SB 129 requires each school district board of education and the state charter school institute to adopt and implement a policy that requires beverages for sale to students from any source to meet minimum nutritional requirements. The minimum nutritional requirements delineated in the bill are the guidelines agreed to under the memorandum of understanding negotiated between the Alliance for a Healthier Generation (a joint initiative of the American Heart Association and the William J. Clinton Foundation) and the American Beverage Association, Cadbury Schweppes Americas Beverages, the Coca-Cola Company, and PepsiCo, Inc. The bill allows some exceptions, for example, sales of beverages at an extracurricular event such as a sports event or school play. The provisions of the bill apply to contracts entered into or renewed by a school district on or after September 1, 2008.

The bill also changes a statute around school nutrition policies. The bill repeals previous language that “encourages” school boards to adopt policies that provide healthier foods and beverages and, instead, requires schools to adopt such policies and requires the implementation of the above mentioned beverage guidelines.

**Background**

*Prior statutory requirements*

Under current law, school district boards of education are *encouraged* to adopt a policy providing that 50% of items offered in vending machines meet acceptable nutritional standards. Those standards for beverages are as follows:

1) Plain, unflavored, noncarbonated water  
2) Milk, including chocolate milk  
3) 100% fruit juices or fruit-based drinks composed of no less than 50% juice without added sweeteners  
4) Sports drinks with 42 grams or fewer additional sweetener per 20 oz. serving

*Alliance for a Healthier Generation Agreement*

In May of 2006, the Alliance reached an agreement with Cadbury Schweppes, Coca-Cola, PepsiCo and the American Beverage Association to implement School Beverage Guidelines. Companies that participate in the memorandum of understanding will only offer products that comply with the guidelines. The goal of participating companies is to have the beverage guidelines fully implemented by 2009/2010.

The bill would implement the guidelines negotiated by the Alliance for a Healthier Generation. Those beverage guidelines are as follows:

**Elementary School**

- Water  
- Milk and 100% Juice: up to 8 ounce servings  
  - Fat-free or low fat regular and flavored milk with up to 150 calories / 8 ounces
Middle School

- Water
- Milk and 100% Juice: up to 10 ounce servings
  - Fat-free or low fat regular or flavored milk with up to 150 calories / 8 ounces
  - 100% juice 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
- 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

- Water
- No or low calorie beverages with up to 10 calories / 8 ounces
- Milk, 100% Juice, and certain other drinks: up to 12 ounce servings
  - Fat-free or low fat regular and flavored milk with up to 150 calories / 8 ounces
  - 100% juice 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

Local Experience

In the Poudre School District, there are no vending machines in elementary schools, but they are available to students in middle and high schools. According to Virginia Englert, the CanDo (Coalition for Activity & Nutrition to Defeat Obesity) Coordinator, the Poudre School District is in compliance with the Alliance beverage guidelines. The change was implemented in 2007. In conjunction with Virginia, staff is looking for data indicating what products changed and what happened to sales from vending machines after the changes dictated by the Alliance beverage guidelines went into effect.

Evidence from Health District Analysis on School Policy to Prevent Childhood Obesity

At the request of CanDo, the Health District analysis examined school policy options to prevent obesity including changes to the school food environment and school activity environment. After evaluating the level of evidence available on policies that changed the school activity environment versus policies that made changes to the school food environment, staff recommended changes in the type of competitive foods available in schools. There was more compelling evidence that changes to the food environment, particularly competitive foods and beverages available in schools, would be a more efficacious intervention than changes to the school activity environment. Staff recommended the implementation of the nutrition standards for competitive foods and beverages developed by the committee convened by the Institute of Medicine (IOM). Staff noted that while the Alliance for a Healthier Generation had developed a voluntary set of beverage nutrition standards, these standards are not as stringent as the standards proposed by the IOM committee. For example, the IOM standards do not allow beverages such as sports drinks which are very calorie dense.

One concern raised by the bill, and policy interventions requiring healthier competitive foods and drinks in general, is that schools could lose revenue if vending machine sales fell in response to changes to healthier options. There is little evidence regarding changes in revenue in response to changes in beverage selection. The IOM report on Nutrition Standards for Foods in Schools looked at some evidence around the effect of restrictions on competitive foods and beverages. The IOM report concluded that, “First, it is unclear that schools can implement changes in competitive foods and beverages without losses in net income. Second, it appears that the routine availability of accounting information in schools is limited, and thus it is difficult to fully assess changes in net income.” The report further concluded that, “Insufficient evidence is available to determine the financial impact of restricting competitive foods and beverages.”

