Society of Behavioral Medicine Position Statement:
Retain Healthy School Lunch Policies

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The Society of Behavioral Medicine supports retaining current school lunch standards set by the Healthy, Hunger-Free Kids Act of 2010 to improve the health of children.

Background

The National School Lunch Program (NSLP) provides nutritionally balanced low-cost or free meals to millions of school children across the United States.[1] This program is particularly important for children who are at risk for nutritional deficits, such as those living in food insecure households. In 2013, the United States Department of Agriculture (USDA) reported that approximately 14% of households in the U.S. were "food insecure" at least some time during the past year, with insufficient access to enough food.[2] Studies show that children in marginally secure and food-insecure households are more likely to eat school meals and receive more of their food from school meals than more affluent children. Consequently, these meals can play a significant role in helping children meet their dietary requirements. Moreover, these healthy meals may shape food preferences and patterns of K-12 children for those at high risk for adverse health outcomes, including obesity.

In 2010, the Healthy, Hunger-Free Kids Act was passed[3] to revise the national school meal standards to be consistent with the most recent Dietary Guidelines for Americans[4] and Institute of Medicine recommendations.[5] The Healthy, Hunger-Free Kids Act of 2010 made significant improvements to school meal standards including:

* Increasing the availability of whole grains, fruits, and vegetables.
* Requiring children to select a fruit or vegetable daily.
* Restricting serving sizes by limiting total calorie consumption by child age and grade level.

These revised standards went into effect at the beginning of the 2012-13 school year.[6] Preliminary research suggests that the changes have resulted in increased fruit and vegetable intake at school.[7] Although data are limited due to the recent implementation of these changes, these initial findings are promising. For example, in a sample of 1,030 children attending four schools in an urban, low-income district, fruit selection increased by 23% and vegetable consumption increased by 16.2% from pre- to post-implementation of the revised standards.[7] **Therefore, these improved guidelines have the potential to improve population-level health of American children.**

Initial Reactions

Despite the potential public health impact of the Healthy, Hunger-Free Kids Act of 2010, there has been some initial push back on the changes from various stakeholders including policymakers, school food service directors, teachers, parents, and students.[8] The two main concerns are (1) the children don't like the fruits and vegetables, and (2) the changes increase plate waste.

Child Food Preferences

Research in this area shows that children are more willing to try new foods after nutrition is taught in the classroom.[9-11] Nutrition education has also been linked to improved academic achievement.[12] Most importantly, repeated exposures are necessary for children to "like" new foods, and children find fruits and vegetables more acceptable after repeated exposures.[13]

In addition to educational and behavioral considerations, environment also plays a role in promoting more healthful eating. At the Cornell Center for Behavioral Economics in Child Nutrition Program, Wansink and colleagues have developed "smarter" lunchrooms and have found that small and simple environmental changes that make more healthful foods such as fruits and vegetables accessible, attractive, and normative result in increased consumption.[14-15] Examples of these changes include:

* Giving healthy foods fun names.
* Placing healthy items in front of the food line.
* Displaying fresh fruit in attractive bowls.

Wansink and colleagues also found that making the selection of more healthful foods normative by having cafeteria

staff verbally prompt the selection of a fruit or vegetable increased intake. Therefore, during this transition period, children may benefit from repeated exposure to foods, in addition to small environmental lunchroom modifications that can make these more healthful foods accessible, attractive, and normative.

Plate Waste

Many who have opposed the changes argue that plate waste has increased. Although this concern received widespread media attention, this claim is anecdotal. Cohen and colleagues measured food waste changes from pre- to post-implementation of the revised standards and found no increases in waste for entrees, fruits, or vegetables.[7] A recent study followed a cohort of 680 fifth-graders and measured changes in plate waste and fruit and vegetable consumption from 2012-14. Results showed a decrease in plate waste from pre- to post-implementation, and students increased both their vegetable and fruit consumption.[16] **Therefore, the current available data supports that the Healthy, Hunger-Free Kids Act changes have improved healthy eating *without* creating additional waste.**

Summary and Recommendations

Schools are recognized as venues for population-based health promotion and disease prevention initiatives targeting children, and the school food environment is a central component. The Healthy, Hunger-Free Kids Act of 2010 utilized research-based findings and expert recommendations to significantly improve school lunch standards in the K-12 setting to enhance nutritional intake and ultimately the health of our children. Despite initial concerns, there is currently no evidence that the revised standards have increased school lunch plate waste. However, there is evidence that children are consuming more healthful foods.

The Healthy, Hunger-Free Kids Act of 2010 is set to expire September 30, 2015, and will be up for reauthorization. Based on current data, the Society of Behavioral Medicine (SBM) recommends the following:

1. SBM supports retaining current school lunch standards set by the Healthy, Hunger-Free Kids Act of 2010 and implemented by the USDA in 2012. SBM joins the American Public Health Association, the American Medical Association, the American Heart Association, the Preventive Cardiovascular Nurses Association, and other individuals, groups, and organizations in opposing the weakening of these standards.[17]
2. Given concerns about child food preferences, SBM suggests that schools:
   - Promote traditional and innovative nutrition education formats (e.g., farm tours, urban farming, demonstration kitchens) to children of all ages.
   - Repeatedly encourage the consumption of healthful foods.
3. Given concerns about plate waste, SBM encourages school administrators to consider making small environmental changes in their lunchrooms to make more healthful eating accessible, attractive, and normative.
4. SBM strongly supports increasing the evidence-base by evaluating the implementation and impact of the school lunch revisions.

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