

**BANNING SOFT DRINKS IN SCHOOLS WILL NOT SOLVE THE
CHILDHOOD OBESITY PROBLEM**

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EXECUTIVE SUMMARY

The current movement to ban soft drinks in schools is without scientific basis, and it will not solve or ameliorate the childhood obesity problem.

Based on the only reliable reports, soft drinks are not causing the undeniable increase in childhood obesity. There are no studies showing a correlation between soft drinks and obesity that are consistent with the standards of the Federal Information Quality Act (IQA) and federal agency IQA Guidelines.

The current, misguided campaign against soft drinks in schools consumes resources and attention that should be devoted to the real cause of the problem: an increasing lack of physical exercise among children and adults.

RECOMMENDATIONS

The Federal agencies should publicly disseminate accurate, reliable and useful information on the causes of childhood obesity. Any information disseminated by the agencies must comply with the IQA and with the agencies' IQA guidelines.

The Departments of Agriculture and Health and Human Services are revising their 2000 Dietary Guidelines, which will be replaced by new Guidelines in 2005. The 2005 Dietary Guidelines should recommend that children and adults can have a balanced, healthy diet if they get no more than 25 percent of their recommended daily allotment of calories from sweetened foods and beverages, including soft drinks. This recommendation would be consistent with a recent report by the National Academy of Science/Institute of Medicine (NAS/IOM), and with the IQA and agency IQA Guidelines.

The 2005 Dietary guidelines should not state or suggest that soft drink consumption is associated with childhood obesity. Such a statement would be inconsistent with the IQA and with agency IQA Guidelines.

HHS and Agriculture, their Dietary Guidelines Advisory Committee, and researchers studying the obesity issue should be reminded that any information publicly disseminated by federal agencies on this issue must meet the IQA and agency IQA guidelines. Compliance with these standards should be monitored.

Children's consumption of soft drinks in school, or elsewhere, is not causing the undisputed increase in childhood obesity. Body Mass Index is not associated with consumption of soft drinks.¹

Among elementary school children, soft drink consumption actually declined from 1987-1998.² There has been no substantial caloric increase in general over the last couple of decades. A recent study found that from 1980-2000 calorie consumption by adolescents increased only 1 %; while obesity increased 10 %.³

The NAS/IOM Report on this issue concluded:

- "There is no clear and consistent association between increased intake of added sugars and Body Mass Index," the standard measurement used to gauge acceptable body weight; and
- Children and adults can have a balanced, healthy diet if they get up to 25 percent of their recommended daily allotment of calories from sweetened foods and beverages, including soft drinks.⁴

Banning soft drinks in school is also unnecessary if one wants to encourage children to consume other beverages. School districts in Madison, Wisconsin and Miami-Dade County, Florida, have demonstrated that availability of milk vending machines and some easily implemented marketing techniques dramatically increased milk consumption, even though soft drinks were still available.⁵

¹ Forshee *et al.*, "Total Beverage Consumption and Beverage Choices Among Children and Adolescents," *International Journal of Food Sciences and Nutrition*, Vol. 54, No. 4 (July 2003).

² Park *et al.*, "Trends in Children's Consumption of Beverages: 1987 to 1998," *Family Economics and Nutrition Review*, Vol. 14, No. 2 (2002).

³ Sutherland, "Health Trends in US Adolescents Over the Past 20 Years," www.nsda.org/softdrinks/CSDHealth/Nutrition/NutritionResearch/EB2003.ppt -

⁴ Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids (Macronutrients), NAS/IOM (2002)

⁵ [Http://www.nhealthyschools.org/nhealthyschools/htdocs/SoftDrink\(8-19\).pdf](http://www.nhealthyschools.org/nhealthyschools/htdocs/SoftDrink(8-19).pdf).

The real cause of childhood obesity is lack of physical exercise, and soft drink sales in schools are irrelevant to that problem. Physical activity by adolescents decreased 13 % during the period 1980-2000.⁶ Only 8 % of elementary schools, 6.4 % of middle schools, and 5.8 % of high schools provide daily physical education for their students.⁷ One scientist explained:

While diet continues to be the primary focus as the cause of obesity in children; the fact is that calorie intake has remained fairly constant, while participation in physical activity has declined according to self-report data from the CDC Youth Risk Behavioral Survey. Given the decrease in physical education in schools, changes in transportation methods, and popularity of TV, video games, and Internet surfing that contribute to the increased sedentary lifestyles kids lead, it is crucial to find new and creative ways to increase physical activity in adolescents as a first line of defense to combating overweight and obesity.⁸

The current focus on soft drink sales in schools may actually exacerbate childhood obesity. This misplaced focus contributes to a culture that ignores the real problem – lack of physical exercise – by fostering the illusion that another, simple solution has been found. Excluding soft drinks from schools is much easier than making the changes necessary to increase children’s physical exercise.

