



**Illinois State Board of Education**

# Illinois Nutrition Education and Training Program Presents



## Local Wellness Policy Toolkit

Illinois

**NET**

Nutrition Education  
and Training Program



Revision date January 2008

# Illinois Nutrition Education & Training Program's Local Wellness Policy Toolkit

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## About the Toolkit

An alarming 16 percent of children and adolescents nationwide are overweight – a three-fold increase since 1980. Current data suggests that Illinois children are even more likely to be overweight, putting our students at increased risk for short-term health problems like Type II diabetes, asthma, elevated blood pressure and cholesterol, depression and anxiety. There is also a growing body of evidence that shows poor nutrition, inactivity and weight problems can have a significant impact on student performance and the district's bottom line.

Recognizing that schools are uniquely poised to play a primary role in prevention efforts, both state and federal legislation now require each Illinois school district to develop and implement a local wellness policy. The Illinois Nutrition Education & Training (NET) Program is committed to helping policy development teams meet legislative requirements and positively impact student health. To this end, we have developed the *Nutrition Education & Training Program's Local Wellness Policy Toolkit* to provide policy development teams with key information and resources. The kit includes a model policy that teams can use as a template in drafting their own policy.

The model policy was developed by an Illinois consensus group including representatives of school boards, administrators, teachers, food service directors, food service management companies, vending companies and the Illinois State Board of Education. The consensus group developed a policy that exhibits “best practices” in promoting student health and preventing childhood obesity. The policy was also designed to enable Illinois schools to meet the criteria for the USDA HealthierUS School Challenge – a voluntary certification program to recognize schools that have made significant changes to their school nutrition environment and now provide their students with more nutritious choices.

We encourage you to assess your own school environment and use the model policy to draft a policy that reflects the beliefs, needs and capabilities of your school or district. Carefully consider how your district can play a role in promoting children's health and preventing childhood obesity. We know schools are just a piece of the prevention puzzle. Yet because children spend a good portion of their day at school, the impact of the school environment on children's lifestyle choices should not be overlooked. Take advantage of this opportunity to decide how your school or district can wisely invest in the health and well-being of students.

One understandable concern to developing policies that put children's health first is the fear of negative financial impact to the district. The good news is that there are many success stories of schools that have made significant changes with minimal or no financial impact. Rest assured that students will buy what is available to them. With careful planning and student involvement in selecting nutritious items for vending and a la carte programs, you may even generate additional funds. We know you will have your own success stories to share. Please call us at (800) 466-7998 and let us know what is working for you so that we can both recognize your efforts and share your success with other schools and districts through our Local Wellness Policy website at [www.kidseatwell.org](http://www.kidseatwell.org).

# Action Plan to Create & Implement a Local Wellness Policy

## **Step 1 – Initial Homework**

Before you begin, review *A Comparison of Federal & Illinois Local Wellness Policy Requirements*, the *School District Model Wellness Policy Language* and your own district policies and agreements that address wellness topics.

## **Step 2 - Identify a Policy Development Team**

A committed team that understands the FACTS, the TIMELINE, the GOALS and desired OUTCOMES will streamline the process and guarantee results. Your policy development team must include members required by the legislation.

## **Step 3 – Assess the District’s Needs & Create a Plan for Improvement**

Identify areas of your school environment that need improvement. You can use the *Needs Assessment & Annual Evaluation Tool* in this Toolkit to measure your current district health environment against “best practices” and create a plan for improvement to meet legislative requirements.

## **Step 4 – Draft a Policy**

After you review the results of the needs assessment, and create a plan for improvement, draft an initial policy statement addressing each legislative requirement. To save time, the *School District Model Wellness Policy Language* provided can be adapted (using the online version) to meet the needs and goals of your district. Consider who will be responsible for implementation of the actions, a timeframe for implementation and what materials and resources will be required.

## **Step 5 – Build Awareness and Support**

Once you have a draft policy, put in motion a plan to spread awareness of the district’s needs and proposed solutions. Build support and create buy-in within schools and community, using the Action for Healthy Kids Fact Sheets in the Toolkit.

## **Step 6 – Adopt the Policy**

The ‘school board’ or ‘school committee’ must approve the wellness policy before it can be implemented. A public hearing or presentation may be necessary. Prepare a concise and persuasive case in support of the policy and invite policy supporters to voice their support too.

## **Step 7 – Implement the Policy**

Implementation requires good planning and management. It may occur immediately or may be phased in over time. Determine what approach will work best for your district.

## **Step 8 – Maintain, Measure & Evaluate the Effort**

Evaluate your annual progress using the *Needs Assessment & Annual Evaluation Tool* adapted to reflect your policy goals. You may want to use the online version of the tool at [www.kidseatwell.org](http://www.kidseatwell.org). Update or amend the policy as needed.

Section 204 of Public Law 108-265—June 30, 2004  
Child Nutrition and WIC Reauthorization Act of 2004

**SEC. 204 LOCAL WELLNESS POLICY**

(a) **IN GENERAL** - Not later than the first day of the school year beginning after June 30, 2006, each local education agency participating in a program authorized by the Richard B. Russell National School Lunch Act (42 U.S.C.1751 et seq.) or the Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.) shall establish a local school wellness policy for schools under the local educational agency that, at a minimum—

- 1) Includes goals for nutrition education, physical activity and other school- based activities that are designed to promote student wellness in a manner that the local educational agency determines is appropriate;
- 2) Includes nutrition guidelines selected by the local educational agency for all foods available on each school campus under the local educational agency during the school day with the objectives of promoting student health and reducing childhood obesity;
- 3) Provides an assurance that guidelines for reimbursable school meals shall not be less restrictive than regulations and guidance issued by the Secretary of Agriculture pursuant to subsections (a) and (b) of section 10 of the Child Nutrition Act (42 U.S.C. 1779) and section 9(f) (1) and 17(a) of the Richard B Russell National School Lunch Act (42 U.S.C. 1758 (f) (1), 1766(a) 0, as those regulations and guidance apply to schools;
- 4) Establishes a plan for measuring implementation of the local wellness policy, including designation of 1 or more persons within the local educational agency or at each school, as appropriate, charged with operational responsibility for ensuring that the school meets the local wellness policy; and
- 5) Involves parents, students, and representatives of the school food authority, the school board, school administrators, and the public in the development of the school wellness policy.

(b) **TECHNICAL ASSISTANCE AND BEST PRACTICES**. -

(1) **IN GENERAL**. - The Secretary, in coordination with the Secretary of Education and in consultation with the Secretary of Health and Human Services, acting through the Centers for Disease Control and Prevention, shall make available to local educational agencies, school food authorities, and State educational agencies, on request, information and technical assistance for use in—

- (A) Establishing healthy school nutrition environments;
- (B) Reducing childhood obesity; and
- (C) Preventing diet-related chronic diseases.

(2) **CONTENT**. - Technical assistance provided by the Secretary under this subsection shall—

- (A) Include relevant and applicable examples of schools and local educational agencies that have taken steps to offer healthy options for foods sold or served in schools;
- (B) Include such other technical assistance as is required to carry out the goals of promoting sound nutrition and establishing healthy school nutrition environments that are consistent with this section;
- (C) Be provided in such a manner as to be consistent with the specific needs and requirements of local educational agencies; and
- (D) Be for guidance purposes only and not be construed as binding or as a mandate to schools, local educational agencies, school food authorities, or State educational agencies.

(3) FUNDING. -

(A) IN GENERAL. - On July 1, 2006, out of any funds in the Treasury not otherwise appropriated, the Secretary of the Treasury shall transfer to the Secretary of Agriculture to carry out this subsection \$4,000,000, to remain available until September 30, 2009.

