

Meal and Fruit and Vegetable Snack Interventions to Increase Availability of Healthier Foods and Beverages in Schools

Summary Evidence Table - Economic Systematic Review

Study Information	Study and Population Characteristics	Trial Name Intervention & Comparison	Effectiveness	Intervention Cost	Healthcare Cost Averted Productivity Loss Averted	Economic Summary Measure
<p>Author (Year): Bere et al. papers (2005, 2006, 2007, 2014)</p> <p>Design: RCT</p> <p>Economic Method: Intervention Cost</p> <p>Funding: Norwegian Research Council, Norwegian Fruit and Vegetable Marketing Board</p> <p>Monetary Conversions: Assumed index year 2005 in Norwegian Krone</p>	<p>Location: Norway</p> <p>School Type: Elementary</p> <p>Population Elementary school children</p> <p>Sample Size: 38 schools from schools already participating in the subscription based Fruit and Vegetables Make the Mark (FVMM) program. 9 (585 students) allocated to intervention and free participation and 29 (1365) to control.</p> <p>Demographics: Mean age 12</p> <p>Time Horizon: One school year Oct 2001 to June 2002. Surveys in Sep 2001, May (2002, 2003,</p>	<p>Intervention: Schools from the Fruit and Vegetables Make the Mark (FVMM) program chosen to participate for free.</p> <p>Arms: 1. Free Fruit: Subscription to Norwegian School Fruit Program at no cost. A piece of fruit or a carrot was provided each school day, usually at lunch at no cost to the parents. FVMM educational component. 2. Paid Subscription: Standard School Fruit Program provided a piece of fruit of carrot each day that parents pay for. FVMM educational component.</p> <p>Comparison:</p>	<p>Increase in mean fruit and vegetable consumption at year 3 was 30 to 35 grams per day.</p> <p>Context: The previous FVMM program without the free fruit initiative had not achieved an increase in fruit and vegetable intake.</p>	<p>Subscription cost NOK 2.50 daily plus NOK 1.00 state subsidy</p> <p>Components Included in Cost: Fruit product cost and cost of preparation</p> <p>Components Not Included in Cost: Unclear if cost of education regarding healthy diet was included</p> <p>Data Source: Cost of subscription plus state subsidy</p>	<p>Healthcare Cost: NR</p> <p>Productivity: NR</p> <p>Other Economic Costs: NR</p>	<p>Cost-Benefit: Claim that intervention is cost-effective based on increased fruit and vegetable intake achieved. Claim is based on a Norwegian government report that identifies minimum increase in daily fruit and vegetable intake of 2.5 grams necessary for social benefits to exceed cost of intervention.</p> <p>Authors use the term cost-effectiveness incorrectly when they mean cost-benefit.</p>

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	2005) and Sep 2009.	No fruit offered in school				
<p>Author (Year): Chang et al. (2014)</p> <p>Design: Cross-sectional</p> <p>Economic Method: Intervention Cost</p> <p>Funding: National Science Council, Taiwan</p> <p>Monetary Conversions: Assumed index year 2008 in Taiwan dollars</p>	<p>Location: Taiwan</p> <p>School Type: Elementary</p> <p>Population: Nationally representative sample of elementary school children of Taiwan</p> <p>Sample Size: 2017 elementary school children</p> <p>Demographics: Nationally representative sample of children (age 6 to 12), parents, households, and schools.</p> <p>Time Horizon: Survey is for year 2002. Date of analysis not provided.</p>	<p>Intervention: Comparison of body weight of children who: a. participate in school lunch prepared at school b. participate in school lunch prepared by local restaurant or external foodservice providers c. bring lunch from home or purchase boxed lunch from local restaurants</p> <p>Comparison: School lunches not prepared within schools.</p> <p>Context: Consideration of national policy to provide school lunch. Currently some poorer counties do not provide lunch. Regulations require rice, soup, meat, and at least 2 different vegetables. However, there are no nutrient requirements.</p>	<p>Children who participate in school lunch program where food preparation occurs within the school are less likely to be overweight compared to children in all other scenarios.</p> <p>Percent overweight No lunch 26.1% of 204 School kitchen 24.2% of 626 Purchased outside 28.6% of 1,187</p> <p>There is evidence of positive self-selection bias. School lunches are correlated with children’s weight due to some unobserved factors.</p> <p>Data Source: Nutrition and Health Survey in Taiwan for Elementary</p>	<p>National average cost of providing Department of Hygiene regulated lunch: NT\$30 to35 per meal.</p> <p>Component Included in Cost: NR</p> <p>Prices set by each school board.</p> <p>Context: Parents pay monthly fee for meals. Low or middle-income families or students with disabilities receive free lunch funded by local government.</p> <p>Data Source: NR</p>	<p>Healthcare Cost: NR</p> <p>Productivity: NR</p> <p>Other Economic Costs: NR</p>	<p>No summary estimates reported</p> <p>Comments: Effects were controlled for age, gender, family structure, family income, whether the kids ate breakfast, hours of television viewing, physical activity at school, rural/urban, large/small school size, parent (mother) education and employment. Model and analysis addresses endogeneity (self-selection effect).</p>

