestyles translated into better academic performance.

With this legislation, we have a chance to make a real difference in the health and well being of Wisconsin's children. Thank you again for hearing Senate Bill 313, and I hope you will give it your support.



WISCONSIN STATE LEGISLATURE





State of Wisconsin
Department of Health Services

Jim Doyle, Governor
Karen E. Timberlake, Secretary

Senate Committee on Education – SB 313

March 25, 2010

Carrie Kahn, Legislative Liaison

Jon Morgan, Physical Activity Coordinator

Amy Meinen, Nutrition Coordinator, Nutrition, Physical Activity, and Obesity Program

Chairman Lehman and members of the Committee, thank you for the opportunity to testify on this important piece of public health and education policy legislation.

I am here today with staff members of the Department's Nutrition, Physical Activity, and Obesity Program, which is funded through a 5-year Cooperative Agreement with the Centers for Disease Control and Prevention. The Program and its partners provide leadership on statewide obesity prevention initiatives as outlined in the *Wisconsin Nutrition and Physical Activity State Plan*. Program staff provided expertise during the recent Legislative Council Study from which this bill resulted.

Unhealthy eating and inactive lifestyles are primary causes of obesity. Over the past few decades Wisconsin has experienced an obesity epidemic. Sixty-four percent of Wisconsin adults are overweight or obese. With respect to youth, 32% of Wisconsin third graders and 23% of Wisconsin high school students are already overweight or obese. After age 6, obese children have a greater than 50% chance of becoming obese adults.

Reducing the prevalence of obesity through healthier eating and physical activity is a high priority for the Department of Health Services. The Healthiest Wisconsin 2010 and 2020 State Health Plans, led by the Department, have highlighted the importance of addressing obesity. In addition, Wisconsin has received \$10 million in federal stimulus funding to take on the obesity epidemic, especially among young people and children who are most at risk of developing unhealthy lifestyles. Obesity is a leading cause of many chronic diseases and youth are being affected earlier in life. One study estimates that 70% of obese young people had one risk factor for cardiovascular disease and 39% had at least 2 additional risk factors. Children and adolescents account for 50% of the new type 2 diabetes cases in some communities. Furthermore, the estimated health care cost attributable to obesity in Wisconsin adults is \$1.5 billion. If the obesity rate continues to climb in Wisconsin, costs are projected to quadruple within the next decade.

In terms of health disparities, students of color and of lower socio economic status are at greatest risk for obesity. Thirteen percent of White third grade students are obese compared to 22.5% of Black and 32.9% of Hispanic students. In this same population, schools with less than 25% free and reduced lunch participation have an obesity rate of 12%; conversely, schools with more than 75% participation have an obesity rate of 27%. In Milwaukee Public High Schools, the rate of overweight and obesity is 37% compared to the state value of 23%. Milwaukee Public High Schools have more than four times the percentage of minority students and about triple the percentage of students eligible for the free and reduced lunch program.

Solving the obesity problem will require multiple groups coming together to address it through policy and environmental changes where we live, work, learn and play. Students spend a significant amount of time in school and consume between 1/3 and 2/3 of their daily meals and snacks there. Research suggests increasingly that academic performance is impacted by good nutrition and adequate physical activity.

The policy objectives of SB 313, increasing physical activity in schools and decreasing consumption of sugary high caloric foods, are supported by obesity prevention literature and in line with Healthiest Wisconsin 2010 and 2020 goals. The policy mechanisms of SB 313, the implementation of testing mandates for schools and prohibition of sales of certain products in schools, fall outside of DHS' regulatory purview. DHS does not regulate schools and defers to our partner agency, the Department of Public Instruction, and school districts regarding public comment on the policy mechanisms outlined in SB 313.

School Fitness Assessments

Only half of Wisconsin high school students meet the minimum physical activity recommendation of 60 minutes per day. A recent survey showed that 90% of Wisconsin schools are already doing some type of fitness testing. Approximately 40% of schools are already using that Fitnessgram software. The cost of software is relatively low for schools (\$300: 1 site only) or school districts (\$1,500-multiple sites). Fitnessgram software helps schools provide high quality, cost effective physical education through regular student fitness assessments and use of the data to best plan curriculum and structure physical activity to meet the needs of their student populations. Federal stimulus funding will allow DPI to provide the Fitnessgram software to 20 schools chosen for mini-grants.

Other states have already done what is being proposed in this bill including California and West Virginia. Approximately 25% of states have required fitness testing and body mass index assessments.

School Nutrition Standards for Competitive Foods

Research shows that when unhealthy foods are easy to obtain, students make less healthy choices. 60% of Wisconsin middle and high schools sell unhealthy foods like soda, candy, chips, cookies, or snack cakes, yet only 14% of these schools consistently offer fruits or non-fried vegetables in vending machines, school stores, and during celebrations. Moreover, fewer than one in five Wisconsin high school students report eating fruits and vegetables five times a day.

Nutrition standards make sense for many reasons:

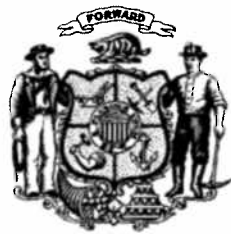
1. When competitive foods are sold to students they displace fruits, vegetables and other healthy foods since what is available influences what students eat.
2. Research shows that good nutrition is not only essential to obesity prevention and to healthy growth and development, but also to academic achievement.
3. The *Nutrition Standards for Foods in Schools* released by the Institute of Medicine in 2007, states that competitive foods should be limited in schools.

