With a staggering 30% or 60 million adults categorized as obese in this country, we are facing a problem of epidemic proportions. Of greatest concern is the pace at which obesity is increasing in the nation. I’m sure many, if not all of you, have seen the Centers for Disease Control and Prevention (CDC) maps that graphically display the unfolding of this epidemic as it moves across the nation. Unfortunately, we don’t need maps to tell this story because if you go to any local mall or your local schools you will see the obesity epidemic for yourself. Obesity is not a simple matter of cosmetic concern but is fueling some of the most important health issues of our time. These health issues include diabetes, heart disease, and some cancers, as well as quality of life issues such as disability, and the ability to enjoy and participate in all aspects of daily living. As obesity increases and occurs at younger and younger ages so too do the related health consequences both increase in number and severity as well as occur earlier in life. Left unchecked, this epidemic portends the possibility that a future generation may actually live a shorter or less healthful life than previous generations. The causes of this dramatic unfolding of obesity in the past few decades are multiple and profound, implying that multiple approaches will likewise be required to halt it in its tracks. Based on our experiences from tobacco, we know that a critically important role will be played by informal and formal policy, regulation, and legislation and that is what we are here to talk about today. What role can law play in the obesity and chronic disease epidemics that we face?

Our first speaker is Dr. Tom Farley. Dr. Farley is a professor and chair of the Department of Community Health Sciences at the Tulane University School of Public Health and Tropical Medicine. He is a pediatrician and epidemiologist and has worked for both the CDC and the Louisiana Office of Public Health. He is the director of the CDC funded Prevention Research Center where he studies the impact of the physical and social environment on obesity. He is co-author of “Prescription for a Healthy Nation” which argues for health-promoting environments as the best way to prevent the leading causes of death in the 21st century. Since Hurricane Katrina, he has been working to rebuild New Orleans in ways that promote health. Dr. Farley will discuss the impact of the environment on our behavior and actions that can be taken to create health-promoting environments with a focus on policy and legal interventions.

Next, we are going to hear the perspectives of two impressive leaders on what it will take to put some of the ideas presented by Dr. Farley into practice. Ms. Amanda Purcell is the policy director for the California Center for Public Health Advocacy. Her Center works to raise awareness about public health issues and to mobilize communities to establish effective health policy. As policy director, Ms. Purcell manages the Center’s state level advocacy and legislative efforts. Previously she served as an evaluation specialist with the well-known project, California Lean, during which time she managed school based nutrition and physical activity policy efforts throughout California. Ms. Purcell will discuss what it took legislatively and politically to pass recent California school nutrition legislation. She will also share her perspective on what the future may hold as similar laws go in effect around the country.

Our final speaker, who is working from inside the political process is the honorable Michael Cardin. Mr. Cardin was elected as state representative to the
53rd Assembly District of Connecticut in November of 1994. Since then he has introduced 89 pieces of legislation and co-sponsored 109 additional pieces of legislation focusing on key issues of elementary and higher education, health care and tax relief, public safety and environmental concerns and nutrition and health. Mr. Cardin will discuss recent efforts in Connecticut to pass legislation related to school health as well as other obesity related and chronic disease related legislation. He will discuss and share his view on the role and importance of legislation on health and safety.

**Thomas A. Farley**

I want to give you some background on the obesity epidemic and some thoughts about the population-level causes of it and lead from there to a broad range of policies we could put in place to respond to the epidemic. I hope that will set the stage for the other speakers who will be talking about more specific policy changes.

First, just by way of background, this slide shows the percentages of the population that are obese going back to the 1960s up until 2004. As you can see, this epidemic is a relatively recent phenomenon. Obesity rates for men were in the 10–12% range in the 1960s and were only creeping up during that time. But since about 1975, the obesity epidemic really took off and now roughly one third of Americans are obese. There is no sign yet of this really slowing down. So although it is already a major public health problem, the obesity epidemic is going to continue to get worse. But remember also that obesity is just the tip of the iceberg. The rest of the iceberg is overweight. Today about two-thirds of the population is either obese or overweight. Another way of putting this is that it is normal in America to be unhealthily overweight. This says that the problem is not individual people, it is not their genetics, and it’s not their knowledge. This is something to which we are all exposed. It really points to environmental causes for this epidemic. It is natural to assume that we might be able to solve a problem as conceptually simple as obesity by educating people about how to eat less and exercise more, but I want to drive home the point that our education efforts to prevent obesity have failed. We really need to be looking for other approaches. And I think that we should be drawing lessons from smoking prevention.