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			School Children (NAHSITC) from Bureau of Foods and Hygiene of the Department of Health, Taiwan, 2002.			
<p>Author (Year): Gortmaker et al. (2015)</p> <p>Design: Model (Microsimulation)</p> <p>Economic Method: Cost-effectiveness</p> <p>Funding: JPB Foundation, The Robert Wood Johnson Foundation (Grant No. 66284), the Donald and Sue Pritzker Nutrition and Fitness Initiative; and the Centers for Disease Control and Prevention (Grant No. U48/DP001946), the Nutrition and Obesity Policy Research and Evaluation Network.</p> <p>Monetary Conversions: Index year 2014 in U.S. dollars</p>	<p>Location: Modeled for U.S. population</p> <p>School Type: All grades</p> <p>Population: Children in schools where reimbursable meals are served</p> <p>Sample Size: Modeled for 28 million school children</p> <p>Demographics: U.S nationally representative sample of school children</p> <p>Time Horizon: Modeled 10 years over years 2015 to 2025</p>	<p>Intervention: U.S. national school meal intervention.</p> <p>Implement nutrition standards for national school lunch and school breakfast programs (NSLP and NSBP). Modeled on US Department of Agriculture (USDA) regulations. Starting 2012-2013 school year, required schools to increase the availability of fruits, vegetables, whole grains, and fat-free and low-fat milk; reduce levels of sodium, saturated and trans fats; and for the first time set minimum and maximum calorie levels.</p> <p>Major inputs to model drawn from systematic review of the literature:</p>	<p>Effect of intervention on BMI modeled to take 18-36 months. (Based on Taber et al. 2013)</p> <p>Mean Reduction in BMI: Students with free or reduced price meals 1.76 Students on full price meals 0.83</p> <p>Effect of intervention assumed sustained over remaining 8 years in 10-year analytic horizon.</p> <p>10-year cases of childhood obesity prevented 1,815,966 out of 28 million children.</p>	<p>Cost of implementation \$1,112 million per year (\$39.71 per student per year)</p> <p>Component Included in Cost: State additional administration, training, technical assistance, review, compliance monitoring \$9.4 million per year. School districts additional \$414.8 million in food costs and \$400 million in food service labor costs per year. Federal government additional \$396 million per year in reimbursements for meal costs at the 6 cents higher rate for compliant programs and \$25 million per year grants to school districts for kitchen equipment.</p>	<p>10-year effect on healthcare cost of reduced obesity. Based on studies estimating excess healthcare cost associated with obesity among children and adults.</p> <p>10-year Healthcare Cost Averted: \$4,670 million (\$16.68 per student per year)</p> <p>Source of Data: Systematic review and modeling.</p> <p>Productivity: NR</p> <p>Other Economic Costs: NR</p>	<p>10-year Net Benefit Per Person Intervention Cost=\$397 Averted Healthcare Cost=\$167 Net Benefit = \$167-\$397=(\$230)</p>

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		effectiveness, reach, cost, and implementation scenarios. Comparison: No nutrition guidelines	Modeled change in obesity prevalence and health outcomes over 10-year horizon using ACE-Obesity model from Australia calibrated to U.S. context.	Component not Included in Cost: None Source of Data: Cost assessment done for federal government in conjunction with passage of regulation.		
Author (Year): Montgomery et al. (1996) Design: RCT Economic Method: Intervention Cost Funding: NR Monetary Conversions: Assumed index year 1993 in U.S. dollars	Location: Statewide, Texas School Type: NR Population: School children No details Sample Size: Intervention 14 schools Control 10 schools Demographics: NR Time Horizon: Ingredient level cost data collected for October 1992. Average yearly cost of meals calculated for	Intervention: Eat Smart (Child and Adolescent Trial for Cardiovascular Health - CATCH). Foodservice component of the CATCH intervention. Intervention lowered fat and sodium in school breakfast and lunch in intervention schools. Comparison: Schools with no change in food preparation.	Percent of energy from fat decreased from 41% (for both control and intervention) to 34% for control and 30% for intervention.	Range in mean cost per breakfast meal: \$0.47 to \$0.50 in control \$0.49 to \$0.51 in intervention Range in mean cost per lunch meal: \$0.67 to \$0.73 in control \$0.71 to \$0.74 in intervention There was no statistically significant difference in cost of meals between control and intervention schools. Component Included in Cost: Cost of ingredients and preparation of meals.	Healthcare Cost: NR Productivity: NR Other Economic Costs: NR	No summary estimates reported

