

# FOR A UNIVERSAL HEALTHY SCHOOL FOOD PROGRAM

Presented by the Members and Supporters of  
The Coalition for Healthy School Food



**THE COALITION**  
FOR HEALTHY SCHOOL FOOD



# MEMBERS OF THE COALITION FOR HEALTHY SCHOOL FOOD



**THE COALITION FOR HEALTHY SCHOOL FOOD** is seeking an investment by the federal government in a cost-shared Universal Healthy School Food Program that will enable all students in Canada to have access to healthy meals at school every day. Building on existing programs across the country, all schools will eventually serve a healthy meal or snack at little or no cost to students. These programs will include food education and serve culturally appropriate, local, sustainable food to the fullest extent possible.

## DID YOU KNOW?

Canada remains one of the few industrialized countries without a national school food program. Canada's current patchwork of school food programming reaches only a small percentage of our over 5 million students. Only federal government policy can ensure universal coverage of the population.

## WHY?

All children should have access to healthy food at school. We need to lay the foundation for healthy eating habits that will last a lifetime and ensure that learning is not hindered by a lack of access to good food.



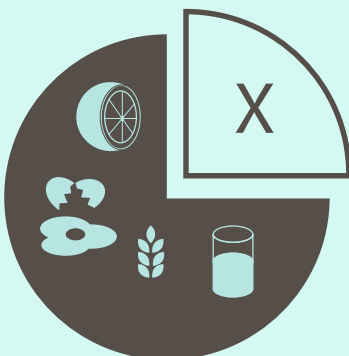
## HEALTHY EATING CHALLENGES

Only about 1/3 of children between the ages of 4 and 13 years eat **five or more** servings of vegetables and fruit daily.

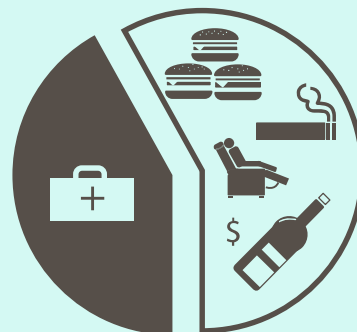
1/3 of students in elementary schools and 2/3 of students in secondary schools do not eat a nutritious breakfast before school, leaving them at risk for learning, behavioural and health challenges at school.

The prevalence of diabetes and obesity are at all-time highs particularly amongst Indigenous peoples, for whom prevalence is higher than in the rest of the population.

About 1/4 of children's calorie intakes are from food products not recommended in Canada's Food Guide.



More than half (58%) of all annual healthcare spending in Canada is for the treatment of chronic diseases for which the main risk factors are unhealthy eating, physical inactivity, smoking and the harmful use of alcohol.





# SCHOOL FOOD FACTS

## SCHOOL FOOD PROGRAMS SUPPORT STUDENT HEALTH AND WELLNESS AS WELL AS SCHOOL AND COMMUNITY CONNECTEDNESS.

- School food programs have been linked with positive impacts on children's mental health, including reductions in behavioural and emotional problems, bullying, aggression, anxiety, and depression as well as fewer visits to the school nurse.
- Children who eat a morning meal are sick less often, have fewer problems associated with hunger, such as dizziness, lethargy, head aches, stomach aches and earaches and do significantly better than their peers in terms of cooperation, discipline, and interpersonal relations.

## SCHOOL FOOD PROGRAMS INCREASE THE CONSUMPTION OF FRUITS AND VEGETABLES AND OTHER HEALTHY FOODS.

- Studies have shown that school food programs can contribute to reducing the risk of cardiovascular events and chronic disease such as stroke, heart disease, Type 2 diabetes, and certain types of cancer by increasing the intake of vegetables, whole grains, and macro- and micronutrients.
- Research from northern Ontario and British Columbia found that students that who participated in a school food program reported higher intakes of fruits and vegetables and lower intakes of "other" (i.e., non-nutritious) foods.
- Students who participate in school food programs consume more fibre and micronutrients and consume less saturated and trans fat, sodium and added sugars.

## SCHOOL FOOD PROGRAMS ASSIST WITH STUDENT LEARNING AND SUCCESS AT SCHOOL.

- An evaluation of a morning meal program in the Toronto District School Board found that students who consume a morning meal most days show at least a 10% increase in skills such as independent academic work, initiative, conflict resolution, class participation and problem solving at school.
- When children attend school hungry or undernourished their energy levels, memory, problem solving skills, creativity, concentration, and other cognitive functions are all negatively impacted. They are also more likely to repeat a grade.
- Food insecurity is an urgent public health challenge in Canada, affecting 1.15 million, or one in six, Canadian children under age 18. Not all populations are affected the same. Two in three Inuit children experience food insecurity, where the household food insecurity rate for Inuit is the highest amongst any Aboriginal population living in an industrialized country.



