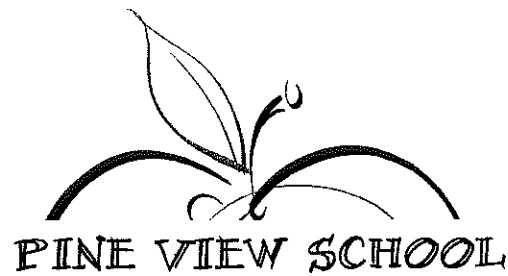


**LOCAL WELLNESS POLICY WORKSHOP
JANUARY 18, 2011
READ AHEAD INFORMATION**

1. **Pine View**
 - **Healthy Wellness Plan**
 - **Healthy Snack Policy**
2. **Letter from Barbara Shirley regarding the Fresh Fruit and Vegetable Program at Alta Vista**
3. **Local Wellness Policy Implementation and Evaluation Checklist**
4. **Healthier US Challenge**
5. **Newsletter**
6. **Passport to Wellness/Employee Wellness**
7. **The Surprising Truth About Salt**
 - **Compilation of recent research presented in an understandable fashion**
8. **American Council on Science and Health summary**
9. **Child Nutrition and WIC Reauthorization Summary of The Healthy, Hunger-Free Kids Act of 2010**
10. **Student Nutrition Changes from 1991-2010**



HEALTHY WELLNESS PLAN

We recognize that the implementation of change is a process. The policy at Pine View School is on going and evolving. We began about 3 years ago to make small but significant changes. Teachers have been an integral part of the process.

OUR HEALTHY WELLNESS PLAN HAS A MULTI-LEVEL APPROACH:

THE CLASSROOM LEVEL:

Teachers have established a healthy choice snack policy. During class sponsored events a variety of foods and beverages are provided to students that promote a healthy life style. The Healthy Choice policy was written by teachers for students, and is posted on our website.

PROUD PYTHON

Our monthly student recognition program has been expanded to include non-food items such as zipper tags with the Pine view logo and pencils and healthy choice food items such as apples, oranges and granola bars.

PINE VIEW PRIDE

Quarterly rewards have also been changed to include non-food items. All food items are healthy choices.

OTHER:

- * "Biggest Loser" Faculty Competition
- * Ringling Bridge Run - a faculty team building activity
- * Structured physical activities during recreation (fields) time
- * Nutrition classes for elementary students
- * "Great American Salad Bar Project" Grant
- * Yoga class on campus for faculty and staff
- * Kids Cooking Club
- * Peramathon
- * Field Day for Elementary School
- * Spirit Day for 7th and 8th grades
- * Faculty/student basketball game

EATING HEALTHY IS GOOD FOR YOUR BODY AND MIND!



January 12, 2011

Dear School Board Members,

Alta Vista was awarded a grant by the United States Department of Agriculture (USDA) to provide each child the opportunity to have a fresh fruit and vegetable snack every school day. This program is free to our families and the fruits and vegetables are prepared every day by the Food and Nutrition staff. This is a separate program from the breakfast and lunch program and EVERY child is eligible. The purpose of the program is to provide free, fresh fruits and vegetables to students to encourage them to eat healthier foods that provide them with more nutrition.

The Fresh Fruit and Vegetable Program has become a part of the culture at Alta Vista. Every day, there are "smart carts" or "food carriers" lined up in the cafeteria and ready for students to take to their classes. It is not unusual to see a brigade of carts and smiling students as they retrieve their snacks for the day! Our teachers and students enthusiastically look forward to their special nutritious snacks and learning about the importance of eating foods that are healthy. Many of our students (and teachers) are being introduced to new vegetables and fruits and are discovering that snacks do not have to be "junk or fatty foods" that contain an abundance of sugar or salt. Our teachers are also modeling the importance of trying new foods by joining in during snack time. As a result, with this new found knowledge of fruits and vegetables, students are often overheard talking about their love of tangerines, kiwi's, broccoli, sugar snap peas, carrots, cauliflower, and many more foods that encourage them to develop better eating habits.

As a part of our educational process, we incorporate information about the fresh fruits and vegetable program in our monthly newsletter. Families are also learning about the importance of eating healthy by reading the "What's in Your Smart Cart" information sent to us by the Food and Nutrition staff. They are learning about various fruits and vegetables, their nutritional value, recipes, and suggestions on best ways to eat these products. As our community is becoming more educated about better eating habits and healthier lifestyles, it is becoming a natural part of their daily life.

Promoting healthier lifestyles is becoming contagious at our school and students and staff are embracing it. Our Physical Education teacher created the "Fit Kids Program" last year and the "Eagle Jumpers" jump rope team this year to promote exercise. Students are excited about eating more nutritiously and living healthier lives.

We are grateful to the Food and Nutrition staff for their desire to educate children and families and provide programs that promote healthy eating habits. It is through their vision and passion for doing "what is best for children" that we are changing the way we think about nutrition at Alta Vista. Our students are becoming more insightful and knowledgeable about healthy choices and are eating more nutritious foods.

Best regards,

Dr. Barbara Shirley
Principal

Local Wellness Policy Implementation and Evaluation Checklist

How to use this checklist:

1. Principal or school level wellness contact will complete this form.
2. After completing the checklist and writing a score for each component, look through the checklist and circle the "2's and 3's". These are areas in which implementation has either begun but is not fully implemented yet, or in which implementation hasn't begun yet, but your team is interested in beginning implementation. Select one of the "2" or "3" areas to focus on this year based on budget, time needed to make a difference, district/building priorities and expertise and resources of your team.
3. Use the space at the end of each section for notes on action plan items or for items specific to the district wellness policy that may not have been addressed. Complete the Final Action Plan on page seven (7).

Scoring Criteria: 4=Fully Implemented -- in full implementation currently and plan in place to continue

- 3=Partially Implemented -- implementation has begun
- 2=Still in Planning Process -- plan to implement not currently in place
- 1=Not applicable -- item not applicable to chosen school level
- √=Don't know

Component 1: Nutrition Education

Action Steps	Not Applicable (1)	Still in Planning Process(2)	Partially Implemented (3)	Fully Implemented (4)	Don't know (✓)
1.1 Provide nutrition education curricula that is skills-based and incorporates nutrition concepts from the 2005 Dietary Guidelines for Americans.					
1.2 Provide classroom nutrition resources that are current and easily accessible, and have a plan in place for periodic up-dating.					
1.3 Make nutrition education part of a comprehensive health education curriculum, or integrate it throughout the curriculum in subject areas such as math, science, language arts, or social studies					
1.4 Provide teachers with opportunities for professional development.					
1.5 Provide nutrition education instruction comprised of hands-on activities that engage students in participatory learning.					
1.6 Have classrooms participate in one or more events that are either centered on nutrition or include nutrition as a main component.					
1.7 Display attractive, current nutrition education materials in dining areas.					
1.8 Include nutrition education in before and after school programming.					
1.9 Provide nutrition education to parents, community, and school board (e.g. brochures sent home).					
1.10 Conduct staff wellness activities related to healthy eating habits and nutrition.					
COMPONENT #1 SCORE (Total for 1.1 – 1.10) = _____					
Possible points: 40					
Notes:					

Component 2: Physical Education/Physical Activity:

Action Steps	Not Applicable (1)	Still in Planning Process(2)	Partially Implemented (3)	Fully Implemented (4)	Don't know (✓)
2.1 Establish a framework and curriculum for the physical education department.					
2.2 Ensure that physical education teachers are endorsed in physical education.					
2.3 Address the student/teacher ratio in physical education class.					
2.4 Ensure that classroom health education includes the knowledge and self-management skills needed to maintain a physically active lifestyle and to reduce time spent on sedentary activities such as watching television.					
2.5 Incorporate physical activity into other subject areas (e.g. math, language arts, social studies, science), or between lessons.					
2.6 Do not use physical activity (e.g. running laps) or withhold it (e.g., recess, physical education) as punishment. This guideline does not apply to extracurricular sports teams.					
2.7 Encourage physical activity verbally and through the provision of adequate space and age-appropriate equipment.					
2.8 Provide other supervised opportunities for physical activity throughout the day.					
2.9 Offer extracurricular physical activity programs, clubs or intramural programs.					
2.10 Provide information and resources to help families incorporate physical activity into their lives.					
COMPONENT #2 SCORE (Total for 2.1 – 2.10) = _____ Possible Points: 40					

Notes:

Component 3: Nutrition Guidelines

Action Steps	Not Applicable (1)	Still in Planning Process(2)	Partially Implemented (3)	Fully Implemented (4)	Don't know (✓)
3.1 Ensure that all foods and beverages comply with USDA regulations and state policies.					
3.2 Prohibit or restrict using food as a discipline or reward for students.					
3.3 Encourage parents to provide a variety of nutritious foods if students bring lunch or snacks from home.					
3.4 Require that healthy food choices are made available to students at every school function that includes food.					
3.5 Provide students access to a school facility with a sufficient number of functioning water fountains in accordance with local building codes, or other means which provide him or her with sufficient water.					
3.6 Ensure that at least 50 percent of fundraising activities will NOT involve the sale of food or beverages.					
3.7 Do not have fundraising activities involving the sale of food or beverages take place until after the end of last lunch period.					
3.8 Encourage non-food fundraisers, such as flowers, gift wrap, sporting events, and family fun events.					
3.9 Put restrictions in place for student access to vending machines, school stores, and other venues that contain foods of minimal nutritional value.					
3.11 Guidelines have been established for food offered in school stores.					
3.12 Guidelines have been established for food offered in concession stands.					
COMPONENT #3 SCORE (Total for 3.1 – 3.12) = _____ Possible Points: 48					

Notes:

Component 4: USDA Meal Guidelines and Regulations	Not Applicable (1)	Still in Planning Process(2)	Partially Implemented (3)	Fully Implemented (4)	Don't know (✓)
Action Steps					
4.1 Provide adequate seating in the cafeteria to accommodate students during each serving period.					
4.2 Allow students to converse with one another while they eat their meals.					
4.3 Have adequate adult supervision in the dining area.					
4.4 Make information available to students and their parents/guardians concerning USDA school meal requirements and the nutrition content of food and beverages provided/sold.					
4.5 Have school administrators encourage food service personnel to attend nutrition-related training and to support their participation.					
4.6 Ensure that all school breakfast and lunch meals comply with USDA regulations and state policies.					
4.7 Provide students at least 10 minutes to eat breakfast and 15 minutes to eat lunch, not including time spent walking to and from class or waiting in line.					
4.8 Address portion size in the food goals.					
4.9 Schedule recess for elementary students before lunch.					
4.10 Have students participate in taste tests and/or surveys to obtain their input on school meals.					
COMPONENT #4 SCORE (Total for 4.1 – 4.10) = _____ Possible Points: 40					

Notes:

*This form was adapted from the Colorado Healthy Schools Summit "Action For Healthy Kids/Colorado Coalition On Physical Activity and Nutrition School Health Environment Practice School Improvement Checklist", which was itself adapted from the "School Improvement Checklist" in *Changing the Scene: A Guide to Local Action (CTS)*. To order CTS, call the National Team Nutrition Office (USDA,FNS) at 703-3-5-1624.