(B) RECEIPT AND ACCEPTANCE. - The Secretary shall be entitled to receive, shall accept, and shall use to carry out this subsection the funds transferred under subparagraph (A), without further appropriation.

AN ACT concerning schools.

**Be it enacted by the People of the State of Illinois,  
represented in the General Assembly:**

Section 5. The School Code is amended by adding Section 2-3.137 as follows:

(105ILCS 5/2-3.137 new)

Sec. 2-3.137. School wellness policies; taskforce.

(a) The State Board of Education shall establish a State goal that all school districts have a wellness policy that is consistent with recommendations of the Centers for Disease Control and Prevention (CDC), which recommendations include the following:

(1) nutrition guidelines for all foods sold on school campus during the school day;

(2) setting school goals for nutrition education and physical activity;

(3) establishing community participation in creating local wellness policies; and

(4) creating a plan for measuring implementation of these wellness policies.

The Department of Public Health, the Department of Human Services, and the State Board of Education shall form an interagency working group to publish model wellness policies and recommendations. Sample policies shall be based on CDC recommendations for nutrition and physical activity. The State Board of Education shall distribute the model wellness policies to all school districts before June 1, 2006.

(b) There is created the School Wellness Policy Taskforce, consisting of the following members:

(1) One member representing the State Board of Education, appointed by the State Board of Education.

(2) One member representing the Department of Public

Health, appointed by the Director of Public Health.

(3)One member representing the Department of Human Services, appointed by the Secretary of Human Services.

(4)One member of an organization representing the interests of school nurses in this State, appointed by the interagency working group.

(5)One member of an organization representing the interests of school administrators in this State, appointed by the interagency working group.

(6)One member of an organization representing the interests of school boards in this State, appointed by the interagency working group.

(7)One member of an organization representing the interests of regional superintendents of schools in this State, appointed by the interagency working group.

(8)One member of an organization representing the interests of parent-teacher associations in this State, appointed by the interagency working group.

(9)One member of an organization representing the interests of pediatricians in this State, appointed by the interagency working group.

(10)One member of an organization representing the interests of dentists in this State, appointed by the interagency working group.

(11)One member of an organization representing the interests of dieticians in this State, appointed by the interagency working group.

(12)One member of an organization that has an interest and expertise in heart disease, appointed by the interagency working group.

(13)One member of an organization that has an interest and expertise in cancer, appointed by the interagency working group.

(14)One member of an organization that has an interest and expertise in childhood obesity, appointed by the interagency working group.

(15)One member of an organization that has an interest and expertise in the importance of physical education and recreation in preventing disease, appointed by the interagency working group.

(16)One member of an organization that has an interest and expertise in school food service, appointed by the interagency working group.

(17)One member of an organization that has an interest and expertise in school health, appointed by the interagency working group.

(18)One member of an organization that campaigns for programs and policies for healthier school environments, appointed by the interagency working group.

(19)One at-large member with a doctorate in nutrition, appointed by the State Board of Education.

Members of the taskforce shall serve without compensation. The taskforce shall meet at the call of the State Board of Education. The taskforce shall report its identification of barriers to implementing school wellness policies and its recommendations to reduce those barriers to the General Assembly and the Governor on or before January 1, 2006. The taskforce shall report its recommendations on statewide school nutrition standards to the General Assembly and the Governor on or before January 1, 2007. The taskforce shall report its evaluation of the effectiveness of school wellness policies to the General Assembly and the Governor on or before January 1, 2008. The evaluation shall review a sample size of 5 to 10 school districts. Reports shall be made to the General Assembly by filing copies of each report as provided in Section 3.1 of the General Assembly Organization Act. Upon the filing of the last report, the taskforce is dissolved.

(c) The State Board of Education may adopt any rules necessary to implement this Section.

(d) Nothing in this Section may be construed as a curricular mandate on any school district.

Public Act 094-0199

SB0162 Enrolled

LRB094 07668 NHT 37842 b

Section 99.Effective date. This Act takes effect upon becoming law.

## *Needs Assessment & Evaluation Tool*

### **Goals for Nutrition Education**

<b>Policy Goals</b>	<b>Ok</b>	<b>Needs Improvement/Actions</b>
Students in grades PreK- 12 receive nutrition education as part of a sequential, standards-based program coordinated within a comprehensive health education curriculum.		
Nutrition education is integrated into the standards-based lesson plans of other subjects.		
A combination of classroom instruction, nutrition education in the cafeteria, health fairs, field trips or assemblies provide 50 contact hours each year for each student.		
The nutrition education program includes enjoyable interactive activities.		

## Goals for Physical Activity

<b>Policy Goals</b>	<b>Ok</b>	<b>Needs Improvement/Actions</b>
Students in grades PreK-12 participate in daily standards-based physical education, which is consistent with state/district standards/guidelines/framework and is coordinated within a comprehensive health education curriculum.		
Elementary students participate in physical education for a minimum of 150 minutes per week. Middle and high school students participate in physical education for a minimum of 225 minutes per week.		
Elementary students have daily-supervised recess.		
Physical activities are available to students through a range of before- and after-school programs.		
The physical education program actively engages families as partners in providing physical activity beyond the school day.		

## Goals For Other School-Based Activities Designed To Promote Student Wellness

### *Parent Partnerships*

<b>Policy Goals</b>	<b>Ok</b>	<b>Needs Improvement/Actions</b>
Schools shall support parents' efforts to provide a healthy diet and daily physical activity for their children in elementary through high school.		
Parents shall be provided information to help them incorporate healthy eating and physical activity into their student's lives.		

### *Consistent School Activities and Environment-Healthy Eating*

<b>Policy Goals</b>	<b>Ok</b>	<b>Needs Improvement/Actions</b>
Food providers share information about the nutritional content of school meals and/or individually sold foods with students, family and school staff.		

*Consistent School Activities and Environment-Healthy Eating – cont'd*

<b>Policy Goals</b>	<b>Ok</b>	<b>Needs Improvement/Actions</b>
<p>School meals are served in a clean, safe and pleasant setting with adequate time to eat. The National Association of State Boards recommends that students have at least 10 minutes after sitting down for breakfast and 20 minutes for lunch to eat.</p>		
<p>Food service personnel have pre-service training and regularly participate in professional development activities.</p>		
<p>Food providers involve families, students and other school personnel in food and beverage selections for their local school.</p>		

*Consistent School Activities and Environment-Healthy Eating – cont'd*

<b>Policy Goals</b>	<b>Ok</b>	<b>Needs Improvement/Actions</b>
Food provider's work with suppliers to obtain foods and beverages that meet nutrition requirements of school meals and nutrition standards for those sold individually.		
Food providers reinforce school nutrition instruction and foster an environment where students can learn about and practice healthy eating.		
Food providers take every measure to ensure that student access to foods and beverages on school campuses meets federal, state and local laws and guidelines.		
Foods and beverages brought into school for parties/celebrations/meetings are encouraged to be healthful options, <a href="#">Attachment B</a> .		

*Consistent School Activities and Environment-Healthy Eating – cont'd*

<b>Policy Goals</b>	<b>Ok</b>	<b>Needs Improvement/Actions</b>
School-based organizations are encouraged to raise funds with non-food items, <a href="#">Attachment C</a> .		
Students are not permitted to leave school grounds to purchase foods or beverages.		
Commercial advertising involves only foods and beverages that meet nutrition standards, <a href="#">Attachment A</a> .		
Foods and beverages consistent with the current Dietary Guidelines for Americans and Food Guidance System (MyPyramid) are promoted.		
Staff providing nutrition education have completed a pre-service course in nutrition and a minimum of one hour nutrition education in-service training per school year.		