What did we learn in the last 25 years about smoking prevention? We have seen that school-based and community-based education programs to prevent smoking generally have small, temporary effects. Some of them can look good in a little pilot study, but if you expand them to larger populations their effects pretty much disappear. On the other hand, environmental approaches - approaches to change behavior by changing the world around people - generally have good evidence of effectiveness at the population level. Those include: advertising restrictions; counter advertising; taxes - which increase the price and reduce purchases; and smoking bans, which have changed the entire social norm around smoking. Today the entire field of smoking prevention is based on these environmental approaches.

What lessons can we draw from smoking prevention to apply to the obesity epidemic? Well, what are the environmental influences of obesity? Our everyday world encourages us to expend too few calories and consume too many. I want to take those one at a time, although I’m going to spend less time on the physical activity side because I think it is a little clearer. I think the cutting edge now is more on the consumption side. What are the environmental features that decrease energy expenditure that we are exposed to, particularly in the last 25 years? Well, of course, television. Television watching, particularly, reduces our caloric expenditure. Also, cars, the designs of cities and towns that encourage driving and inhibit walking, elevators and escalators, computers…all are things that make us sedentary.

Here are some examples of policy changes that we could put in place to increase calorie expenditure. We could mandate building sidewalks and bike lanes on all roads. We could change our zoning to encourage mixed-use, high-density, grid layout development, which makes it easier to walk. We could develop more neighborhood parks and playgrounds. We could change building codes and building designs to make stairways accessible and attractive. We could establish recreation programs, not just for kids, but for adults as well.

What about the consumption side? The more I look at this the more convinced I am that the increase in obesity in the last 25 years is driven more by an increase in consumption than it is by a reduction in calorie expenditure. This slide shows data on calorie consumption from the National Health and Nutrition Examination Survey, which is a national survey about health and behavior. Between the 1970s and the 1990s there was a fairly big increase here of 300 or so calories per day in consumption. When this study came out the media presented this as, “it’s the carbs,” which is saying that the greatest increase was in carbohydrate intake during that time. But, in fact, if you look at it, people are eating more of everything. It’s not just carbohydrates.

Also important is where and how we are eating. This slide shows data from another national survey. From
the 1970s to the 1990s you can see actually the vast majority of caloric increase is occurring in the form of snacks. People are not necessarily being gluttons at meals. They are eating more frequently in the course of the day.

Another major trend is where people eat. A little more than half of our calories are consumed at home. The remaining proportion are those consumed in other places including restaurants, stores, vending machines, snack bars, and that sort of place. In a study where researchers identified the individual food items that showed the greatest increase in caloric expenditure during the time that we have seen the greatest rise in obesity, they found that the main culprits were: soft drinks, salty snacks like chips, French fries, and pizza. So the patterns are clear. There is a shift away from eating three meals a day to more-or-less constantly snacking. People are snacking away from home and they are eating these calorie-dense snack foods. To me, calorie-dense snack foods should be our primary target for trying to reduce the obesity epidemic. And within that target those four items—soft drinks, chips, French fries, and pizza—are public enemies number one, two, three and four.

What are the environmental factors that can drive constant snacking? These factors are the availability and low cost of these high-calorie foods and the advertising of those. I am not going to talk much about advertising, but I do want to talk about availability. As an example, here is an image from New Orleans before the hurricane. There are three fast-food restaurants together here: McDonald’s, Burger King, and Rally’s. What you might just be able to see in the picture are students walking to a high school. So, we have three fast food hamburger joints within a half a block of a high school and right here is where the bus stops to drop them off. As you can imagine, plenty of the students stop on the way to and from school to eat at these fast food restaurants. I went in there one day and I got this information: for $3.39 if you get a Value Meal you get a Whopper, small fries and a 22-ounce drink. That is 1,200 calories, which is about two-thirds of the calories that a teenage girl needs for function for an entire day. If she really wants to get a good bargain, she can king size her value meal for another $0.80 and pay only $4.19 for a Whopper, medium fries and a 32-ounce drink. That is about 1,500 calories, so now she is getting up to about 75-80% of what she needs in a day, for only $4.19. That’s pretty cheap. And it is easy to imagine that this is probably not the only thing that he or she is going to eat during the course of the day. And so that meal itself is probably going to cause that person to eat more calories during that day than he or she needed. It’s clear why having many of these restaurants around is going to have a tendency to make us gain weight.