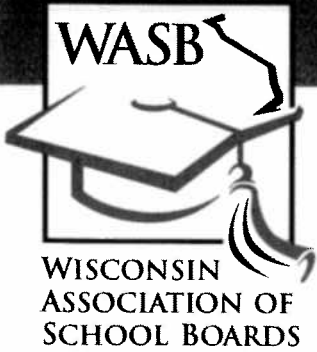
Clearly obesity prevention is quickly becoming a national focus. First Lady Michelle Obama is confronting this issue head-on and putting obesity and nutrition issues in the national spotlight. Things are happening and Wisconsin is taking action. Several Wisconsin school districts are beginning to address competitive foods and beverages. Furthermore, 27 other states have already adopted similar competitive food and beverage policies. All Wisconsin students should have access to healthy foods and beverages at schools. Improving the food environment in schools is a feasible and effective way to improve student health.

In conclusion, Wisconsin has a serious obesity problem and increasing physical activity and decreasing consumption of high caloric foods to decrease obesity in school-aged youth in Wisconsin is good public health policy. However, SB 313 is not simply a public health policy bill, but also an education policy bill requiring changes to how schools do business. While we support from a public health perspective, we defer to education policy experts on the impact of the bill on Wisconsin's schools.



WISCONSIN STATE LEGISLATURE





122 W. WASHINGTON AVENUE, MADISON, WI 53703
PHONE: 608-257-2622 • FAX: 608-257-8386

JOHN H. ASHLEY, EXECUTIVE DIRECTOR

TO: Senate Education Committee
FROM: Sheri Krause, Government Relations Specialist
DATE: March 25, 2010
RE: Senate Bill 313, related to physical fitness assessments and school nutrition

The Wisconsin Association of School Boards (WASB) supports “local policies and programs for students, families and staff that promote lifelong physical activity and healthy and nutritious eating habits as necessary strategies for improving student achievement and preventing health problems.”

The WASB appreciates the efforts of the authors of Senate Bill 313 to address school district concerns. This testimony attempts to address additional questions which have arisen.

Fiscal Impact

According to the Department of Public Instruction (DPI), 150 school districts have received free FitnessGram software through a grant program to date. There is sufficient grant funding to pay for approximately 60 more schools to receive this software without cost. The software costs \$300 per school building. The grant expires in June.

However, depending upon the final administrative rules, schools would not necessarily have to purchase this particular software to conduct the physical fitness assessments.

Under SB 313, all school districts will have costs associated with compiling and distributing the physical fitness assessment results to parents or guardians and the DPI. The fiscal estimate prepared for the companion legislation, Assembly Bill 620, is attached.

Local School Wellness Policies

Current Law

As of the 2006-07 school year, school districts participating in federally subsidized child nutrition programs (e.g., National School Lunch Program, School Breakfast Program) are required to establish a local school wellness policy, according to provisions included in the Child Nutrition and WIC Reauthorization Act of 2004.

Minimum policy requirements include:

1. **Development** - The policy must be developed with involvement from the school board, school administrators, school food service representatives, students, parents and the public.
2. **Goals** - The policy must include goals for nutrition education, physical activity and other school-based activities that are designed to promote student wellness.
3. **Nutrition Guidelines** - The policy must include nutrition guidelines selected by the school district for all foods available in the district during the school day.
4. **Nutritional Standards** - School meals must meet at least minimum nutritional standards set forth in federal child nutrition program laws and regulations, including but not limited to the *Dietary Guidelines for Americans*.
5. **Measuring Implementation** - The policy must establish a plan for measuring implementation of the local wellness policy, including designation of one or more persons within the district or at each school, as appropriate, charged with operational responsibility for ensuring that the school meets the local wellness policy.

On March 17, 2010, Senate Agriculture Chairwoman Blanche Lincoln (D-AR) released a discussion draft of legislation to reauthorize the Child Nutrition Act, the Healthy, Hunger-Free Kids Act of 2010. The draft would reauthorize school lunch, breakfast and other child nutrition programs until 2015. Key provisions impacting public schools include:

- **National Standards** - Requires the Secretary of Agriculture to update nutrition standards for the school lunch and breakfast programs based on recommendations made by the Food and Nutrition Board of the National Research Council of the National Academies of Science and; authorizes additional reimbursement of six-cents per school lunch that complies with the standards, school lunches not in compliance will not receive the additional reimbursement and authorizes \$50 million to fund technical assistance and oversight by states.
- **Nutrition Standards** – Requires the Secretary to establish nutrition standards for foods sold in schools other than foods sold under the school lunch program, based on Dietary Guidelines under the National Nutrition Monitoring and Related Research Act. The standards would apply to all foods sold on the school campus at any time during the school day. There is a narrow exemption for infrequent, school-sponsored fundraisers. The exemption does not apply to vending machines, school stores, snack bars or a la carte sales.
- **Local School Wellness Policies** - Additions to existing law on wellness policies require school districts to: 1) Permit parents, students, the school food authority, the school board, school administrators, and the general public to participate in the development and periodic review of the local school wellness policies; 2) Inform and update the public about the content of the local wellness policy; and 3) Develop a plan to measure implementation of the policy and designate one or more school officials to ensure compliance.
- **Training** – \$5 million authorized in FY 2011 and \$1 million annually thereafter for the training of school food service workers.