Why is this issue important?

The growing prevalence of childhood obesity is a cause for significant concern. According to the Centers for Disease Control and Prevention, “Data from two NHANES (National Health and Nutrition Examination Survey) surveys (1976–1980 and 2003–2004) show that the prevalence of overweight is increasing: for children aged 2–5 years, prevalence
increased from 5.0% to 13.9%; for those aged 6–11 years, prevalence increased from 6.5% to 18.8%; and for those aged 12–19 years, prevalence increased from 5.0% to 17.4.”

Like adults, children who are overweight are at risk for a number of health problems related to their obesity. Many diseases associated with obesity in adults are now being diagnosed in children, including cardiovascular diseases and metabolic disorders like Type 2 diabetes. Public health and medical professionals are deeply concerned that the early onset of traditionally adult chronic diseases may cause serious health consequences for children living with these illnesses for decades longer than adults. With the exception of very young children (under 2), overweight children are much more likely than their peers to become overweight adults. The potential health consequences faced by overweight children who grow into overweight adults will create an increasing burden on our country’s health care system. While costs to the health care system generated by childhood obesity are a cause for serious concern, it is also important to note the significant toll obesity-related morbidities will take on children’s quality of life and their likelihood of remaining free of disability.

Both a workshop convened by the National Institute of Health on childhood obesity and the World Health Organization cited good evidence that implicated consumption of sugar-sweetened beverages with the development of obesity in children. In light of those findings, staff recommended that any school policy implemented to prevent the development of obesity make significant changes to the school food environment. In particular, staff included changes to the kind of beverages available throughout the school day as part of the final recommendations in the report.

**Reasons to support bill:**

- There is good evidence that consumption of high-calorie, sugar-sweetened beverages are contributing to the rising prevalence of childhood obesity. Research has documented that children’s beverage consumption patterns have changed over the past two decades with consumption of beverages like soda replacing or crowding out the consumption of milk and water. Sugar sweetened beverages can contribute a significant number of calories to children’s daily diet without any nutritional benefit. Evidence indicates that policy changes which discourage the consumption of high calorie sugar sweetened beverages could play a role in preventing childhood obesity.
- Although all the major beverage manufacturers have signed on to the Alliance guidelines, it is possible that the industry could seek changes loosening the guidelines in the future. Putting the Alliance guidelines into statute will ensure that strong standards remain in place even in the event there are changes weakening the Alliance agreement.
- The bill will ensure that every school district enters into contracts that comply with the guidelines in a timely manner.
- The bill requires rather than encourages schools to adopt polices around healthful foods and beverages. While some school districts have already done so, the bill would ensure that every school district adopt policies that have a positive impact on the school food environment.
- Although there is limited evidence on the impact of changes to competitive food and beverages in schools and schools may be concerned about revenue loss, the industry is moving forward with implementing the guidelines. Eventually, schools will not have the option of retaining high calorie or large portion products to keep revenue high because beverage distributors will only offer products that comply with the guidelines.

**Reasons to oppose bill:**

- The bill preempts the ability of local school boards to make their own decisions on policies around school foods and beverages.
- The standards in the bill are prescriptive and putting them into statute makes it very difficult to make changes if changes are needed.
- The beverage industry is recognizing the need for lower calorie beverages in schools and is moving forward with voluntary implementation. There is no need to put the guidelines into statute and to do so could elicit resistance from school districts that value local control over these types of decisions.
Amendments to the bill
The bill was amended in committee on February 20 to address concerns that putting the Alliance guidelines into statute removed some flexibility to make changes when needed. The amendment changed the bill by striking the section putting the Alliance guidelines into statute and instead directs the state Board of Education to promulgate rules that describe the kind of beverages which may be sold to students. Beverages must satisfy minimum nutritional guidelines which are “science-based and established by a national organization that establishes and promotes minimum nutritional guidelines for beverages served to students in schools.” The amendment also deleted the provisions requiring schools to adopt the wellness policies and policies around nutritious food.

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About this Analysis
This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. Analyses are based on bills or issues at the time of their consideration by the Board and are accurate to the best of staff knowledge. It is suggested that people check to see that a bill has not changed during the course of a legislative session by visiting the Colorado General Assembly web page at www.state.co.us/gov_dir/stateleg.html. To see whether the Health District Board of Directors took a position on this or other policy issues, please visit www.healthdistrict.org/policy.

About the Health District
The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves.

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