Now let me talk about availability in grocery stores for a minute. There is a study from the marketing literature from the 1970s when some marketers asked the question, “What is the relationship between the amount of space that we devote to an item on the shelf in the grocery store and sales?” In the study, they selected a number of different fruits and vegetables, doubled their length of shelf space, and then tracked their sales. Across the board, they got about a 40% increase in sales simply by doubling the length of shelf space. This means that people are pretty much passive shoppers. We are more likely to buy something if we simply bump into it in the store, which is kind of embarrassing when you think about it, but it is a fact. There is a very powerful impact of the availability of food on our purchases and on our consumption.

With that in mind, what are the environmental changes that we can use to decrease the intake of calories? One option is to tax calorie-dense snack foods and use that income for things like subsidies for fruits and vegetables. Because people often sort of laugh at that, let me point out that food is very price sensitive. We know from smoking that we can change the consumption of an addictive drug, say tobacco, by raising the price. Certainly if we can do that, we can change the consumption of food by changing the price. Whether it is taxes or it is subsidies, price changes can be powerful influences on our overall consumption. Additionally, we could use the income from a tax for a media campaign promoting fruits and vegetables or counter-advertising against junk food.

Another option might be to regulate the calorie density of foods. People tend to eat not so much based on how many calories there are in an item but rather based on its weight or its volume. Foods that are calorie-dense are going to have a natural tendency to get people to consume more calories than foods that are less calorie-dense.

We can have limitations on the number and location of fast food restaurants or soft drink and snack vending machines. We can ban drive-thru windows. We can ban advertising of junk food to children. That is an idea that has been around for a long time. We can ban soft drinks and junk food from schools. There is a lot of movement on this right now.

The next battleground, and I think the important one, is removing soft drinks and junk food from workplaces. Particularly because employers are actually paying real dollars for the medical costs of their employees who become overweight, it is relatively easy for them to make that policy change. They do not have to go through a legislature or city council. I think
that will be an exciting movement to try to change the social norm around eating junk foods in the same way we have changed the social norm around smoking.

That was a list of policies from somebody who has a public health background and does not have a law background. Some of these are going to be more practical than others to implement, but I hope the list will generate some ideas that people can pursue as policies.

Let me finish by saying that I think obesity is only the most obvious current health problem which is driven by our environment. Really, if you think about all of our other health problems, everything from HIV to mental illness, you can identify environmental causes and you can consider environmental solutions.

We have written up our thoughts in the book called, *Prescription for a Healthy Nation: A New Approach to Improving our Lives by Fixing our Everyday World*, if you want to know more about environmental approaches to health promotion.¹

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**Amanda Purcell**

Since the inception of the California Center for Public Health Advocacy (CCPHA) we have been focused on the obesity epidemic. Particularly, policy strategies related to dealing with the youth portion of the obesity epidemic, which very quickly lead the organization to deal with school nutrition issues. I’m actually going to start at the end of that story. Most of you are probably aware that last fall we had two pieces of legislation that were signed into law in California, the School Junk Food Ban, 2005 (SB 12)² and the High School Soda Ban, 2005 (SB 965).³ I am going to talk briefly about what each of those bills did and what it took for us to get to the point of having two school nutrition bills signed in California.

The first one, SB 12, is a competitive food standards bill for K-12 schools in California. In a nutshell, it set total fat, saturated fat, sugar, and calorie limits for snack food items sold and then set total fat and calorie limits for entrée items sold. These are for competitive foods so these are for foods that are sold outside of the school meal program. This covers items that are sold during the school day so we are not talking about things that happened after school, at football games, or other activities. SB 12 goes into effect July 1, 2007. This phase-in date is something I will talk about a little bit later, but pay attention to the fact that we did not have it go into effect right away.