## SCHOOL FOOD PROGRAMS CONTRIBUTE TO IMPROVED PRODUCTIVITY DUE TO THE HEALTH BENEFITS AND INCREASED SCHOLASTIC SUCCESS ATTRIBUTED TO SUCH PROGRAMS.

- 78% of students in Grade 10 at a Toronto District School Board school who ate breakfast most days were on track for graduation compared to 61% of those who did not have breakfast.
- It is estimated that each 1% increase in graduation rates could result in a \$7.7 billion savings per year in Canada since high-school graduates earn higher salaries, pay more taxes, have lower healthcare costs, are less likely to encounter the justice system, and are less dependent on social assistance.
- Supporting a Universal School Food Program reduces the financial burden on our healthcare system by reducing the risk of diet-related chronic disease and mental illness, which are some of the most costly and long-term health problems to treat.

## SCHOOL FOOD PROGRAMS HAVE THE POTENTIAL TO SUPPORT NATIONAL AND LOCAL ECONOMIES BY INCREASING JOBS AND THE DOMESTIC MARKET FOR FRESH LOCAL FOOD

- A Universal School Food Program in Canada has the potential create thousands of new jobs in communities across Canada.
- When local food is served, the local multiplier of the increased local food purchases will impact regional food production, household and business earnings, long-term gross domestic product, and part-time jobs created or sustained.

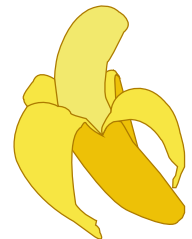
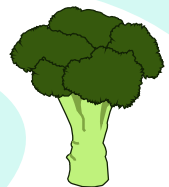


## A HEALTHY WAY FORWARD

School food programs are increasingly seen as vital contributors to students' physical and mental health. Growing research demonstrates the potential of school food programs to improve food choices and support academic success for all students. Our schools can become places that model healthy living. Eating healthy meals together is an important, hands-on experience through which children can learn healthy habits that will last a lifetime.

Many leaders and experts have called for a universal school food program, including the United Nations Special Rapporteur on the Right to Food, the Ontario Healthy Kids Panel and Dr. David Butler-Jones, former Chief Public Health Officer for Canada.

For more information:  
<http://foodsecurecanada.org/coalitionforhealthyschoolfood>





