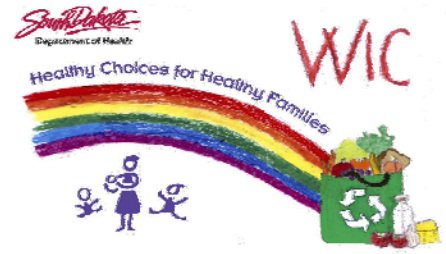


"WIC TALKS"

PROGRAM QUESTIONS AND ANSWERS

Sept/Oct 2009



The following are questions/suggestions raised by the field staff to the State WIC Office. Answers provide program policy clarification or a response to suggestions. Questions received directly by State Office staff may also be included in this information.

Breastfeeding	
Q	Do we need to be sending in breastpump reports quarterly to the State Office?
A	<p>No, breast pump reports do not need to be sent into the State Office. Per policy the Local Agency Breastfeeding Coordinator will review the Electric Breastpump Distribution Reports for each electric breastpump that is either assigned to the Local Agency or has been borrowed by the Local Agency at the end of each month to assure the reports are completed correctly and the information on the distribution report matches the number of breast pumps located in the Local Agency.</p> <p>This is in policy under Breastfeeding/ Electric Breastpump Distribution Report Instructions</p>
Special Formula	
Q	Who should be submitting the special formula report summary?
A	<p>Ideally, the Dietitians are submitting this report for the areas they cover. The report should be titled with the month that starts with the 14th, or the month the Dietitian is doing the report. Please review WIC policy manual under Formula – Special Formula Participant Report Instructions.</p>
Certification Process	
Q	Is there an option in ICDS to check that a woman is Partially Breastfeeding?
A	<p>When dealing with a woman who is breastfeeding, there is <u>not</u> a place to check a woman partially breastfeeding. If the fully breastfeeding box is NOT checked, then the woman is considered to be partially breastfeeding. If a woman is partially breastfeeding, only the "bf certification category" at the top of the certification is selected.</p> <p>Remember, that a mother's certification is tied to the infant certification behind the scenes in ICDS, so the infant is IPBF (infant partially breastfeeding) and the mother is considered the same. If the breastfeeding start date is completed and there is no breastfeeding end date entered on the infant than the mother is considered partially breastfeeding.</p>
Q	Can you please review the certification lengths and time periods for expiration?
A	WIC is currently reviewing and will be providing updated policy in the near future.
Q	When does the Medical Documentation for Qualifying Medical Conditions expire?
A	The medical documentation form will expire at 2 months or for formulas that are long term will expire within 6 months. The medical documentation form will expire no matter what at the time of certification expiration.

Food Instruments

Q	If participants cannot get to the WIC office during regular WIC office hours due to the participants' work schedules, can the Local Agency mail the FI'S more than once in a certification period to assure that the participants receive their benefits?
A	The Local Agency is required to have flexible hours to accommodate working participants. If participants cannot get to the WIC office during the regular WIC hours, a Local Agency staff member should arrange to work early or late to accommodate these participants. WIC checks are not to be mailed more than once during the certification period unless approved by the State Office.
Q	Need clarification on printing of WIC checks please. What do we do if checks do not print out? What do we do if they print out, but are in error?
A	If WIC checks do not print out: Contact the State Office via email to have specific MICR numbers opened (these #s will not be used again – their status remains open in inventory). If printed, but in error: Stamp VOID on check and complete a WIC Check Status form and send to State Office to be voided.
Q	If a check is printed with a single food item on it (ie: one dozen eggs) can we move this item onto another check?
A	Yes – and it is encouraged whenever possible! When you are issuing checks you are able to move the foods around so that more than one item is on a check and certain foods get grouped together. If you do this one time, ICDS will save the food package and the FI's as you have set them for future food instrument issuance. Things to remember: (1) review checks before issuing them to see that the distribution makes sense; (2) keep in mind that it costs the program (both retail and LA staff) time and money to have just one item like one quart of milk or one dozen eggs on a single check. Six checks are the max, but this does not mean that six checks have to be issued to every participant.