Final Local Wellness Policy Implementation Action Plan
Complete this sheet for each priority area identified by your school team

Plan developed by: _____

Date: _____


Priority area that we are targeting: _____

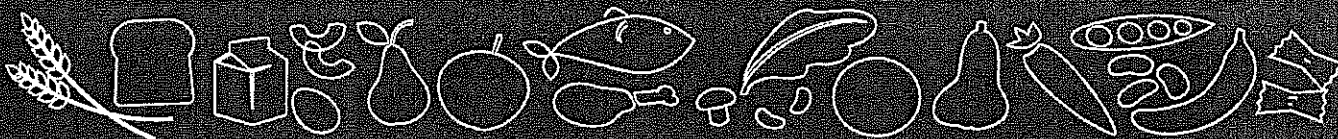
Action Steps	Resources		Required	Indicator of Success (What will be accomplished?)	Date for Completion
	Staff	Budget	Time Required		



HealthierUS School Challenge Application Kit

Checklist

HealthierUS School Challenge Checklist Are You Ready To Take the HealthierUS School Challenge? If You Can Check "Yes!" in Each Box Below, You Are Ready!	
	YES!
Is your school a Team Nutrition School?	
Does your school implement a local school wellness policy?	
Did your school complete requirements of most recent SMI review?	
Does your school provide nutrition education to students?	
Elementary Schools: Does your school provide 45 minutes or more of physical education to students in every grade per week? (Gold requirement is 90 minutes; Gold of Distinction is 90 minutes with stricter sodium requirements OR 150 minutes.)	
Secondary Schools: Does your school offer physical education classes to at least two grades and provide students in all grades opportunities to participate in physical activity?	
Elementary and Middle Schools: Does your school maintain an Average Daily Participation (ADP) of at least 60% for Silver level? (For Gold & Gold of Distinction, the requirement is 70% or higher.) There is no ADP requirement for Bronze.)	
High Schools: Does your school maintain an ADP of 45% or higher for Silver level? (For Gold and Gold of Distinction, the requirement is 65% or higher.) There is no ADP requirement for Bronze level.)	
In your school lunch, do you:	
• Offer a different vegetable each day of the week?	
• Offer dark green or orange vegetables 3 or more days each week?	
• Offer dry beans and/or peas 1 or more days each week?	
• Offer a different fruit each day of the week? (At least one being fresh for Bronze/Silver and at least two fresh for Gold/Gold of Distinction)	
• Offer at least a serving of whole grains 3 or more days each week? (Daily for Gold and Gold of Distinction)	
• Offer only low-fat and fat-free milk each day?	
Are competitive foods:	
• Served in portions of 200 calories or less (includes fundraising)?	
• Under or equal to 35% calories from fat (excluding nuts and reduced-fat cheese)?	
• <i>Trans</i> -fat free?	
• Under 10% calories from saturated fat (excluding reduced-fat cheese)?	
• Under or equal to 35% sugar by weight? (fruits are exempt)	
• Under or equal to 480 mg sodium per side dish, 600 mg per entrée for Bronze/Silver/Gold (or Gold of Distinction only for elementary schools with 150 minutes of physical education)?	
• Under or equal to 200 mg sodium per side dish; or 480 mg per entrée for Gold of Distinction?	
• Are competitive beverages limited to low-fat or fat-free milk, 100% fruit/vegetable juice, or water?	



Sarasota County Schools: Food & Nutrition Services

We Feed The Future



CREATING A HEALTHY SCHOOL ENVIRONMENT ONE MEAL AT A TIME!

Winter 2010

Volume 1, Issue 2: Local Wellness Policy Special Edition

A Snapshot of the Local Wellness Policy

The Local Wellness Policy is a requirement of all school districts with a National School Lunch and/or Breakfast Program. The policy was created to promote the health of students and addresses the issue of childhood obesity. The Local Wellness Policy was adopted by the district in 2006 and each year makes strides to increase the health of Sarasota County's students. The two primary and required areas of the Local Wellness Policy focus on nutrition and physical activity goals. Following is a snapshot of the nutrition goals:

- A. Promote good nutrition, appropriate food choices, and food safety for students and staff, in compliance with nutrition requirements established by federal, state and local laws.
- B. Provide a variety of meal delivery strategies and schedules so that school meals are accessi-



- ble to all students.
- C. Emphasize low-fat/fat-free milk, reduced-fat dairy products, a variety of fruit, vegetables and whole grain products in menu development.
- D. Limit the content and portion size of foods and beverages that are sold individually and in vending machines.
- E. Ensure guidelines for reimbursable school meals are not less restrictive than guidelines issued by the USDA.
- F. Adhere to all requirements regarding competitive food sales and foods of minimal nutritional value.
- G. Encourage participation of eligible students in free and reduced price

- meal programs.
- H. Sponsor a summer nutrition program consistent with Florida Statutes.
- I. Promote guidelines for snacks and other foods used as classroom rewards, celebrations, school sponsored events and fundraising ideas.
- J. Provide nutrition education to students through classroom and lunchroom activities.
- K. Operate all child nutrition programs with school food service staff who are properly qualified according to current professional standards. Implementation cannot occur overnight. It is an ongoing, evolving district-wide process. The intention of the policy is to promote sustainable change. It is not our intention to force or demand healthy eating habits. It is our goal to promote a healthy nutrition environment at school and provide tools and resources to promote a healthy lifestyle at home and away from school.

101 Old Venice Road
Osprey, FL 34229
Phone: 941-486-2199
Fax: 941-486-2021

To sign up to receive this quarterly newsletter via email or print please contact:
KARLA PIGNOTTI@SARASOTASCHOOLS.FL.US

Inside this issue:

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Did You Know?

The Local Wellness Policy lists options for healthy school celebrations and fundraisers. The alternatives include healthy food and snack items along with non-food celebration ideas. There are also other handouts related to this topic on the Food & Nutrition website. All information can be found at:

<http://sarasotacountyschools.net/departments/fns/default.aspx?id=1644>
Or

<http://sarasotacountyschools.net/departments/fns/default.aspx?id=22228>

What are the nutrition guidelines in the Local Wellness Policy?

Academic performance and quality of life issues are affected by the availability and choice of high quality foods in our schools. Nutrition guidelines that require the use of products that are high in fiber, low in added fats, sugar and sodium, and served in appropriate portion sizes consistent with USDA standards have been established for ALL foods offered by Food & Nutrition Services. Meals served through the National School Lunch and Breakfast Programs will:

- Be appealing and attractive to children

- Offer a variety of fruit and vegetables with two fruit and two vegetables offered daily with an emphasis on locally grown fresh produce.
- Encourage students to select and consume all five components of the regular meal.
- Follow the US Dietary Guidelines.
- Engage students through taste tests of new entrees and surveys, in selecting foods sold.
- Higher fat food items are limited to being offered once a month.
- Provide students adequate time to eat.

- Parents will be encouraged through newsletter articles, take-home materials or other means, to provide a healthy breakfast at home for their children or to take advantage of the school breakfast program.

Food and Beverages Sold Individually

The table below is the criteria Food and Nutrition Services uses for items sold individually and is the recommended tool for all items sold individually on campus. This information is adapted from the USDA's "Healthier US School Challenge" nutrition standards.

School Meals Nutrient Requirements

The following nutrition standards include nutrition goals for school meals, required by the United States Department of Agriculture, to include calories and key nutrients for specific grades or age groups for breakfast and lunch. Regulations require that breakfast and lunch menus, when **averaged over a school week**, meet the nutrient standards for the appropriate age or grade group.

- All weekly menus provide a minimum level for the following nutrients: calories, protein, calcium, iron, vitamin A and vitamin C and a maximum level of total fat (30% of calories) and saturated fat (10% of calories).
- While the nutrient standards do not specify required levels for cholesterol, sodium, carbohydrate, and dietary fiber, these nutrients are included in the analysis. The goal is to reduce the amount of cholesterol and sodium in school meals and increase the amount of dietary fiber over time, as suggested by the United States Department of Agriculture (USDA).
- The menus are designed provide 1/4 of the daily recommended nutrients listed above for breakfast and 1/3 of the daily recommended nutrients for lunch.

Food and Beverages Sold Individually (A la carte)

Food or Beverage	HealthierUS School Challenge Nutrition Standards <i>These criteria focus on decreasing fat and added sugar, increasing nutrient density, and moderating portion size.</i>
Fruits and Non-fried Vegetables	<i>Fruit and vegetables may be fresh, frozen, canned or dried, and they must be found in the Food Buying Guide for Child Nutrition Programs.</i>
Approved Beverages	<ul style="list-style-type: none"> • Flavored or plain reduced fat (2%), low-fat (1%), skim/nonfat fluid milk meeting State and local standards for pasteurized fluid milk and/or USDA approved alternative dairy beverages • 100% full-strength fruit and vegetable juices
Any Other Individual Food Sales/Service	<ul style="list-style-type: none"> • Calories from total fat must be at or below 35%, excluding nuts, seeds, and nut butters. • Calories from saturated fat must be at or below 10%. • Total sugar must be at or below 35% by weight. • Items will contain no more than 230 mg of sodium per serving for chips, cereals, crackers, oven fries, baked goods, and other snack items; will contain no more than 480 mg of sodium per serving for pastas, meats, and soups; and will contain no more than 600 mg of sodium for pizza, sandwiches, and main dishes. • Portion size for a la carte sales in the school cafeteria are not to exceed the serving size of the food served in the National School Lunch Program/School Breakfast Program.

Making Changes Long Before the Local Wellness Policy!

A glimpse at Food & Nutrition Services through the years.

Balancing nutrition and food preferences with a limited food cost is challenging. However, with four registered dietitians on staff, nutrition is and has always been a top priority. Below is a timeline of specific actions taken to promote a healthy school environment throughout the years.

1991- Standardized recipes implemented at all schools
1992- 100% juice offered only; salt & butter no longer added to cooked vegetables; training for FNS employees; breakfast pro-

gram started at all schools
1993- Milkshakes & salt shakers removed from serving lines; only low-fat mayonnaise and salad dressings provided

1995- Skim milk added as choice

1996- Nutrition Educator position introduced; Summer Food Program initiated.

1997- Complimentary snack offered during FCAT

1998- Yogurt added as daily entrée; Commission on Accreditation for Dietetics Education Dietetic

Internship created

2002- 1% chocolate milk replaced with 1/2% chocolate milk; FNS Director received the first Action for Healthy Kid's "Healthy Schools Hero" award

2004- Eliminated fryers from all secondary schools (fryers had never been allowed in elementary schools)

2005- Whole milk eliminated as milk choice; one dessert policy; K-1 Menu developed to encourage fruit and vegetable consumption

2006- Stricter standards for beverages sold during lunch

2007- Go, Slow, Whoa tool introduced; new menu at high

schools; nutrient analysis charts posted on website
2008- myLunchMoney.com for online payments; received large grant from Sweetbay Supermarkets for nutrition education
2009- First district in Florida to have a comprehensive Farm to School bid; Fresh Fruit & Vegetable Program at ten schools
2010- Introduced newsletter and "Healthy Snack Menu"; eliminated ice cream; Fresh Fruit & Vegetable Program



Employee Wellness

Wellness is not limited to students! In fact, Sarasota County Schools has our own Employee Wellness Coordinator, Suzie Dubose, RN. The position is grant funded and offers many fabulous opportunities for ALL staff. The wellness program offers walking path assistance, pedometer programs and most importantly free health screenings at various sites throughout the school year.

All information is confidential and will not be shared!

If you are a School Board employee and interested in participating in an upcoming health screening check out the following schedule.

