

Negative Health Messages in Schools

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Article:

School health personnel recognize the importance of sending positive messages to students, faculty, staff, and the community about adopting and maintaining appropriate health lifestyle behaviors. Yet, schools often send conflicting messages. Some messages have historical precedence in schools that are difficult to ameliorate or eliminate. Nonetheless, school health personnel should identify the conflicting messages and take steps to provide support for positive health behaviors. This commentary highlights three common practices that do not support positive health behaviors: vending machines that dispense non-nutritious snacks; smoking and chewing/dipping areas for students and faculty; and fund raising activities that sell popular foods of low nutrient quality.

VENDING MACHINES

Vending machines provide a popular, efficient, and lucrative means for school administrators to raise additional funds for school functions. The availability of snack foods in secondary schools has increased for several reasons.

First, lack of space, high cost of equipment, and problems of inadequate staffing for cafeterias have prompted schools to use vending machines to provide food and beverages for students and staff. Second, the rapid growth of the vending machine industry has provided business, industry, and schools with appealing products for all ages. Vending has grown in popularity from an industry selling foods of minimally nutritional value, to an industry dispensing sandwiches, hot dogs, hamburgers, and full meal entrees. Third, the cost of operating a school lunch program, combined with low student participation rates, has increased vending machine profitability.¹

Vending machines providing food of low nutrient and high caloric value do little more than satisfy student hunger and increase revenues for school activities.² These "junk foods" contribute to dental caries, obesity, and other health complications school health personnel are 'working to prevent.'³ Dental caries are one of the most common health problems of young adolescents, caused in part by consuming sugar-laden foods.⁴ Kaplan,⁵ representing the American Dental Association said, "It is irrational to ask children to take a course in Health Education at 11 am and then at noon send them to a cafeteria where vending machines offer them an array of precisely those foods which we just warned them." Hinkle⁶ confirmed the conflicting message that vending machines serving non-nutritious foods send to school children. Likewise, according to Crawford⁷

Poor nutrition can decrease the ability of a student to benefit from school education. Consequences of poor nutrition can include fatigue early in the day, inability to concentrate, illness and absence from school, and the development of weight problems.

Despite efforts of school food service personnel to regulate sales of non-nutritious food and drinks that compete with school breakfast and lunch programs, recent court rulings allow snack items to cater to the appetites of school-age children.⁸ Laws regulating sale of non-nutritious foods in competition with school breakfast and lunch programs have changed frequently in the past 15 years. At issue in the case of *National Soft Drink Association (NSDA) v John R. Block, U.S. Secretary of Agriculture*, were the 1970 amendments to the School

Lunch Act, which allow the Secretary of Agriculture to regulate food sold in competition with the regular school lunch program.⁸ The purpose of the amendments was to give the Secretary the power to study the effects of the sale of candy bars and soft drinks in schools and to regulate the sale of such foods if they affect the sale of nutritious foods.³ After examining the issue, Secretary Block adopted a regulation restricting sale of extra food items at the same time and place as the nonprofit school lunch program. His ruling restricted the sale of foods of minimal nutritional value from the beginning of the school day to the end of the last lunch period on school premises. The sale of competitive foods approved by the Secretary was allowed at the discretion of the state agency and school food authority provided proceeds from sale of such foods benefitted the school's nonprofit meal program, the school, or student organizations approved by the school.⁹

However, an appeal by lobbyists for the food and vending machine industry overturned Secretary Block's decision to ban the sale of non-nutritious snacks at the same time and place as the nonprofit school lunch program. The appeals court decided the Secretary had assumed too much authority over the sale of non-nutritious foods. Children no longer could buy snack items in the cafeteria, but they could purchase them from vending machines in other parts of the building.⁸

TOBACCO

*Tobacco is a nauseating plant that is consumed by only two creatures - a small green worm and man. The small green worm does not know any better.*⁶

School policies that allow smoking areas for students in school represent the single greatest negative health message sent to students. Cigarette smoking is the chief, single, avoidable cause of death in our society and is considered by the U.S. Surgeon General the most important health issue at this time." Creation of a smoke-free school environment is imperative to a healthful school environment and supportive of the U.S. Surgeon General's goal of a Smoke-Free Society by the year 2000.

Rashak et al" examined cigarette smoking policies of all accredited secondary schools in Arizona. Results indicated a trend toward prohibiting student smoking both during and outside school hours and restricting faculty/staff smoking to designated areas. Few schools offered smoking cessation programs. No major differences existed in policy components by school size or the existence of a written policy, or health education program. Likewise, Johnson et al" studied the influence of faculty and staff smoking on childhood smoking. Results indicated school employee smoking was an important potential influence.

In 1972, the National Association of Secondary School Principals" expressed disappointment with their effort to prohibit student smoking. Reacting to the amount of time and personnel required to enforce school policies prohibiting smoking, many schools established student smoking lounges or designated areas outside the school building for student smoking. However, recent research¹⁵ indicates that in schools where smoking policies were permissive, more students smoked during their school years and after graduation than in schools where restrictive policies were upheld. Equally important should be the banning of cigarette smoking for faculty and staff. Schools that forbid student smoking but permit school personnel to smoke present a confusing juxtaposition of values for students.

