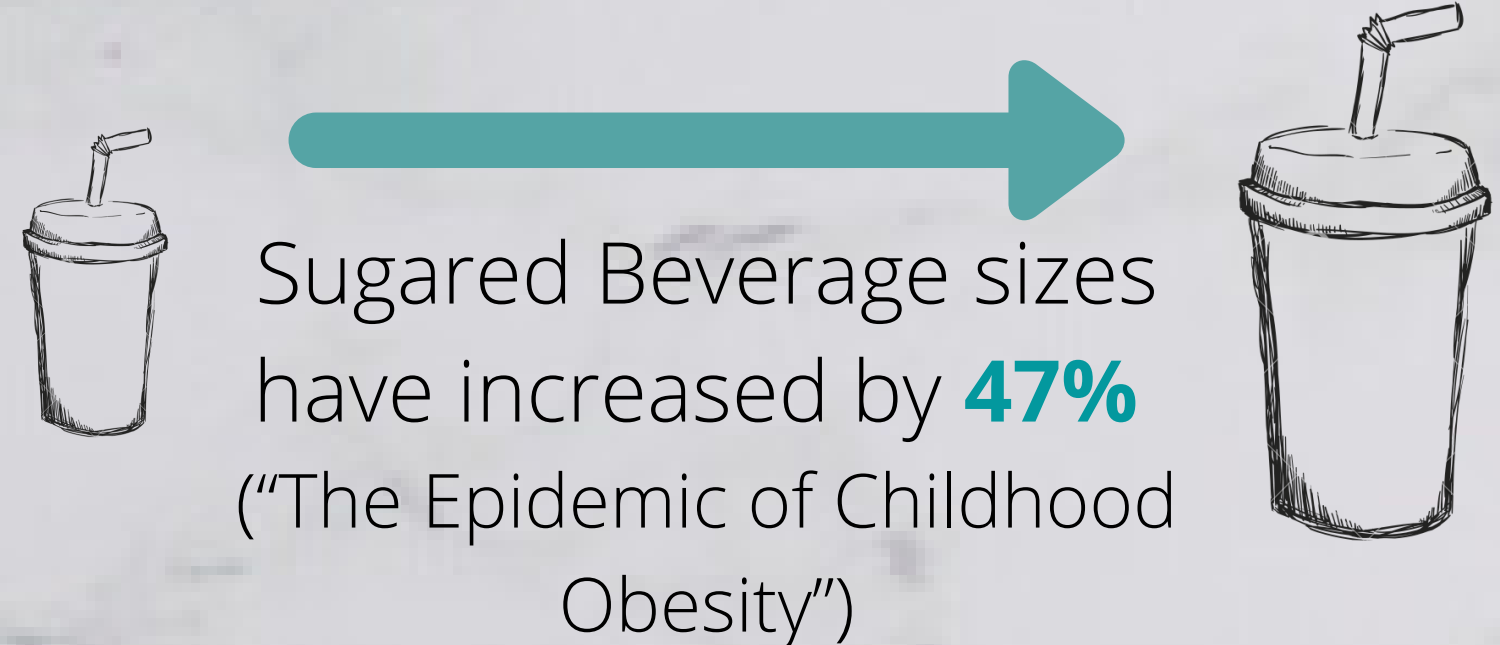


Childhood Obesity

How has School Lunch Policy Worked to Mitigate It?

The Problem

Since 1960, childhood obesity rates has **tripled**, with **one in three** American children being overweight or obese (Story, 110). This obesity is an **epidemic**, and with a rise in technology, children are accustomed to using their free-time in a sedentary way. This does not provide mind stimulation, which is necessary for the development of young children (Lind). Obesity also causes a wide range of **health issues** such as type 2 diabetes, stroke, sleep apnea, and depression ("The Epidemic of Childhood Obesity").



Past Policy

The rise in childhood obesity caused Michelle Obama to initiate the Healthy, Hunger-Free Kids Act of 2010 (HHFKA), part of her Let's Move program. With the new Act, there were national nutrition standards for all meals in public and nonprofit private schools including content of la carte meals and vending machines. The regulation decreased portion sizes and set a minimum on how many fruits, vegetables, and whole grains were served (NEA). Under the Act, kids ate 16% more vegetables and 23% more fruit, school revenue increased \$200 million nationwide, and participation in the school lunch program increased by 14% in the largest school district in Los Angeles (USDA).