Food Package

Q	Where do Local Agencies order the new Food Shopping Guides?
A	Please order WIC Food Shopping Guides through the Resource Center by going into LaunchPad. Click on 18Publications and Family Health. Stock # is WIC 038 Food Shopping Guides. Please <u>do not order on your Forms Requisition</u> or through Leah McQuiston.
Q	Can participants get 8 th Continent Soy Milk in any other size besides the ½ gallon? Are quarts available? What type of Soy Milk is allowed?
A	At this time, 8th continent can only be bought in the 1/2 gallon size. Quarts are not available. To handle this we will have to inform the participants that if they choose the soy beverage option they will be short one quart of soy milk, but they could get 1 quart of fluid regular milk. The only type of 8th Continent Soy Milk that is allowed is the "Original" version. Light and Vanilla <u>do not meet the nutrient requirements.</u>
Q	Can a child 12-23 months get dry cow's milk?
A	No. Dry milk is only in nonfat. The child 12-23 months old can only get whole milk. A medical documentation form will not override this. Only very rare and specific inborn errors of metabolism where whole milk is proven to be detrimental to the child's health will less than whole milk be given to a child in this age range.
Q	If an infant who is >6 months of age and has medical documentation to withhold solid foods due to not being developmentally ready or some other medical condition, receive more formula?
A	Yes. You will be able to provide up to the maximum that is allowed for a 4-5 month old infant in place of solid foods. When you need to do this, please contact the State Office to allow for an adjustment in issuance. Once you print the checks call the State Office back so the amounts can get adjusted back to normal. This will prevent over issuance. Please contact Dawn or Rhonda.

Retailers and Food Instruments	
Q	Are retailers required to allow the participant to pay the difference when purchasing more fruits & vegetables than the amount on the cash voucher?
A	No, this is not a requirement of the retailers as some of them do not have the capability of allowing participants to pay the difference. Participants need to be aware that some stores do not offer this feature for the redemption of the fruit & vegetable vouchers. If the store has the capability then it can be done – this has changed because more stores are now being able to offer this service to the participants.
Management Evaluations	
Q	Can you explain the purpose of Exit Counseling again and why policy states that it is to be done as soon as possible after delivery?
A	Exit Counseling is a federal regulation that all Local Agencies must perform. It is required for all women who will be leaving the program. Policy states that this contact should be done for both postpartum and breastfeeding women in the first basic nutrition education contact during certification following birth to ensure a breastfeeding mother receives this information if she quits breastfeeding after 6 months. Please refer to WIC policy manual under Nutrition Counseling – Exit Counseling for a refresher on policy and further information on what is required in this counseling session.
Priority System/Nutrition Risk	
Q	Should the coding for smoking and alcohol use during pregnancy be given even if it was before they knew they were pregnant?
A	Yes, per policy the risk codes should be assigned as follows: <ul style="list-style-type: none"> • For Pregnant Women as self reported by applicant/participant/caregiver: <ul style="list-style-type: none"> Any alcohol use Any illegal drug use • Any daily smoking of tobacco products, i.e., cigarettes, pipes, or cigars.
Transfers	
Q	When doing transfers, Local Agency staff is unable to update WIC certification dates to the computer and have to e-mail Pierre to get the correct date en-coded. Could this be changed so Local Agencies have access?
A	At this time the current priority is the Food Package Rule and the new MIS system. We do not believe that this request will be completed in the near future. Continue to send an email to State Office staff to update the certification date and/or any other information such as date of measurement.
Scheduling	
Q	Local Agency has a 3 day pickup schedule. Although the participants are scheduled for nutrition counseling on the second or third day, they come in on the first day to get their FI'S and then don't come back for nutrition counseling. How can the LA get them to wait until the day of their counseling appointment? Can they be told they can't have their FI'S until their nutrition counseling appointment?
A	Benefits must be issued even if they choose to not participate in Nutrition Counseling. However you can expect and tell the participants that this is a nutrition program and it is expected that you will participate in Nutrition Counseling – if it is possible to have a nutrition educator or dietitian available at time of pick-up that would be the best

solution.

