During the school day, students face many opportunities to make decisions that affect their health including behaviors associated with healthy eating. Beginning in the 2014-15 school year, schools were required to apply “Smart Snacks in School” nutritional standards in all venues where food is sold to students during the school day. These standards apply to all snacks and beverages available as a la carte items in the cafeteria, items sold in school stores, snack bars, and vending machines as well as items sold for fundraisers. This brief looks at changes in school policies and the impact on the availability of snacks in schools.\(^1\)\(^2\)

Over the past decade, the proportion of schools with vending machines, school stores, or snack bars\(^\dagger\) has significantly decreased. In 2008, nearly all high schools (94%) allowed students to purchase items in vending machines or school stores. By 2016, only two-thirds (68%) of schools had vending machines available for students to access food and beverages during the school day.

Changes to student access to food and beverages outside of meal times, as well as changes to federal nutritional guidelines surrounding school nutrition, resulted in a significant decrease in the availability of snack food in schools from 2008 to 2016. Most notably, about a fifth of the schools selling items such as candy, ice cream, cookies and other baked goods, and salty snacks in 2008 reported selling them in 2016. Likewise, about half as many schools sold sport drinks and caffeinated beverages in 2016 compared to the proportion who did so in 2008.

**SMART SNACKS AND OTHER FOOD AND BEVERAGES SOLD IN HIGH SCHOOLS\(^\ddagger\)**

\(^\ddagger\) Includes all high schools and jr/sr high schools; Schools without vending machines are counted as not selling items

\(^\dagger\) The term “vending machines” includes vending machines, school stores, canteens, and snack bars.
As with changes to the availability of vending machines in schools, the percent of students who consumed at least one soda every day significantly decreased over the past decade. Since first asked in 2011, the percent of students who consume at least one sugar-sweetened beverage (SSB) every day mirrors that of soda (18% and 15%, respectively).

School policies related to soda and sugar-sweetened beverages have been shown to influence students’ soda and SSB consumption. Results from the Vermont 2015 YRBS and 2016 School Health Profiles further suggest that the type of policy adopted is also associated with soda and SSB consumption.

Among Vermont students, daily soda and SSB consumption was compared by whether the school allows students to purchase food and beverages from vending machines or school stores, and if available, can students purchase soda or SSB (i.e. sport drinks) during the school day.

Students in schools without vending machines were not less likely to report consuming soda and SSB daily. Instead, schools that do not sell soda or sport drinks but have vending machines available, had significantly fewer students report drinking soda or SSBs every day compared to schools all other schools.

This analysis helps demonstrate that the association between soda and SSB consumption and school policies is complex, and requires more than removing vending machines from school property.

Examples of other policies and factors that influence healthy eating behaviors include having an open or closed campus, required health education, as well as the proximity of fast food and convenience stores to the school. In addition, increasing family involvement and community engagement may help moderate factors that occur outside the school day that influence student’s soda and SSB consumption.

† The term “vending machines” includes vending machines, school stores, canteens, and snack bars.

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For past data briefs, statewide and local reports: please see the YRBS website at: http://healthvermont.gov/research/yrbs.aspx