**January 18, 2011 -
 Laurel Nokomis School**

**February 10, 2011 -
 Lamarque Elementary**

**February 24, 2011 -
 Tuttle Elementary**

**April 1, 2011 -
 Sarasota County
 Technical Institute**

The purpose of the programs and screenings is to be proactive with the health of our staff members! Take advantage of this excellent opportunity at no cost to you!

For further information please contact: Suzie Dubose at 927-9000.



Healthy Snacks for the Classroom from the Cafeteria

Last newsletter we introduced the option of purchasing healthy snacks from the Food and Nutrition Services program at each school. These snacks fit within the district's Local Wellness Policy guidelines which correspond with the Dietary Guidelines for Americans and the USDA

"HealthierUs Challenge" nutrition standards. This is an excellent way to offer healthier, refrigerated snacks that would normally be challenging to offer as a snack at school. **The actual menu is listed on the last page along with pricing and ordering information.** If you are

interested in a different fruit and vegetable snack option, please do not hesitate to contact your school's Food & Nutrition Manager. They will be happy to look into offering that option as well! Our only request is that you place the snack order two weeks in advance to ensure availability.



Fruit and Cheese Platter from Toledo Blade Elementary

Food & Nutrition Services: Healthy Snack Menu

All snacks listed below fit within the district's Local Wellness Policy guidelines which correspond with the Dietary Guidelines for Americans and USDA "HealthierUS Challenge" Nutrition Standards.

Platters - Pricing listed per platter. Each platter will serve 20-25 people

Fresh Fruit Platter - \$20.00

Includes: seasonal fresh fruit; exotic fruit can be requested for an additional cost

Examples: Orange Slices, grapes, strawberries, cantaloupe slice, honeydew slice, watermelon chunks, pineapple chunks, kiwifruit Platter example: 1 Cantaloupe cut in pieces, 2 pounds grapes and 10 sliced oranges

Fresh Vegetable Platter - \$20.00

Choose up to three of the following: Broccoli florets, cauliflower florets, baby carrots, zucchini, yellow squash, cucumber slices, grape tomatoes, celery matchsticks

**Can include low-fat ranch dressing for an additional cost of: \$1.50 per bottle

Individual Healthy Snacks

Whole Fruit - Seasonal - Pricing listed per fruit

- Banana \$0.25
- Red Apple \$0.25
- Green Apple \$0.25
- Plum Call for pricing
- Pear Call for pricing
- Orange \$0.25
- Tangerine Call for pricing
- Peach Call for pricing
- Nectarine Call for pricing

Please place the snack order **two weeks in advance** to ensure product availability. For further information, please contact the school's Food & Nutrition Manager!

Cracker/Grains - Pricing listed per single item

- Baked Goldfish Cheddar Crackers, 0.75 ounce bag \$0.20
- Animal Cracker, Keebler brand, 1 ounce bag \$0.20
- Honey Graham Crackers, Nabisco brand, 1 bag \$0.20
- Goldfish Giant Graham Cracker, 1 bag \$0.20
- Nature Valley, Honey Oat Granola Bar, 0.74 ounce \$0.25

We Feed The Future



Food & Nutrition Services

Dairy Products - Pricing listed per single item

- String Cheese \$0.20
- 1% Milk Carton \$0.50
- Skim Milk Carton \$0.50
- Yogurt - 4 ounce \$0.30

Want more information?

Check us out on the web at:

www.sarasotacountyschools.net/departments/fns/

Themed Party Offerings

Yogurt Parfait Party - \$0.75 per child

Each student gets a 4 ounce fat free yogurt cup, fresh fruit, homemade granola, cup and silverware to combine to create their own yogurt parfait! Delightfully delicious!!

"Wrap" Party - \$0.90 per child

Each student is given $\frac{1}{2}$ tortilla wrap, turkey, reduced-fat cheese, lettuce, tomato, mustard or reduced calorie mayonnaise packet and a plate to create their own "wrap".

Cereal Party - \$0.75 per child


Each child will receive a cereal bowl with low-fat or fat-free milk and a spoon

Cereal: Cheerios, Honey Nut Cheerios, Kix, Honey Nut Chex, Reduced Sugar Cinnamon Toast Crunch, Rice Crunhin'



School Board of Sarasota

Passport to Wellness Program



Logo design by: Cynthia Ritchie
SCTI Digital Design Student

The Facts

- In the U.S., over 6.7 million people are employed by public school systems
 - 3.5 million educators
 - 3.2 million other employees
- These employees have one of the nation's most critical functions- preparing our youth to be successful and productive citizens.

Employees – Valuable Assets

Why?

- Actions and conditions that affect employee health also influence students' health and learning
- Protecting the health of employees is integral to protecting the health of students and ensuring their academic success

Why Wellness Programs?

- Improved health and health behaviors of staff
- Provides healthy role models for students
- Improved employee morale and loyalty
- Increased productivity
- Good recruitment and retention tool
- Positive public and community image

Employee Wellness Program Benefits

- Improved employee related expenses
 - Absenteeism
 - Healthcare and insurance cost
 - Worker's compensation and disability

Absenteeism

Year	# Sick Days Used by Teachers	Cost
2009 - 2010	10,729	\$1,233,835
2008 - 2009	13,198	\$1,689,344
2007 - 2008	13,111	\$1,678,208
2006 - 2007	12,828	\$1,590,672
2005 - 2006	10,643	\$1,277,160
2004 - 2005	9,052	\$1,013,824

Healthcare Costs

Date	Paid Claims
Jan 2010 thru June 2010	\$17,491,977
2009	\$35,276,557
2008	\$36,992,440
2007	\$32,541,272
2006	\$31,011,435
2005	\$26,317,920

Workers' Compensation

Date	Total Experience
2009-2010	\$1,172,908
2008-2009	\$1,180,938
2007 - 2008	\$1,229,315
2006-2007	\$1,850,778
2005-2006	\$1,053,170

Did You Know?

- Two-thirds of all deaths in the U.S. attributed to cardiovascular disease, cancer, and diabetes
Preventable risk factors include tobacco use, poor nutrition, inactivity, and obesity
- The U.S. spent \$2 trillion on health care, or \$6697/person in 2005. By 2015, health care spending is projected to reach \$4 trillion
- Since 2000, employment-based health insurance premiums have increased by 87%

Health Screenings A Valuable Benefit

- Identifies critical values or employees who need help
- Makes participants aware of health risks
- Provides a basis for targeting follow-up interventions
- Motivates individuals to take action

Health Screenings

- Confidential, HIPPA Protected
- Provided by Blue Cross Blue Shield through an independent team of nurses and health educators
- School Board gets NO identifying information
- Participation does NOT affect insurance premiums or job security

Health Screenings, 2009-2010

- 25 Events throughout the District
- 824 Employees Screened
- 4 Critical Values Identified
- 445 Blue Cross Health Coach Interactions
- 15% - Percentage attendance versus group size

Potential Annual Savings

Mental Wellness	\$254,800
Smoking	\$507,520
Body Mass Index / Obesity	\$950,384
Blood Pressure	\$147,264
Diabetes	\$1,332,240
<i>Total</i>	<i>\$3,198,208</i>

Health Screenings, 2010-2011

- ▣ Provided by Blue Cross Blue Shield and Employee Wellness
- ▣ Six (6) events throughout the District
- ▣ Incentives to participate
- ▣ Require support and endorsement from administration

Expo Sites

Toledo Blade Elementary

October 29, 2010

Laurel Nokomis School

January 18, 2011

Sarasota County Technical Institute (SCTI)

April 1, 2011

Screening Sites

Garden Elementary

November 3, 2010

Lamarque Elementary

February 10, 2011

Tuttle Elementary

February 24, 2011

Next Steps

- Continued support of Administration
- Increased participation at the sites
- Increased participation in lifestyle management programs and compliance
- Program evaluation

“Health and success in schools are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially.”

-National Association of State Boards of Education

The (Surprising) Truth About Salt

Even though doctors have been telling us for decades that it's one of the villains in our diet and public health leaders have started a crusade to slash salt from the food supply, there seems to be no definitive proof of stroke or heart disease prevention. Here, learn why.

By Rachel Moeller Gorman



J Muckle/Studio D

Sonia Angell has a thing about salt. She thinks about it much of her day. When she talks on the phone from her office in Lower Manhattan, she speaks with increasing passion about the mineral — specifically, getting rid of it. "It's a nutrient that we are eating in excess," she says, "to the point where it has become dangerous."

Dr. Angell is a general internist with a master's degree in public health, and she is in a good position to act on her conviction: She runs the Cardiovascular Disease Prevention and Control Program at the New York City Department of Health and Mental Hygiene (DOHMH), the same place that caused a huge uproar a few years ago when it mandated that all city restaurants get rid of artery-clogging trans fats. Initially spurred on by former DOHMH Commissioner Thomas Frieden, now director of the Centers for Disease Control and Prevention, she and the

Department of Health have taken on salt because they and many others in the scientific community hold that eating too much sodium chloride, or salt, causes heart attacks, strokes, and deaths. So in 2008, the DOHMH spearheaded a collaboration called the National Salt Reduction Initiative — a group of more than 45 cities, states, and powerful national and international health organizations, including the American Heart Association, the American Medical Association, and the World Hypertension League — to prevent disease and death by gradually siphoning off a lot of salt from the country's food supply.

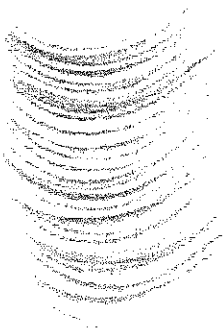
The big glitch in this impressive-sounding plan: Not everyone in the medical community agrees that limiting salt nationwide will prevent these problems. "Is sodium important to most people's health? Is this a battle worth fighting for most people? The answer is no," says Norman Hollenberg, M.D., Ph.D., a kidney specialist and blood pressure researcher at Harvard Medical School who has edited books like the *Atlas of Hypertension*. Many doctors, including journal editors, cardiologists, and medical association presidents, say that while it makes sense for some people with high blood pressure to lower their salt intake, current science doesn't show that the rest of us will reap much, if any, benefit from this sweeping policy. In fact, these researchers believe the initiative is being foisted on the American public without sufficient justification — and could even be dangerous.

They say that curtailing salt in the food supply may wreak unforeseen harm, and point out that no clinical trials in the general population have linked salt to heart disease or death. Past public health recommendations, they note, have backfired because they were implemented before proper

studies were conducted (one example: switching from butter to trans-fat-loaded margarines — which proved to be worse). Salt is a cheap, tasty additive and preservative. "There are reasons food companies put it in their products. Now they have to find substitutes, and we don't know what impact the substitutes will have," says Hillel Cohen, Dr.P.H., M.P.H., an epidemiologist at the Albert Einstein College of Medicine in the Bronx who studies hypertension. "Wouldn't it be nice to have some information before going ahead with a health policy that will affect millions of Americans?"

Trying to cut down on your salt intake? Find out which low-sodium foods passed our taste tests:

Next: How salt got such a bad reputation



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The Rise and Fall of Salt

Salt has been a dietary player for at least 10,000 years, since humans began using it to season their meals. About 5,000 years ago, the Chinese discovered it could preserve food, allowing people to survive long, cold winters with a stash of salted supplies. Civilizations traded in it, cities like Venice and Oslo were built on it, and wars have been fought over it. Romans salted their greens, originating the word "salad"; even "salary" ("salt money") comes from the word salt.