# REFERENCES

- <sup>1</sup> Garriguet, D. (2006, July 6). Canadian community health survey: Overview of Canadians' eating habits. *The Daily*. Retrieved from <http://www.statcan.gc.ca/daily-quotidien/060706/dq060706b-eng.htm>
- <sup>2</sup> Langlois, K. & Garriguet, D. (2011). Sugar consumption among Canadians of all ages. *Health Reports*, 22(3). Retrieved from <http://www.statcan.gc.ca/pub/82-003-x/2011003/article/11540-eng.pdf>
- <sup>3</sup> Public Health Agency of Canada. (2011). Diabetes among First Nations, Inuit, and Métis populations [chapter 6]. In *Diabetes in Canada: Facts and Figures from a Public Health Perspective*. Retrieved from <http://www.phac-aspc.gc.ca/cd-mc/publications/diabetes-diabete/facts-figures-faits-chiffres-2011/chap6-eng.php>
- <sup>4</sup> Butler-Jones, D. (2008). Social and economic factors that influence our health and contribute to health inequalities [chapter 4]. In *The Chief Public Health Officer's Report on the State of Public Health in Canada 2008*. Retrieved from <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2008/fr-rc/cphorsphc-respcacsp07c-eng.php#2>
- <sup>5</sup> Public Health Agency of Canada. (2011, September 19). United Nations NCD Summit 2011 [backgrounder]. In *Canada Signs UN Declaration on Preventing and Controlling Chronic Diseases*. Retrieved from [http://www.phac-aspc.gc.ca/media/nr-rp/2011/2011\\_0919-bq-di-eng.php#ftii](http://www.phac-aspc.gc.ca/media/nr-rp/2011/2011_0919-bq-di-eng.php#ftii)
- <sup>6</sup> Kleinman, R. E., Hall, S., Green, H., Korzec-Ramirez, D., Patton, K., Pagano, M. E., & Murphy, J. M. (2002). Diet, breakfast, and academic performance in children. *Annals of Nutrition and Metabolism*, 46(1), 24-30.
- <sup>7</sup> Murphy, J. M., Pagano, M. E., Nachmani, J., Sperling, P., Kane, S., & Kleinman, R. E. (1998). The relationship of school breakfast to psychosocial and academic functioning: cross-sectional and longitudinal observations in an inner-city school sample. *Archives of Pediatrics and Adolescent Medicine*, 152(9), 899-907.
- <sup>8</sup> Bernstein, L. S., McLaughlin, J. E., Crepinsek, M. K., & Daft, L. M. (2004). Evaluation of the school breakfast program pilot project: Final report. *Nutrition Assistance Program Report Series*. Retrieved from <http://files.eric.ed.gov/fulltext/ED486532.pdf>
- <sup>9</sup> Alaimo, K., Olson, C. M., Frongillo, E. A. Jr., & Briefel, R. R. (2001). Food insufficiency, family income, and health in U.S. preschool and school-aged children. *American Journal of Public Health*, 91(5), 781-786.
- <sup>10</sup> Alaimo, K., Olson, C. M., & Frongillo, E. A. (2002). Family food insufficiency, but not low family income, is positively associated with dysthymia and suicide symptoms in adolescents. *Journal of Nutrition*, 132, 719-725.
- <sup>11</sup> Casey, P. H., Szeto, K. L., Robbins, J. M., Stuff, J. E., Connell, C., Gossett, J. M., & Simpson, P. M. (2005). Child health-related quality of life and household food security. *Archives of Pediatrics and Adolescent Medicine*, 159(1), 51-56.
- <sup>12</sup> Weinreb, L., Wehler, C., Perloff, J., Scott, R., Hosmer, D., Sagor, L., & Gundersen, C. (2002). Hunger: Its impact on children's health and mental health. *Pediatrics*, 110(4), e41.
- <sup>13</sup> Brown, J. L., Beardslee, W. H., & Prothrow-Stith, D. (2008). Impact of breakfast on children's health and learning: An analysis of the scientific research. *Sodexo Foundation*. Retrieved from [http://www.sodexofoundation.org/hunger\\_us/Images/Impact%20of%20School%20Breakfast%20Study\\_tcm150-212606.pdf](http://www.sodexofoundation.org/hunger_us/Images/Impact%20of%20School%20Breakfast%20Study_tcm150-212606.pdf)
- <sup>14</sup> Robien, K., Demark-Wahnefried, W., & Rock, C.L. (2011). Evidence-based guidelines for cancer survivors: Current guidelines, knowledge gaps, and future research directions. *Journal of the American Dietetics Association*, 111(3), 368-75.
- <sup>15</sup> Dalen, J.E. (2013). Diets to prevent coronary heart disease 1957-2013: What have we learned? *American Journal of Medicine*, 127(5), 364-369.
- <sup>16</sup> Heflin, C. M., Siefert, K., & Williams, D. R. (2005). Food insufficiency and women's mental health: Findings from a 3-year panel of welfare recipients. *Social Science and Medicine*, 61, 1971-1982.
- <sup>17</sup> Seligman, H. K., Bindman, A. B., Vittinghoff, E., Kanaya, A. M., & Kushel, M. B. (2007). Food insecurity is associated with diabetes mellitus: Results from the National Health Examination and Nutrition Examination Survey (NHANES) 1999-2002. *Journal of General Internal Medicine*, 22(7), 1018-1023.
- <sup>18</sup> Seligman, H. K., Laraia, B. A., & Kushel, M. B. (2010). Food insecurity is associated with chronic disease among low-income NHANES participants. *Journal of Nutrition*, 140(2), 304-310.