Our beverage bill, SB 965, is a follow-up to a piece of legislation that had been passed a couple years ago which set beverage standards for elementary/middle schools in California and went into effect last year. We had originally tried to get the beverage legislation to go K-12, but in the legislative process the first go around could only get it to apply to elementary and middle schools. Last year we followed up with the high school component of it. SB 965 eliminates soda sales from all schools in California. We did this by identifying the types of beverages that could be sold: water, low fat milk products, juice products, and electrolytes or sports drinks. I will talk a little bit about sports drinks because that was kind of a sticky point in the legislative process. Again this only applies to the school day, not after school or before school. The elementary/middle school portion of the bill is already in effect in California. The high school portion, which was signed last year, has quite a long phase in period. Starting in 2007, 50% of the beverages on school campuses need to meet these requirements and then by 2009, all of the beverages on high school campuses need to meet these requirements. I will mention this a little bit later, as it is a particularly important part in understanding the legislative process and how we got the bill passed using these phase in periods.

So just briefly, based on the title of this particular session, you know why we focused on legislation, in particular, as opposed to education or to regulation. Obesity is a large public health problem that has a large tax payer component, meaning that tax payers are both paying for the result of the problem as well as paying for some of the institutions such as schools that are, many of us believe, contributing to it. We have already heard that the environment is potentially more powerful than education. California has 1,100 school districts that are all under local control and for the last ten years many of us have been working school district, by school district, by school district, school board by school board and you can imagine that that is a snail’s pace way of going about creating policy change. It became really clear that in order to achieve large-scale change in California we really had to focus at the state level. I’m going to go through a series of slides that talk about what it took for us to get this legislation passed. You can’t overestimate how much time and commitment it took. The first set of legislation in California began in 1999. We had three failed legislative attempts related to school nutrition. The legislators that carried our school nutrition bills really had a lot of personal attacks, particularly in the media in California, as to why they supported taking away personal control from parents. I mean there was a lot of really personal, actually very mean, commentary that happened at the beginning of our legislative work. And then, on a positive side, it is important to realize that as we moved forward we had lots and lots of groups that were working together on these pieces
of legislation and it was really a large coalition building effort.

In the beginning of this process, we had to do was figure out how to define healthier foods and beverages. So we started out legislatively saying schools should be selling healthy foods. That is fine until you have to decide what is healthy and what is not healthy. When we first started this process there really hadn’t been any kind of discussion about how do we kind of start to parcel out what we want to have sold in our schools and what we don’t want to have. Our organization convened in the national consensus panel around 2000 to start to have that discussion. The consensus panel included people from the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Agriculture (USDA), as well as, the California Department of Education and Health Services and Food Service Directors. In our efforts, we determined that the underlying principles for this set of recommended standards was that food should be enjoyed, that school should be a safe haven, and that schools should not send contradictory messages between what they are teaching about health in the classroom and what they are modeling in their food sale practices.

The next area that we needed to focus on to get this legislation passed was to develop a public discourse. We set a goal to put the issue of school food on the radar screen of policy makers and of citizens and to make its link to obesity really clear. Our organization used data from the Department of Education to paint that picture. We were able to parcel out information by state legislative district to show each of our legislators what youth obesity looked like in their community. It is also important to note that we were always talking about a policy solution and never just talking about the obesity problem or the problem of school food. Our primary focus was to talk about what could be done from a policy perspective, which resulted in quite a bit of media coverage. Media coverage is always important when dealing with the legislative process. We just made the plea to our legislature that this was an issue they could not ignore. This was a very organized campaign to get on the front page of any newspaper in California. When we went into this topic we went in thinking, “Oh, nutrition, who could be opposed to healthy food for kids, this is a feel good topic.” Well, we quickly realized that it is a highly political topic, very difficult to achieve, and the only way to achieve change is to really look at bringing a lot of different groups together. Our preliminary efforts were not successful, but it brought a variety of different groups together including: the American Cancer Society, American Heart Association, etc. In addition, those who were opposed to us initially included: the Association of School Administrators, the School Boards’ Association, the School Service Association, Grocery Manufacturers of America, Hershey Foods, Quaker Oats, and Jelly Belly. By the time we got to last year and the piece of legislation that actually was signed and had the standards go into effect, we had a very different picture actually. The California School Boards’ Association was a co-sponsor with us on the bill. The Food Service Associations, we had lots and lots of discussions with them and finally came up with a piece of legislation that they supported. And really I think we got to that point because of all of the failed efforts before and really the on-going process of having discussions with these organizations. Using the media to highlight issues made our School Boards Association know that it looked really bad for them to be opposed to a piece of legislation that was good for children.