Training and Miscellaneous

Upcoming Trainings:

- **New Food Package Q and A Conference Call- January 21st. 2010 from 2-4 pm, CST**
- **New Staff Orientation Training – Save the Date – January, 2010**
- **Nutrition Staff Training – Save the Date – March or April, 2010**

Communication Corner

- **A variety of breastfeeding promotional items have been ordered and are being sent out to LA's as they come in. We hope that you find them useful and beneficial as we focus on increasing our breastfeeding numbers. If you have any questions about them please contact Christina Servetas, Nutrition Coordinator.**
- **For those local agencies in need of materials translated into Somali, the Minnesota WIC program has nutrition education cards on breastfeeding, healthy eating during pregnancy and infant and child nutrition that have been translated. The materials can be found at: <http://www.health.state.mn.us/divs/fh/wic/nutrition/somalipdf/somali.html>. The English versions are under the heading "nutrition" on the left side of the home page.**

Management Evaluation Focus Area

Income must be determined at each certification for every participant; this date must be entered on the Family Card Income Form under "Income Update" box and should be the same date as the last certification of a family member. Total Income (Annual amount) should be entered on the Family Card at each certification and on the Participant Agreement.

Local Agency Best Practice

Spreading the word about WIC!

Kathy Kovall provided a WIC presentation on the WIC program and the New Food Packages at Dakota Transitional Head Start on 09/24/09. Also, KNBN came and interviewed her on 09/28/09 regarding WIC's new food packages. *Great Job!!*

Stacey Skaff visited medical providers at Sanford Children's Hospital in Sioux Falls to share the changes with WIC and specifically the medical documentation form. She reports that it was very well received and hopes the medical documentation form has been easier to use. She also gave another presentation specifically on the new food packages to the Sanford Dietitians that work with pediatrics on October 26th. *Keep up the good work!*

❖ *State WIC Happenings*

State WIC Program – Mailing address is:

SD Department of Health, WIC Program 600 E. Capitol, Pierre, SD 57501.

WIC Updates

- **Welcome Leslie Lowe – New Vendor Manager – Leslie began with the WIC Program on Monday November 16, 2009. She will be taking over the duties of vendor manager. Her phone number is 773-4792.**
- **Welcome Kelli Nickerson – New Breastfeeding Coordinator – Kelli began with the WIC Program on Monday November 16, 2009. She will be located in the Sioux Falls Office – phone number will be 367-7498.**
- **Dawn Boyle is now the Management Information Specialist – her new phone number is 773-4129.**
- **We are continuing to move forward with implementation of the new food package. Things seem to be going well. Thanks again for all of your hard work and patience! Please continue to let us know with your questions and concerns. If there are specific comments to the interim rule that you would like to make – please let us know! You may contact *Rhonda* or *Christina* with these comments and we will make sure they make it to the Federal level by February 2010.**
- **Resource materials continue to come in for Local Agencies. Thank you for sending an email to Ardys Roseland for date of receipt so that payments can be made.**
- **New Marketing Material – WIC is currently developing a physician tool kit. We are looking for information to place in the kits that will promote breastfeeding and better nutrition. The kits will be used by the Local Agency staff to educate local area physicians. Please send ideas to Kelli Nickerson – Kelli.Nickerson@state.sd.us.**

❖ *State WIC Happenings Continued...*

WIC Electronic Policy and Procedure Manual:

We continue to make updates as the need arises. These updates are brought to your attention through WIC-LA memorandums.

Management Evaluations:

2009 Management Evaluation Tentative Schedule is located at WIC-LA: #08-027 or on the shared drive WIC Forms/Management Evaluations/Schedule/ folder.

Upcoming On-Site Reviews:

- | | |
|--------------------|--|
| • Spink County | November 3rd, 2009 |
| • Beadle County | December 2nd, 2009 |
| • Brown County | January 12 th , 2010 (make-up for 2009) |
| • Codington County | January 13 th , 2010 (make-up for 2009) |

- ❖ **Reminder-** Please update Cover Sheets as Staffing changes occur and email the Program Operations Specialist when completed.

Breastfeeding Peer Counseling Grant:

The following are some updates:

- ❖ A meeting was held in Pierre with all Breastfeeding Peer Counselors to review resources and policy. It was a great meeting and excellent ideas were shared – thanks to all that were able to attend!

The following counties currently have peer counselors:

- ❖ Beadle - Huron
- ❖ Butte County - Belle Fourche and Spearfish (*new!*)
- ❖ Davison County – Mitchell (*will be filled in January 2010*)
- ❖ Minnehaha County – Sioux Falls
- ❖ Pennington County – Rapid City
- ❖ Roberts County – Sisseton

Our breastfeeding peer counselor program continues to be a great asset to the state. With the on-going focus on breastfeeding within WIC, we hope to continue to expand this program and add new sites as funding permits! At this time, we are talking about adding new peer counselors to Pine Ridge, Aberdeen and Watertown – the state office will keep you updated on this as we learn more. Thanks again for all of your hard work!