At its most basic level, our bodies need salt because sodium helps our brains transmit signals and keeps our cells and the fluid surrounding them in balance. Our intake reached its peak in the late 1800s, when salt was used to preserve foods for storage, and declined as refrigeration became more widespread in the early 20th century. By mid-century, however, when packaged and convenience foods began to replace fresh foods in our diets, the amount of sodium we consume began to climb; today we get nearly 80 percent of our daily dose not from the shaker, but from processed foods. (According to national diet-tracking studies, in the late 1980s salt consumption leveled off — and has remained — at about 1½ teaspoons, or roughly 3,500 mg, of sodium a day.)

Roughly a century ago, in a study of people with hypertension, French doctors found for the first

time that when subjects ate the equivalent of about 4,100 mg of sodium per day, their blood pressure rose, and that when they cut back, it dropped. Over time, a hypothesis developed linking high salt consumption with high blood pressure, or hypertension: In general, when we take in large amounts of sodium, our bodies need to conserve more water to maintain a stable concentration in the fluids. More water would mean more blood, and more blood, higher pressure within our vessels. The association between salt and blood pressure is critical because high blood pressure *has* been shown to increase the risk of heart disease. Large volumes of blood straining against vessel walls can make them weak and more susceptible to damage, playing a role in heart attacks, strokes, and possibly death. It's this linkage — from sodium to hypertension, and then from hypertension to heart attacks, strokes, and death — that's behind the crusade against salt.

The Fickle Effect of Sodium

There's little question that for some people who have high blood pressure — nearly a third of Americans — slashing sodium by about 1,800 mg a day *does* reduce blood pressure — about 5 points for systolic, about 3 to 4 for diastolic, according to one large review. That's like going from a reading of 145/90 to 140/87 — usually not enough to achieve a healthy blood pressure, but helpful nonetheless.

But in people who have normal blood pressure, trying to reduce sodium intake by heroically cutting back on salt reduces blood pressure readings a mere one to two points, on average. The cuff at your doctor's office might not even detect such a tiny difference. And studies suggest that over time, these blood pressure reductions tend to get smaller. One theory as to why: The body adjusts to the lower salt level. Indeed, blood pressure reductions like these are similar to, or even *less* than, those that might result from other, perhaps easier, lifestyle changes: Eating three portions of whole grains a day can drop systolic blood pressure 6 points; drinking one less sugary drink daily, 1.8 (systolic) and 1.1 (diastolic) points; and losing seven pounds, 1.4 and 1.1 points.

Yet public health experts think sodium's one- to two-point reduction is reason enough to launch their salt-cutting campaign. "With a small reduction for everyone, we'll get a huge benefit for society at large," says Dr. Angell, who estimates that the nationwide initiative will save as many as 150,000 lives each year — a number that the naysayers claim is built on untested assumptions.

Next: Lowering Sodium in Our Food Supply - Suggested Dietary Guidelines



diego_cervo

How Low Can We Go?

Last April, after extensive talks with food manufacturers, Dr. Angell and the DOHMH published voluntary limits on sodium in 62 categories of packaged food (breakfast cereal, canned soup, and more) and 25 categories of restaurant food (hamburgers, fries, muffins) to lower sodium throughout the food supply. Sixteen food companies and restaurant chains, including Heinz, Unilever, Kraft, and Subway, have already signed on. The goal: a 25 percent reduction over the next five years, which is in line with the American Medical Association's call for a total of 50 percent over the next 10.

Dr. Angell calculates that this should get us closer to 2,300 mg, the maximum amount of sodium recommended in the current *Dietary Guidelines for Americans, 2005*, the government's official road map for building healthy American diets; it covers everything from school lunches to dietitians' advice to their clients. But the new 2010 guidelines, anticipated for release at the end of the year, dump this old number for an even lower one: 1,500 mg — about two-thirds of a

teaspoon of salt a day. That amount is the so-called "adequate intake" — the minimum our bodies need to function and to maintain good health.

Why drop so low? The number one reason, says Lawrence Appel, M.D., M.P.H., professor of medicine at Johns Hopkins University and member of the 2010 U.S. Dietary Guidelines scientific advisory committee that recommended the new sodium level, is the direct relationship between sodium and blood pressure: The less you take in, the lower your blood pressure. (Other researchers have a problem with this, saying it's not that simple.) In the 2001 DASH (Dietary Approaches to Stop Hypertension-Sodium) trial, which tested the effects of a healthy, monthlong, low-sodium diet in people with high and borderline-high blood pressure, subjects' blood pressure dropped considerably when they consumed about 1,500 mg of sodium a day. In addition, "you're dealing with a chronic problem that develops over time," he says. "The idea of somebody just waiting until they have hypertension and then flipping into a low-sodium diet is somewhat like saying, well, let's just wait until you get your first heart attack and then we'll start telling you about saturated fat."

But drastically cutting sodium to 1,500 mg a day astounds some physicians. "The goal is completely unrealistic. This is far too low," says Neils Graudal, M.D., a Danish researcher who has published several large, influential research reviews showing that cutting sodium affects a lot more than just blood pressure. "There's no evidence that directly links low sodium intake to better survival," he adds. Furthermore, he thinks it's unrealistic to expect anyone to actually adhere to the new guideline, considering that one store-bought corn muffin (590 mg) and a cup of chicken noodle soup (840 mg) come in just under the limit. A dinner out can cost you a couple of days' worth of sodium: At Chili's, an Asian Salad with Grilled Chicken has 2,700 mg, and a Cajun Pasta with Grilled Shrimp, 3,200. Prepared salad dressings can have 505 mg per serving; ketchup, 167 mg per tablespoon; pasta sauce, 1,054 mg per cup. Even with the Initiative's reductions, it will be hard to find things to eat.

What's more, doctors and public health experts have long assumed that if we all just knew how to lower the salt and we were in a food environment conducive to eating less of it, we'd cut back. But the findings of a recent study on sodium appetite — how much our bodies naturally "want" — contradict that assumption. When researchers at the University of California, Davis, and Washington University in St. Louis looked at the sodium intakes of 19,151 people in 33 countries with vastly different cuisines, they found the amount people typically consumed fell within a narrow range (2,691 — 4,876 mg/day; the average was 3,726 mg/day); even when scientists tried to get people to lower their sodium to 2,300 mg, the subjects couldn't do it, and they ended up at about 2,800 mg/day. The researchers hypothesize that we might have evolved an appetite for the mineral along with a physiological set point that ensures our body's need for sodium in multiple systems is satisfied.

Next: Previous studies done on the effects of salt & why the results are inconclusive



The Jury's Still Out

The U.S. isn't the first country to launch a plan to ferret the sodium out of its citizens' diets. Britain, where more than 70,000 people die from coronary heart disease and 110,000 people suffer a heart attack each year, instituted a sodium-reduction initiative back in 2004, spearheaded by its Food Standards Agency (FSA — broadly similar to the food sector of our FDA). Two years later, the FSA lowered the voluntary salt-reduction targets for around 80 categories of packaged food — bacon, breads, and cereals, as well as convenience and snack foods — which were to be achieved by 2010. Now the aim for 2012 is to reduce adult intake to around 2,400 mg of sodium a day.

As a result of the initiative, sodium has been lowered by around 33 percent in packaged bread, 49 percent in breakfast cereals, and 21 to 50 percent in processed cheese, among other reductions. "The brilliant thing is, people don't have to change their diets, because the salt has been surreptitiously reduced without their realizing it," says Graham MacGregor, M.D., a hypertension expert and one of the driving forces behind the British salt-slashing initiative. "You have to be something of a nut if you really want to reduce your salt. You have to cook at home and buy all fresh fruits and vegetables, which for the average consumer is a complete impossibility."

But are people actually eating less salt? The FSA's survey work suggests that it has reduced the population's intake by 10 percent between 2000 and 2008. But researchers from the University of California, Davis, and Washington University in St. Louis, writing in the *Clinical Journal of the American Society of Nephrology*, questioned that finding. They pointed out that when all the most rigorous studies, not just those conducted in 2000 and 2008, are considered, salt intake has risen and fallen over time, resulting in no overall difference in 24 years: Britons ate about 3,400 mg of sodium a day in 1984 and about 3,400 mg in 2008, with levels dipping and rising no more than 400 mg. The FSA calculates that the reductions are preventing around 6,000 premature deaths a year, but no actual study has been conducted.

Where Are the Trials?

The most compelling argument against the Initiative, say Drs. Graudal and Cohen, among others: There has never been a randomized, controlled clinical trial (the scientific-research gold standard) examining the effect that consuming 1,500 mg of sodium a day — or any level, for that matter — has on the risk of heart attack, stroke, or death. While studies have shown that lowering *blood pressure* reduces those risks, "we really have no idea if cutting back on salt protects our hearts, too," says Dr. Cohen, nor do we know if the converse is true — whether people who eat higher amounts of sodium are more likely to have a heart attack or stroke, or to die.

Salt-reduction proponents point to the *Trials of Hypertension Prevention* follow-up study, which began as two clinical trials of more than 4,500 30- to 54-year-olds with slightly elevated blood pressure who were given either intensive counseling to cut back on sodium or only general guidelines for healthy eating. A year and a half to three to four years later (the end of each trial), the sodium-reduction group had only a one- to two-point drop in blood pressure compared with the control group. But 10 to 15 years later, the researchers caught up with some of the study's participants and found that those in the low-salt group were 25 percent less likely to have suffered a heart attack during the intervening years, suggesting that the amount of salt one eats *might* be linked with a real health outcome like heart attacks, not just high blood pressure. Compelling as this is, however, the naysayers point out that there was no significant difference in the number of deaths between the two groups. In addition, not all the original participants could be found, and the study was, in fact, no longer a clinical trial, but a less rigorous observational study (which can't determine cause and effect).

The only other general-population studies on humans that looked at sodium's connection to heart attacks and strokes have been observational, and those results have been mixed: Some showed that people who ate more sodium had more heart attacks, while others found no link; a few even found that people who ate *less* sodium had *more* heart attacks. Even if you include only the studies showing a link between high salt and increased cardiovascular disease, "it's observational data. I wouldn't make a clinical decision on it, and I sure as hell wouldn't make a decision on it for 300 million people," says Michael Alderman, M.D., a hypertension researcher at Albert Einstein College of Medicine and vocal critic of the salt-lowering efforts.

Scientists say that sodium may affect insulin and parts of our nervous system, as well as fats like cholesterol, and that the kidneys have their own blood pressure/sodium-regulation system (the renin-angiotensin system). All of these factors affect heart health, too, though their relationship

with sodium isn't as well studied as blood pressure's, so they remain in the shadow of the better-known heart disease risk factor. "The crux of the problem is that when you reduce sodium intake, lots of things happen. Some are good, and some are bad," says Dr. Alderman. "The effect on health will be the net effect of all of those conflicting influences."

Next: The possibility of future salt trials and how to keep healthy when it comes to salt



Edwin Verin/iStock Photo

Indeed, a 2003 in-depth review of the evidence and a soon-to-be-published update that analyzed the research on many of these factors found that low sodium affects multiple systems in our body: As the mineral goes down, levels of cholesterol, triglyceride, renin, and other health indicators go up. The resulting health effects are not yet known. Coauthor Dr. Graudal concludes his report: "The magnitude of the effect in Caucasians with normal blood pressure does not warrant a general recommendation to reduce sodium intake." Another recent meta-analysis from British researchers led by Lee Hooper, Ph.D., at the University of East Anglia arrived at a similar conclusion: "Intensive interventions, unsuited to primary care or population prevention programs, provide only minimal reductions in blood pressure during long-term trials." Translation: For people with normal blood pressure, drastic salt reductions aren't necessary, and they probably won't work.