We still face a tremendous amount of opposition from the food industry, particularly on the beverage bill. You cannot under estimate that. They are very well financed and active. In fact, I was just in a legislator’s office a couple of weeks ago on a totally different bill and he said, “Oh, you guys are the ones that have the soda bill.” He mentioned that at one point he had twelve Coca-Cola lobbyists in his office at one time. Soda is a part of our culture and many people feel good about it. I had a number of legislators say “I cannot vote for this bill because I drink soda everyday and I love Coca-Cola.” This is important because it is very different than tobacco. We talk a lot about tobacco, but most people, at least in California, don’t smoke. Most people who don’t smoke, don’t particularly have a great feeling about tobacco. So it is a very different kind of a relationship with the issue. We had to deal with a lot of misinformation from the soda industry. On the very last day of the floor vote last year, they sent out a mass alert to physical education teachers in California telling them to call their legislator against the bill because it was going to eliminate the ability to raise money for athletics which did not have anything to with the bill, but they sent it out and we had to counteract it.

Local and state action helped the legislation pass. We could not have one without the other so it was really important that we had districts around California that were passing local school board policy that dealt with nutrition and physical activity issues. The fact that Los Angeles Unified School District passed a food and beverage resolution that eliminated soda made it possible for us at the state level to say you know what there are school districts all over this state that are doing this, they are not crumbling with financial hardships. This is something that school districts can do independently. And then I think it worked the
other way too. The fact that there was pending state legislation really kind of put some pressure locally for districts to maintain this. I don’t think you can under estimate the need for personal passion on this issue, both from organizations like my own, as well as, the legislators that work on this issue. Because like I said they really get a lot of personal attack on this so you can’t under estimate how much they need to feel strongly about it to persevere.

We had two primary champions, Arnold Schwarzenegger and Senator Escutia. Both Senator Escutia and Governor Schwarzenegger are personally passionate about school nutrition issues. The governor signed the bill to expand the soft drink ban into high schools. We all said we do not think we can get it passed. The legislature hates this idea and we cannot do it. He said if we got him a bill, he would sign this bill for us. So we would not have gotten that bill to him if he and his office had not worked on that bill on the very last stages and got us the votes for it. So you can’t really under estimate how much you need champions on this stuff.

Compromise is important in the process. Putting a bill through the legislative process is like making sausage. What you come out with at the end is probably not what you started with and probably not the best thing you could end up with, but it is better than if you had not tried. The first compromise in SB 965 was sports drinks. Those of you who are nutrition professionals probably know sports drinks are not something that is generally on the list of healthier products. For us it went in because there was a set of legislators who felt very strongly about sports drinks, who felt they were healthy, who wanted them for their children at school. People bring to the legislation process and the decision-making process their own personal views on nutrition in a way that they probably do not with other public health topics. So sports drinks were one of those last minute compromises. I think we think we have a better beverage bill than no beverage bill at all, but if we were to make it even better we probably would not have included sports drinks.

Our second compromise was the phase-in period. The phase-in period is not having the standards go into effect immediately, but giving schools a period of time to ramp up. This addition was something that the School Boards’ Association felt very strongly about. It got them on board with us. It was particularly the case with the soda bill because it was so controversial. It probably would be better to have something that went into effect sooner rather than later, but I think we feel good about having something that is now on the books. Enforcement is a big aspect here. How much of a hammer do you build into the piece of legislation for non-compliance? What kind of assessment goes into a legislation related to compliance? We chose this go around to have fairly weak enforcement and compliance. The rationale for us again was that we were able to get the piece of legislation forward, that we would get it into effect, get it going, see what happened and if we needed to come back on the enforcement and compliance issues we would. But, it is pretty clear that strong enforcement and compliance is very important too.

The issues we are working on right now in California are healthy food access in communities to increase grocery store access in low-income communities and the issue of physical education. In closing, here is a cartoon that ran in an Ohio newspaper about a year ago. It says, “News Item: California bans soda machines in schools.” And the one little kid says, “Did you notice they took out the pop machines?” And the other kid says, “Who cares as long as they don’t pass a law making gym class mandatory we won’t be getting thirsty anyway.” It was particularly funny to us because the day that this came out was the day that I started working on physical education.