*Consistent School Activities and Environment-Healthy Eating – cont'd*

<b>Policy Goals</b>	<b>Ok</b>	<b>Needs Improvement/Actions</b>
All foods and beverages on campus comply with the federal, state and local food safety and sanitation regulations.		
Access to any area involved in storage, preparation or service of food is limited to authorized personnel.		

*Consistent School Activities and Environment-Physical Activity*

<b>Policy Goals</b>	<b>Ok</b>	<b>Needs Improvement/Actions</b>
Physical education is provided by state certified staff that regularly participates in continuing education.		
Physical education classes have a student to teacher ratio comparable to those in other curricular areas.		

*Consistent School Activities and Environment-Physical Activity – cont'd*

<b>Policy Goals</b>	<b>Ok</b>	<b>Needs Improvement/Actions</b>
The physical education program is coordinated with the overall school health program. Physical education topics are integrated within other curricular areas.		
Extended periods of inactivity are limited and students are provided activity breaks during long periods of inactivity.		
Community partnerships provide students with additional opportunities to be active.		
The school's physical activity facility is available to the community and students outside the normal school day.		
The physical activity facilities on school grounds is safe.		
The school works with the community to create a safe and supportive environment for students to walk or bike to school.		

*Food or Physical Activity as a Reward or Punishment*

<b>Policy Goals</b>	<b>Ok</b>	<b>Needs Improvement/Actions</b>
School personnel are encouraged to use nonfood incentives or rewards with students, <a href="#">Attachment D</a> , and do not withhold food from students as punishment.		
School personnel do not use physical activity as punishment or withhold participation in recess or physical education class as punishment.		

## Nutrition Guidelines For All Foods And Beverages Available On School Campuses During The School Day

<b>Policy Goals</b>	<b>Ok</b>	<b>Needs Improvement/Actions</b>
Food providers offer a variety of age-appropriate, appealing foods and beverage choices and employ food preparation, purchasing and meal planning practices consistent with the current Dietary Guidelines for Americans.		
All foods and beverages sold individually (apart from the reimbursable school meal) on school campuses during the school day meet the nutrition standards of <a href="#">Attachment A</a> .		
Nutritious and appealing foods and beverages are available wherever and whenever food is sold or offered at school.		

## Guidelines For School Meals

<b>Policy Goals</b>	<b>Ok</b>	<b>Needs Improvement/Actions</b>
School meals served are consistent with the recommendations of the Dietary Guidelines and/or the nutrition requirements and regulations for the National School Lunch Program and/or School Breakfast Program and all applicable state and local laws and regulations.		

## Measuring Implementation & Community Involvement

<b>Policy Goals</b>	<b>Ok</b>	<b>Needs Improvement/Actions</b>
The district superintendent ensures that each school meets the local wellness policy requirements.		

## Measuring Implementation & Community Involvement – cont'd

<b>Policy Goals</b>	<b>Ok</b>	<b>Needs Improvement/Actions</b>
The district superintendent appoints a district wellness team/council.		
The district wellness team/council members are staggered.		
<p>The district wellness team/council is responsible for:</p> <ul style="list-style-type: none"> <li>✓ creating and maintaining bylaws for operation,</li> <li>✓ assessing the current school environment,</li> <li>✓ development of a local wellness policy,</li> <li>✓ presenting the local wellness policy to the school board for approval,</li> <li>✓ measuring the implementation of the local wellness policy, and</li> <li>✓ recommending revision of the policy.</li> </ul>		

## Measuring Implementation & Community Involvement – cont'd

<b>Policy Goals</b>	<b>Ok</b>	<b>Needs Improvement/Actions</b>
<p>The principal of each campus is responsible for:</p> <ul style="list-style-type: none"> <li>✓ implementation of the local wellness policy, and</li> <li>✓ appointing a school-based evaluation team to develop and implement an annual evaluation plan.</li> </ul>		
<p>The school-based evaluation team is responsible for:</p> <ul style="list-style-type: none"> <li>✓ evaluating policy implementation,</li> <li>✓ identifying areas for improvement,</li> <li>✓ reporting their findings to the campus principal, and</li> <li>✓ developing an action plan for improvement.</li> </ul>		
<p>The district wellness team/council hears reports from each school-based evaluation team annually.</p>		

## Measuring Implementation & Community Involvement – cont'd

<b>Policy Goals</b>	<b>Ok</b>	<b>Needs Improvement/Actions</b>
The district wellness team/council recommends any revisions to the policy it deems necessary to the district superintendent before the end of each school year.		
The district wellness team/council reports to the district superintendent and school board annually on the progress of the district wellness team/council and the status of compliance by the campuses.		



## School District

### Model Wellness Policy Language

*A disturbing number of children are inactive and do not eat well. The result is an alarming 16 percent of children and adolescents are overweight – a three-fold increase since 1980.<sup>1</sup> Congress passed the Child Nutrition and WIC Reauthorization Act of 2004 on June 30, 2004.<sup>2</sup> Recognizing the role schools can play in health promotion, this law requires local education agencies participating in a program authorized by the National School Lunch Act or the Child Nutrition Act of 1966 to develop a wellness policy with the objectives of improving the school nutrition environment, promoting student health and reducing childhood obesity (PL 108-265, Sec. 204). In addition, Public Act 094-0199 requires the Illinois State Board of Education to establish a state goal that all districts have a wellness policy.<sup>3</sup>*

**The purpose of this model policy is to provide a template and sample language for district policy writers.** It is intended for use AS A TOOL in drafting a local policy that addresses the individual needs of the school district.

*Development of the model policy was coordinated by the Illinois Nutrition Education & Training Program ([www.kidseatwell.org](http://www.kidseatwell.org)) in collaboration with Northern Illinois University's Center for Governmental Studies under a USDA Team Nutrition grant. The model wellness policy is the collective work of a 14-member consensus committee consisting of representatives from Illinois schools, child advocacy groups, health care, government, nonprofit organizations and businesses with a vested interest in the health of Illinois children. A survey group of Illinois teachers and health educators also provided policy input.*

*A comprehensive wellness policy can play an important role in supporting Illinois children's health. **School districts may choose to use sections of this document or alter the language in any way to meet the Congressional intent of the law.** However, the consensus committee believes that this model policy is reasonable and exhibits "best practices" in building a school environment that promotes student wellness.*

*To help school districts develop wellness policies, the U.S. Department of Agriculture will work with the Health and Human Service's Division of Adolescent and School Health of the Centers for Disease Control, and the Department of Education's Office of Safe and Drug-Free Schools to provide additional information and technical assistance through the Local Wellness Policy web pages located at [www.fns.usda.gov/tn](http://www.fns.usda.gov/tn).*

**NOTE: In developing your local wellness policy, review your collective bargaining agreement, consider the needs of your school district and contact your school attorney before adopting it. It is important to ensure that all other school policies are consistent with the local wellness policy. Agreements with food providers, vending companies and other contractors should also include provisions that ensure policy goals are met.**

## **MODEL WELLNESS POLICY LANGUAGE**

### BELIEF STATEMENT

The Board of Education of \_\_\_\_\_ School District is committed to providing a learning environment that supports and promotes wellness, good nutrition, and an active lifestyle and recognizes the positive relationship between good nutrition, physical activity and the capacity of students to develop and learn. The entire school environment shall be aligned with healthy school goals to positively influence students' beliefs and habits and promote health and wellness, good nutrition and regular physical activity. In addition, school staff shall be encouraged to model healthy eating and physical activity as a valuable part of daily life.