The contract for Growing Up Together will end May 31, 2010. We are currently in the RFP process for the new contract period beginning June 1, 2010. We plan to add 3 additional full time sites in Aberdeen, Pine Ridge and Watertown.

Breastfeeding

- ❖ **Pennington County** - Lyndsey helped a WIC mom who was pregnant for the fifth time and had only given birth to her last child in March. She also has three other children at home. She thought that maybe this time she would try to breastfeed. Lyndsey discussed with her the benefits of breastfeeding for her and the baby. Lyndsey provided her with pamphlets, discussion on them and referred her to Sarah, the WIC breastfeeding peer counselor. They also discussed the importance of having a healthy and balanced diet during pregnancy and while breastfeeding. Lyndsey was able to provide her with some of the knowledge she would need to make healthier decisions during her pregnancy and afterwards as well. *WIC Works!*
- ❖ **Shannon County, Pine Ridge** - Nada had a mother come to the office with her 3 year 3 month old son and her new 7 day old infant. She was there to certify the infant. The mother made the statement: "I need formula because he (the 3yo) is still breastfeeding and it is too much to feed both of them." When Nada recovered from shock, Nada admitted to her that it made sense to continue to breastfeed the infant and wean the 3 year old. Mom agreed with Nada but said the 3 year old won't let the baby breastfeed. As tactfully as possible, Nada discussed how 3 year olds are not in charge—that she was the adult and she needed to decide what was best for her kids and right now the best was for the infant to breastfeed and the 3 year old to quit breastfeeding. *WIC Works!*
- ❖ **Roberts County, Peer Counselor Program** – Jaime helped a 17 year old work through some difficulties in getting baby to latch. Mom called Jaime right away while in the hospital and Jaime was able to observe baby trying to latch. Mom is now successfully breastfeeding and doing great!
- ❖ **Butte County, Peer Counselor Program** – Christine had three moms reach their goal to breastfeed for one year! She has seven moms who are at or past the six-month mark of breastfeeding and still going strong! Also, at her last breastfeeding class she had two pregnant teenagers attend with their moms who were very supportive of breastfeeding.
- ❖ **Minnehaha County, Peer Counselor Program** – The breastfeeding class is going very well and more moms are signing up each time. Kelli is also continuing to get a good amount of appointments and walk-ins – great work everyone!

❖ *Local Agency Happening.....*

- ❖ **Pennington County** - Linda Michelson reports she visited with a breastfeeding Mom from Kyle and to help determine her new food package. She chose to decrease the amount of formula she gets from WIC to maintain her partially breastfeeding status and food package. Linda then counseled her on how to increase her breastmilk supply. Linda thinks this is a credit to the new food packages.
- ❖ **Pennington County** – Kathy Kovall has had a lot of WIC participants really excited about the new food packages especially the fresh fruits and vegetables vouchers. She had one participant tell her she was surprised at how much she could buy for \$6.00. She had another participant tell her that her kids are having fun picking out what fruits they want with their \$6.00!
- ❖ **Shannon County, Pine Ridge** - Nada Morrill reports that they continue to see a new influx of clients wanting to be on WIC—parents are bringing in kids that haven't been on for 2 and 3 years. Word of the new food packages is getting around!
- ❖ **Pennington County, EAFB** - Karie Mitchell reports she had a new family in at the Base to certify their 3 year old child. As they were going through the WIC certification the parents started talking about what they could change about their own eating behaviors to help the health of their entire family. They decided they were going to start offering vegetables with all meals and cut down on high sugar snacks. It was great to see that the WIC program doesn't just impact the child who is participating but can impact an entire family.
- ❖ **Sanborn County** - Sue developed a bulletin board on the new WIC food package changes. This board was displayed at the Woonsocket Elementary School building during Parent-Teacher Conferences. Staff is also planning to put the board in the Wessington Springs Elementary building during their parent-teacher conferences.
- ❖ **Turner County** – WIC participants are very pleased and satisfied with the new foods being offered and staff report that implementation is going well!
- ❖ **Hanson County** – Lindsey Sailer reports that the numbers were up both months partially due to new WIC food packages and the realization that the colony Moms prefer group counseling – more of them come in to talk in addressed as a group.