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	<p>foodservice data from September 1991 to May 1994.</p>			<p>Components not Included in Cost: None</p> <p>Data Source: Foodservice accounts data</p>		
<p>Author (Year): te Velde et al. (2011)</p> <p>Design: Modeled based on 2 RCTs</p> <p>Economic Method: Cost per DALY</p> <p>Funding: European Commission QLK1-CT-2001-00547 and Netherlands Organization for Health Research and Development Grant 50-50110-98-017. Dutch Ministry for Health Welfare and Sport, Holland Produce Promotion. World Cancer Research Fund. NHMRC Capacity Building grant.</p> <p>Monetary Conversions: Index year 2003 in Euros</p>	<p>Location: The Netherlands</p> <p>School Type: Pro Children Last 2 years of elementary school. Schoolgruiten 2 years starting in Grade 5.</p> <p>Population: Middle school children</p> <p>Sample Size: Pro Children 735 Schoolgruiten 771 Modeled for national population of age 10 years 190,723</p> <p>Demographics: Age 10-12</p> <p>Time Horizon: Intervention length 2 years. RCT data collected 2003-2005.</p>	<p>Intervention: Modeled based on 2 intervention evaluation results: Pro Children and Schoolgruiten.</p> <p>Components included a school curriculum, parent involvement, and free fruit and vegetable scheme.</p> <p>Goal of both interventions was to increase fruit and vegetable intake.</p> <p>Pro Children – 2 year intervention. Free piece of fruit and tomato or carrot twice a week. School worksheets and computer tailored feedback tool. Parents involved in homework, projects, and web based tool.</p> <p>Schoolgruiten – 2 year free fruit and</p>	<p>Intervention versus control Mean increase in daily grams of fruit and vegetables intake Pro Children 78.8 higher at year 1 and 28.7 higher at year 2 Schoolgruiten 29.6 higher at year 1 and 17.4 higher at year 2</p> <p>Change at 2 years used in model input.</p> <p>Model extends the increased fruit and vegetable intake recorded in the 2 interventions to long term health outcomes and healthcare cost.</p> <p>Gamma distribution fitted to mean fruit and</p>	<p>Pro Children 42.47 per child for 2 years</p> <p>Curriculum and Materials 12.47 in year 1 and 0.33 in year 2 Fruit and Vegetable Scheme 14.00 per student per year Teacher training 10.59 per teacher Cost to implement nationally 8.1 million</p> <p>Schoolgruiten 37.47 per student over 2 years Curriculum and Materials 4.00 per child per year Fruit and Vegetable Scheme 14.00 per student per year Cost to implement nationally 7.1 million</p> <p>Component Included in Cost:</p>	<p>Lifetime Healthcare cost averted: Pro Children 19.92 per student Schoolgruiten 12.06 per student</p> <p>Components: Cost attributed to ischemic heart disease, ischemic stroke, and cancer. Includes inpatient, primary care visits.</p> <p>Data Source: Modeled</p> <p>Analytic Period: Lifetime</p> <p>Productivity: NR</p>	<p>Lifetime DALY averted per 100K children (Base 30% sustained effect and 3% discount rate) Pro Children 394 for boys and 296 for girls Schoolgruiten 236 for boys and 178 for girls</p> <p>Net Cost: Pro Children 8.1l – 3.8 = 4.3 mil Schoolgruiten 7.1 – 2.3 = 4.8 mil</p> <p>Cost per DALY: Pro Children 5728 Schoolgruiten 10674</p> <p>Cost per DALY Without Healthcare Savings: Pro Children 10679</p>

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		<p>vegetable. No family component or computer feedback tool. Curriculum not compulsory.</p> <p>Comparison: Schools with no intervention</p>	<p>vegetable consumption data for age 19-30 drawn from National Food Consumption Survey, 2003. Distribution shifted upward by percentage increase in mean consumption for intervention population. Two assumptions: Base case of 30% of effect assumed to sustain over lifetime Increased F&V consumption associated with lower incidence of ischemic heart disease, ischemic stroke, and cancer. These modeled using age- and gender-specific exposure and risk of disease incidence.</p> <p>Disability-adjusted life expectancy calculated from prevalence and mortality derived</p>	<p>Curriculum development Teacher training Materials Fruit and vegetables</p> <p>Components not Included in Cost: None</p> <p>Data Source: From Pro Children and Schoolgruiten program records.</p>	<p>Other Economic Costs: NR</p>	<p>Schoolgruiten 15623</p> <p>Dutch DALY benchmark of 19600 used in study indicates both interventions are cost-effective.</p> <p>Not cost-effective under sensitivity analysis when only 10% effect of intervention sustained and when discount rate is 5%.</p> <p>Limitation: Self-reported fruit and vegetable consumption.</p>