### INTENT

The purpose of this policy is to ensure a total school environment that promotes and supports student health and wellness, helps to reduce childhood obesity and meets the requirements of the Child Nutrition and WIC Reauthorization Act of 2004 and the Illinois School Code, including, without limitation, goals for nutrition education, physical activity and other school-based activities designed to promote student wellness; nutrition guidelines for all foods available during the school day; a plan for measuring implementation including designating one or more persons charged with operational responsibility; and involving parents, students, school food service providers, the school board, school administrators, and the public in developing this policy.<sup>2,3</sup>

### RATIONALE

A disturbing number of children are inactive and do not eat well. The result is an alarming 16 percent of children and adolescents are overweight – a three-fold increase since 1980.<sup>1</sup> Congress passed the Child Nutrition and WIC Reauthorization Act of 2004 on June 30, 2004.<sup>2</sup> Recognizing the role schools can play in health promotion; this law requires local education agencies participating in a program authorized by the National School Lunch Act or the Child Nutrition Act of 1966 to develop a local wellness policy. The objectives of the wellness policy are to improve the school nutrition environment, promote student health and reduce childhood obesity. In addition, Public Act 094-0199 amends the Illinois School Code, requiring the Illinois State Board of Education to establish a state goal that all districts have a wellness policy.<sup>3</sup>

The link between nutrition and learning is well documented. Healthy eating patterns are essential for students to achieve their full academic potential, full physical and mental growth and lifelong health and well-being. Healthy eating is demonstrably linked to reduced risk for mortality and development of many chronic diseases. Schools and school communities have a responsibility to help students acquire the knowledge and skills necessary to establish and maintain lifelong healthy eating patterns. Well-planned and well-implemented wellness programs have been shown to positively influence children's health.

Schools also have a responsibility to help students establish and maintain lifelong habits of being physically active. According to the U.S. Surgeon General, regular physical activity is one of the most important things people can do to maintain and improve their physical health, mental health, and overall well-being. Regular physical activity reduces the risk of premature death in general and of heart disease, high blood pressure, colon cancer, and diabetes.

## GOALS FOR NUTRITION EDUCATION

- Students in preschool through grade 12 shall receive nutrition education as part of a sequential program that is coordinated within a comprehensive health education curriculum.<sup>4</sup> The program shall be designed to provide students with the knowledge and skills necessary to adopt healthy eating behaviors *and* aimed at influencing students' knowledge, attitudes and eating habits. Special emphasis should be placed on nutrition education in preschool through primary grades as eating habits are established at a young age. The curriculum shall be consistent with and incorporate relevant Illinois Learning Standards.<sup>5</sup>
- To maximize classroom time and to achieve positive changes in students' eating behaviors, nutrition education shall be integrated into the standards-based<sup>4</sup> lesson plans of other school subjects like math, science, language arts, physical education, health, family and consumer science and social sciences.
- To achieve positive changes in students' eating behaviors, it is recommended that a minimum of fifty contact hours of nutrition education opportunities be provided to students each year.<sup>6</sup> Contact hours may include a combination of classroom instruction; nutrition education provided in the cafeteria; or health fairs, field trips and assemblies providing nutrition education.
- The nutrition education program shall include enjoyable interactive activities such as contests, promotions, taste testing, field trips and school gardens.

## GOALS FOR PHYSICAL ACTIVITY

- Students in preschool through grade 12 shall participate in daily physical education that enables them to achieve and maintain a high level of personal fitness; emphasizes self-management skills including energy balance (calories in minus calories out); is consistent with state/district's standards/guidelines/framework; and is coordinated within a comprehensive health education curriculum.<sup>4</sup> The curriculum shall be consistent with and incorporate relevant Illinois Learning Standards.<sup>5</sup>
- It is recommended that elementary students participate in physical education for a minimum of 150 minutes per week, and middle and high school students participate for 225 minutes per week (National Association for Sport & Physical Education recommendations).<sup>7</sup> Special emphasis should be placed on promoting an active lifestyle in preschool through primary grades as health habits are established at a young age. Accommodations shall be made for students with disabilities, 504 plans, and other limitations.
- Schools shall provide a daily-supervised recess period to elementary students.
- Students shall be provided opportunities for physical activity through a range of before- and after-school programs including intramurals, interscholastic athletics, and physical activity clubs.
- Because students should engage in a minimum of 60 minutes of physical activity a day, the physical education program shall actively engage families as partners in providing physical activity beyond the school day.<sup>8</sup>

## GOALS FOR OTHER SCHOOL-BASED ACTIVITIES DESIGNED TO PROMOTE STUDENT WELLNESS

### *Parent Partnerships*

- Schools shall support parents' efforts to provide a healthy diet and daily physical activity for their children. This support shall begin in elementary school and continue through middle and high school.
- Parents shall be provided information to help them incorporate healthy eating and physical activity into their student's lives. This information may be provided in the form of handouts, postings on the school/district website, information provided in school/district newsletters, presentations that focus on nutrition and healthy lifestyles and any other appropriate means available for reaching parents.

### *Consistent School Activities and Environment – Healthy Eating*

- It is recommended that food providers share information about the nutritional content of school meals and/or individually sold foods with students, family and school staff.
- School meals shall be served in clean, safe and pleasant settings with adequate time provided for students to eat, at a minimum, in accordance with state and federal standards and guidelines. The National Association of State Boards of Education recommends that students have adequate time to eat, relax and socialize: at least 10 minutes after sitting down for breakfast and 20 minutes after sitting down for lunch.<sup>9</sup>
- All food service personnel shall have adequate pre-service training and regularly participate in professional development activities that provide strategies for providing tasty, appealing and healthy school meals; nutrition education strategies including coordination of classroom and cafeteria activities; and effective promotional techniques to encourage healthy eating habits.
- Food providers shall involve families, students and other school personnel in choosing nutritious food and beverage selections for their local schools through surveys, committees, taste-testing and similar activities designed to provide input into the decision-making process.
- Food providers shall work with suppliers to obtain foods and beverages that meet the nutrition requirements of school meals and nutrition standards for those sold individually.
- Food providers shall work closely with school instructional staff to reinforce nutrition instruction and foster an environment where students can learn about and practice healthy eating.
- Food providers shall take every measure to ensure that student access to foods and beverages on school campuses meets federal, state and local laws and guidelines.
- Students, parents, school staff and community members bringing foods and beverages to school for parties/celebrations/meetings shall be encouraged to provide healthful options and shall be provided with a list of recommended food and beverage options ([Attachment B](#)).
- School-based organizations shall be encouraged to raise funds through the sale of items other than food ([Attachment C](#)).
- To reduce competition with nutritionally balanced school meals and enhance student safety, it is recommended that, to the extent practicable, students are not permitted to leave school grounds to purchase foods or beverages.
- Partnerships between schools and businesses are encouraged and many commercial advertising relationships involve foods or beverages. To meet wellness objectives, it is recommended that commercial advertising relationships involve only foods and beverages that meet nutrition standards ([Attachment A](#)).
- Schools shall take efforts to promote nutritious food and beverage choices consistent with the current Dietary Guidelines for Americans and Food Guidance System (MyPyramid) such as fruits, vegetables, low-fat dairy foods and whole grain products.<sup>8,10</sup>

- Nutrition education shall be provided by trained and well-supported staff with adequate pre-service and in-service training. It is recommended that staff involved in nutrition education complete a pre-service course in nutrition and a minimum of one hour of nutrition education in-service training per school year. Preparation and professional development shall provide basic knowledge of nutrition along with activities, instructional techniques and strategies designed to change students' attitudes and behavior.
- All foods and beverages made available on campus shall comply with the federal, state and local food safety and sanitation regulations.
- For the safety and security of food, access to any area involved in storage, preparation or service of food on the school campus shall be limited to authorized personnel.