❖ *Retailer Happenings*

RETAILER ISSUES - Let Renee know by e-mail when you as WIC staff have an issue with a Retailer. She will keep a list of these and use your concerns when conducting compliance buys and education buys. This is extremely helpful to her.

New Stores – Lake Grocery, Willow Lake
Turtle Creek Crossing, Mission

Closed Stores – Pat's Foodtown - Burke

Stores no longer accepting WIC – Batesland Handi Stop - Batesland
Blondies – Deadwood
H&L Super Valu – Buffalo
Whitewood Plaza – Whitewood
Howes Corner – Howes

Closed WIC Pharmacies – ALL Walgreen's pharmacies
Country Drug – Sturgis
Pamida pharmacy – Hot Springs

Some issues happening between the retailers and participants regarding some of the new foods:

- Purchasing infant meats with their infant fruit & vegetable checks.
- Purchasing frozen juice with their 64 oz juice checks.
- Purchasing half gallon and gallon milk with their quart checks.

Another issue that continues to be a problem, participants pick up half gallons of lactose reduced milk when the check says quarts. It's OK if the half gallons equal the quarts allowed but usually they pick up 4 half gallons when the check says 4 quarts.

Keep your Questions and Suggestions Coming!

WIC works because we work together!

The WIC Program appreciates all WIC staff and their ongoing efforts to provide quality services to the participants statewide.

THANK YOU!

This month's Nutrition Notables is a nationwide report on availability of less nutritious snack foods and beverages in secondary schools. The report includes data from 40 states. South Dakota's information is highlighted in red. Although this data is for adolescents, it is still important for WIC staff to be aware of what is happening and where we can concentrate our efforts! We have a lot of work to do as a whole in South Dakota – but WIC sets a strong foundation and our New Food Packages are a step in the right direction!

THANK YOU!

Nutrition Notables



MMWRTM

Morbidity and Mortality Weekly Report
www.cdc.gov/mmwr

Early Release
Vol. 58 / October 5, 2009

Availability of Less Nutritious Snack Foods and Beverages in Secondary Schools – Selected States, 2002–2008

Foods and beverages offered or sold in schools outside of U.S. Department of Agriculture school meal programs are not subject to federal nutrition standards (1) and generally are of lower nutritional quality than foods and beverages served in the meal programs. To estimate changes in the percentage of schools in which students could not purchase less nutritious foods and beverages, CDC analyzed 2002–2008 survey data from its School Health Profiles for public secondary schools. This report summarizes the results of those analyses, which indicated that, during 2002–2008, the percentage of schools in which students could not purchase candy or salty snacks not low in fat increased in 37 of 40 states. From 2006 to 2008, the percentage of schools in which students could not purchase soda pop or fruit drinks that were not 100% juice increased in all 34 participating states. Despite these improvements, in 2008, the percentage of schools among states in which students could not purchase sports drinks ranged from 22.7% to 84.8% (state median: 43.7%), and the percentage in which students could not purchase soda pop ranged from 25.6% to 92.8% (state median: 62.9%). The percentage of schools in which students could not purchase candy or salty snacks also varied widely among states (range: 18.2%–88.2%, state median: 61.2%). School and public health officials should increase efforts to eliminate availability of less nutritious foods and beverages at school, as recommended by the Institute of Medicine (IOM) (2).

School Health Profiles surveys have been conducted biennially since 1994 to assess school health practices in the United States (3). States, territories, large urban school districts, and tribal governments participate in the surveys, either selecting systematic, equal-probability samples of their secondary schools* or selecting all public secondary schools within their jurisdiction. Self-administered questionnaires are sent to the principal and lead health education teacher at each selected school and returned to the agency conducting the survey.

* Middle schools, junior high schools, and high schools with one or more of grades 6–12.