One question: In many states, the soda companies approach the school districts and, in return for an exclusive agreement, to sell their product they would give the school a substantial sum of money, a portion of the profits, and extra incentives like building baseball diamonds. These contracts are in place for a specific period of time. Did you face these hurdles and how did you deal with them?

Yes, this is the practice throughout the country. When I was with Project Lean, we contacted the ten largest school districts in the state and asked them to send us their beverage contracts. We then looked at those contracts for clauses that might have an effect on children’s health like marketing clauses or machine placement, and, of course, what we found was that those contracts are designed to sell as much soda as possible. In California, we had to deal with the fact that schools are making a lot of money. The answer to it was two-fold. One is that all of these soda companies now sell healthier products. They all have juice lines, water lines, and sports drink lines. If you want to include these lines, theoretically, schools under those contracts should be able to offer a wider beverage selection and not just soda. On the other hand, we also had to separate, in a more ethical way, the money argument from the health argument. This is such a huge health problem that we need to figure out another way to fund our schools and just because we have set up a process over the last, whatever it is, 20 years that makes a lot of money, that doesn’t make it right. Somehow we need to find a better balance. Ulti-
mately, when the School Boards’ Association came on with us in this effort, they were saying, you know what, you’re right. This is part of the reason for the phase-in period to let us start finding other ways of dealing with this issue.

I’m Karen Lee and I’m with the Division of Nutrition and Physical Activity at CDC. I had a question about enforcement and compliance monitoring. My question is for the enforcement of the bills that have been passed, who is going to be doing this? Is it going to be someone from education, health, or some other person?

It will most likely be education. Our Department of Education probably like every Department of Education is already doing some compliance review because of the Federal meal program. The Department of Education is in the process of setting the regulations and trying to figure out how they can build into their existing compliance processes, a review of the competitive process. The Department of Education is another important group to keep in mind because when we first started this process they weren’t entirely thrilled about setting standards. It took a long time to really get them on board in California. It took a change of leadership within that department and now I think we really have a set of people, including the state superintendent who is very committed to this issue. We are hopeful that working together we can figure out how far we can move forward and if we need more legislation we are ready to do that.

How did you make the decision to have education, as opposed, for example, the local public health department who might be involved in enforcing other nutrition sources?

In California, the Department of Education is responsible for compliance to the school meal program. Health departments are checking food safety, but it is not as common as the regular assessment process through the Department of Education. We had a conversation about having health departments do it. I think local health departments are a little reticent to get into an enforcement relationship with their school districts. They are perfectly willing to partner maybe on nutrition education stuff.

Tobacco comes up a lot when we talk about obesity. It is really a point of comparison. People like to draw parallels and I’m wondering if in the legislative process you heard from legislators or you saw those comparisons being drawn in the legislature by legislators?

I think so, I think both on the positive and the negative side. Legislators that were generally amenable to the idea of tobacco control legislation were probably more amenable to this type of legislation. And legislators who thought that tobacco legislation was the worst legislation on the planet thought this was probably even worse. So, I think they recognize the parallels to it. Certainly in California, with our strong tobacco control legislation, it laid the groundwork for this type of legislation as well.

Michael Cardin

The successes we have had in Connecticut are similar and parallels with what took place in California. We passed a bill in 2005 and you will see some of the details in our presentation. Unfortunately, it was vetoed by the governor and came back in 2006 and I am proud to say we passed what I think is probably one of the strongest pieces of legislation dealing with school nutrition.

In Connecticut, we have a quote, unquote part time legislature. One of my other two day jobs is a teacher so I bring my experiences as a teacher to the legislature. Many of my colleagues do not have this first hand knowledge of what it is like in our schools. Connecticut is the first city to ban sodas from the school day in all schools. Our legislation differs from California in that we were able to get the electrolyte beverages (or sports drinks) out also. It took several years of work as Amanda mentioned. And I equate Amanda’s role herself with a couple of advocates who helped us from the outside named Lucy Nolan and Judy Bly. The theory in public policy is, “Change policies formed by forces, shaping a dynamic process to address a perceived gap.” The factors in Connecticut’s school nutrition bill were contextual factors, constituency activities, the values and principles I think that many of us in this room share, and the public leaders we have in the Connecticut Senate. The senate president, who politically is the third most powerful office in the state, was a driving force behind this legislation. The media and also the research were also extremely important.