*Consistent School Activities and Environment –Physical Activity*

- Physical education shall be provided by trained and well-supported staff that is certified by the state to teach physical education. All physical education teachers shall regularly participate in continuing education activities that impart the knowledge and skills needed to effectively promote enjoyable lifelong healthy eating and physical activity among students.
- Physical education classes shall have a student to teacher ratio comparable to those in other curricular areas.
- The physical education program shall be closely coordinated with the other components of the overall school health program. Physical education topics shall be integrated within other curricular areas. In particular, the benefits of being physically active shall be linked with instruction about human growth, development, and physiology in science classes and with instruction about personal health behaviors in health education class.
- Schools are encouraged to limit extended periods of inactivity. When activities such as mandatory testing make it necessary for students to be inactive for long periods of time, it is recommended that schools give students periodic breaks during which they are encouraged to stand and be moderately active.
- Schools are encouraged to develop community partnerships with other child-serving organizations such as park districts and YMCA's to provide students with opportunities to be active.
- Schools are encouraged to provide student and community access to and promote use of the school's physical activity facilities outside of the normal school day.
- Physical activity facilities and equipment on school grounds shall be safe.
- Schools are encouraged to work with the community to create a community environment that is safe and supportive of students walking or biking to school.

*Food or Physical Activity as a Reward or Punishment*

- School personnel shall be encouraged to use nonfood incentives or rewards with students ([Attachment D](#)) and shall not withhold food from students as punishment.
- School personnel shall not use physical activity as a punishment or withhold participation in recess or physical education class as a punishment.

NUTRITION GUIDELINES FOR ALL FOODS AND BEVERAGES AVAILABLE ON SCHOOL CAMPUSES DURING THE SCHOOL DAY

- Food providers shall offer a variety of age-appropriate, appealing foods and beverage choices and employ food preparation, purchasing and meal planning practices consistent with the current Dietary Guidelines for Americans (e.g. provide a variety of fruits and vegetable choices; serve low-fat and fat-free dairy products; ensure that whole grain products are served).

- All foods and beverages sold individually (apart from the reimbursable school meal) on school campuses during the school day shall meet nutrition standards ([Attachment A](#)). This includes:
  - a la carte offerings in the food service program;
  - food and beverage choices in vending machines, snack bars, school stores; and
  - foods and beverages sold as part of school-sponsored fundraising activities.
- Nutritious and appealing foods and beverages, such as fruits, vegetables, low-fat dairy foods and whole grain products, shall be available wherever and whenever food is sold or otherwise offered at school.

#### GUIDELINES FOR SCHOOL MEALS

- School meals served shall be consistent with the recommendations of the Dietary Guidelines for Americans and/or shall meet, at a minimum, the nutrition requirements and regulations for the National School Lunch Program and/or School Breakfast Program and all applicable state and local laws and regulations.<sup>11,12,13</sup>

#### MEASURING IMPLEMENTATION & COMMUNITY INVOLVEMENT

- The district superintendent shall be charged with the operational responsibility for ensuring that each school meets the local wellness policy requirements.
- The district superintendent shall appoint a district wellness team/council that includes parents, students, representatives of the school food authority, the school board, school administrators, and the public to oversee development, implementation and evaluation of the wellness policy. In addition, it is recommended that the district superintendent also appoints teachers (including preschool – grade 12, family and consumer science, physical education and health educators) and health professionals (school nurse, physician, dietitian, etc.) as members of the team/council.
- The terms of district wellness team/council members shall be staggered for continuity.
- The appointed district wellness team/council shall be responsible for:
  - creating and maintaining bylaws for operation;
  - assessment of the current school environment;
  - development of a wellness policy;
  - presenting the wellness policy to the school board for approval;
  - measuring the implementation of the wellness policy; and
  - recommending revision of the policy, as necessary.
- The principal of each campus shall be responsible for implementation of the local wellness policy and shall appoint a school-based evaluation team to develop and implement an annual evaluation plan.
- The school-based evaluation team shall evaluate policy implementation and identify areas for improvement. The evaluation team shall report their findings to the campus principal and develop with him/her a plan of action for improvement, as needed.
- The wellness team/council shall hear reports from each campus group annually.
- Before the end of each school year the wellness team/council shall recommend to the district superintendent any revisions to the policy it deems necessary.
- The wellness team/council shall report to the superintendent and school board annually on the progress of the wellness team/council and the status of compliance by the campuses.

## Attachment A

<b>Food or Beverage</b>	<b>HealthierUS School Challenge Nutrition Standards*</b>  These criteria focus on decreasing fat and added sugar, increasing nutrient density, and moderating portion size.
<b>Fruits and Non-fried Vegetables</b>	Fruits and vegetables may be fresh, frozen, canned or dried, and they must be found in the Food Buying Guide for Child Nutrition Programs. <a href="http://schoolmeals.nal.usda.gov/FBG/2003FBG/%20Section%202.pdf">http://schoolmeals.nal.usda.gov/FBG/2003FBG/%20Section%202.pdf</a> Examples of products that <i>cannot</i> be sold/served as a fruit or vegetable include: <ul style="list-style-type: none"> <li>• Snack-type foods made from vegetables or fruits, such as potato chips, and banana chips;</li> <li>• Pickle relish, jam, jelly; and</li> <li>• Tomato catsup and chili sauce</li> </ul>
<b>Approved Beverages</b>	<ul style="list-style-type: none"> <li>• Flavored or plain reduced fat (2%), low-fat (1%), skim/nonfat fluid milk meeting State and local standards for pasteurized fluid milk and/or USDA approved alternative dairy beverages<sup>4</sup>;</li> <li>• 100% full-strength fruit and vegetable juices; and</li> <li>• Water (non-flavored, non-sweetened, <i>and</i> non-carbonated)</li> </ul>
<b>Any Other Individual Food Sales/Service</b>	<ul style="list-style-type: none"> <li>• <b>Calories from total fat</b> must be at or below 35%**, <i>excluding nuts, seeds, and nut butters</i>. This is determined by dividing the calories from total fat by the total calories and multiplying by 100. If calories from fat are not available, multiply the grams of fat by 9 to equal calories from fat.</li> <li>• <b>Calories from saturated fat</b> must be at or below 10%. This is determined by dividing the calories from saturated fat by the total calories and multiplying by 100. If calories from saturated fat are not available, multiply grams of saturated fat by 9 to equal calories from saturated fat.</li> <li>• <b>Total sugar</b> must be at or below 35% by weight. This is determined by dividing the grams of total sugar by the gram weight of the product and multiplying by 100. This includes both naturally occurring and added sugars. This limit does not include fruits and vegetables or flavored milk as defined above.</li> <li>• <b>Portion size</b> for a la carte sales in the school cafeteria are not to exceed the serving size of the food served in the National School Lunch Program/School Breakfast Program; for vending sales the item package or container is not to exceed 200 calories.</li> </ul>

<sup>4</sup> There are no USDA approved alternative dairy beverages at this time. Public Law 108-265 (Child Nutrition Program Reauthorization) authorizes the Secretary of Agriculture to establish nutritionally equivalent non-dairy beverages by July 1, 2005. Please check with the Illinois State Board of Education for clarification.