Fiscal Estimate Narratives

DPI 2/10/2010

LRB Number 09s0253/2	Introduction Number ASA2-AB620	Estimate Type Supplemental
Description Physical fitness assessments, school nutrition, and granting rule-making authority		

Assumptions Used in Arriving at Fiscal Estimate

This bill is comprised of two components, assessment of physical fitness and school nutrition.

Physical fitness:

The bill directs public, charter, and private schools to ensure that the physical fitness of pupils in grades 3 to 8 is assessed annually and the physical fitness of each pupil enrolled in the high school grades is assessed at least once in each of 3 different school years. The assessment must include an evaluation of the aerobic capacity of each pupil. These schools are not required to assess pupils who have a disability or other condition as specified by DPI administrative rules. The results must be kept confidential but schools are required to send results to DPI and provide an individual child's results to the child and to their parent or guardian.

The DPI and the University of Wisconsin (UW) received a three-year grant, which ends in July 2010, to support the administration of a FitnessGram physical fitness test in middle schools that volunteer to participate. The FitnessGram is a software program which is comprised of four tests, including the Progressive Aerobic Cardiovascular Endurance Run (PACER) that is designed to measure aerobic capacity. The FitnessGram physical fitness test should meet the assessment requirements under this bill.

The department has distributed the FitnessGram software to approximately 150 school districts statewide, including Milwaukee Public Schools. Remaining public, charter, and private schools may get this software free from the department, if certain conditions are met and funds remain, until the grant ends in July 2010. After that date, the software would be available to schools for approximately \$300 per school building.

The FitnessGram software would likely be an assessment tool used as part of a physical education curriculum provided by the school and administered by the physical education teacher. Therefore, there should be no additional costs associated with administering the fitness test.

Finally, public, charter and private schools will have costs associated with reporting the fitness test results to the department, to the child and to the child's parent or guardian. These costs are indeterminate.

DPI will incur costs associated with developing the administrative rule exempting some pupils from having to take the physical fitness test. These costs will be absorbed by the department.

School nutrition:

The bill directs public, charter, and private schools to establish strict nutritional requirements for food or beverages sold from vending machines on school grounds during school hours. Beginning 30 minutes after the end of the school day and until the school is closed for the night, candy and soda beverages may be sold by a public, charter or private school or vendor at school or on school grounds and soda water beverages that contain at least 10 percent natural fruit or vegetable juice may be sold from vending machines located at school or on school grounds. In addition, the schools must ensure that all food sold at school or on school grounds (with the exception of food distributed under the school breakfast, lunch and milk programs) on a school day satisfies certain minimum nutritional standards.

Although the bill does not require the department to monitor schools in meeting the nutritional requirements under the bill, it is assumed if there are any complaints, the department will need to investigate. These costs are indeterminate, but could require additional staff.

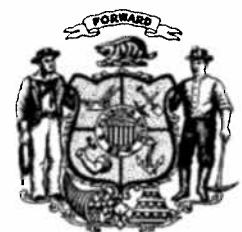
Currently, federal guidelines do not apply to or limit the sale of a la carte or vending machine foods. However, the federal Child Nutrition Act is in the process of being reauthorized and it is highly likely that


through this reauthorization, the USDA will implement new regulations that establish national nutrition standards consistent with the Dietary Guidelines for Americans for goods and beverages sold outside of the school meals program. Once the Child Nutrition Act is reauthorized, this substitute amendment to AB 620 may conflict with the federal guidelines and could require future statutory changes or potentially risk federal nutrition program funding.

Long-Range Fiscal Implications



WISCONSIN STATE LEGISLATURE



Wisconsin Council
of Religious & 
Independent Schools

Archdiocese of Milwaukee

Association of Christian
Schools International

Christian Schools International

Diocese of Green Bay

Diocese of La Crosse

Diocese of Madison

Diocese of Superior

Lutheran Church Missouri
Synod North Wisconsin District

Lutheran Church Missouri
Synod South Wisconsin District

Wisconsin Association of
Independent Schools

Wisconsin Conference of
Seventh Day Adventists

Wisconsin Evangelical Lutheran
Synod – Northern District

Wisconsin Evangelical Lutheran
Synod – Western District

Wisconsin Evangelical Lutheran
Synod – Southeastern District

Contact WCRIS

PO Box 7035
Madison, WI 53707

PHONE 608/204-0795

wcris.staff@gmail.com

www.wcris.org

TO: Senate Education Committee

FROM: Matt Kussow, Ex Dir

RE: SB 313

DATE: March 25, 2010

WCRIS is a non-profit association representing over 800 Catholic, Lutheran, Christian, Seventh Day Adventists and independent schools across Wisconsin.

The association is currently opposed to SB 313 due to our concerns with state mandates and government regulation. While many private schools will opt to participate in the FitnessGram program, the ability to control our own curriculum is central to the beliefs of private schools. We strive to secure our independence from state mandates, and ask Committee members to exempt us from the physical fitness requirements in the bill.

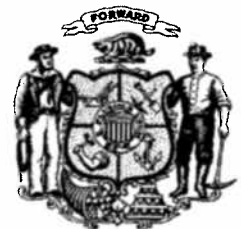
In addition, we are concerned with the level of government oversight contained in the provisions relating to soft drink and candy sales on private school property. Once again, we share your goal of encouraging healthier life choices. However, the level of government oversight on private property created under SB 313 is troubling for our members, despite the fact that most of our schools have already implemented the provisions contained in SB 313.