"I wish the magic bullet were true; I wish it were that simple," says Dr. Alderman. "But it is naive to assume that you can go from an effect on blood pressure, pretend the others don't exist, and then extrapolate what the optimal benefit might be. That's a hope, or faith, but it's not science."

"Do you know the Danish tale *The Emperor's New Clothes*?" says Dr. Graudal. "I think I and a few others are the boy saying the emperor hasn't got any clothes on."

Experimental Americans

Doing a clinical trial would answer many of the lingering questions. If we were certain that lowering salt reduced cardiovascular disease in the general population, we could adopt policies like the one spearheaded by New York City with a clear conscience. But some researchers say that a trial would be either a waste of time, too expensive, unethical, or impossible. "The possibility of a randomized controlled trial is not likely in the future," says rear admiral Penelope Slade-Sawyer, a deputy assistant secretary for health in the Department of Health and Human Services, who helped put together the *Dietary Guidelines 2005*. "It would be terrifically expensive, and I really don't think it's necessary." Dr. Angell notes, "One would argue at this point [that a trial is] unethical given all the amassed data that shows that high sodium is associated with high blood pressure and high blood pressure is associated with heart attack and stroke."

Yet without such studies and definitive proof of benefit, we all become test subjects. "It's an experiment any way you do it, whether it's on 300 million people [via public policy] or on 10,000 [in a randomized controlled trial]," says Dr. Alderman. It has happened before. Decades ago, Dr. Cohen notes, when studies suggested that saturated fat was bad for our cardiovascular systems, we were encouraged to cut it from our diets. Manufacturers and restaurants switched to partially hydrogenated oils instead of animal products, and families started eating margarine instead of butter. "It was 20 years or more before scientists realized that in propagandizing people to eliminate butter from their diet and replace it with stick margarine and trans fats, we might be doing more harm than good," says Dr. Cohen. Those trans fats have proved worse for our hearts than butter's saturated fat.

There are other examples: Tobacco companies added filters to cigarettes and created "light" cigarettes to make them healthier, but people just puffed harder or smoked more, and kept inhaling carcinogens and additives. In the 1950s, doctors told women to limit their weight gain during pregnancy to avoid preeclampsia (high blood pressure, fluid retention, and kidney problems), resulting in an increased number of underweight babies and infant deaths; more recently, the *Dietary Guidelines* encouraged Americans to eat low-fat foods and more carbohydrates, and now researchers believe this has contributed to obesity. "Respected authorities instituted reasonable ideas without having the evidence to know whether their policies might backfire," Dr. Alderman wrote in a February 2009 editorial in the *New York Times*.

Perhaps the best example involves hormone replacement therapy. Doctors gave HRT to women during and after menopause because replacing the estrogen lost during menopause made logical sense and was intuitively appealing (let's make women "young" again), and observational studies suggested that women who took hormones had a 40 to 50 percent reduction in coronary heart disease risk compared with nonusers. Even though no large-scale randomized controlled trials had ever been done, doctors had "a nearly unshakable belief in the benefits of hormone therapy," wrote two doctors in a 2003 opinion piece in the *New England Journal of Medicine* — enough to suspend normal standards for preventive treatments, like proof from a trial.

When the first trials conducted on HRT failed to show a benefit for the heart, they were criticized and even disregarded. But when researchers finally did a big clinical study, part of the Women's Health Initiative (a large study initiated by the National Institutes of Health to look at cardiovascular disease, cancer, and other common causes of death and disability in postmenopausal women), it turned out that the estrogen-plus-progestin treatment actually increased the risk of heart attacks, strokes, blood clots, and breast cancer, while estrogen alone increased the risk of stroke and blood clots.

Next: Food companies cutting their salt supply and how to manage your blood pressure



What's especially worrisome is that women's use of HRT "was based on much better evidence than the salt recommendation is based on, much more consistent observational studies," says Dr. Cohen. The editorial accompanying the trial, published in the same issue of the *New England Journal of Medicine*, stated, "The lesson is that belief, no matter how sincerely held, is no substitute for proof in the form of adequately designed randomized clinical trials when it comes to medical interventions, especially long-term interventions that are being contemplated for widespread use in order to prevent disease."

We appear not to have learned that lesson yet.

Blood Pressure by the Numbers

Systolic pressure — the first, higher number in the familiar fraction — is a measure of the peak force exerted by your blood against your artery walls when your heart pumps. Diastolic pressure — the second, lower number — measures the minimum pressure, between heartbeats. The measurement is recorded in millimeters of mercury (mm Hg), even if the cuff in your doctor's office is digital (note: recent research suggests that the old-fashioned, low-tech measuring method is more accurate).

Here is what the numbers mean:

- 120/80 and lower: Normal blood pressure
- 120 — 139/80 — 89: Pre-hypertension
- 140 — 159/90 — 99: Stage 1 hypertension (mild high blood pressure)
- 160+/100+: Stage 2 hypertension (moderate to severe)

Slashing the Salt

Food companies and restaurants add salt to their products and meals because it's a great multitasker. Flavor is a primary reason: The temperatures required to kill bacteria in processed foods often sap their taste, and salt acts as an inexpensive flavor boost. It also makes food moist, improves its texture, and prevents the growth of new bacteria. In breadmaking, salt is needed to make dough rise, and it acts as a dough conditioner, which helps a loaf hold air and stay firm.

Hypertension researchers like Dr. Hillel Cohen at Albert Einstein College of Medicine are concerned that companies participating in the National Salt Reduction Initiative might add sugar or fat to replace salt's flavor, or come up with some new substitute to preserve food and improve its texture. "Who's going to check what's being put in? Who's going to monitor those chemicals, or the sugar or the calories if they go up?" he asks. The New York City Department of Health says it will monitor these changes in the food supply, including sodium levels, sugar, and fat, but given the intense secrecy that surrounds manufacturers' recipes and formulas, it may be difficult to impossible to detect a new ingredient — or determine its effect on our health.

Here are a few examples of how food producers say they are reformulating their foods to reduce the salt levels.

Ragu Old World Style Pasta Sauce

(salt added for more flavor)

- Salt already reduced by 45 percent through Unilever's global sodium-reduction strategy
- Added more tomatoes
- Reduced corn syrup, but added regular sugar to compensate
- Rebalanced herbs and spices to improve flavor

Wish-Bone Salad Dressings

(salt added as a preservative)

- Reduced sodium 15 — 30 percent
- Altered the sugar/acid/spice balance

Au Bon Pain Muffins

(sodium added for taste and leavening)

- Currently working to reduce sodium
- Experimenting with using potassium chloride (a salt substitute) or a blend of sodium and potassium chlorides

Try These Healthy Moves

Each of us can take action to manage our own blood pressure without putting the spotlight on salt. If you're not hypertensive, you don't need to obsess about sodium. Cutting back isn't going to do much for you, and will just divert your energy away from other, healthier things — like losing weight if you're overweight, or exercising. "When you get people doing stuff that they don't really

need to do, they may not do the things they really *should* do," says Dr. Norman Hollenberg of Harvard Medical School. Instead, focus on a generally healthy diet, which includes more whole, unprocessed foods like fruits and vegetables, lean meats and fish, healthy fats like olive oil, and low-fat dairy.

If you have borderline-high or high blood pressure, work with your doctor to see if lifestyle changes, including lower sodium, can reduce it a bit. Stay away from most canned and processed foods before trying medications. Shop around the perimeter of the supermarket, where the fresh foods are usually sold. Directly or indirectly, smoking, being overweight and/or overstressed, not getting enough potassium in your diet (fruits and veggies are great sources), drinking too much alcohol, and not exercising can raise blood pressure. Recent studies have also shown that reducing sugary beverages and eating whole grains can lower blood pressure.

Next: A salt devotee cuts back to less than a teaspoon a day of salt and lives to tell about it

So Long, Salt...



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Some people love sweets. Others crave crunchy foods like nuts and crackers. My comfort foods are salty. Unless I'm eating something savory, briny, pickled, or preserved, I'm not quite satisfied. And since my blood pressure is normal for a 44-year-old woman (120/70), I haven't worried about how much salty food I consume.

That is, until recently, when a *Good Housekeeping* editor challenged me to give the forthcoming federal sodium guidelines a trial run. Gulp. The current 2,300 mg — per-day limit is about one teaspoon of salt. Cutting that 35 percent to 1,500 mg — the proposed level — would mean a radical change: I probably consume upwards of 4,000 mg a day now (takeout pizza and Chinese-food dinners don't help).

On day one, I have a fistful of blueberries, pop a frozen breakfast burrito into the microwave at work, and then scan the side of the package. Yikes...this little morsel packs 600 mg of sodium — almost half what I'm allowed for the day.

I eat it anyway, but vow to rein in the sodium at lunch. That's where I run into real trouble. At Pret A Manger, a healthy sandwich chain, I'm eyeing a Super (Duper) Humous Salad, a grand pile of beans and greens. Imagine my shock when I discover it packs 1,100 mg of sodium in its 332 calories!

Panera Bread is no better. When I scout out the sodium content of its lunch offerings online, few of the sandwiches have less than 1,300 mg of sodium. The lowest I can find is a kid's peanut butter and jelly (which, at 550 mg, isn't exactly low-sodium — and no, I don't want PB&J for lunch). Their Italian Combo sandwich weighs in at a whopping 3,090 mg.

I'm not trying to slam Panera or Pret — their lunches are tasty and sure beat greasy burgers and fries. But I'm trying to stretch 1,500 mg of sodium over the course of three meals and two snacks, and it's almost impossible to find a takeout sandwich with less than 1,000 mg of sodium. I end up eating two vanilla yogurts for lunch (100 mg of sodium each).

By dinnertime I'm craving some serious flavor, so I whip up my Short-Cut Gazpacho with equal parts of homemade salsa (fresh tomatoes, red onions, cilantro, jalapeños, a drizzle of olive oil, and a squeeze of lime) and Muir Glen Organic Fire Roasted Diced Tomatoes, one of my favorite organic brands. Sounds super heart-healthy, right? Not according to the label: Muir Glen tomatoes brim with nearly 600 mg of sodium per cup. Sigh. No wonder I love them. While I am pretty sure I

end day one consuming fewer than 1,500 mg of sodium, homemade salsa with a few diced canned tomatoes does not a meal make. I go to bed hungry.

On day two I decide to stock my office with low-sodium foods: homemade muesli, granola, hard-boiled eggs, plums, carrots, and celery — and more yogurt. And that's what I eat all day. Boring but filling. When I get home, I make chicken cutlets flavored with a salt-free spice rub, wild rice cooked in water (the low-sodium stock I try tastes like nails), and a giant spinach salad. To all of this I carefully add two-thirds of a teaspoon of salt — my allotment for the day — and then lick the spoon.

This became the pattern: I ate mostly fresh, naturally low-sodium foods all day, then sprinkled whatever salt I was allowed over dinner. It worked well enough, and I learned to look forward to the one meal a day where I could really taste not just salt but fuller flavors. Salt, after all, enhances everything it touches. (As a test, sprinkle a little on melon—it makes it sweeter and more fragrant!) Thus I managed to get through my five-day salt-starvation diet, with one major exception — someone treated me to an expensive sushi lunch, and there is no way to go low-sodium at a Japanese restaurant; after all, a tablespoon of soy sauce has about 1,000 mg of sodium.