\*The above *Nutrition Standards* are criteria for sales/service of a la carte and/or vended items from the United States Department of Agriculture's *HealthierUS School Challenge*. Please be aware that these criteria are only meant to apply to individually sold foods and that foods sold as part of a reimbursable school meal may not necessarily meet these criteria although menus meet the nutrition standards set by the U.S. Department of Agriculture for school meals. Local policy makers may wish to modify the standards but should be aware that this may make schools ineligible to meet the criteria for the *HealthierUS School Challenge*.

\*\*The *Dietary Guidelines for Americans 2005* recommend a total fat intake of 20 to 35% for school-age children.

## Attachment B

### Healthful Food and Beverage Options for School Functions\*

At any school function (parties, celebrations, meetings, etc.) healthful food options should be made available to promote student, staff and community wellness. Examples of nutritious food and beverages that are consistent with the Dietary Guidelines for Americans are listed below.

- Raw vegetable sticks/slices with low-fat dressing or yogurt dip
- Fresh fruit wedges – cantaloupe, honeydew, watermelon, pineapple, oranges, tangelos, etc.
- Sliced fruit – nectarines, peaches, kiwi, star fruit, plums, pears, mangos, apples, etc.
- Fruit salad
- Cereal and low-fat milk
- 100% fruit or vegetable juice
- Frozen fruit pops with fruit juice or fruit as the first ingredient
- Dried fruits – raisins, cranberries, apples, apricots
- Single serving applesauce or canned fruit in juice
- Peanut butter with apple wedges or celery sticks
- Fruit smoothies made with fat-free or low-fat milk
- Trail mix (dried fruits and nuts)
- Dry roasted peanuts, tree nuts and soy nuts (not coconut or palm nuts)
- Lean meats and reduced fat cheese sandwiches (use light or reduced fat mayonnaise in chicken/tuna salads)
- Party mix (variety of cereals, nuts, pretzels, etc.)
- Pretzels or reduced fat crackers
- Baked chips with salsa or low-fat dip (Ranch, onion, bean, etc.)
- Low-fat muffins (small or mini), granola bars and cookies (graham crackers, fig bars)
- Mini bagels with whipped light or fat-free cream cheese
- Pasta salad
- Bread sticks with marinara
- Fat-free or low-fat flavored yogurt & fruit parfaits
- Fat-free or low-fat pudding cups
- Fat-free or low-fat milk and milk products (string cheese, single-serving cottage cheese, cheese cubes)
- Flavored soy milk fortified with calcium
- Pure ice cold water

*\*This list is not all inclusive and is meant only to provide parents and school staff with guidance for healthier food and beverage choices. Not all food and beverage items on this list will necessarily meet district nutrient standards ([Attachment A](#)) as items vary in sugar, fat and calorie content from brand to brand. However, all of the items in the list are believed to be consistent with the intent of the wellness policy to promote student health and reduce childhood obesity.*

## Attachment C

### Fundraising Ideas

- Raffle
- Candles
- Book sale
- Cookbook
- \*Car wash
- \*Walkathons
- Student artwork
- Stuffed animals
- Stadium pillows
- School photo ID
- Educational games
- Holiday decorations
- Shopping donation programs
- School mascot temporary tattoos
- Faculty and/or student talent show
- Teacher/student sports competition
- Auction of donated goods and services
- Balloon bouquets for special occasions
- Bottled water with the schools own label
- Refillable water bottle with the school logo
- Glow in the dark novelties (popular at dances)
- Greeting cards, especially designed by students
- School calendars with all the important school dates on them
- Party bags for kids' birthday parties filled with non-food novelties
- Sale of flowers and balloons for the family to purchase for student graduates
- School spirit items — tee-shirts, sweatshirts, sweatpants, lanyards, pennants, bracelets and caps
- Growing and/or selling flowers and plants for holidays such as Valentine's Day and Mother's Day

\*These fundraisers have the added benefit of promoting physical activity for students.

## **Attachment D**

### **Classroom Rewards**

- A smile
- Going first
- Verbal praise
- Sit by friends
- Teaching the class
- Helping the teacher
- Enjoy class outdoors
- A field trip for the class
- Choosing a class activity
- Walk with a teacher during lunch
- Eat lunch outdoors with the class
- Eat lunch with a teacher or principal
- Extra credit or class participation points
- Taking care of the class animal for a day
- Have lunch or breakfast in the classroom
- A photo recognition board in a prominent location in the school
- A note from the teacher to the student commending his or her achievement
- A phone call, email, or letter sent home to parents or guardians commending a child's accomplishment
- Recognition of a child's achievement on the school-wide morning announcements or school website
- Ribbon, certificate in recognition of achievement or a sticker with an affirming message (e.g. "Great job")
- Take a trip to the treasure box (filled with: stickers, temporary tattoos, pencils, pens, highlighters, sidewalk chalk, notepads, erasers, bookmarks, etc.)

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## **RESOURCES FOR POLICY DEVELOPMENT**

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## Childhood Obesity: The Preventable Threat to America's Youth

The majority of American youth are sedentary and do not eat well. The resulting poor nutrition and lack of physical activity has created an epidemic of childhood obesity that is preventable, yet shows no sign of decreasing. Action for Healthy Kids helps schools make changes that will make their students healthier, which in turn will improve their achievement.

### Prevalence and Trends

Overweight and obesity impairs or threatens the health of millions of Americans.

- Poor diet and inadequate physical activity are the second leading cause of death in the United States and together account for at least 300,000 deaths annually.<sup>1</sup>
- Nine million American children are overweight, triple the number in 1980.<sup>2</sup>
- Childhood obesity among ages 2-5 has increased 35% in the past 10 years.<sup>3</sup>
- There is no indication that the incidence of overweight among children is decreasing.<sup>4</sup>

### Minority Populations

Childhood obesity is more prevalent among minority populations.

- Of children ages 6-11, more Mexican American boys are overweight (26.5%) than non-Hispanic white (14%) and African American (17%) boys. More African American girls (22.8%) are overweight than non-Hispanic white girls (13.1%).<sup>5</sup>
- The incidence of childhood obesity in American Indian seven-year-olds is nearly 30%, twice that of all other American children at that age.<sup>6</sup>
- The prevalence of obesity among students in grades 9-12 is higher among Hispanic youth (21.7% males, 11.8% females) and African Americans (19.5% males, 15.6% females) than white students (16.2% males, 7.8% females).<sup>7</sup>

### Contributing Factors

Poor eating habits and lack of physical activity are root causes of overweight and obesity.

- Only 2% of school-aged children consume the recommended daily number of servings from all five major food groups, and only 30% consume the suggested amount of milk.<sup>8</sup>
- More than 80% of children and adolescents eat too much fat (more than 30% of total calories from fat). More than 90% eat too much saturated fat.<sup>9</sup>
- Ninety-eight percent of 6-18 year olds report eating at least 3 snacks per day, and more than 50% report 5 or more snacks daily.<sup>10</sup>
- More than 38% of students watch television 3 or more hours per average school day.<sup>11</sup>
- Fewer than 25% of American children get at least 30 minutes of *any type* of physical activity every day.<sup>12</sup>

## **Health Consequences**

Childhood obesity is a medical concern, not a cosmetic issue.

- The vast majority (between 70 and 80%) of overweight children and adolescents continue to be overweight in adulthood or will become obese adults.<sup>13</sup>
- Childhood weight problems can lead to complications such as elevated blood pressure and cholesterol, joint problems, Type II diabetes, gallbladder disease, asthma, depression and anxiety.<sup>14</sup>
- Severely overweight and obese children often suffer from depression, anxiety disorders, isolation from their peers, low self-esteem, and eating disorders.<sup>15</sup>
- Of overweight 5 to 10 year-olds, 61% have at least one risk factor for heart disease.<sup>16</sup>

## **Academic Consequences**

Because multiple variables must be controlled when examining the relationship between weight and achievement, it is difficult to draw definitive conclusions. Further, a correlation between the two doesn't necessarily imply causation. However, several studies have examined this link.