In conclusion, private schools are highly sensitive to parental concerns and strive to respond to the changing social needs of all students. With that said, we ask elected leaders to let that market force work without additional government oversight on private schools.

Thank you for considering our request. Please feel free to contact me if you have any questions or concerns with our position on SB 595.



WISCONSIN STATE LEGISLATURE





Making the right food choices, together.

TO: Chairman Lehman and members of the Senate Education Committee
FROM: Karen Brummer - Legislative Chair, School Nutrition Association of WI
DATE: March 25, 2010
RE: *Senate Bill 313* – School Nutrition Legislation

The School Nutrition Association of Wisconsin (SNA-WI) believes school nutrition programs are an integral part of education and are vital in developing the full potential of Wisconsin students. Our members appreciate legislative efforts to improve school nutrition, and we believe Senate Bill 313 is well-intentioned policy that would help improve the health and wellness of Wisconsin students.

Under SB 313, Wisconsin schools would be required to follow certain nutritional requirements for food sold outside of federally reimbursed USDA meal programs (i.e., a la carte items). For example, the legislation would limit the amount of calories from fat and saturated fat in food items and prohibit the sale of high-calorie beverages and candy on school grounds during the school day. In addition, the bill would require schools to assess the physical fitness of students in grades 3 through 12.

While SNA-WI supports the general concept of SB 313, our association would ask you to consider making the following modifications to this important legislation that were made to AB 620 (the Assembly companion bill) by the Assembly Public Health Committee (via ASA 2 to AB 620):

1. **Increase the fat limit requirement for a la carte food items to contain no more than 35% of calories from fat** – rather than the 30% limit currently in the bill. According to the Dietary Guidelines for Americans, a fat intake of 25 to 35% of calories is recommended for children ages 4 to 18. This change would provide students with a wider range of healthy food options and allow school nutrition programs to better meet the needs of their customers/students.
2. **Exempt milk and cheese from the fat limit requirements.** SB 313 already exempts nuts and seeds from this provision. Milk and cheese are an excellent source of protein and calcium and should be encouraged as part of a student's diet.
3. **Provide greater flexibility in the type of low-calorie beverages that can be sold on school grounds during the school day.** SB 313 would limit schools to the sale of only water, milk or 100% fruit or vegetable juice. The substitute amendment to AB 620 would allow for the sale of soda water beverages containing less than 40 calories per container. This change would allow students more beverage options and school districts access to a much-needed revenue stream.

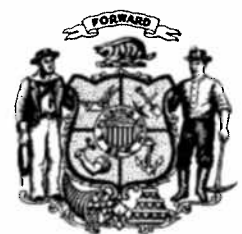
Unfortunately, the changes made to AB 620 did not include a **“Bell-to-Bell” amendment** that would apply the nutrition standards in the bill to foods sold to students and school staff as part of a classroom project or by a student club. Such an amendment would close a loophole that defeats the purpose of the bill. SNA-WI believes the message on good nutrition should be consistent during the entire school day, regardless of where or from whom a student is purchasing a food product.

The School Nutrition Association of Wisconsin strives to be a comprehensive school food service resource for child nutrition in Wisconsin, and our members are committed to advocating for properly-funded, quality nutrition programs for all students. With that in mind, SNA-WI supports the concept of SB 313 and its goal to improve school nutrition standards in Wisconsin.

However, SNA-WI and our 1,250 members would urge you take into account our recommendation to incorporate the changes made to AB 620 and include a “Bell-to-Bell” amendment to SB 313 before you take further action on the bill. Thank you for your thoughtful consideration of our request.



WISCONSIN STATE LEGISLATURE



March 25, 2010
Senate Committee on Education

**Department of Public Instruction Testimony on
Senate Substitute Amendment 1 to Senate Bill 313**

Thank you to Chairperson Lehman and members of the committee for the opportunity to testify before you today. My name is Doug White and I am the Director of the Student Services, Prevention and Wellness Team for the Department of Public Instruction (DPI). On behalf of State Superintendent Tony Evers I am here today to testify for information on Senate Substitute Amendment 1 to Senate Bill 313.

The department cannot overstate the importance of nutrition, health, and physical education in ensuring that every student has the opportunity to learn healthy habits and carry those habits forward both during and after their formal pre-K-12 education has been completed. The department's work to target obesity crosses teams and divisions as we coordinate our efforts in the areas of nutrition, health and wellness, and physical education. The goals of the substitute amendment, to ensure healthier foods are available to students and that schools are actively addressing physical fitness are in line with the department's work in this area and our efforts to make every child a graduate.

The DPI oversees nutrition programs for daycare, preschool, and school age children. The department serves healthy meals through the Child and Adult Care Food Program and the Summer Food Service Program. In addition, we oversee the federal school lunch, special milk, breakfast, after school snack, and fresh fruit and vegetable programs. All federal child nutrition programs for schools must adhere to the USDA Dietary Guidelines for Americans. These provide the requirements for the meal patterns used in the National School Lunch Program and the Breakfast Program. The School Meal Initiative Nutrient Analysis (SMI), which is a measure of consistency with the USDA Dietary Guidelines for Americans, is completed by DPI's public health nutritionists who are registered dietitians. They are required to analyze one week worth of menus from a school in each of our 425 school districts and all private schools every five years. Currently, USDA requires monitoring of calories, fat, saturated fat, protein, calcium, iron, and vitamins A and C. As a state, we also monitor for sodium, dietary fiber, and cholesterol. Part of the SMI process includes consultative assistance by the public health nutritionists to develop improvement plans to meet nutrition standards. The department does not provide similar assistance to school districts for foods sold outside the USDA meal programs.