Along the way, I made the following discoveries: First, though I hoped going low-salt might make me look thinner by reducing "water weight," it didn't. Second, "low-sodium" versions of high-sodium foods — like canned tuna, soup, and some cheeses — taste, well, *blech*. Third, scrutinizing nutrition labels is a real drag. Those numbers are always *way* higher than you think they're going to be. I never once thought, *Wow, there's a lot less sodium in this than I expected. I feel good about myself*. Instead, I'd panic over what I could possibly eat that would conform to the guidelines. And fourth, I found the much-ballyhooed DASH Diet not all that helpful. The recipes seem scaled for mannequins, not women (in whose reality does a six-egg frittata serve six?). Worse, many DASH recipes on the Web lacked nutrition information, so I couldn't tally my sodium intake.

In short, my five-day foray into low-sodium eating left me feeling deprived. Since then I've met other people who have cut back permanently for health reasons. They insist they never miss the stuff, and that if I went salt-free a bit longer, I'd never crave another pretzel. I'm taking their advice with a grain of salt.

<http://www.goodhousekeeping.com/health/nutrition/truth-about-salt>

july 20, 2010

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Dispatch: Inaccurate Dietary Guidelines

It seems that ACSH staffers may have discovered that the U.S. Department of Agriculture and the FDA, which revise dietary guidelines for Americans every five years, are even more reluctant to admit to a mistake than your average guy. In today's *LA Times*, an op-ed written by *City Journal* columnist Steven Malanga observes that there's increasing scientific evidence that past and current federal dietary recommendations are often wrong. For instance, in the March issue of the *American Journal of Clinical Nutrition*, researchers analyzed the daily food intake of 350,000 people and found no link between the amount of saturated fat ingested and the risk of heart disease, even though Americans have been told since 1980 to supplant saturated fats with carbohydrates.

"The diet-to-heart connection just isn't holding up. By recommending an increase in carbohydrates over fat, the government has actually contributed to the obesity epidemic," points out ACSH's Dr. Elizabeth Whelan.

In its new recommendations, the FDA advises Americans to reduce daily sodium intake to a maximum of 1,500 milligrams. "This guideline is not consistent with good health for the majority of Americans, not to mention impossible to comply with, and is likely to do more harm than good," says ACSH's Dr. Gilbert Ross.

"In the 1970s, the dogma was not to eat more than one visible egg per day, but now we know eggs are very nutritious and one of the least dangerous foods one can eat. The FDA is just wrong, and their recommendations reflect popular wisdom more than science," says Dr. Whelan. "They're just not willing to make modifications even when science shows the truth."

June 16, 2010

Dispatch: Don't Get So Salty

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The Dietary Guidelines Advisory Committee is revamping the government's popular food pyramid, with new recommendations emphasizing plant-based diets with plenty of whole grains, fruits and vegetables, low-fat milk products and a reduction in daily sodium intake. The committee now recommends consuming no more than 1,500 mg of sodium; the current standard is 2,300 mg.

ACSH's nostalgic Dr. Gilbert Ross reminisces about the days of medicine when "we used to put only patients with heart failure and fluid retention states on low-sodium diets, which at that time was considered 2,000 mg per day — still 500 mg higher than the committee's new recommendation for all Americans."

The advisory panel noted that it will be "challenging to achieve the lower level," and ACSH's Jeff Stier agrees. "If manufacturers follow these guidelines, the salt shaker will attain an ever greater presence at the dinner table."

April 20, 2010

Dispatch: Assaulting Salt

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The *Washington Post* reports that the Food and Drug Administration is planning an "unprecedented effort" to reduce Americans' salt intake by mandating that food manufacturers use less sodium. The FDA claims it needs no additional authority from Congress to gradually "phase-down" sodium levels in nearly every type of processed food.

"We've said it before: Hypertension has to be diagnosed and treated aggressively, but targeting salt is not the answer," says Dr. Ross. **"In fact, it has been shown that some people respond to a low salt diet in the opposite way than most, with unintended consequences, and only a minority of hypertensives lower their blood pressure with reduced salt intake. The federal government has decided it is going to be judge, jury and executioner when it comes to how much salt we should be eating. They established the guidelines -- now they say we are not following them closely enough, and something must be done!"**

"Obviously, food processors use salt for a reason, either for a functional reason or to make a food more palatable," says Dr. Whelan. "If they take it out, it will result in a product consumers do not want."

"In fact," adds ACSH's Dr. Elizabeth Whelan, "there are myriad low-salt options on the market for consumers who want them. This new initiative comes on the heels of an effort to get manufacturers to 'voluntarily' reduce sodium levels, which they are doing, gradually. But the people who *were* nanny-state activists are now *running portions of the government* -- and you can count on us at ACSH to work hard to hold them in check."

October 21, 2010

Americans' salt intake remains the same for 50 years

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The frequency with which we reach for the saltshaker hasn't changed in the last five decades, a study in the November issue of the *American Journal of Clinical Nutrition* finds. After analyzing 38 studies between 1957 and 2003 that detected the amount of sodium over 26,000 study participants excreted in urine — the best reflection of how much sodium people ingest — researchers found that people consistently consumed approximately 3,700 milligrams of sodium daily over the past 50 years.

International studies investigating salt intake have arrived at the same conclusion. In an accompanying journal editorial, Dr. David McCarron says that humans may need a set amount of salt and are hardwired to seek it. In his own 2009 study that analyzed the urine samples of 19,151 people in 33 countries over a span of 24 years, Dr. McCarron found the average daily sodium intake remained steady at 3,726 milligrams daily across diverse populations and diets.

“These are remarkable studies,” notes ACSH's Dr. Elizabeth Whelan. “While many groups are charging that the increased consumption of processed foods has increased sodium ingestion, this data proves them wrong — sodium intake hasn't changed at all.”

“The fact is that both national and international studies have confirmed that people consume just a certain amount of sodium — not too much less, not too much more,” adds ACSH's Dr. Gilbert Ross. “That seemingly unarguable and immutable fact should be considered when government health advisories about salt are issued.”

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CHILD NUTRITION AND WIC REAUTHORIZATION
SUMMARY OF THE HEALTHY, HUNGER-FREE KIDS ACT OF 2010

SECTION AND TITLE SUMMARY OF PROVISION

<p>Sec. 101. Improving direct certification</p>	<ul style="list-style-type: none"> • Provides performance bonus in no more than 15 States for “outstanding performance” and “substantial improvement” in direct certification for SY’s beginning July 2011, 2012, 2013 <i>Funding:</i> \$4m per year mandatory funding. \$2m for each category (Oct. 1, 2011 through Oct. 1, 2013) • Requires continuous improvement plans for States not meeting thresholds for direct certification with SNAP (80% in SY 2011; 90% in SY 2012; 95% SY 2013 and each year thereafter). Secretary must annually identify States that don’t meet the threshold and approve their corrective action plan • Eliminates letter method as acceptable method for direct certification with SNAP
<p>Sec. 102. Categorical eligibility of foster child</p>	<ul style="list-style-type: none"> • Expands categorical eligibility for free meals to a foster child who is the responsibility of the State or placed by a court
<p>Sec. 103. Direct certification for children receiving Medicaid benefits.</p>	<ul style="list-style-type: none"> • Directs the Secretary to conduct a demonstration project to test the potential for direct certification with Medicaid in selected LEAs. (Multi-year phase in provided). • <i>Funding:</i> \$5 million mandatory funding for study available until expended • Directs the Secretary to estimate the effect on meal program cost and participation for each of 2 years. Interim Report to Congress due October 1, 2014; Final report due October 1, 2015. • Provides access to data for the purposes of conducting program monitoring, evaluations and performance measurements of state and LEAs participating in the CNPs.
<p>Sec. 104. Eliminating individual applications through community eligibility</p>	<ul style="list-style-type: none"> • Meal program claims based on percentage of enrolled students directly certified multiplied by a factor of 1.6; Participating schools must meet a threshold of students directly certified (initially 40%) and agree to serve all meals free; the Secretary and State agencies are required to annually notify eligible local educational agencies. Evaluation is required and funded, and a report to Congress is due December 2013. <i>Funding:</i> On October 1, 2010, mandatory funding, \$5m, one time funding for evaluation available until 9/30/2014 • Census American Community Survey: Directs the Secretary to identify alternatives to annual applications and authorizes nationwide implementation or further pilot testing of recommendations from the Committee on National Statistics on use of ACS data for School Meal Claiming. <i>Funding:</i> None • Requires the Secretary to consider use of a socioeconomic survey for counting and claiming in not more than 3 school districts. Establishes parameters for conduct of the survey.
<p>Sec. 105. Grants for expansion of school breakfast program.</p>	<ul style="list-style-type: none"> • Authorizes appropriations for grants to State agencies for subgrants to local educational agencies to establish, maintain or expand the School Breakfast Program.
<p>Sec. 111. Alignment of</p>	<ul style="list-style-type: none"> • Removes limits on the number of sites that private nonprofit organizations may operate in SFSP.

**CHILD NUTRITION AND WIC REAUTHORIZATION
SUMMARY OF THE HEALTHY, HUNGER-FREE KIDS ACT OF 2010**



<p>eligibility rules for public and private sponsors (SFSP)</p>	<ul style="list-style-type: none"> • <i>Funding:</i> None • Requires each State agency administering the SFSP to ensure SFAs cooperate with participating SFSP service institutions to inform families of the availability and location of SFSP and the SBP. • <i>Funding:</i> None
<p>Sec. 113. Summer Food Service Support Grants</p>	<ul style="list-style-type: none"> • Authorizes grants to State agencies to provide technical assistance, assistance with site improvement costs, or other activities to retain sponsor retention. • <i>Funding:</i> Authorization to appropriate \$20 million for the period of fiscal years 2011 through 2015
<p>Sec. 121. Simplifying area eligibility determinations in CACFP</p>	<ul style="list-style-type: none"> • Allows use of all levels of school data for tiering determinations [Currently only elementary data may be used]. • <i>Funding:</i> None
<p>Sec. 122. Expansion of afterschool meals for at risk children</p>	<ul style="list-style-type: none"> • Expands CACFP afterschool meals for at risk children to all states • Requires USDA to issue guidelines and publish a handbook within 180 days after enactment. • <i>Funding:</i> Mandatory funding, amount determined by meals x rate formula
<p>Sec. 131. WIC certification periods</p>	<ul style="list-style-type: none"> • Provides State agencies the option of certifying participant children for up to one year [currently the certification period is 6 months]. • <i>Funding:</i> None (funds will be appropriated based, in part, on participation levels from previous year)
<p>Sec. 141. Childhood Hunger Research</p>	<ul style="list-style-type: none"> • Requires the Secretary to conduct research on the causes and consequences of hunger and food insecurity <ul style="list-style-type: none"> ○ <i>Funding:</i> On October 1, 2012, mandatory funding (\$10 million, available until expended) • Requires the Secretary to conduct demonstration projects to test alternative models for service delivery and benefit levels. <ul style="list-style-type: none"> ○ <i>Funding:</i> On October 1, 2012, mandatory funding (\$40 million available until 9/30/17)
<p>Sec. 142. State childhood hunger challenge grants</p>	<ul style="list-style-type: none"> • Authorizes competitive grants to Governors to carry out strategies to end childhood hunger. • <i>Funding:</i> Authorization to appropriate.
<p>Sec. 143. Review of local policies on meal charges and provision of alternate meals</p>	<ul style="list-style-type: none"> • The Secretary, in conjunction with State and LEAs, shall examine current policies and practices relating to providing children who are without funds a meal. USDA is provided the authority to act on appropriate solutions. <i>Funding:</i> None
<p>Sec. 201. Performance based reimbursement rate increases for new meal</p>	<ul style="list-style-type: none"> • Provides an additional 6 cents per lunch for schools that are certified to be in compliance with final meal pattern regulation. • <i>Funding:</i> Additional rate increases is 6 cents per meal, adjusted annually for changes in CPI; \$50 million in