Principals (or their designees) are asked questions about foods available for purchase by students outside of the school meal programs in their schools.[†] Participation in School Health Profiles is confidential and voluntary. Follow-up telephone calls and written reminders are used to encourage participation. Data are included in this report only if the state provided appropriate documentation of methods and a school response rate of $\geq 70\%$. For states that use a sample-based method, results are weighted to reflect the likelihood of schools being selected and to adjust for differing patterns of nonresponse. For states that conduct a census, results are weighted to adjust for differing patterns of nonresponse.

This report includes data from 40 states[§] that provided weighted Profiles data in 2008 and at least 1 other year during 2002–2006. For each of these states, a composite variable was created to measure the percentage of schools in which students could not purchase candy or salty snacks.[¶] For 31 states with at least 3 years of weighted data, temporal changes during 2002–2008 were analyzed using logistic regression analyses that simultaneously assessed significant ($p < 0.05$) linear and quadratic time effects.^{**} For nine states^{††} with only 2 years of

[†] Principals were asked the following yes/no questions in 2006 and 2008: “Can students purchase each of the following snack foods or beverages from vending machines or at the school store, canteen, or snack bar: Chocolate candy? Other kinds of candy? Salty snacks that are not low in fat? Soda pop or fruit drinks that are not 100% juice? Sports drinks?”

[§] Alabama, Alaska, Arizona, Arkansas, Connecticut, Delaware, Florida, Hawaii, Idaho, Illinois, Iowa, Kansas, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, and Wisconsin.

[¶] Defined as chocolate candy or other kinds of candy and defined as salty snacks that are not low in fat.

^{**} A quadratic trend indicates a significant but nonlinear trend in the data over time; whereas a linear trend is depicted with a straight line, a quadratic trend is depicted with a curve with one bend. Trends that include significant quadratic and linear components demonstrate nonlinear variation in addition to an overall increase or decrease over time.

^{††} Florida, Kansas, Kentucky, Mississippi, New Jersey, Rhode Island, South Dakota, Texas, and West Virginia.

data, t-test analyses were used to test for significant ($p < 0.05$) differences between years. For 34 states^{§§} that had weighted Profiles data in 2006 and 2008, the percentage of schools in which students could not purchase soda pop or sports drinks is reported.^{¶¶} Analysis by t-test was used to determine significant ($p < 0.05$) differences between results from 2006 and 2008. Statistical software used for all analyses accounted for the sample design and unequal weights.

From 2002 to 2008, the percentage of schools in which students could not purchase candy or salty snacks increased in 37 of 40 states. Among the 31 states with at least 3 years of weighted data during 2002–2008, a significant linear increase in the percentage of secondary schools in which students could not purchase candy and salty snacks was detected in all states except Nebraska (Table 1). A significant quadratic trend also was detected in nine of these 31 states. The quadratic trends indicated that, except in Washington, the rate of increase was greatest from 2006 to 2008 and from 2004 to 2008. Among the 34 states with weighted data for both 2006 and 2008, the median percentage of schools in which students could not purchase candy or salty snacks increased from 45.7% in 2006 to 63.5% in 2008 (Table 1).

Compared with 2006, in 2008 the percentage of secondary schools in which students could not purchase soda pop was significantly higher in all 34 states, and the percentage of schools in which students could not purchase sports drinks was significantly higher in 23 states (Table 2). Among the 34 states in 2008, the percentage of schools in which students could not purchase soda pop (range: 25.6%–92.8%) or sports drinks (range: 22.7%–84.8%) varied widely. The median percentage of schools in which students could not purchase soda pop increased from 37.8% in 2006 to 62.9% in 2008, and the median percentage of schools in which students could not purchase sports drinks increased from 28.4% in 2006 to 43.7% in 2008.

Reported by: *N Brener, PhD, T O'Toole, PhD, L Kann PhD, R Lowry, MD, H Wechsler EdD, Div of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.*

Editorial Note: School food environments and practices that promote consumption of less nutritious foods and beverages are associated with poorer diets and higher body mass index among students (4). The findings in this report indicate that progress

TABLE 1. Percentage of schools in which students could not purchase candy or salty snacks* from vending machines at the school or at a school store, canteen, or snack bar — 40 states, 2002–2008