Per USDA regulation, schools also must prohibit the sale of foods in the categories of minimal nutritional value and control the sale of any competitive foods in the food service areas during the designated meal periods. The rationale for this is that the availability of foods sold in competition with school meals jeopardizes the nutritional effectiveness of the programs and may be a contributor to the trend of unhealthy eating practices among children and subsequent health

risks. The substitute amendment carries this rationale forward to other foods and drinks sold at school or on school grounds by creating nutritional requirements, prohibiting the sale of soft drinks, and encouraging school fundraisers to follow these nutritional requirements.

Wellness policies became a USDA requirement for all schools to implement by the 2006-07 school year. Wellness policies have helped schools to address factors that contribute to childhood obesity, but schools have needed extensive education and support to meet and implement all the policy requirements. These policies must include:

- Goals for nutrition education, physical activity, and other school-based activities designed to promote student wellness;
- Nutrition guidelines selected by the district for all foods available on school grounds during the school day with the objectives of promoting student health and reducing childhood obesity; and
- A plan for measuring implementation of the local wellness policy.

The department does not regulate wellness policies, but we do provide guidance. School districts are not required to report their policies to the department and the department currently has no oversight authority in regards to these policies. As a result, while the department believes many school districts have made significant changes to the nutritional value of foods and drinks available on school grounds, we do not have any data to share with you today as to the status of those efforts.

The substitute amendment also requires an annual evaluation of all students grades 3-12 for aerobic capacity and for the state superintendent to develop rules to determine exceptions to the evaluation and the assessment instrument to be used. While physical education is required under statute, there are currently no state requirements for assessments of aerobic capacity.

Physical education is required to be provided at least three times per week in grades K-6 and weekly at the middle school level. In high school access must be provided to all students in grades 9-12 and 1.5 credits are needed for graduation. These credits are to be earned over three separate years. Given the high school requirements an annual evaluation, depending on the assessment instrument used, may pose administrative issues for students who do not take physical education one year in high school.

The only current effort underway by the department to evaluate the aerobic capacity of students is a voluntary program called the FitnessGram physical fitness test. This is an effort done in conjunction with the University of Wisconsin as part of a three-year project targeted towards middle schools. The FitnessGram is a software program that costs around \$350 per school and tests four components of fitness: aerobic capacity, strength, flexibility, and body composition. One option for testing aerobic capacity is the Progressive Aerobic Cardiovascular Endurance Run (PACER). Age and gender norms have been developed for these tests.

Schools do, however, use a variety of physical fitness assessments to evaluate students. We estimate that 30 to 40 percent of schools use the FitnessGram. However, schools also use the President's Challenge or self-designed assessments. The President's Challenge is a physical

fitness test that recognizes students for their level of physical fitness in 5 events: curl-ups or partial curl-ups, shuttle run, endurance run/walk, pull-ups or right angle push-ups, and V-sit or sit and reach. Students who score above the 50th percentile receive a Presidential Physical Fitness Award.

The department looks forward to working with the committee further on the issue of student health and nutrition and thanks you for the opportunity to testify before you today. I would be happy to answer any questions you may have.



WISCONSIN STATE LEGISLATURE



WISCONSIN  BEVERAGE
ASSOCIATION

Date?

Tim Schultz
President

Lisa Harmon
Vice President

School Beverage Vending Prohibition is Overly Restrictive and Unnecessary

The Wisconsin Beverage Association (WBA) urges that provisions relating to the sale of soft drinks in schools be deleted from Senate Bill 313. SB 313 was recently introduced by the Wisconsin Legislative Council and referred to the Senate Committee on Education.

Specifically the bill provides that **soft drinks may not be sold in vending machines at any time of day at school or on school grounds**. During the school day until the end of the school day, only water, milk, 100% fruit juice, 100% vegetable juice, or a blend of those juices may be sold on school grounds. One-half hour after the end of the school day, soft drinks that are not sold or dispensed by a vending machine may be sold at school or on school grounds. Beginning on July 1, 2011, all public schools, charter schools, and private schools may not enter into, modify or renew a contract with a vending machine operator or vendor unless the terms of the contract that will be in effect on July 1, 2012, comply with the restrictions in the bill.

The proposed prohibitions on the sale of soft drinks in schools do not reflect the significant progress that has already been made to provide students with a broad array of lower- and no-calorie options along with nutritious and smaller-portioned beverages. The progress began in 2006 when Wisconsin bottlers adopted the science-based *School Beverage Guidelines* that were created through the industry's collaboration with the Alliance for a Healthier Generation – a joint initiative of the William J. Clinton Foundation and the American Heart Association. The guidelines are designed to balance children's nutritional and hydration needs with appropriate caloric consumption for their age.

