School Health Policies and Programs Study 2006
Healthy Eating

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Welcome to the 2006 School Health Policies and Programs Study, or SHPPS. SHPPS is a national survey conducted every six years to assess the characteristics of eight components of school health programs at the elementary through high school levels. It provides data to help improve school health policies and programs, nationwide.

Healthy eating is an essential component of a healthy lifestyle and is associated with an increased life expectancy, increased quality of life, and reduced risk for many chronic diseases, including cardiovascular disease, cancer, and diabetes.

Dietary habits and preferences form in childhood and become habitual over time. As individuals move from childhood through adolescence and into adulthood, their dietary intake of key nutrients, such as iron and calcium, decreases. School-based nutrition education and supportive school environments are needed to help youth eat more healthfully to prevent obesity and associated negative outcomes.

Schools are in a unique position to promote healthy dietary behaviors and help ensure appropriate nutrient intake through offering nutritious school meals, comprehensive nutrition education, and a healthy school nutrition environment.

Foods available in schools fall into three categories: the federal school lunch and breakfast programs, a la carte food items available in the school cafeteria, and foods available in vending machines and other venues outside the school cafeteria.

Although improvements in the nutritional quality of school meals have been documented, SHPPS 2006 data indicate that nutrition services programs in many schools continue to need improvement.

Students are presented daily with widespread availability of foods and beverages high in fat, sodium, and added sugars as a la carte choices. In 2006, students at 89 percent of high schools, 71 percent of middle schools, and 33 percent of elementary schools had access to foods and beverages at school through vending machines, school stores, canteens, or snack bars.

When students are taught in the classroom about good nutrition and healthy food choices, but are surrounded by a variety of venues offering primarily low nutritive foods, they receive an inconsistent message about healthy food choices. While many schools sold bottled water and 100 percent fruit or vegetable juice through vending machines or school stores, schools also sold items high in fat, sodium, and added sugars, such as high fat cookies, salty snacks, and sugary soft drinks.

Although the percentage of schools in which students could purchase ice cream and non-low fat baked goods and salty snacks decreased between 2000 and 2006, three fourths of high schools

still sold soft drinks and sports drinks, and 61 percent sold salty snacks not low in fat. More than one fifth of schools allowed students to buy food and beverage items from vending machines or school stores during the lunch period, thereby providing an obvious disincentive for participation in the school lunch program. Nationwide, 7 percent of elementary schools, 28 percent of middle schools, and 64 percent of high schools also allowed students to buy food and beverages from these venues before classes start in the morning.

Still, some key improvements have occurred in the school nutrition arena since 2000. The percentage of states and districts that prohibited schools from offering junk foods in vending machines increased from 2000 to 2006.

At the school level, the percentage of schools selling bottled water in vending machines or school stores increased. Fewer schools sold cookies, cake, or other high-fat baked goods in vending machines or school stores. In the cafeteria, more schools offered salads a la carte, and fewer sold deep-fried potatoes a la carte.

At a minimum, states, districts, and schools should examine their food-related policies and consider policies to decrease access to foods and beverages that are low in nutrients and high in fats and sugars. They should also consider strategies for making healthier alternatives more accessible and attractive to students in terms of appearance, taste, and cost.

Given the wide availability of foods and beverages, schools should encourage greater daily consumption of fruits, vegetables, whole grains, and nonfat or low-fat dairy products whenever students have opportunities to eat and drink.

For additional information and resources about SHPPS, including a detailed report, school health component and topic specific fact sheets, podcasts, a state-level summaries document, questionnaires, analytic data files, technical documentation, and archives of previous SHPPS studies, visit www.cdc.gov/SHPPS.

For the most accurate health information, visit www.cdc.gov or call 1-800-CDC-INFO, 24/7.