The U.S. Department of Health and Human Services and the Department of Agriculture are revising their Dietary Guidelines issued in 2000. The revised Dietary Guidelines will be issued in 2005.⁹ The new Dietary Guidelines must be consistent with the quality standards imposed by the IQA, and with the HHS and Agriculture guidelines published pursuant to the IQA.¹⁰

The IQA is a federal statute passed a couple of years ago. It requires the Office of Management and Budget to establish new standards governing the objectivity, accuracy, usefulness, transparency, reproducibility, and reliability of information disseminated by most federal agencies--including HHS and Agriculture. These and other federal agencies have to establish their own information quality guidelines consistent with OMB’s Government-wide guidelines. OMB has now

⁶ *Id.*

⁷ School Health Policies and Program Study 2000, Centers for Disease control and Prevention (2000)

⁸ Sutherland, “Health Trends in US Adolescents Over the Past 20 Years,” www.nstda.org/softdrinks/CSDHealth/Nutrition/NutritionResearch/EB2003.ppt -

⁹ See <http://www.health.gov/dietaryguidelines/dqa2005> for a background discussion of the Dietary Guidelines revision process.

¹⁰ The HHS and Agriculture IQA Guidelines can be found at <http://www.thecre.com/quality/agency-database.html>. The IQA is codified at 42 U.S.C. § 3516 historical and statutory notes.

published Government-wide guidelines, and the agencies have published their conforming guidelines. The IQA allows any “affected person” to petition an agency to correct information that the person believes does not meet the information quality guidelines.¹¹ Any report or study relied on or used by HHS, the Agriculture Department, or other federal agencies must meet IQA standards before the agencies can publicly disseminate information contained in the report or study.

The 2005 Dietary Guidelines will be publicly disseminated by HHS and Agriculture. The IQA and IQA Guidelines preclude any statement in the 2005 Dietary Guidelines that soft drinks, or increased added sugar consumption, contribute to the increase in childhood and adult obesity. The NAS/IOM recommendation of an intake ceiling of 25 % for added sugars is a dietary guideline that would be consistent with the IQA and IQA Guidelines. By contrast, a recent World Health Organization report recommended that added sugars be kept to less than 10 % of caloric intake.¹² The Federal Government’s comments on this WHO Report demonstrate that it does not meet IQA standards, and it could not be used in the 2005 Dietary Guidelines.¹³

Federal Government-funded or initiated research must be conducted in accordance with IQA standards. For example, NIH is funding a project being conducted by a University of California at Berkeley group. This project claims to be “[c]hanging the beverage environment in two high schools in CA to examine the effects of removing soft drinks and highly sweetened beverages from snack bars and vending machines.”¹⁴ Pat Crawford, who will coordinate this Berkeley project, has been quoted as saying that it will assess “‘compensatory dietary changes’ such as drinking soda at home instead of at school, and other factors like television viewing, race, gender, class, etc.”¹⁵ This study may have a significant impact because it is federally funded and conducted by a prestigious university. It may be objective, unbiased, accurate, reproducible, transparent, reliable and useful. On the other hand, it may not be. The project name—“Soda Out of School” (SOS)—at least suggests a bias. The IQA prohibits Federal Government dissemination of biased information.

CONCLUSION

¹¹ CRE helped draft the Data Quality Act and filed perhaps the only successful Request for Correction under the Act to date. More information about the Information Quality Act is available at the CRE website, www.TheCRE.com, at the following and other addresses: <http://www.thecre.com/quality/index.html>

¹² Joint World Health organization/Food and Agriculture Organization Expert Consultation, *Diet, Nutrition, and the Prevention of Chronic Diseases* (April 2003).

¹³ *E.g., U.S. Comments on the Draft Report of the Joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases* (July 2, 2002)

¹⁴ [Http://www.cnr.berkeley.edu/cwh/activities/research.shtml](http://www.cnr.berkeley.edu/cwh/activities/research.shtml)..

¹⁵ http://www.consumerfreedom.com/headline_detail.cfm?HEADLINE_ID=1839

Soft drinks are not causing the childhood obesity problem. Consequently, banning soft drinks in schools will not solve the problem. The problem is caused by a lack of exercise.

Adults have a personal responsibility to ensure that they, and their children, get enough exercise

While this personal responsibility cannot be shifted to any agency, the Federal, state and local governments should take cost-efficient and statutorily authorized actions to encourage increased exercise by children and adults. They should also disseminate accurate, useful and reliable information on the obesity problem.

For example, the HHS/Agriculture 2005 Dietary Guidelines should recommend that children and adults can have a balanced, healthy diet if they get no more than 25 percent of their recommended daily allotment of calories from sweetened foods and beverages. This recommendation would be consistent with the NAS/IOM Report, with the IQA, and with the agency IQA Guidelines.

Neither the 2005 Dietary Guidelines, nor any other Federal agency information dissemination should state or suggest that soft drink consumption is associated with childhood obesity. Such a statement would be inconsistent with the IQA and the agency IQA Guidelines.

HHS and Agriculture, their Dietary Guidelines Advisory Committee, and researchers studying the obesity issue should be reminded that any information publicly disseminated by federal agencies on this issue must meet the IQA and agency IQA guidelines. Compliance with these standards should be monitored.