- Severely overweight children and adolescents (those above the 95th percentile for weight) were four times more likely to report "impaired school functioning".<sup>17</sup>
- Severely overweight inner city school children tended to have abnormal scores on the Child Behavior Checklist, and were twice as likely to be placed in special education or a remedial class setting.<sup>18</sup>
- Overweight kindergartners had significantly lower math and reading test scores at the beginning of the year than did their non-overweight peers, and these lower scores continued into first grade.<sup>19,20</sup>

## **Economic consequences**

- Severely overweight children miss four times as much school as normal-weight kids.<sup>21</sup> If such health problems keep children out of school just one day per month, this could cost a large school district like Los Angeles about \$15 million each year. An average size school district could likely forfeit \$95,000 to \$160,000 annually.<sup>22</sup>
- Obesity-associated annual hospital costs for children increased more than threefold from \$35 million during 1979-1981 to \$127 million during 1997-1999.<sup>23</sup>
- National health expenditures related to adult obesity range from \$98-\$129 billion annually.<sup>24</sup>

## Resources

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## Healthy Foods and Healthy Finances: How Schools Are Making Nutrition Changes That Make Financial Sense

Dozens of schools—large and small, urban and rural—have created more healthful school environments by improving food and beverage options in vending machines, à la carte lines, classroom activities and fundraisers.

**Food and beverage contracts and sales have become a revenue source for discretionary spending for many school districts. Recently, schools throughout the U.S. have successfully implemented innovative solutions—maintaining or increasing revenue levels with more healthful options.**

- Foodservice in the Folsom Cordova Unified School District in Sacramento, **California**, no longer operates in the red. It upgraded offerings with a focus on healthy eating and now has a \$400,000 reserve; the annual budget increased 105% due to increased food services revenue.
- Iowa City, **Iowa**, schools partnered with Swiss Valley Farms to introduce milk in its water and sports drink vending machines, resulting in an increase in sales of 42% while soda sales dropped 58%. The district's Nutrition Task Force also installed cheese and yogurt vending machines.
- The Vista (San Diego, **California**) Unified School District's Child Nutrition Services program consolidated the district's vending sales and began managing contracts. They offered bagels and cream cheese, yogurt, nuts, cheese and crackers, and fresh fruit. Sodas are offered in only 20% of vending slots compared to the previous 66% of vending slots. The majority of slots offered water, milk, 100% juice drinks and sports drinks. CNS controlled pricing and kept prices lower than local stores. During the first year of this arrangement, Vista High School generated \$200,000 more in sales than in previous years.
- Jefferson County Schools in Louisville, **Kentucky**, are replacing soft drinks and non-nutritious snacks sold in vending machines with lower-fat foods and fruit drinks. They expect that by keeping healthier vending machines on all day the sales will offset any losses of the \$1 million generated annually from vending.
- Madison, **Wisconsin**, was among the first school districts to sign an exclusive soda contract in 1997 and was also among the first to cancel it. They now maintain multiple vendors and offer a variety of 100% juice drinks and milk flavors. Now that the students have choices, school officials report that they struggle to keep up with the demand for milk sold in colorful and resealable bottles.
- Whitefish Central School in **Montana** replaced junk foods and soda with fruit, bagels, 100% juice beverages, water and milk. According to Principal Kim Anderson, profits remained the same.
- Officials at North Community High School in Minneapolis, **Minnesota**, installed vending machines selling bottled water, juices and sports drinks, and limited soft drinks to just one machine. This arrangement resulted in lowered soda sales offset by growth in the sales of water and sports drinks with overall vending profits increasing by \$4,000.
- When Fresno (California) Unified School District's Sequoia Middle School eliminated junk food and sodas, sales increased because students were given a choice and were involved in the selection of replacement foods and drinks.

### **Success stories show that children will buy healthy foods.**

- Students **will buy — and consume — healthful foods and beverages** when these options are tasty, easily accessible and priced right.
- School foodservice and vending programs **can continue to make money** while offering healthful food and beverage options to students.
- Some schools have actually **made more money from healthful options** than from their usual offerings.
- Students, parents and communities **support healthy school nutrition environments**, and are willing to get involved in making changes.



## **Building the Argument: Providing Health-Promoting Foods Throughout Our Schools**

Given the growing epidemic of obesity in the U.S. and the link between nutrition and academic performance, we must work together to ensure that healthy foods are available throughout the school environment—in school meal programs, a la carte offerings, snack bars, vending machines and fundraising efforts.

### **Our children are getting fatter. They eat too little of the right foods, too much of the wrong foods.**

- Poor diet and inadequate physical activity are the second leading cause of death in the United States and together account for at least 300,000 deaths and \$100 billion in costs annually. Obesity and overweight have “reached epidemic proportions in the United States” [1].
- The epidemic has hit our children particularly hard: “today there are nearly twice as many overweight children and almost three times as many overweight adolescents as there were in 1980” [1].
- Only 2% of school-aged children meet the Food Guide Pyramid serving recommendations for all five major food groups [2]. Approximately only 1 in 5 kids gets “5 a Day” of fruits and vegetables [3].
- Less than a third of school children consume the recommended milk group servings on any given day. Teenagers drink twice as much carbonated soda as milk [4].
- Children’s diets are high in added sugars. For all children, added sugars contribute an average of 20% of total food energy [2]. Nearly half of 8th- and 10th-grade kids eat three or more snacks daily, with most of these snacks high in sugar, sodium, and fat [5].

### **Government agencies and health and education organizations are working together to call for a wider range of healthy foods throughout our schools.**

- The U.S. Surgeon General, the CDC, the USDA, and the U.S. Department of Health and Human Services have all called on schools to provide a variety of health-promoting foods in our nation’s schools [6], [7].
- According , to the National Conference of State Legislatures, two dozen states introduced legislation this year to regulate school vending machines or set new nutrition standards.
- More than 35 national education, health, fitness, and nutrition organizations and government agencies are Action for Healthy Kids collaborating partners and support improved child nutrition and physical activity in schools.

### **Many school environments reinforce poor eating habits.**

- More students are choosing to purchase foods from “competitive” sources such as a la carte and vending, which, unlike the National School Lunch Program, have no federal nutrition guidelines [8].

- Although the federal government bans public schools from selling “foods of minimum nutritional value” in the food service areas during the school meal periods, “regulation of competitive foods in other contexts is left to the states and school districts” [9].
- The amount of milk purchased by school districts fell by nearly 30% from 1985 to 1997. Districts bought 1100% more soft drinks during the same period [10].
- According to the CDC, “43% of elementary, 74% of middle/junior high, and 98% of senior high schools have either a vending machine or a school store, canteen, or snack bar where students can purchase food or beverages” [8].

**By supporting healthy eating and expanding access to health-promoting foods and beverages, schools can still meet their revenue goals.**

- Innovative programs in many states and school districts demonstrate that kids will make positive choices—when healthful options are tasty, convenient and competitively priced [11], [12], [13], [14], [15].
- Many school districts are transforming their vending machines and a la carte items, offering more health-promoting foods and beverages such as fruit, bagels, string cheese, yogurt, and salad, as well as milk, water and 100% juice drinks. Many schools are now using programmed vending machines so students can’t buy low-nutrient items at meal times or until the end of the school day. School administrators across the country report sustained or increased profits from the switch to health-promoting foods and drinks [16], [17].
- A number of schools, districts, and states are exploring “healthy” fund-raisers, including the sale of non-food items such as candles, sunscreen, wrapping paper, and T-shirts [16].