- <sup>19</sup> Siefert, K., Heflin, C. M., Corcoran, M. E., & Williams, D. R. (2004). Food insufficiency and physical and mental health in a longitudinal survey of welfare recipients. *Journal of Health and Social Behavior*, 45(2), 171-186.
- <sup>20</sup> Skinner, K., Hanning, R. M., Metatawabin, J., Martin, I. D., & Tsuji, L. J. S. (2012). The impact of a school snack program on the dietary intake of grade six to ten First Nations students living in a remote community in northern Ontario, Canada. *Rural and Remote Health*, 12(3), 1-17.
- <sup>21</sup> Mässe, L. C., & de Niet, J. E. (2013). School nutritional capacity, resources and practices are associated with availability of food/beverage items in schools. *International Journal of Behavioural Nutrition and Physical Activity*, 10, 26.
- <sup>22</sup> Affenito, S. G., Thompson, D. R., Barton, B. A., Franko, D. L., Daniels, S. R., Obarzanek, E., Schreiber, G. B., & Striegel-Moore, R. H. (2005). Breakfast consumption by African-American and white adolescent girls correlates positively with calcium and fiber intake and negatively with body mass index. *Journal of the American Dietetic Association*, 105(6), 938-945.
- <sup>23</sup> Kerver, J. M., Yang, E. J., Obayashi, S., Bianchi, L., & Song, W. O. (2006). Meal and snack patterns are associated with dietary intake of energy and nutrients in US adults. *Journal of the American Dietetic Association*, 106(1), 46-53.
- <sup>24</sup> Crepinsek, M. K., Singh, A., Bernstein, L. S., & McLaughlin, J. E. (2006). Dietary effects of universal-free school breakfast: Findings from the evaluation of the school breakfast program pilot project. *Journal of the American Dietetic Association*, 106(11), 1796-1803.
- <sup>25</sup> Dalen, J.E. (2013).
- <sup>26</sup> Muthuswamy, E. (2012). Feeding our future: The first- and second-year evaluation. *Toronto District School Board*. Retrieved from <http://www.tdsb.on.ca/Portals/0/Elementary/docs/SupportingYou/EvaluationFOFProgram19Mar12.pdf>
- <sup>27</sup> Taras, H. (2005). Nutrition and student performance at school. *Journal of School Health*, 75(6), 199-213.
- <sup>28</sup> Kleinman, R. E., Murphy, J. M., Little, M., Pagano, M., Wehler, C. A., Regal, K., & Jellinek, M. S. (1998). Hunger in children in the United States: Potential behavioral and emotional correlates. *Pediatrics*, 101(1), 3.
- <sup>29</sup> Murphy, J. M., Pagano, M. E., Nachmani, J., Sperling, P., Kane, S., & Kleinman, R. E. (1998). The relationship of school breakfast to psychosocial and academic functioning: cross-sectional and longitudinal observations in an inner-city school sample. *Archives of Pediatrics and Adolescent Medicine*, 152(9), 899-907.
- <sup>30</sup> Alaimo, K., Olson, C. M., & Frongillo, E. A., Jr. (2001). Food insufficiency and American school-aged children's cognitive, academic and psychosocial development. *Pediatrics*, 108(1), 44-53.
- <sup>31</sup> Tarasuk, V., Mitchell, A. & Dachner, N. (2012). *Household Food Insecurity in Canada 2012*. PROOF Research to Identify Policy Options to Reduce Food Insecurity. Retrieved from [http://nutritionalsciences.lamp.utoronto.ca/wp-content/uploads/2014/05/Household\\_Food\\_Insecurity\\_in\\_Canada-2012\\_ENG.pdf](http://nutritionalsciences.lamp.utoronto.ca/wp-content/uploads/2014/05/Household_Food_Insecurity_in_Canada-2012_ENG.pdf)
- <sup>32</sup> Council of Canadian Academies. (2014). *Aboriginal Food Security in Northern Canada: An Assessment of the State of Knowledge*. The Expert Panel on the State of Knowledge of Food Security in Northern Canada. Retrieved from [http://www.scienceadvice.ca/uploads/eng/assessments%20and%20publications%20and%20news%20releases/food%20security/foodsecurity\\_fullreporten.pdf](http://www.scienceadvice.ca/uploads/eng/assessments%20and%20publications%20and%20news%20releases/food%20security/foodsecurity_fullreporten.pdf)
- <sup>33</sup> Lafayette, B. (2014). Economic Impacts of Federally-Funded Food Support Programs on the Franklin County, Ohio, Economy. *Regionomics*. Retrieved from <http://hungerhub.org/images/images/report/ImpactoffoodAssistanceonFranklinCountyEconomy.pdf>
- <sup>34</sup> Muthuswamy, E. (2012). Feeding our future: The first- and second-year evaluation. *Toronto District School Board*. Retrieved from <http://www.tdsb.on.ca/Portals/0/Elementary/docs/SupportingYou/EvaluationFOFProgram19Mar12.pdf>
- <sup>35</sup> Hankivsky, O. (2008). Cost Estimates of Dropping out of High School in Canada. *Canadian Council on Learning*, 1-85. Retrieved from <http://www.ccl-cca.ca/pdfs/OtherReports/CostofdroppingouthankivskyFinalReport.pdf>
- <sup>36</sup> Lafayette, B. (2014).