**CHILD NUTRITION AND WIC REAUTHORIZATION
SUMMARY OF THE HEALTHY, HUNGER-FREE KIDS ACT OF 2010**

SECTION 202

PROVISION

<p>patterns.</p>	<p>mandatory funding for each of 2 years for State implementation, of which \$3 million is available for each of 2 years for USDA administration.</p>
<p>Sec. 202. Fluid milk (NSLP/SBP)</p>	<ul style="list-style-type: none"> • Removes requirement that schools serve milk in a variety of fat contents and instead requires that schools offer a variety of fluid milk consistent with the Dietary Guidelines' recommendations. <i>Funding:</i> None
<p>Sec. 203. Water (NSLP/SBP)</p>	<ul style="list-style-type: none"> • Requires schools to make free potable water available where meals are served. • <i>Funding:</i> None
<p>Sec. 204. Local wellness policy implementation</p>	<ul style="list-style-type: none"> • Requires USDA to establish regulations for local wellness and to provide technical assistance to States/schools in consultation with ED & HHS (CDC). • <i>Funding:</i> None. Authorization to appropriate \$3 million for FY 2011 to remain available until expended
<p>Sec. 205. Equity in school lunch pricing</p>	<ul style="list-style-type: none"> • Effective SY beginning July 1, 2011, schools are required to charge students for paid meals at a price that is on average equal to the difference between free meal reimbursement and paid meal reimbursement; Schools that currently charge less are required to gradually increase their prices over time until they meet the requirement; Schools may choose to cover the difference in revenue with non-Federal funds instead of raising paid meal prices. • Establishes a maximum annual increase in the <u>required</u> paid increases of 10 cents annually, but allows schools to establish a higher increase at their discretion.
<p>Sec. 206. Revenue from nonprogram food (NSLP)</p>	<ul style="list-style-type: none"> • Requires all non-reimbursable meal foods sold by school food service to generate revenue at least equal to their cost. • Provision is effective July 1, 2011. • <i>Funding:</i> None
<p>Sec. 207. Reporting and notification of school performance</p>	<ul style="list-style-type: none"> • Requires USDA to consolidate the Coordinated Review Effort (CRE) and School Meal Initiative (SMI) monitoring systems. • Requires States to review all school food authorities on a 3 year cycle [Current cycle is 5 years] • Requires schools to post review final findings and make findings available to the public. • <i>Funding:</i> None
<p>Sec. 208. Nutrition standards for all foods sold in schools</p>	<ul style="list-style-type: none"> • Requires USDA to establish national nutrition standards for all food sold and served in <i>schools at any time during the school day</i> • Allows exemptions for school sponsored fundraisers if the fundraisers are approved by the school and are infrequent • <i>Funding:</i> None

**CHILD NUTRITION AND WIC REAUTHORIZATION
SUMMARY OF THE HEALTHY, HUNGER-FREE KIDS ACT OF 2010**

Section and Title	Summary of Provisions
Sec. 209. Information for the Public on the School Nutrition Environment	<ul style="list-style-type: none"> Requires LEAs to report on the school nutrition environment to USDA and to the public, including information on food safety inspections, local wellness policies, school meal program participation, nutritional quality of program meals, etc. <i>Funding:</i> None. Authorizes such sums as necessary for FY 2011 through 2015
Sec. 210. Organic food pilot program	<ul style="list-style-type: none"> Requires the Secretary to establish an organic food pilot which provides competitive grants to SFAs for programs that increase the quantity of organic food provided to school children. <i>Funding:</i> None. Authorizes \$10 million to be appropriated for FY 2011 through 2015.
Sec 221. Nutrition and wellness goals in CACFP	<ul style="list-style-type: none"> Adds nutrition and wellness to program purpose statement Requires USDA to review and update nutrition standards and meal costs Allows for fluid milk substitutes; requires fluid milk substitutes for non-disabled children to be nutritionally equivalent to milk (same as existing requirement for schools). Requires USDA to encourage physical activity and limit screen time Requires institutions/homes to make water available Requires USDA to provide guidance improving meal quality and the child care wellness environment <i>Funding:</i> \$10 million mandatory funding on October 1, 2010 available until expended
Sec. 222. CACFP interagency coordination to promote health and wellness in child care licensing	<ul style="list-style-type: none"> Requires USDA, in cooperation with DHHS, to encourage state licensing entities to include criteria for nutrition and wellness standards in licensing determinations. <i>Funding:</i> None
Sec. 223. Study on nutrition and wellness (CACFP)	<ul style="list-style-type: none"> Requires a periodic study of nutrition and wellness quality in child care settings, in consultation with DHHS. <i>Funding:</i> on Oct. 1, 2010, \$5 million in mandatory funds for USDA to conduct study, available until expended
Sec. 231. Support for breastfeeding in WIC	<ul style="list-style-type: none"> Requires a program to recognize exemplary breastfeeding practices at local agencies. <i>Funding:</i> Authorizes the expenditure from appropriated funds, such sums as necessary Provides performance bonuses for States with high and most improved breast feeding rates. <i>Funding:</i> Increased the authorization for expenditure from appropriated funds for peer counseling program from \$20 million to \$90 million, of which \$10 million is for performance bonuses. USDA is directed to provide the first bonuses not later than 1 year after enactment Requires data collection on the number of fully and partially breast fed infants at state and local level Allows the Secretary to use up to \$5 million in available funding annually for federal administrative costs related to management information systems.

**CHILD NUTRITION AND WIC REAUTHORIZATION
SUMMARY OF THE HEALTHY, HUNGER-FREE KIDS ACT OF 2010**

SECTION 300

SUMMARY OF PROVISIONS

<p>Sec. 232. Review of available supplemental foods (WIC)</p>	<ul style="list-style-type: none"> • Requires WIC food package review every 10 years. <i>Funding:</i> None
<p>Sec. 241. Nutrition Education and Obesity prevention grant program</p>	<ul style="list-style-type: none"> • Allows States to implement nutrition education and obesity prevention programs through a State plan approved by the Secretary; Formula funding adjusted annually for inflation after 2011. Replaces 50% match with capped grants. • <i>Funding:</i> Mandatory funding for FY 2011 of \$375 million; subsequent years adjusted for inflation
<p>Sec. 242. Procurement and processing of food service products and commodities</p>	<ul style="list-style-type: none"> • Requires USDA to identify, develop and disseminate model product specs and practices for food offered • Within 1 year of enactment, USDA must analyze the quantity and quality of nutrition information available to schools about food products and commodities and submit a report to Congress on the results of the study and recommended legislative changes necessary to improve access to information • Directs the Secretary to purchase healthy commodities • <i>Funding:</i> None
<p>Sec. 243. Access to Local Foods: Farm to School Program</p>	<ul style="list-style-type: none"> • Requires USDA to provide competitive grants that do not exceed \$100,000 to schools, State and local agencies, ITOs, etc for farm to school activities. Federal share cannot exceed 75% of total cost. • <i>Funding:</i> Provides \$5 million in mandatory funding on October 1, 2012 and each October 1 thereafter, to remain available until expended. Retains authorization for appropriation of additional funds.
<p>Sec. 244. Research on strategies to promote the selection and consumption of foods</p>	<ul style="list-style-type: none"> • Directs the Secretary, in consultation with DHHS, to develop a research, demonstration and technical assistance program to promote healthy eating using behavioral research; Allows Secretary to use 5 percent of funding for administrative costs. • <i>Funding:</i> None, authorization for appropriations
<p>Sec. 301. Privacy protection (NSLP)</p>	<ul style="list-style-type: none"> • The individual signing the free and reduced price application is only required to provide the last 4 digits of the social security number; under current requirements they must provide the complete social security number. (The person signing the application may continue to indicate they don't have a social security number.) • <i>Funding:</i> None • Removes requirement to collect social security number for verification.
<p>Sec. 302. Applicability of food safety program</p>	<ul style="list-style-type: none"> • Applies the food safety requirements throughout the school campus where program foods are stored, prepared and served. • <i>Funding:</i> None
<p>Sec. 303. Fines for violating program requirements</p>	<ul style="list-style-type: none"> • Establishes criteria and sets the amount of fines that may be imposed upon States, SFAs, schools or service institutions for gross mismanagement

**CHILD NUTRITION AND WIC REAUTHORIZATION
SUMMARY OF THE HEALTHY, HUNGER-FREE KIDS ACT OF 2010**



	<ul style="list-style-type: none"> • <i>Funding:</i> None • Requires error-prone local educational agencies to conduct a second-level, independent review of all free and reduced price applications prior to notifying households of their eligibility status • Establishes annual reporting requirements for each local educational agency required to conduct second-level review of applications. State agencies must also annually report results to USDA • <i>Funding:</i> None • Requires State and local cooperation in USDA studies. • <i>Funding:</i> None
Sec. 304. Independent review of applications	
Sec. 305. Program evaluation	
Sec. 306. Professional standards for school food service	<ul style="list-style-type: none"> • Establishes a program of required education, training, and certification for all school food service directors and criteria for the selection of state directors • Requires USDA to set dates for compliance • <i>Funding:</i> October 1, 2010 - \$5 million; on each October 1 thereafter - \$1 million • Authorizes and funds a study of indirect costs in the School Meal Programs. • <i>Funding:</i> \$2 million in mandatory funding available until expended • Requires USDA to identify the types of costs that are reasonable and necessary to provide school meals. • Requires USDA to issue guidance • Authorizes USDA to promulgate regulations to allow schools to reimburse only those costs. • Requires a report to Congress.
Sec. 307. Indirect costs	
Sec. 308. Ensuring safety of school meals	<p>FNS must:</p> <ul style="list-style-type: none"> • work with AMS and FSA must develop guidelines for administrative holds • work with States to increase timeliness of notification of recalls to SFAs • improve timeliness and completeness of direct communication between FNS and States on holds and recalls • establish a timeframe to improve hold and recall procedures and work to address role of processor and distributor • <i>Funding:</i> None
Sec. 321. SFSP Permanent Operating Agreements	<ul style="list-style-type: none"> • Requires permanent agreements; describes the conditions for updates or termination. <i>Funding:</i> None
Sec. 322. SFSP disqualification	<ul style="list-style-type: none"> • Directs USDA to establish disqualification requirements in SFSP similar to those in CACFP. <i>Funding:</i> None
Sec. 331. Review of application material and	<ul style="list-style-type: none"> • Requires CACFP State agencies to enter into permanent agreements with institutions • Requires States to develop standard agreements between sponsoring organizations and sponsored centers.

