

# SMI Success!

SMI success is as simple as understanding the concepts in this guidance manual and then applying them to your school food authority (SFA) foodservice operation. So let's get started in determining what this manual has to offer you.

The purpose of this manual is to help foodservice directors, supervisors, and managers successfully implement the U.S. Department of Agriculture's (USDA's) School Meals Initiative for Healthy Children (SMI) regulations within the scope of daily practice. Because there is so much available information on SMI, it can be overwhelming to find answers to your questions and concerns. This manual includes SMI information and resources, so you and your staff can more easily provide nutritious meals and a healthy environment for your students.

**NOTE**

*"The Road to SMI Success" **replaces** USDA's "Healthy School Meals Training." It serves as a complement to USDA's "Menu Planner for Healthy School Meals." It is suggested that you become familiar with the "Menu Planner for Healthy School Meals" before using this manual.*

## What's in This Manual?

- ◆ A comparison chart of the various menu planning approaches to help get you started in determining which approach best meets your SFA's/school's SMI needs
- ◆ Advantages and disadvantages of each menu planning approach to provide you with assistance in the decision process
- ◆ Procedures and a self-evaluation checklist to determine what it takes to implement each USDA menu planning approach
- ◆ Tips for helping you choose the correct age/grade groupings for your menus and nutrient analysis
- ◆ New and expanded Nutrient Standard Menu Planning/Assisted Nutrient Standard Menu Planning (NSMP/ANSMP) guidance
- ◆ Daily practices and practical tips to meet the nutrition goals for all menu planning approaches
- ◆ A discussion on how Team Nutrition can help your efforts to improve the school nutrition environment
- ◆ Tips on how to prepare for an SMI review
- ◆ A list of valuable SMI resources and contact information, with an emphasis on Team Nutrition resources
- ◆ A tabbed section to insert new SMI materials provided by your State agency or USDA



## A Companion Manual

The companion manual, *Nutrient Analysis Protocols: How to Analyze Menus for USDA's School Nutrition Programs*, is a guide for conducting an accurate nutrient analysis of your menus. It is intended for:

- ◆ SFAs/schools using the NSMP or ANSMP approach that are required to conduct a nutrient analysis of their menus.
- ◆ SFAs/schools using one of the food-based menu planning approaches that conduct their own nutrient analysis and want the State agency to accept their nutrient analysis for the SMI review.
- ◆ State agencies conducting a nutrient analysis during an SMI review of an SFA using a food-based menu planning approach.

## What Is SMI?

The School Meals Initiative (SMI) includes all of the National School Lunch Program (NSLP) and the School Breakfast Program (SBP) regulations and policies that address the nutrition standards for school meals. These SMI regulations augment the statutory nutrition requirements for the NSLP and the SBP and provide SFAs/schools with a variety of alternatives for planning menus. In addition, SMI encompasses actions to support State agencies and school food authorities in improving school meals and encouraging children to improve their overall diets. These actions include training school foodservice personnel to serve healthy meals and teaching children to make healthy dietary choices.

USDA issued the final *School Meals Initiative (SMI) for Healthy Children* regulations in 1995 after the passage of the *Healthy Meals for Healthy Americans Act of 1994*<sup>1</sup>, which requires that meals under the NSLP and SBP meet the *Dietary Guidelines for Americans*. The SMI regulations define how the *Dietary Guidelines* are applied to school meals.

### NOTE

*SMI involves more than nutrient analysis and the SMI review. SMI is an ongoing process to provide nutritious school meals to children and motivate children to make healthy choices.*

<sup>1</sup>PL. NO. 103-448, SEC.106(1994)

## Improving School Meals Involves a Roadmap

USDA realizes that improving school meals is a coordinated process involving more than putting food on a student's plate. Based on testimony and comments that USDA received during public hearings prior to publishing the proposed rule on June 10, 1994, USDA developed these five guiding SMI principles:

1. **Healthy children** – Provide access to healthy meals to children to promote their health, prevent disease, and meet the *Dietary Guidelines for Americans*.
2. **Customer appeal** – Involve students, parents, teachers, and the food and agriculture community in messages about menu changes, while ensuring that food items that are changed have eye appeal and taste good.
3. **Flexibility** – Recognize regional and economic differences in school districts/schools by offering them choices in menu planning.
4. **Investing in people** – Provide the necessary training and technical assistance to school districts/schools and foodservice staff needed to bring about nutrition changes and build the nutrition skills of their students.
5. **Building partnerships** – Forge partnerships throughout the public and private sectors to ensure that students receive healthy meals and to increase cost effectiveness.

## Working Toward Specific Nutrition Goals: Going Beyond Meal Patterns

Prior to SMI, the school meals programs required meals to meet specific meal pattern requirements. SMI goes beyond the required meal patterns by setting specific nutrition goals to ensure healthy school meals.