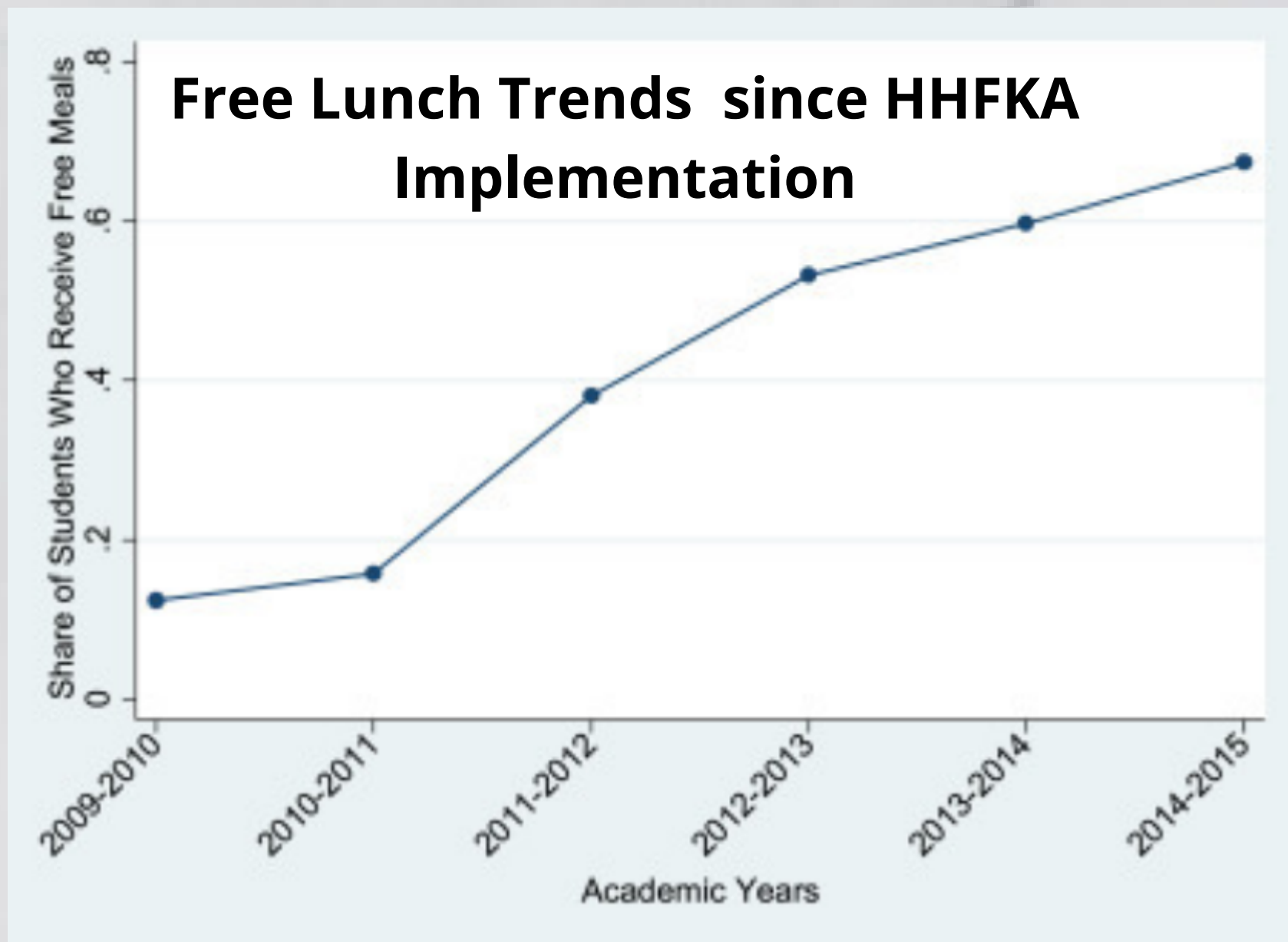
Current Policy

Trump Administration is reversing HHFKA because of its criticisms like

- 700 calorie cap, which may be too much for a sedentary female and way too little for a male athlete (Godfrey, 72).
- \$3.8 million incurred from food waste (SNA)
- One million students across the nation choose not to eat lunch everyday (USDA).

Because of these reasons, Trump Administration is rolling back on current regulations to provide flexibility in options. These flexibility rules will include allowing students to pick a la carte options, which incorporates burgers, pizza, etc. 3 times a week. In addition, guidelines for what is considered a vegetable will not be as strict, like starches counting as a vegetable serving (Aguilera).

Myths & Misconceptions



This graph shows the positive effect the HHFKA had on free lunch availability. Students did not have to pay more to receive healthy meals (Altindag)

Myth: Students pay more for healthy meals

- ✓ School meal programs are reimbursed by the U.S. Department of Agriculture (NEA)
- ✓ Schools following nutritional standards receive \$.06 per lunch (NEA)
- ✓ Schools can only charge students that equals the difference between free meal reimbursements and paid meal reimbursements (United States Congress)
- ✓ Schools can choose to cover difference in revenue with non-Federal funds rather than raising prices (United States Congress)

Myth: Schools can't fix the problem

- ✓ 95% of all children 5-7 years old are enrolled in school (Story, 110)
- ✓ 99% of public schools and 83% of private schools participate in National School Lunch program, which offers no-cost lunches (Story, 111)
- ✓ All schools have health services, which are free. 26% screen students for height, weight, and body mass to monitor health over time (Story, 121)

Potential Solutions

In Greece, Spain, and Italy, vegetables are cooked in olive oil and tomato. Mediterranean style cooking is much healthier and includes a lot more vegetables. These meals are served to preschoolers, so they grow up eating these foods (Paravantes). Another method that some schools in Uruguay implement is students helping tend to a vegetable garden and milking cows. The kids learn to practice farm to table methods and understand healthy preparation (Weller). In Finland, all students have free-of-charge school meals, and there is also curriculum about food-related practices so children understand why it is important to eat healthily. States help organize municipal services through the statutory government transfer system, and each meal follows the national nutritional legislation (Pelikka).

Schools need nutritional standards and healthy food minimums. I recommend a combination of these solutions such that schools have recipes to follow to make meals more appetizing along with curriculum so students understand the importance of healthy eating habits. Also, involving parents and the community through educational programs would be beneficial so the child is surrounded by support inside and outside the classrooms. A study proved this effective as there was an 80% retention rate in obesity-prevention programs when parents were offered incentives like food, childcare, etc. (Story, 130)

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