**CHILD NUTRITION AND WIC REAUTHORIZATION
SUMMARY OF THE HEALTHY, HUNGER-FREE KIDS ACT OF 2010**

SECTION 3001 (HEADS)

SUMMARY OF PROVISIONS

<p>permanent agreements (CACFP)</p>	<ul style="list-style-type: none"> • Requires State agencies and sponsoring organizations to conduct announced and unannounced visits • Authorizes the Secretary to develop policies to detect, deter and recover erroneous claims but prohibits the Secretary from requiring site visits triggered by a block claim • <i>Funding:</i> None
<p>Sec. 332. State liability for payments to aggrieved CACFP institutions</p>	<ul style="list-style-type: none"> • Requires a State agency to pay, from non-Federal sources, all valid claims for reimbursement resulting from the failure of the State agency to meeting regulatory timeframes for fair hearings. • <i>Funding:</i> None
<p>Sec. 333. Transmission of income information (CACFP)</p>	<ul style="list-style-type: none"> • Allows family day care homes to assist in transmitting household income information to sponsoring organizations • Requires USDA to establish policies. • <i>Funding:</i> None
<p>Sec. 334. Simplifying and enhancing administrative payments to sponsoring organizations (CACFP)</p>	<ul style="list-style-type: none"> • Removes cost comparison as basis for sponsor administrative payments, making reimbursements based solely on the number of sponsored homes times the reimbursement rates. • Allows sponsors to carry over 10% of their administrative funds into the next fiscal year. • <i>Funding:</i> None
<p>Sec. 335. CACFP audit funding</p>	<ul style="list-style-type: none"> • Permits USDA, beginning in FY 2016, to increase the amount of audit funding made available to any State agency if the State demonstrates it can effectively utilize such funds to improve program, provided that the total amount of funds does not exceed specified levels. • <i>Funding:</i> None
<p>Sec. 336. Reducing paperwork and improving program administration (CACFP)</p>	<ul style="list-style-type: none"> • Requires the Secretary to work with states and institutions to review and assess paperwork in CACFP and make recommendations • Requires a report to Congress on CACFP administrative and paperwork burdens within 4 years. • <i>Funding:</i> None
<p>Sec. 337. Study of CACFP supper program</p>	<ul style="list-style-type: none"> • Requires a study and Report to Congress. Report must address best practices for soliciting sponsors and any federal or state laws that may be a barrier to participation. • <i>Funding:</i> None
<p>Sec. 351. Sharing of materials (WIC)</p>	<ul style="list-style-type: none"> • Allows USDA to provide materials developed for WIC to CSFP and CACFP. • <i>Funding:</i> None
<p>Sec. 352. WIC program management</p>	<ul style="list-style-type: none"> • Increases WIC research funding from \$5 to \$15m • Allows recording of WIC rebate payments in the month received • Allows infrastructure and MIS funding to be annually inflated for adjustment

**CHILD NUTRITION AND WIC REAUTHORIZATION
SUMMARY OF THE HEALTHY, HUNGER-FREE KIDS ACT OF 2010**

SECTION 409. INFORMATION

	<ul style="list-style-type: none"> • Provides technical changes to WIC EBT requirements, including requiring the Secretary to establish national technical standards, minimum lane coverage requirements and limitations on the imposition of costs on vendors • Mandates EBT by October 1, 2020; requires States to report annually to USDA on EBT implementation status • Funds UPC Data base; requires completion in 2 years • <i>Funding:</i> On October 1, 2010 and each October 1 thereafter, \$1 million in mandatory funding to remain available until expended
<p>Sec. 361. Full use of federal funds</p>	<ul style="list-style-type: none"> • Requires Federal/State agreements to support full use of Federal funds and excludes such funds from State budget limitations • <i>Funding:</i> None
<p>Sec. 362. Disqualified schools and institutions</p>	<ul style="list-style-type: none"> • Prohibits any school, institution, or individual terminated from the Child Nutrition Programs and on a list of disqualified institutions from participating in the Child Nutrition Programs. • <i>Funding:</i> None
<p>Sec. 401. Commodity support</p>	<ul style="list-style-type: none"> • Extends 12% bonus commodity provision through 2020
<p>Sec. 402. Food safety audits and reports by states</p>	<ul style="list-style-type: none"> • Extends food safety audit and reporting requirement by states (sec. 9(h) of the NSLA) through 2015
<p>Sec. 403. Procurement Training</p>	<ul style="list-style-type: none"> • Extend authority for procurement training (sec. 12(m) of the NSLA) through 2015
<p>Sec. 404. Authorization of SFSP</p>	<ul style="list-style-type: none"> • Extends SFSP through 2015
<p>Sec. 405. Year round services for eligible entities. (CA)</p>	<ul style="list-style-type: none"> • Extends existing year-round SFSP pilot program in California through 2015
<p>Sec. 406. Training, technical assistance, and food service management institute</p>	<ul style="list-style-type: none"> • Provides Food Service Management Institute with annual mandatory funding of \$5 million. • <i>Funding:</i> On October 1, 2010 and each October 1 thereafter provides \$5 million (increased from \$4 million)
<p>Sec. 407. Federal administrative support</p>	<ul style="list-style-type: none"> • Increases annual Federal funding for technical assistance from \$2 million to \$4 million and makes permanent
<p>Sec. 408. Compliance and accountability</p>	<ul style="list-style-type: none"> • Extends authority for federal Coordinated Review Effort (CRE) funding through 2015 and increases amount. • <i>Funding:</i> Increased funding from \$6 million to \$10 million annually.
<p>Sec. 409. Information</p>	<ul style="list-style-type: none"> • Extends clearinghouse through 2015.

**CHILD NUTRITION AND WIC REAUTHORIZATION
SUMMARY OF THE HEALTHY, HUNGER-FREE KIDS ACT OF 2010**

SECTION 440. TITLE 10

SECTION AND TITLE	SUMMARY OF PROVISION
clearinghouse	
Sec. 421. Technology infrastructure improvement	<ul style="list-style-type: none"> Extends authority for technology infrastructure grants to local educational agencies through 2015. <i>Funding:</i> None
Sec. 422. State administrative expenses (SAE)	<ul style="list-style-type: none"> Extends authority for State administrative expense funds through 2015
Sec. 423. Special supplemental nutrition program for women, infants, and children	<ul style="list-style-type: none"> Extends the WIC Program through 2015
Sec. 424. Farmers market nutrition program	<ul style="list-style-type: none"> Extends the WIC Farmers Market Nutrition Program through 2015
Sec. 441. Technical amendments	<ul style="list-style-type: none"> Makes technical changes to section 9 (f) NSLA to accommodate new meal pattern changes Eliminates several obsolete provisions from NSLA
Sec. 442. Use of unspent future funds from the American Recovery and Reinvestment Act of 2009	<ul style="list-style-type: none"> Provides an offset for the bill by reducing the increased allotment in future years provided for SNAP recipients through ARRA.
Sec. 443. Equipment assistance technical correction	<ul style="list-style-type: none"> Technical fix to FY 2010 Appropriations language regarding NSLP equipment assistance grants.
Sec. 444. Budgetary effects	<ul style="list-style-type: none"> PAYGO requirements of the Act have been met.
Sec. 445. Effective date	<ul style="list-style-type: none"> Unless otherwise noted in the Act, the provisions are effective October 1, 2010.

Beverly Girard, M.B.A.,M.S., R.D.
Director

Food & Nutrition Services
 Sarasota District Schools

- 1993**
- Selected more fruits, vegetables, and poultry items from the USDA
 - Milkshakes removed from daily menu
 - Salt shakers removed from the serving lines
 - "Lighten Up!" entrees introduced
 - Offering of three entrée selections/day
 - Low-fat mayonnaise used in salads and salad dressings
 - Low-calorie salad dressings offered

Student Nutrition
 Changes Made from 1991 - 2010

1991

- All recipes reviewed, many modified to reduce fat, sugar and sodium content
- Standardized recipes implemented at all schools
- Desserts removed as a part of the daily meal

- 1995**
- Skim milk added as a beverage choice
- 1996**
- A Nutrition Educator position introduced
 - Classroom learning linked to cafeteria experiences and decision-making
 - Dramatic increase in fresh fruit and vegetable consumption.
 - Summer Food Service Program for Children

- 1992**
- Breakfast programs implemented
 - Sugary, fruit-flavored drinks → 100% juice
 - Salt & butter not added to cooked vegetables
 - Dramatic reduction in fried foods
 - Offering of two entrée selections/day at lunch
 - Training for Food & Nutrition employees
 - Manager Internship

- 1997**
- Complimentary snack to students offered during FCAT testing
- 1998**
- Food and Nutrition Services becomes involved in Coordinated School Health Program movement
 - Yogurt as daily entrée choice at breakfast & lunch
 - Dietetic Internship for students with bachelor's degrees in Nutrition and Dietetics, with full approval from the American Dietetic Association

1999

- District-wide initiative undertaken to limit the number of days French fries available at secondary schools

2000

- Requested & received more funds from the USDA to purchase more fruits & vegetables

2002

- 1% milk fat chocolate milk → ½ % milk fat
- Removed fruit-flavored slushies
- Food and Nutrition Services Director received the ADA's "Healthy Schools Hero"

2005

- Wellness Policy
- Whole Milk eliminated as a milk choice
- One dessert policy elementary
- K & 1st Grades – Offer vs. Serve
- Fine tuning nutrition choices at Elementary and Secondary Levels

2003

- Summer Sunshine Award for Meal Service and Nutrition – South East Region – United States Department of Agriculture
- Region III Award of Exemplary Performance for a School District – Food and Nutrition Management, Florida Department of Education

2006

- Implemented stricter standards for beverages sold during lunch
- Began posting nutritional analysis of menu items in each school cafeteria

2004

- Eliminated fryers from all secondary schools
- Expanded district's nutrition education efforts
- Survived hurricane season !



2007

- Enforced stricter dessert policy
- Implemented a new menu in all high schools
- Implementation of local Wellness Policy
 - GO SLOW WHOA tool
 - Nutrient analysis posted on website
 - Started elimination of trans fats products
- Computer Conversion

2008

- Implemented a new menu in all middle schools
- Backpack Program / AFFB
- Passed the CRE and SMI state audits
- Started online payments with myLunchMoney.com
- Received a \$15,000 grant from Sweetbay Supermarkets to pilot a new nutrition education program / LECOM

What makes Food and Nutrition Services unique?

- 4 RD's on staff
- Cooperative extension grant
- Promotion from within
- 10-month Manager Intern program
- Dietetic internship – one of two school district based DI's in the nation

2009

- Joined Power Buying Group
- Farm to School
- Fresh Fruit & Vegetable Program
- Increased positions in the Dietetic Internship Program

of School Days = 180 days

**If a child eats lunch at school each
and every day = 180 meals**

**In a year a student eats
1095 meals**

2010

- Food & Nutrition Services newsletter
 - Targeted to staff and parents
- Reformulated Chocolate Milk
 - 27 g sugar to 22g sugar
 - Meets IOM Guidelines

Benefits of School Lunch:

Students who participate in the National School Lunch Program consume higher intakes of energy and many other nutrients than students who receive their lunches from other sources.

= Better Nutrition for Students

Students Eligible for Meal Benefits

Year	% F&R	# of students eligible
1991-2005	31-33	8,000 -14,000
2005 - 2006	32%	13,466
2006 - 2007	33%	13,321
2007 - 2008	35%	14,512
2008 - 2009	39%	15,993
2009 - 2010	45%	18,635