Here are some basic facts in Connecticut. We are just seeing, no pun intended here, a ballooning of the population in our state and sadly it was in some cases more skewed or you saw greater obesity rates in the younger people and then more tragically I think in our urban centers, in Hartford, Bridgeport, New Haven, and Waterbury. Many grew concerned about childrens’ health, the quality of food in the school, and the relationship to educational performance. Some of the studies or statistics that we drew upon, we saw in the urban centers where the soda machines really out-numbered the bathrooms, if you will. On the education side, the test scores from those districts just seemed to drop off where you had greater access to junk food and soda. Norwalk, Connecticut, the eighth
largest city in our state, took an initiative. As Amanda pointed out, some of the towns, 169 towns in Connecticut were taking some action, but it was a slow process. It was not a statewide mandate if you will. We had one small first step in 2004, Public Act No. 04-224 which required that school children have at least 20 minutes for lunch which is kind of ridiculous because by the time the kid gets through the lunch line and then sit down, it is really a lot less than that. The physical exercise period for K-5 just required that they have the ability for exercise. In 2005, the support for reform grows again. It was Senator Williams, who was President of the Senate, and other democratic leaders in the senate and house that drove this legislation. Again, the goals were to improve nutrition, student health, create the standards for school nutrition, and prevent obesity and related health problems. The constituency for reform, again some similarities here with what was taking place in California, included the Un-Hunger Coalition, which is what I would consider very similar to Amanda’s organization in California.

Not surprisingly, those against the reform in 2005 included the Boards of Education, the Superintendents, the School Business Officials, and the Connecticut Business and Industry Association. Obviously, the soda and junk food industry and the teamsters were against the reform as they were told they were going to lose their job if they could not deliver sodas to schools.

They typically wanted to maintain local district control, oppose physical activity requirements, and keep sodas and unhealthy snacks in schools. Also, the soda lobby in Connecticut is represented by the two largest lobbying firms. In 2005, Morgan Spurlock, director of Supersize Me, came to Connecticut to speak to legislators, pediatricians, health care professionals, and over 500 school children. It was an event with an excellent program and convened at the beginning of our legislative session in 2005.

Senate Bill 2005 banned sugary sodas, but it permitted the sale of sodas at special events like they do in California. The booster club wanted to be able to sell soda at the football games, basketball games, and other events. Probably the stickiest situation for us in 2005 was that it mandated 20 minutes or 100 minutes a week of physical activity. Nearly, 91% of the school districts in Connecticut exceeded that 20 minutes or the 100 minutes a week so were really targeting about 9% percent of the school districts that did not. Coincidentally those 9% disproportionally fell in urban centers. It permitted the school boards to establish a wellness committee and it required the state department to publish nutrition guidelines and it limited sales of snack foods not on the list the Department of Education would create. Again, the media attention and public support grew through different press conferences that legislators and advocates held. And the Morgan Spurlock event was a pretty big success.

Our bill was the longest debated bill in 2005. It exceeded an abolishment of the death penalty, it exceeded a major investment in stem cell research, and a major piece of legislation dealing with the civil unions debate that we had in Connecticut. So not surprisingly, the opponents felt that they were dying on the sword and similarly in Connecticut the accusations that were flying from the soda proponents both on the inside and the outside were just very egregious. Coincidentally, to oppose the legislation, notes placed inside vending machine requested students to contact the governor and ask her to veto the bill and her email address is at the bottom of the note. She vetoed the bill saying that the general assembly essentially over-stepped its bounds, usurping long-standing authority from local school districts, while imposing state standards that undermine the control and responsibility of parents, even though educators are acting in loco parentis when their children are in their school districts, and the initiative should be taken up at the local level.

