

# Survey of elementary school student access to food in vending machines, snack bars, other venues

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About half of all public and private elementary school students could buy food in one or more competitive venues on campus (vending machines, school stores, snack bars or a la carte lines) by the 2009-2010 school year and sugary foods were available to almost all students with access to these options, according to a report published in the February issue of Archives of Pediatrics & Adolescent Medicine, one of the JAMA/Archives journals.

Access to healthier options was limited with about two-thirds of students who had access to competitive food venues being able to buy salads, vegetables or fruits, according to the study.

Lindsey R. Turner, Ph.D., and Frank J. Chaloupka, Ph.D., of the University of Illinois at Chicago, gathered data using a nationally representative mail-back survey of 2,647 public and 1,205 private elementary schools from the 2006-2007 school year to the 2009-2010 school year.

The authors note in their study background that the prevalence of obesity among children ages 6 to 11 more than quadrupled from 4 percent in the late 1970s to almost 20 percent in the 2007-2008 National Health and Nutrition Examination Survey. The authors also highlight a 2007 Institute of Medicine report that noted school meal programs should be the primary source of nutrition in schools with limited access to other

competitive foods, but when they are available they should include fruits, vegetables, whole grains and low-fat dairy products.

"Because children spend many hours in school, changes are needed to make the school environment healthier by limiting the availability of less healthy food products," researchers explain in their study background.

The study results indicate that "low-fat products and sweet products were less likely to be available at smaller schools than at larger schools for public school students. Compared with students in urban schools, students in suburban schools were more likely to be able to purchase salty, low-fat and sweet products, probably because competitive foods were generally more available in any venue at these schools. In suburban schools, 53.2 percent of students had access to one or more competitive food venues compared with 44.2 percent in urban schools, 41.2 percent in townships and 54.6 percent in rural schools."

Compared with public school students, private school students had more [snack bars](#) on campus and had a greater availability of candy and salty snacks.

The study noted regional differences for public schools students, with greater access to competitive food venues in the South and greater access to salty and sweet products in the South. However, among public school students with access to competitive foods, those in the South also had greater availability of healthier foods compared with students in the Midwest or the West. Researchers called those results "intriguing" because childhood obesity rates are highest in the South.

"In summary, many U.S. elementary school students have access to competitive foods on campus, particularly in the South. Although lower-fat options are available, students can also purchase various less healthy options that are high in sodium, fat or sugar," the authors conclude.

"Continued efforts are needed to ensure that all competitive food products in elementary schools are in compliance with Institute of Medicine guidelines and to focus not only on removing unhealthy foods but also on assuring that all [students](#) with access to competitive foods can purchase healthy items."

In an editorial, Thomas N. Robinson, M.D., MPH, of Stanford University [School](#) of Medicine, Palo Alto, Calif., writes: "The assumption behind problem-oriented research is that once we document a cause or possible cause (e.g., unhealthful competitive foods in schools), we can then translate those findings into a solution."

"This reductionistic, problem-oriented approach has proven effective over time and should continue. However, for a problem as common, complex and rapidly changing as obesity, documenting risk factors and causes alone does not always tell policy makers what they really need to know: what to do, how to do it, and whether it will work," Robinson continues.

"If we want to spend our efforts and resources efficiently and effectively to truly base policy interventions on evidence and reverse the childhood obesity epidemic, then we must embrace a strategy of solution-oriented policy research," he concludes.

**More information:** *Arch Pediatr Adolesc Med.* 2012;166(2):164-169. 2012;166(2): 189-190.

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