- For **elementary and middle schools**, beverage offerings are limited to **water, milk and juice** because parents believe, and we agree, that younger children need more guidance to choose foods and beverages appropriate for their nutrition and caloric needs.
- By the time students reach **high school**, parents believe children should have more freedom to choose their food and beverages during the school day. These guidelines provide more options for older children, while still capping calories and portion-sizes. **No full calorie soft drink products will be offered in any grade.**

Parents Support this Commonsense Approach

Parents think the industry's guidelines strike the right balance by limiting calories and increasing nutritious offerings in schools. A recent nationwide survey showed that 82% of parents surveyed preferred the school beverage guidelines over more restrictive alternatives, including a complete vending ban in schools

Committed to Implementation

In the three years since the beverage industry signed the Memorandum of Understanding with the Alliance for a Healthier Generation, companies have spent hundreds of hours training their marketing and sales teams about the guidelines. These teams have reached out to school contract partners to educate them. Companies have reformulated products. They have created new package sizes to meet the smaller portion sizes required in the guidelines. And, they have retrofitted vending machines to accommodate the changes in package sizes.

Progress Report

The *School Beverage Guidelines Progress Report 2007-2008* released in September, 2008 shows that the industry is cutting calories in schools and surpassing the benchmark goal for school contract compliance.

- Calories from beverages shipped to schools have dropped 58 percent across America.
- The guidelines called for 75 percent of schools under contract with bottlers to be in compliance by the start of the school year. Currently, 79 percent of school contracts are in compliance.
- Shipments of full-calorie soft drinks have been cut by nearly two-thirds (65 percent) in all schools.
- The beverage mix in schools continues to shift to waters, portion-controlled sports drinks, diet drinks and 100 percent juices.

Conclusion

The beverage industry's hard work is making change happen in schools across the country. No industry is doing more to help change the school landscape than ours. The *School Beverage Guidelines* are part of a broader effort to teach children the importance of a balanced diet and exercise. Our industry recognizes that schools are a unique environment, so we committed to doing our part in reinforcing with students the importance of balancing calories consumed with calories burned. While we applaud efforts to find new ways to address student nutrition, we hope state lawmakers will recognize and support the significant effort by this industry to change the beverage offerings in schools that is already well underway.

Attached is a full description of the Alliance for a Healthier Generation's School Beverage Guidelines as well as the progress report referenced above. Please let us know if you have any questions or would like additional information.

Kelly McDowell, Executive Secretary

Milwaukee: 414-482-1214 Fax: 414-482-1474 * Madison: 608-259-1212 Fax: 608-259- 1213



**SCHOOL BEVERAGE GUIDELINES
PROGRESS REPORT
2007-2008**

SEPTEMBER 10, 2008



School Beverage Guidelines Progress Report 2007-2008

Executive Summary

This School Beverage Guidelines Progress Report marks the second annual assessment of the impact and status of the School Beverage Guidelines. In May 2006, leading members of the beverage industry and the Alliance for a Healthier Generation announced a landmark voluntary policy that accelerates the shift to lower-calorie and smaller-portion beverages.¹ These School Beverage Guidelines are embodied in a memorandum of understanding (MOU) between the Alliance (a joint initiative of the American Heart Association and the William J. Clinton Foundation), the American Beverage Association (ABA) and three beverage producers: Cadbury Schweppes Americas Beverages (now Dr Pepper Snapple Group), The Coca-Cola Company and PepsiCo, Inc.

This Progress Report builds on the very extensive 2006-2007 Progress Report, available on ABA's website.²

As with the 2006-07 Report, it measures:

- The volumes of different products sold in schools at the elementary, middle and high school levels; and
- The percent of all school contracts complying with the MOU guidelines, broken down for the different categories of schools.

This Report was prepared by ABA in conjunction with Keybridge Research LLC, an independent policy research firm that performed the data analysis.³ The report has been reviewed by representatives of the Alliance. ABA members, including the three MOU signatories and their principal bottlers, collected and submitted the data presented in the report and also reviewed the report's findings and conclusions.

As with the 2006-07 Report, this current Report demonstrates that the beverage producers and their bottlers continue to make strong progress toward full implementation of the guidelines:

¹ A copy of the Guidelines is attached as Appendix A.

² Available at <http://www.ameribev.org/industry-issues/school-beverage-guidelines/download.aspx?id=157>

³ More on Keybridge Research LLC and the project team is available in Appendix B.

- ***School contract compliance has surpassed the benchmark goal:*** The MOU set forth a year-two goal of having 75 percent of schools under contract in compliance with the guidelines by the start of the 2008-09 school year. The industry has surpassed this benchmark, with **79 percent of schools under contract in compliance with the guidelines**. This percentage more than doubles the percentage of compliant contracts achieved one year ago (35%).
- ***Calories are coming out of the schools:*** The major swing toward lower-calorie beverages and the sharp drop in shipments of beverages such as full-calorie carbonated soft drinks (CSDs) resulted in a 58 percent decrease in total beverage calories shipped to schools between 2004 and the 2007-08 school year.
- ***The school beverage landscape has changed:*** There has been a shift in schools toward lower-calorie and higher nutrient beverages, including waters, 100% juices, and portion-controlled sports drinks, as envisioned under the guidelines. In addition, shipments of full-calorie CSDs to schools were 65 percent lower during the 2007-08 school year than they were in 2004, before the MOU went into effect.⁴

In light of the MOU's three year implementation timeline, the gains made during the first two years are particularly noteworthy given the challenges associated with educating and training bottlers and schools alike, revising financial arrangements between bottlers and schools, and reconfiguring product lines and equipment.⁵ These results demonstrate that the beverage companies and their bottlers are committed to bringing this policy to full fruition and promoting a healthy school environment.