Finally, use of smokeless tobacco — snuff and chewing tobacco — has increased 52% since 1978." The trend in smokeless tobacco consumption among adolescents is rising." Young and Williamson" found in 112 kindergarten students a significant relationship between use and seeing others use smokeless tobacco. Glover and Edwards" sampled students in third, fifth, seventh, ninth, and 11th grades regarding the prevalence of smokeless tobacco use. Results suggest that 13% of third grade males and about 22% of fifth grade males use smokeless tobacco. These figures indicate a linear relationship with age and grade level, increasing to about 22%, 33%, and 39% among the males in seventh, ninth, and 11th grade, respectively.

The growing data base on smokeless tobacco indicates smokeless tobacco is not a safe alternative to cigarettes. The National Institute of Health Consensus Development Conference on the Health Implications of

Smokeless Tobacco Use concluded the evidence that snuff use causes mouth cancer is strong. The primary behavioral consequence of regular use of smokeless tobacco is long-term nicotine dependence and its associated health risks. The panel concluded that smokeless tobacco use is one of several health-endangering behaviors that frequently coincide, raising the clear potential for long-term and serious consequences." Marty et al" reported the situation ". . . presents health educators with an opportunity they seldom get — that of altering the course of a negative health behavior that is still within the realm of prevention control." Education professionals may have missed the opportunity more than 20 years ago to develop prevention and cessation programs to reduce the impact of smoking on health, but their counterparts of today should not miss the same opportunity with smokeless tobacco, or continue to support indirectly the use of tobacco in schools by students, faculty, staff, or the community.

FUND RAISING ACTIVITIES

Student groups often sell products and services as fund raising activities. Popular sale items include candy and other snack foods such as doughnuts and potato chips. These foods often are sold just before the beginning of school and during the lunch hour. Since some students skip breakfast, they are hungry and are tempted to buy such products.

School health personnel cannot merely provide proper nutrition information to students and expect them to make responsible decisions regarding food selection. Americans decide what to eat on the basis of lifestyles, not on the basis of nutrition information,²¹ so it is imperative that school health personnel provide adequate role models for school students. Selling high calorie, low nutrient snacks sends a message to children that it is acceptable to compromise health for monetary gain. These foods do not support the mission of the school and school health personnel to promote healthful lifestyles.

RECOMMENDATIONS

Schools should develop policies and procedures to support a healthful school environment. Such policies promote a positive environment and send a message to faculty, students, and the community that the school is concerned about health and wellness. After appropriate policies and procedures have been developed, the school should examine other approaches to promote health such as the activities outlined in Figure 1. These activities highlight the school's ability to support health promoting activities. In addition, school personnel should examine their approach to vending machines, smoking and chewing/dipping areas, and fund raising activities.

Vending Machines

As mentioned previously, efforts to ban nonnutritious snack foods in vending machines from schools was undermined by *NSDA v Block*. If Congress, parents, and educators want to ban the sale of snack items from school vending machines, they must amend the wording of the School Lunch Act. Until that time it will be difficult for the federal government to keep snack items out of schools. Fortunately, individual school boards can make their own decisions regarding the school district's policy toward snack items from vending machines. School health professionals can encourage school boards and administrators to send positive health messages to children concerning healthful lifestyles by advocating removal of non-nutritious snacks from vending machines on school grounds.

Vending machines also can offer nutritious snacks, such as apples, bananas, and milk instead of non-nutritious snacks. Unfortunately, minimally nutritious snacks have a longer shelf life. Perhaps the school could eliminate vending machines, since they are not an integral component of the educational process.

Figure 1
Support Activities in the School Setting

- Provide locker and shower facilities to encourage regular exercise.
- Create fitness groups to encourage exercise at appropriate times throughout the day.
- Provide maps of jogging and walking trails near the school.
- Create a "quiet room" for relaxation and stress management.
- Provide cassette tapes with headphones for relaxation.
- Offer the school as a site for exercise, stress management, and nutrition classes.
- Encourage community health agencies to conduct programs in the schools.
- Provide incentives to continue or to adopt positive health behaviors.
- Designate a student-faculty committee to develop, implement, and monitor a smoking policy.
- Provide easily accessible information on health topics.
- Provide a scale to monitor weight.
- Inform students and faculty of community weight control programs.
- Provide healthful entrees on the cafeteria menu.

Tobacco

Smoking and smokeless tobacco use should be prohibited on school grounds and during school activities for faculty, staff, community members, and students. Smoking cessation programs also should be offered to these groups. These programs could be provided by school personnel or by voluntary health organizations that offer cessation programs. Finally, school health personnel should work cooperatively with all school personnel to develop an appropriate smoking policy that results in a smoke-free school environment.

Fund Raising

Raising money for clubs, class projects, and athletic programs is a necessity in many schools. As school budgets shrink, the need for fund raising activities becomes more acute. The sale of snack foods provides revenue at the expense of student health. School health professionals must work with other school personnel to encourage alternative activities such as paper drives, aluminum can redemption, car washes, and sale of class glasses and shirts. Alternatives may be difficult to promote at first, but healthful benefits can be derived.

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