State (2008 sample size)	2002	2004	2006	2008
Alabama (292 schools)	13.5	—†	42.5	73.9§
Alaska (154)	41.7	48.8	53.2	68.6¶
Arizona (264)	29.3	40.8	56.2	71.7¶
Arkansas (213)	26.4	25.2	70.0	70.8¶
Connecticut (236)	29.6	38.8	54.3	80.4§
Delaware (76)	43.7	36.6	49.3	64.0¶
Florida (310)	—	—	57.5	57.6
Hawaii (78)	70.5	—	85.8	88.2¶
Idaho (239)	24.2	25.9	28.4	39.0¶
Illinois (336**)	40.1	—	45.7	57.1¶
Iowa (259)	27.1	31.1	39.5	59.3§
Kansas (245)	—	—	31.9	44.2††
Kentucky (238)	19.8	—	—	73.2††
Maine (267)	30.6	40.6	73.1	82.0¶
Massachusetts (292)	29.0	33.6	56.5	66.6¶
Michigan (333)	19.4	17.5	24.7	43.4§
Minnesota (300)	15.9	20.2	—	48.2¶
Mississippi (216)	—	—	23.3	72.2††
Missouri (337)	27.6	27.8	34.2	53.3§
Montana (245)	38.8	44.1	42.6	55.2¶
Nebraska (208)	48.8	43.6	48.8	54.1
New Hampshire (183)	26.7	33.6	51.5	71.8¶
New Jersey (323)	35.0	—	—	75.3††
New York (352)	29.6	35.6	—	59.4¶
North Carolina (297)	26.4	25.9	43.1	51.8¶
North Dakota (164)	48.5	49.0	52.5	68.9§
Oklahoma (276)	15.5	14.7	—	46.7§
Oregon (277)	—	20.9	37.2	54.0¶
Pennsylvania (500)	—	26.8	45.7	65.6¶
Rhode Island (82)	—	—	48.0	79.3††
South Carolina (230)	—	16.8	24.2	44.2¶
South Dakota (203)	—	—	65.7	72.0
Tennessee (345)	20.4	23.5	30.6	71.6§
Texas (372)	—	—	41.3	56.0††
Utah (183)	7.6	7.9	14.7	18.2¶
Vermont (108)	48.7	—	63.5	63.0¶
Virginia (315)	27.9	—	35.9	50.6¶
Washington (310)	—	22.0	45.5	52.8§
West Virginia (180)	—	—	62.9	72.9††
Wisconsin (293)	31.4	33.1	—	57.3¶
No. of participating states	29	26	34	40
State median	29.0	29.5	45.7	61.2
State range	7.6–70.5	7.9–49.0	14.7–85.8	18.2–88.2

* Defined as chocolate candy or other kinds of candy and salty snacks that are not low in fat.

† Data not available.

§ Logistic regression analysis detected significant linear and quadratic time effects ($p < 0.05$).

¶ Logistic regression analysis detected significant linear time effects ($p < 0.05$).

** Does not include Chicago Public Schools.

†† Analysis by t-test detected significant differences between 2002 and 2008 for Kentucky and New Jersey ($p < 0.05$) and between 2006 and 2008 for Kansas, Mississippi, Rhode Island, Texas, and West Virginia.

^{§§} Alabama, Alaska, Arizona, Arkansas, Connecticut, Delaware, Florida, Hawaii, Idaho, Illinois, Iowa, Kansas, Maine, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, and West Virginia.

^{¶¶} Soda pop includes fruit drinks that were not 100% juice. Soda pop and sports drinks (which are also high in calories and added sugars) were assessed using identically worded questions only in 2006 and 2008.

TABLE 2. Percentage of schools in which students could not purchase soda pop or sports drinks from vending machines at the school or at a school store, canteen, or snack bar — 34 states, 2006–2008

