



CALIFORNIA SCHOOL NUTRITION ASSOCIATION

Monday, June 17, 2013

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Brendan Simon, Program Manager

CoCo Robinson, Community Health Liaison Community Health Liaison

Kaiser Permanente Educational Theatre
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Dear Dr. Dwerlkotte, Ms Simons, and Ms. Robinson,

On behalf of the California School Nutrition Association, we are writing to thank you for your efforts in addressing childhood obesity and for educating children on healthful eating habits. We know that Kaiser has been collaborating with school districts across our State, and we applaud these efforts and welcome you into our arena. We are also writing to ensure that the messages we give to our children are consistent.

It has been brought to our attention that part of your message is contrary with the message from the American Pediatric Association, the American Dietetic Association, the Institute of Medicine, the Dietary Guidelines, and the United States Department of Agriculture, in regards to flavored milk.

The American Pediatric Association (APA) and the American Dietetic Association (ADA) recommend low fat flavored milks or milk alternative for children to ensure they achieve ample intake of calcium.

The APA, and ADA hold positions that low fat flavored milks are nutrient dense foods, and the added sugar, encourages children to consume the recommended amount of dairy products, as set forth in the 2005 Dietary Guidelines.

The American Academy of Pediatrics recommends decreasing non-nutrient dense, sugary beverages, such as soft drinks and electrolyte replacements, and for children to consume more low fat white and flavored milk.

Flavored milk contains the same nine essential nutrients as white milk – calcium, potassium, phosphorus, protein, vitamins A, D and B12, riboflavin and niacin (niacin equivalents).

A study in the Journal of the American Dietetic Association reported that children who consume flavored or white milk consume more vitamin A, calcium, phosphorous, potassium and magnesium. They are reported as having a lower body mass index (BMI) than non-milk drinkers (Murphy, 2008). And to reiterate, the American Pediatric Association, the American Dietetic Association, and the National Dairy Council's 2010 recommendations are to offer low fat flavored milks to children to reduce bone fractures and prevent osteoporosis.

Along with the concern of excessive weight gain in our children, we also monitor their calcium intake. Steven Abrams, M.D. Professor of Pediatrics, Baylor College of Medicine, Attending Physician, Texas Children's Hospital, and committee member of the Institute of Medicine stated, "Girls leading up to and during puberty typically consume around 823 milligrams of calcium daily. They should aim to get about 200 milligrams more, or between 1,000 and 1,100 milligrams a day."

Evidence shows low calcium intake decreases bone density and in turn may increase the risk for bone fractures in adolescents (Enns, 2002). Forty percent of lifetime bone mass is accrued during adolescence. If bone mass is not accumulated during adolescence, children are more prone to osteoporosis in later years. Calcium consumed through food, specifically milk, does increase bone .

The American Heart Association has noted that added sugar has increased 19% in the last 30 years. The average American in 2004 consumed 22 teaspoons of sugar, or ~355 calories. The AHA recommends 5-9 teaspoons of added sugar a day, depending on caloric needs. Over 70% of the added sugar in our diet is from soda, sugary drinks, candy, cakes, and pies. These are the food items, and the behavior in choosing and consuming these food items that we must target together, and teach the children to reduce.

We know that obesity, diabetes, and heart disease prevention is paramount to our children's health. And grouping a nutrient dense beverage that contains vitamins and minerals that children are often lacking, with beverages that only provide calories and no other health benefits is not the right message to give to our children. We need to look at all aspects of the child's health.

As Danette Grant, Director of Food Service at Lammersville USD has previously mentioned in an email, the Healthy Hunger-free Kids Act of 2010, has modified the regulations to the menu

planning system which we must adhere to in the schools. The new guidelines are based on the Institute of Medicine's recommendation and follow the USDA Dietary Guidelines. As a result, only nonfat flavored milks are offered in the schools today. The milk selections that Ms. Grant is providing to her students, is not rare as was stated in an email, but mandatory nationwide.

We are writing this letter on behalf of all our members, who diligently and thoughtfully plan menus to feed the nation's children on a daily basis. The message that Kaiser is sending, by grouping flavored milk with soda and other sugary drinks, is that our meals are truly not healthy. The National School Lunch is the most legislated and monitored meal in America. We need the students to know that the food that is served to them, can be trusted to be nutrient dense. We need our doctors and nurses to be aware of this as well, as children can learn what a balanced meal looks like on the plate. We role model it in the schools.

We encourage Kaiser to send the same message that our organization sends, that nonfat and low fat flavored milk is a smart choice.

Thank you for your consideration in this matter and implementing minor changes in your theatrical performance. Again, we thank you for your collaboration and we hope to see you working within the school systems in more areas in the future.

Respectfully,

Lynette Rock, RD, President

California School Nutrition Association

Anna M. Apoian, RD, MPH, Nutrition Standards Chairperson

California School Nutrition Association

Data compiled by Anna Apoian, RD, MPH

Nutrition Standards Committee

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