SMI nutrition goals include:

### USDA SCHOOL MEALS INITIATIVE FOR HEALTHY CHILDREN - NUTRITION GOALS

#### Recommended Dietary Allowances (RDA)

- ◆ 1/4 RDA for appropriate age/grade group for breakfast for protein, calcium, iron, vitamins A and C
- ◆ 1/3 RDA for appropriate age/grade group for lunch for protein, calcium, iron, vitamins A and C

#### Recommended Energy Allowances (calories)

- ◆ Appropriate for age/grade group

#### Dietary Guidelines for Americans<sup>1</sup>

- ◆ Eat a variety of foods
- ◆ Limit total fat to  $\leq 30\%$  of calories
- ◆ Limit saturated fat to  $< 10\%$  of calories
- ◆ Choose a diet low in cholesterol
- ◆ Choose a diet with plenty of vegetables, fruits, and grain products
- ◆ Choose a diet moderate in salt and sodium

#### KEY

*“The 1995 Dietary Guidelines” did not set specific levels for dietary intake of sodium, cholesterol, and fiber. The SMI goal is to decrease levels of sodium and cholesterol and increase levels of fiber in school meals over a period of time. Some State agencies may develop target levels for these nutrients. Check with your State agency for guidance.*

#### RESOURCE

*“A Menu Planner for Healthy School Meals” is an excellent resource on meeting the nutrition goals in school meals. If you do not have this publication in every school, refer to the section, SMI Resources, for information on ordering or downloading from the Team Nutrition website: [www.teamnutrition.usda.gov](http://www.teamnutrition.usda.gov).*

<sup>1</sup> The Dietary Guidelines recommend that after 2 years of age, children should gradually adopt a diet that, by about 5 years of age, contains no more than 30 percent of calories from fat and less than 10 percent of calories from saturated fat. (Based on 1995 DGA)

## SMI Is Important: Showing the Way

This manual provides the roadmap for meeting vital nutrition goals for our Nation's school children. We know that healthy school meals provide much of the energy and nutrients children need for the day. The vision of the *USDA School Meals Initiative* is simple: Improve the health and enhance the ability to learn for school children through better nutrition.

The National School Lunch Program began in post-war 1946 because of the high rate of rejections for military service due to health problems related to malnutrition. While there is still some evidence of malnutrition due to insufficient intake of calories and other nutrients, the prevalence of malnutrition today is due to excessive caloric consumption and/or physical inactivity resulting in overweight children. The following statistics are also included in Appendix A for reproduction as a handout.

### Current scientific research indicates these and other trends in children's health:

- ◆ Childhood obesity has reached epidemic proportions. The percentage of children who are overweight has more than doubled since 1970, and the percentage among adolescents has tripled.<sup>2</sup>
- ◆ More than 10 percent of younger pre-school children between ages 2 and 5 were overweight in 2003, up from 7 percent in 1994<sup>3</sup>
- ◆ These overweight children are a greater risk for psychological disorders such as decreased self-esteem and depression, and their suffering goes beyond teasing and taunts.<sup>4</sup>
- ◆ Overweight children and adolescents are more likely to become obese adults, increasing their risk for chronic diseases later in life.
- ◆ Type 2 diabetes, which is closely linked to overweight, has skyrocketed among children and adolescents over the past decade. Childhood obesity has also been associated with increased rates of high cholesterol and high blood pressure among children.

2 Ogden, CL, Flegal, KM, Carroll MD, and Johnson CL. Prevalence and Trends in Overweight Among U.S. Children and Adolescents, 1999-2000. *JAMA* 2002 288 (14): 1728-1732.

3 US HHS Press Office. HHS, USDA Takes Next Step in Obesity Fight, Press Release, October 2002.

4 Sanjay Gupta, M.D., Why Adolescent Obesity Can Have Grim Consequences, *TIME*, May 2002.



- ◆ The long-term complications can be devastating. Untreated, diabetes can lead to blindness, kidney failure, leg amputations, stroke, heart disease, and early death.
- ◆ Former U.S. Surgeon General David Satcher warned that overweight and obesity, left unabated, might soon cause as much preventable disease or death as cigarette smoking.

**Current trends in children’s diets are also alarming:**

- ◆ Only 2 percent of school-aged children meet the Food Guidance System recommendations for all five food groups. Less than one in five children eat the recommended amount of fruits or vegetables. The vast majority of children consume too much fat and sodium.<sup>5</sup>
- ◆ Mean calcium intake by females ages 9 to 13 and 14 to 18 is very low — 65 and 54 percent of Adequate Intake based on the Dietary Reference Intake.<sup>6</sup>
- ◆ Children’s consumption of soda increased by 40 percent from 1989 — 1991 to 1994 — 1996. Milk product consumption dropped significantly during this period. The decrease in milk product consumption may be related to the decrease in calcium intake for some subgroups.<sup>7</sup>
- ◆ Children with unhealthy eating patterns tend to maintain those unhealthy habits into adulthood.

**Schools Can Make a Difference**

Schools can influence students’ eating and physical activity patterns. It is important to establish healthy behaviors at a young age because change becomes more difficult as we get older. Providing healthy food choices in a positive school nutrition environment can lead to success.

Your role as a foodservice director, supervisor, or manager is to make sure that healthy food choices are available for student selections so that the school cafeteria becomes a learning laboratory for nutrition education.

5 U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition and Evaluation, Changes in Children’s Diets: 1989-1991 to 1994-1996, CN-01-CD2, by Phil Gleason and Carol Suitor. Alexandria, VA: 2001. Available online at [www.fns.usda.gov/oane/default.htm](http://www.fns.usda.gov/oane/default.htm).

6 Ibid.

7 U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition and Evaluation, Children’s Diets in the Mid-1990s: Dietary Intake and Its Relationship with School Meal Participation, CN-01-CD1, by Phil Gleason and Carol Suitor. Alexandria, VA: 2001. Available online at [www.fns.usda.gov/oane/default.htm](http://www.fns.usda.gov/oane/default.htm).