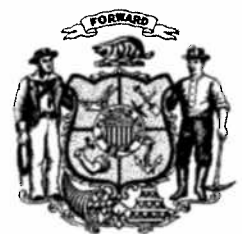
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⁴ In 2005, Dr. Robert Wescott, an independent economist with Keybridge Research LLC, conducted a study for ABA of beverage shipments to schools in 2004. This study, which is cited in the MOU as an example of the type of product analysis necessary to determine the impact of the guidelines, is used as the basis for comparison of the school product mix and shipments levels in 2004, 2006-07, and 2007-08.

⁵ For a full discussion of the challenges associated with implementation of the guidelines, please review the 2006-2007 Progress report, available on ABA's website.



WISCONSIN STATE LEGISLATURE



513-313

Date?

Establishing nutrition standards for “competitive foods” in schools

Nearly one in four of Wisconsin high school students are overweight or obese; these students have a 75% chance of becoming obese adults. Obesity can lead to serious chronic diseases, such as heart disease and type 2 diabetes. In order to stem the obesity epidemic, it is imperative to utilize a public health approach, such as school-based programs to promote healthful eating in our children and adolescents.

Targeting schools as a venue to promote healthful eating in our youth is logical. Our children spend nine months out of the year in school, five days a week and seven hours per day. Students consume between 1/3 and 2/3 of their daily meals and snacks at school.

One proposal to promote healthful eating in students is to establish nutrition standards for food and beverages sold outside of the school meal program called “competitive foods”. These are food and beverages sold in a la carte lines, snack bars, vending machines, and school fundraisers. Nationally, 97% of high schools and 82% of middle schools had vending machines in 2005. In that same year, almost all high schools and middle schools sold food and beverages a la carte. In Wisconsin, 60% of middle and high schools sell foods like soda, candy, chips, cookies, and snack cakes as a la carte and vending machine items. When available and accessible, kids will choose these items over healthier items. Having nutrition standards for competitive foods in schools will provide objective criteria that can be applied consistently and determine the foods and beverages that can and cannot be offered on a school campus. It changes the food environment such that the student now has to choose between a piece of fresh fruit or a healthy snack instead of having to choose between a bag of chips and a piece of fruit. When available and accessible, children and adolescents will eat more fresh fruits and vegetables. Students who eat more fruits and vegetables and limit higher calorie, low nutrition foods and beverages are less likely to be overweight or obese. Creating an environment in schools where it is easier to make a healthy food choice has the potential to decrease obesity in our students.

Twenty-seven other states and several school districts have adopted similar policies. It has been found that schools can maintain or increase revenue from the sale of healthful foods and beverages.

As a parent of three school-aged children, to me, a school district that takes the time to establish nutrition guidelines for the food served, whether in the cafeteria or in a la carte, says they understand the importance of nutrition and its well known association with academic achievement. As a family physician that works directly with children, adolescents, and adults with obesity and its health consequences, a school that offers healthful food choices says they want their food environment to be consistent with what is being taught in their classrooms and with what I and other primary care physicians are teaching in a clinic setting. As a public health professional and researcher on obesity and American Indian adolescents, this is an effort to raise the public’s awareness that child and adolescent obesity is the most serious public health issue facing us today. It is

common, very costly, and disproportionately affects communities of color and low income families.

Getting our children to consume more fruits and vegetables and less unhealthy snacks and sugar sweetened beverages is a formidable task. Establishing nutrition guidelines for a la carte and vending machine items in middle and high schools is a small step toward helping our students make healthier food choices on a consistent basis without harming the school's revenue. Supporting this legislation reflects a Wisconsin that is committed to investing in our students' academic performance, preventing and/or reducing adolescent obesity, and lowering health care costs. We cannot afford to pass up this opportunity.

Amy DeLong MD, MPH
Ho-Chunk Nation Department of Health
amy.delong@ho-chunk.com

Passing a test for child fitness

Wisconsin has an important opportunity to take a big step toward better fitness for our state's children.

On March 25, the Wisconsin legislature will hold a public hearing on a bill to implement statewide school-based fitness testing. We agree that having objective assessments of fitness in all Wisconsin children is sound and sensible health policy.

In Wisconsin and throughout the nation, childhood obesity and poor fitness are growing problems that will lead to early development of diabetes, heart disease and other health problems for many children. If current trends continue, the current generation of children has been projected to be the first to have a shorter average life span than their parents. This would be a disgraceful legacy, the thought of which should impel us to take action, individually and collectively, to help all children to live healthier lives.

Research clearly demonstrates that physical fitness and weight are both important predictors of good health. Unfortunately, on average, Wisconsin children are less physically active than ever before: Only 50 percent of high school students meet the requirement for 60 minutes of being physically active per day, and 25 percent are significantly overweight. Thus, programs that improve physical fitness and prevent excessive weight gain early in life are among the most important investments we can make in the future health of Wisconsin's children.

Designing, implementing, and evaluating such programs depend on having both the tools and opportunity to assess these health indicators. Reliance on obesity measurements such as body mass index (BMI) alone is inadequate because it discounts the importance of fitness and can be misleading in athletic children with high muscle mass. On the other hand, we now have more practical and precise techniques and standards than the Presidential Physical Fitness Tests of the past.

Schools are excellent settings for not only assessing but also promoting childhood fitness. Together with the Department of Public Instruction, our research group showed that implementation of a valid fitness testing program in schools is achievable during PE class, effective at promoting increased activity, and capable of improving health. In the state of Wisconsin, however, no physical fitness testing of any kind is currently required.

