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Association of State Laws Regarding Snacks in US Schools With Students' Consumption of Solid Fats and Added Sugars

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Key Points | Español | 中文 (Chinese)

Question Are state laws requiring schools to implement federal Smart Snacks in School standards associated with student dietary consumption?

Findings In this cross-sectional study with a nationally representative sample of 1959 students in grades 1 through 12, students who attended schools in states with laws requiring the implementation of Smart Snacks in School standards consumed an adjusted mean of 53.9 fewer kcal from solid fats and added sugars per day than did students in states with no such laws, a statistically significant difference.

Meaning These findings suggest that state laws may support the implementation of federal standards, with significant implications for student dietary behaviors.

Abstract

Importance The Smart Snacks in School standards (hereafter, *Smart Snacks*) were issued in 2013 with the aim of improving students' dietary intake behaviors. Goals of Smart Snacks included reducing total energy intake, consumption of solid fats and added sugars, and sodium intake. Smart Snacks standards were required to be implemented by the start of the 2014 to 2015 school year at all US schools participating in federal child nutrition programs.

Objective To examine the association of state laws that specifically direct schools to implement Smart Snacks with student dietary consumption outcomes.

Design, Setting, and Participants This cross-sectional study used nationally representative data collected in the 2014 to 2015 school year as part of the School Nutrition and Meal Cost Study. Students in grades 1 through 12 (ages approximately 6-18 years)



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One quarter to one third of secondary school children between K to 12 are overweight, have high blood pressure, high cholesterol and/or high blood sugar levels. All of these factors play a role in the development of inflammatory diseases such as coronary artery disease, cancer, stroke and diabetes [1-3].

It has been well established that the development of these inflammatory diseases follow 20-30 years of poor dietary and lifestyle practices [1-3], resulting in earlier onset with associated morbidity and mortality. Poorer diet and lifestyle practices coupled with an increase in suicide rates and drug overdoses have resulted in recent persistent reductions in U.S. life expectancy [4].

For too many children in this country, the meal they can most depend on is that which they receive in the public school system. It is also true that habits – including dietary – established early in life tend to become the habits carried throughout life. It is hard to know whether the influence of meals within the public school system is having a beneficial impact on these dietary and lifestyle practices; although given the contradictory information children may be receiving at home [5,6] in addition to the ever-increasing incidence of these childhood health problems – it appears doubtful.

While it is clear that there is no nutritional value to excess sodium, saturated fat, and refined carbohydrates, it raises a serious question about the priorities of Americans and the public school system, when legislation is required to do that which is best for our children. If we must pass legislation to do that, it raises the question posed by Benjamin Franklin when asked what type of government the founding fathers had voted to put into place. When laws are required to replace that which we should naturally do, it raises serious questions as to the veracity of our concern for our children's health and that concern cannot be legislated.

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