Legislative leaders worked in late 2005 to craft a compromise that would be acceptable to the governor and the local leaders. Senator Williams, building on prior proposed legislation that came out of committee that I chaired, worked to figure out what school districts needed as an incentive, which usually means money, to improve school nutrition. It also became apparent that the physical activity provision, and this is where the compromise came in, had to be removed and proposed in separate legislation. Overall the bill was changed in the following ways. The school snack standards, if adopted at the local level, the school districts would see a three-fold increase in their grants from the state to provide healthier food, which was something that really appealed to the School Nutrition Association. The physical activity provision was removed, as I mentioned. The 2005 bill allowed for sugar-free soda and electrolyte replacement drinks, but in 2006 we said all soda and all electrolyte beverages must be removed. It had to be water, milk, milk substitute, 100% fruit or vegetable juice, and water. They limited the size to twelve ounces and allowed the schools to sell soda and foods after school and at the football games on Friday and Saturday night. Lastly, it required the State Department to publish a list of nutritious foods, if you will. As I mentioned the local school districts, when they took the junk food out of the vending machines, they would see a three-fold increase, from $0.05 to $0.15. That dollar amount was the first increase in 23 years. So there was a lot of support from the local School Nutrition Superintendents
and School Boards. With these changes the governor supported the bill.

Despite the opposition’s many arguments, all of the studies show that when you replace the sodas with healthy drinks, not only do the sales remain steady, but also in many cases they actually increase. If a young person is thirsty, they are thirsty. They are going to opt for what is in the vending machine and not run across the street for a soda. The bill made steady progress in the legislature. Unfortunately, one of the committees I sit on saw in its wisdom to kill it where some democrats joined by republicans defeated it. So, we used a legislative maneuver on the inside to attach the legislation in an amendment form to a different bill and it was brought to both houses and passed. Again Senator Williams joined with a very active attorney general to press the soda industry to reveal some of those contracts that were mentioned. We had a state-wide poll done where 68% of the voters supported taking the sodas out and the governor signed Public Act 06-63 at the end of May, that concerning healthy foods and beverages. Shortly thereafter, and Amanda alluded to this, the three leading soda manufacturers said that they were going to take out regular soda, if you will, not that diet sodas are any better, out of schools nation-wide. This took place six days after we passed our bill. It was a three-year process in Connecticut and I’m hopeful that even though I won’t be in the legislature next year to get that physical activity part passed and I think that the momentum is there to continue that. Even though I won’t be on the inside I will lobby from the outside to make that happen.

I work in the local health department in North Carolina and have been on the school wellness policy committee and we even have language that talks about revenue, things that have to remain revenue neutral in our policy at this point. But I have two questions. Do both California and Connecticut still allow exclusive contracts as long as it is for healthier beverages? That is one question, because our contract goes through the year 2010 and the second question I have, is it a concern with me when we talk about healthier, the schools are still very dependent on supplemental sale items to the tune of I know in our community it makes up 25% of a $16 million budget so you’re still pushing product and even if you have healthier snack items, a 160 calories from a healthy item versus 160 calories from chips is still 160 calories. I wish the day would come where we just serve plate lunches without any choices but this is what a healthy meal is because we still push product. Any comment?

Well, I will try. I’m going to answer the second part first. That $0.05-$0.15 doesn’t sound like a lot but the school food services directors who I worked very closely with in 2005 and then again in 2006 say it is going to make a huge difference. We are seeing is that the vending machines and the cookies that they were selling in a la carte it was purely profit and I think it came back to the ethical point. The schools should be promoting health and promoting healthy foods so we feel that $0.05-$0.15 is going to go a long way so that they can hopefully get back to the hot lunch. In many districts, we are seeing them actually put up salad bars. Who would ever think, in high schools, a salad bar would go over well, but the response from the students, or the customers if you will, was huge. Huge and so the School Foods Association directors they talk to each other on a regular basis so they were sharing ideas. In terms of the contractual issues just like in Connecticut, as in California, when the bill passed in 2006 that became law and the contractual issues had to, in many cases, become null and void.

References
1. For more information about Prescribing for a Healthy Nation, a New Approach to Improving our Lives by Fixing our Everyday World, please visit: http://www.healthscaping.org.
2. For more information on SB 12, please visit: http://info.sen.ca.gov/pub/05-06/bill/sen/sb_0001-0050/sb_12_bill_20050915_chaptered.html.
3. For more information on SB 965, please visit: http://info.sen.ca.gov/pub/07-08/bill/sen/sb_0951-1000/sb_965_bill_20070419_amended_sen_v98.html.