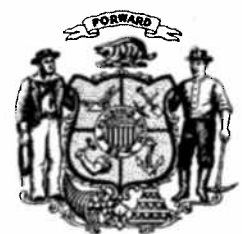
Understandably, our children's fitness-improvement needs would be a critical impetus for parents, communities and policy-makers to begin work together to create safe and accessible environments that help kids to be physically active. We urge Wisconsin's leaders, by passing this bill, to support improving and monitoring childhood fitness, and by doing so, further strengthen Wisconsin's commitment to the health of its children.

Aaron Carrel, MD and David Allen, MD
Department of Pediatrics
University of Wisconsin School of Medicine and Public Health

Aaron Carrel, MD
Associate Professor of Pediatrics
University of Wisconsin Children's Hospital
Pediatric Endocrinology, Diabetes, and Fitness



WISCONSIN STATE LEGISLATURE



SB 313? Date?



www.HealthierGeneration.org

Alliance for a Healthier Generation School Beverage Guidelines

Background

The Alliance for a Healthier Generation, a joint initiative of the American Heart Association and the William J. Clinton Foundation, is committed to fighting childhood obesity by facilitating change in the environments that contribute to the quality of nutrition and access to physical activity for our nation's youth.

In conjunction with its Healthy Schools Program, the Alliance met with representatives from beverage companies PepsiCo, Coca-Cola, and Dr Pepper Snapple Group (formerly Cadbury Schweppes) as well as representatives from the American Beverage Association, to develop a set of voluntary guidelines related to the sale of beverages in our nation's schools. The guidelines also serve as the beverage standard for the Healthy Schools Program recognition criteria. The standards encourage the availability of nutritious and lower calorie beverages and will both reduce the calories and limit portion sizes for caloric drinks available to students in schools.

There is no one solution to solve the issue of childhood obesity, but the core of the problem lies with the fact that young people consume more calories than they burn. These guidelines are just one part of an overall strategy to decrease calories consumed while increasing calories burned. Along with the Alliance's other strategies – improving snack foods and meals available to students and increasing physical activity and physical education – these guidelines could make a significant contribution to reducing childhood obesity.

In addition, this agreement provides clear, science-based guidance to help schools across the country working to create healthier environments, identify lower-calorie and nutritious beverage offerings for their students.

The Alliance launched its Healthy Schools Program in February of 2006. The program takes a comprehensive approach by recognizing schools that improve nutrition in the foods and beverages sold; increase both physical education and physical activity before, during and after the school day; provide nutrition education; and establish staff wellness programs.

The Guidelines

Elementary School

- Bottled water
- Up to 8 ounce servings of milk and 100% juice
 - Fat-free or low fat regular and flavored milk and nutritionally equivalent (per USDA) milk alternatives with up to 150 calories / 8 ounces*
 - 100% juice (or 100% juice plus water) with no added sweeteners, up to 120 calories / 8 ounces, and with at least 10% of the recommended daily value for three or more vitamins and minerals

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Middle School

- Same as elementary school, except juice and milk may be sold in 10 ounce servings
- As a practical matter, if middle school and high school students have shared access to areas on a common campus or in common buildings, then the school community has the option to adopt the high school standard

High School

- Bottled water
- No- or low-calorie beverages with up to 10 calories / 8 ounces
- Up to 12 ounce servings of milk, 100% juice, and certain other drinks
 - Fat-free or low fat regular and flavored milk and nutritionally equivalent (per USDA) milk alternatives with up to 150 calories / 8 ounces*
 - 100% juice (or 100% juice plus water) with no added sweeteners, up to 120 calories / 8 ounces, and with at least 10% of the recommended daily value for three or more vitamins and minerals
 - Other drinks with no more than 66 calories / 8 ounces
- At least 50% of non-milk beverages must be water and no- or low-calorie options

** Because of unique CA state milk regulations, the calorie limit for fat-free and low fat flavored milk in CA schools is 180 calories / 8 oz.*

These guidelines apply to beverages sold on school grounds during the regular **and** extended school day. (The extended school day includes before and after school activities like clubs, yearbook, band, student government, drama and childcare/latchkey programs.) These guidelines do not apply to school-related events where parents and other adults are part of an audience or are selling beverages as boosters during intermission, as well as immediately before or after an event. Examples of these events include school plays and band concerts.

This is a ground breaking development for the health of our nation's students. The guidelines set a high standard for portion control, nutrition quality, and calorie limits in grades K-12. The Alliance commends the leadership of the beverage industry for working to address health and wellness issues in schools. The Alliance also commends the efforts of the advocates and leaders who have worked to improve the nutrition in their districts, states, and the nation as a whole. This agreement will not undo those efforts.

Implementation and Progress

The goal of the parties is to achieve implementation of these standards in 75% of schools under contract prior to the beginning of the 2008-2009 school year. Parties will strive to achieve implementation for all schools prior to the beginning of the 2009-2010 school year, provided schools and school districts are willing to amend existing school contracts.

Beginning in 2007, the American Beverage Association along with Coca-Cola, Dr Pepper Snapple Group, and PepsiCo supported an annual analysis of the impact and status of these guidelines. After two years of implementing the Guidelines, 79% of school contracts were in compliance and there was a 58% decrease in beverage calories shipped to schools since 2004.