State (2008 sample size)	Soda pop*		Sports drinks	
	2006	2008	2006	2008
Alabama (292 schools)	30.3	68.3 [†]	18.1	35.2 [†]
Alaska (154)	49.6	66.0 [†]	46.7	50.2
Arizona (264)	56.9	81.0 [†]	41.2	54.8 [†]
Arkansas (213)	35.8	52.3 [†]	41.5	48.6
Connecticut (236)	60.5	92.8 [†]	42.7	84.8 [†]
Delaware (76)	54.6	80.5 [†]	32.4	42.0
Florida (310)	42.6	58.7 [†]	34.0	30.0
Hawaii (78)	60.5	82.4 [†]	69.5	79.6
Idaho (239)	17.5	49.2 [†]	9.8	39.8 [†]
Illinois (336 [§])	36.3	56.6 [†]	32.5	48.4 [†]
Iowa (259)	25.1	49.1 [†]	18.7	25.5
Kansas (245)	20.9	37.4 [†]	21.1	22.7
Maine (267)	74.7	84.8 [†]	40.5	45.5
Massachusetts (292)	62.6	81.0 [†]	40.9	58.6 [†]
Michigan (333)	32.3	57.3 [†]	21.1	31.9 [†]
Mississippi (216)	21.8	74.7 [†]	21.5	46.6 [†]
Missouri (337)	25.8	45.1 [†]	23.8	24.4
Montana (245)	28.7	53.5 [†]	14.7	24.5 [†]
Nebraska (208)	21.7	37.8 [†]	18.7	29.4 [†]
New Hampshire (183)	56.6	71.5 [†]	26.9	44.0 [†]
North Carolina (297)	44.0	58.0 [†]	27.8	39.1 [†]
North Dakota (164)	30.9	57.3 [†]	26.6	40.4 [†]
Oregon (277)	38.0	64.4 [†]	29.1	49.4 [†]
Pennsylvania (500)	49.3	71.7 [†]	37.7	48.5 [†]
Rhode Island (82)	56.0	82.5 [†]	29.0	55.3 [†]
South Carolina (230)	24.0	50.4 [†]	13.4	32.0 [†]
South Dakota (203)	33.4	51.9 [†]	22.9	25.3
Tennessee (245)	26.7	74.0 [†]	18.1	66.1 [†]
Texas (372)	43.7	70.4 [†]	29.1	47.4 [†]
Utah (183)	14.0	25.6 [†]	12.1	22.8 [†]
Vermont (108)	60.7	73.5 [†]	43.7	47.6
Virginia (315)	37.6	54.6 [†]	33.0	43.5 [†]
Washington (310)	42.2	61.4 [†]	24.9	36.1 [†]
West Virginia (180)	62.7	70.5 [†]	51.4	62.0 [†]
State median	37.8	62.9	28.4	43.7
State range	14.0–74.7	25.6–92.8	9.8–69.5	22.7–84.8

* Includes fruit drinks that were not 100% juice.

[†] Analysis by t-test detected significant difference between 2006 and 2008 ($p < 0.05$).

[§] Does not include Chicago Public Schools.

was made during 2002–2008 in increasing the percentage of secondary schools in which students cannot purchase less nutritious foods and beverages from vending machines at the school or from a school store, canteen, or snack bar.

This progress, however, has varied among states. For example, in Connecticut, Hawaii, and Maine, in more than 80% of schools students could not purchase candy and salty snacks in 2008; however, this was true in only 18.2% of schools in Utah. Similarly, in 92.8% of schools in Connecticut and 82.4% in Hawaii, but in only 25.6% of schools in Utah, students could not purchase soda pop in 2008. Although Connecticut and

Hawaii had nutrition standards for foods sold outside of the school meal programs that specifically addressed calories, fat, saturated fat, trans fat, sugars, sodium, and nutrient content, Utah had no such standards at the time these data were collected. However, in July 2008, Utah enacted a revised policy setting nutrition standards (5). From 2006 to 2008, the largest increases in the percentage of schools in which students could not purchase candy, salty snacks, and soda pop were observed in Mississippi and Tennessee. These two states have been among those with the highest rates of adult obesity in the United States (6) but have now adopted statewide nutrition standards for foods in schools outside of school meal programs (7,8).

The findings in this report are subject to at least two limitations. First, these data apply only to public secondary schools and, therefore, do not reflect practices at private schools or elementary schools. Second, these data were self-reported by principals or their designees and the accuracy of their identification of the food products described in this report was not verified by other sources.

In response to growing concern over obesity, federal and state agencies and national nongovernmental organizations have continued to provide technical assistance to schools who seek to adopt and implement nutrition standards. From 2004 to 2009, the number of states with nutrition standards for foods outside of school meal programs increased from six to 27 (9). Despite these improvements, greater efforts are needed to ensure that all foods and beverages offered or sold outside of school meal programs meet nutrition standards, such as those recommended by IOM (2). Schools should implement nutrition standards that provide students with healthy choices throughout the school day and throughout the school campus.

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