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			from incidence rates.			
<p>Author (Year): Qian (2014)</p> <p>Design: Panel with Matching Comparison</p> <p>Economic Method: Intervention Cost</p> <p>Funding: None</p> <p>Monetary Conversions: Assumed index year 2008 in U.S. dollars</p>	<p>Location: Statewide, Arkansas</p> <p>School Type: Grades KG through 10. But only even numbered grades had consistent measurements each year.</p> <p>Population and Eligibility: Children in schools admitted to the Fresh Fruit and Vegetable Program (FFVP)</p> <p>Sample Size: FFVP Schools 2008-2009 24 2009-2010 47</p> <p>Demographics: Reflects FFVP program subgroup in State.</p> <p>Time Horizon: Program began 2008-2009 school year. Data from 2007-2010.</p>	<p>Intervention: Fresh Fruit and Vegetable Program (FFVP) of the US Department of Agriculture (USDA) in Arkansas.</p> <p>Schools have to apply for program. Fresh Fruit and Vegetable Program (FFVP) participation required National School Lunch program (NSLP) participation and 50% of students eligible for Free/Reduced Lunch. But fresh fruit and vegetable provided to all students.</p> <p>Comparison: Matched controls</p>	<p>Effect on mean BMI.</p> <p>FFVP participants had lower BMI percentile (3.8 pct pt fixed and 3.7 pct pt random effects) than Control.</p> <p>Negative but insignificant coefficients were also found using another matching method that was less precise in achieved matching.</p> <p>Control for Factors: Neighborhood characteristics and demography from American Community Surveys and geo-referenced food environment of student residences. Race, income, marital status, food desert, access to grocery,</p>	<p>Participating schools received \$50 to \$75 per student per year in funding. Average funding per school was: 2008-09 \$27,334 2009-10 \$21,382</p> <p>Component Included in Cost: NR</p> <p>Data Source: USDA funding</p>	<p>Healthcare Cost: NR</p> <p>Productivity: NR</p> <p>Other Economic Costs: NR</p>	<p>No summary economic outcomes</p> <p>Comments: Finding based on panel data and matched comparison.</p>

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			urban/rural, education attainment, etc. Also controlled for self-selection and unobserved factors causing endogeneity.			
<p>Author (Year): Wagner et al. (2007)</p> <p>Design: Cross-sectional</p> <p>Economic Method: Intervention cost and demand function estimation</p> <p>Funding: McKnight Foundation</p> <p>Monetary Conversions: Index year 2002 in U.S. dollars</p>	<p>Location: Minnesota</p> <p>School Type: All grades</p> <p>Population Data from 330 Minnesota school districts</p> <p>Demographics: Range of demographics representing school districts in all of Minnesota</p> <p>Time Horizon: Data from 330 districts over 5 school years, 1999-2004.</p>	<p>Intervention: Policies regarding National School Lunch Program (NSLP) in Minnesota and assessment of cost to provide more nutritious and healthy meals and factors that impede the objective.</p> <p>Cross-sectional assessment of data from 330 school districts in Minnesota.</p> <p>Healthy Meals for Healthy Americans Act (P.L.103-448), passed in 1994, require that school meals comply with the 1995 Dietary Guidelines for Americans. Schools supposed to be evaluated every 5 years.</p>	<p>Findings: Student demand for school meals is not negatively associated with nutrition content. More nutritious meals do not cost more to produce.</p> <p>Healthier meals require a separate production process Indirect cost imposed on food service by school boards reduce nutritional quality</p>	<p>2005-2006 school years USDA cash reimbursements Free lunch \$2.32 Reduced-price lunch \$1.92 Full-priced lunch \$0.22 USDA commodities supplied in value \$0.175 per lunch meal Subsidy from State of Minnesota \$0.10 per lunch meal</p> <p>Component Included in Cost: NR</p> <p>School district can levy cost for non-food production items such as janitorial, building, utilities, rent etc... which can be revenue for schools.</p>	<p>Healthcare Cost: NR</p> <p>Productivity: NR</p> <p>Other Economic Costs: NR</p>	<p>No summary economic outcomes</p> <p>Limitations Cross-sectional. No capital data for foodservice production.</p>

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		<p>Comparison: None</p>		<p>Data Source: School district food services, student population and demographics, USDA reimbursements, a la carte and vending sales.</p>		

DALY, disability adjusted life year
 DiD, difference in difference
 NA, not applicable
 NR, not reported
 QALY, quality adjusted life year