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**To learn more about ways to support child nutrition and physical activity, visit the Action for Healthy Kids website: [www.ActionForHealthyKids.org](http://www.ActionForHealthyKids.org).**



## **Building the Argument: The Need for Physical Education and Physical Activity in Our Schools**

Study after study proves what educators have long believed to be true: when children's exercise and fitness needs are met, they have the cognitive energy to learn and achieve. Given the growing epidemic of obesity and the link between physical activity and academic performance, we must work together to make quality daily physical education a priority in our schools and to give our children more opportunities to be physically active throughout the school day.

### **Our children are getting fatter and are developing “adult” diseases.**

- Poor diet and inadequate physical activity are the second leading cause of death in the United States and together account for at least 300,000 deaths annually. Obesity and overweight have “reached epidemic proportions in the United States” [1].
- The epidemic has hit our children particularly hard: “today there are nearly twice as many overweight children and almost three times as many overweight adolescents as there were in 1980” [1]. In 2000, 15% of children aged 6 to 11 were overweight and nearly 16% of adolescents were overweight [2].
- The CDC warns that one in three U.S. children born in 2000 will become diabetic unless many more people start eating less and exercising more [3]. Type 2 diabetes in adolescents increased ten-fold between 1982 and 1994 [4].
- Prevention, says U.S. Secretary of Health and Human Services Tommy Thompson, is the key to fighting cardiovascular disease, cancer, Type 2 diabetes, and other chronic diseases—and helping students increase physical activity is one way to put prevention into action [5], [6].

### **Our children are becoming increasingly less physically active.**

- Fewer than 1 in 4 children get 20 minutes of vigorous physical activity per day, and less than 1 in 4 get at least 30 minutes of physical activity per day [7].
- Participation in all types of physical activity declines as age or grade in school increases. By the time they reach their teens, nearly half of America's youth are not vigorously active on a regular basis, and over one-third aged 12 to 17 are physically active less than 3 out of 7 days a week [8].

### **Many of our children are sedentary at school.**

- The vast majority of children (85%) travel to school by car or bus—only 13% of children walk or bike to school [9].
- Since 1989, many school systems have abolished recess, with only “4.1% of states requiring and 22.4% of states recommending that elementary schools provide students with regularly scheduled recess” [10].
- In grade 9, 72% of students get regular physical activity, but by the time they reach grade 12, only 55% of them are physically active [8]. Nearly 10% of students in grades 9-12 participate in no vigorous or moderate physical activity on a weekly basis [10].

### **Emphasis on physical education in the public school system has markedly declined.**

- Between 1991 and 1999, the percentage of students who took physical education on a daily basis dropped from 42% to 29% [11].
- Although most states have some mandate for physical education (78.4% at the elementary school level, 85.7% at the middle school level, and 82.4% at the senior high school level [10]), most states require only that physical education be provided. Local districts have control over content and format [12].
- No federal law requires physical education to be included in public schools, and Illinois is the only state to enforce daily physical education requirements in grades K-12 [12].
- While a majority of secondary school principal leaders agree that students' level of physical activity is important, for most the issue is a low priority compared to other concerns such as student achievement, teacher quality, school safety, alcohol and drug prevention, and school budgets. [27]

### **When children are active, their academic performance improves.**

- “Nearly 200 studies on the effect of exercise on cognitive functioning suggest that physical activity supports learning” [13].
- Two studies demonstrated that providing more time for physical activity (by reducing class time) can lead to increased test scores, particularly in the area of mathematics [14], [15], and another study linked physical activity programs to stronger academic achievement, increased concentration, and improved math, reading, and writing test scores [16].
- The California correlation of the SAT-9 with the Fitnessgram, says California State Superintendent of Public Instruction Delaine Eastin, “provides compelling evidence that the physical well-being of students has a direct impact on their ability to achieve academically. We now have the proof we’ve been looking for: students achieve best when they are physically fit. Thousands of years ago, the Greeks understood the importance of improving spirit, mind, and body. The research presented here validates their philosophic approach with scientific validation” [17].
- Children with daily physical education exhibit better attendance, a more positive attitude to school, and superior academic performance [18].
- From the Comprehensive School Health Program in McComb, Mississippi, to the SPARK Program founded at San Diego State University, school administrators and education researchers are demonstrating again and again that physical education and physical activity may strengthen academic achievement, self-esteem, and mental health—all leading to stronger student performance [19], [20], [21], [22].
- “Evidence suggests,” says the President’s Council on Physical Fitness and Sports, “that time spent in physical education does not decrease learning in other subjects. Youth who spend less time in other subjects to allow for regular physical education have been shown to do equally well or better in academic classes” [23].

### **Our students and their parents join the U.S. Surgeon General, NASPE, and the CDC in calling for more opportunities for physical activity and physical education.**

- A majority of student leaders (72%) feel schools should make physical activity for all students a priority, with 81% calling for more students to get involved in physical activity and 56% stressing the importance of having more physical education classes [24].
- The vast majority of parents (95%) think “physical education should be part of a school curriculum for all students in grades K-12” [25].
- David Satcher, the former U.S. Surgeon General and chair of the Action for Healthy Kids Initiative, calls for all students to receive quality physical education on a daily basis [26].
- The National Association for Sport and Physical Education (NASPE) calls for all students to receive quality physical education as an integral part of K-12 education. All states, says NASPE, should set minimum standards of achievement in physical education and should develop standards for physical education based on the National Standards for Physical Education [12].
- The Centers for Disease Control (CDC) calls for sequential physical education that helps students develop the skills and knowledge to enjoy and maintain a lifelong physically active lifestyle [8].

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# Better Nutrition and More Physical Activity Can Boost Achievement and Schools' Bottom Line

The Learning Connection: The Value of Improving Nutrition and Physical Activity in Our Schools documents how the excessive rise in poor nutrition, inactivity and weight problems adversely affect academic achievement and possibly cost schools millions of dollars each year. The report calls on schools to work with partners to address the issue, and points to current best practices in schools.

It is critical that as schools search for solutions to meet performance outcomes and minimize budget cuts, schools do not further aggravate problems of poor nutrition and inactive lifestyles - in turn it may undermine schools overall goal to provide high-quality education for all students.

## The Learning Connection reveals costs to schools due to problems associated with poor nutrition and physical activity – the root causes of obesity.

### Costs in Achievement

- Schools with high percentages of students who did not routinely engage in physical activity or eat well had smaller gains in test scores than other schools.
- Well-nourished students who skip breakfast perform worse on tests and have poor concentration.
- Children not getting adequate nutrients have lower test scores; even transient hunger from missing a meal affects performance.
- Physical activity programs are linked to stronger academic achievement.
- Students participating in daily physical education exhibit better attendance and achievement.

### The Hidden Costs

- Extra staff time needed for students with low academic performance or behavior problems caused by poor nutrition and physical inactivity.
- Costs associated with time and staff needed to administer medications needed by students with associated health problems.
- Healthcare costs, absenteeism, and lower productivity due to the effects of poor nutrition, inactivity and overweight among school employees.

*The Learning Connection: The Value of Improving Nutrition and Physical Activity in Our Schools* is available at [www.actionforhealthykids.org/](http://www.actionforhealthykids.org/)

### Costs in Dollars

- In states that use attendance to help determine state funding, a single-day absence by just one student can cost a school district anywhere from \$9 to \$20.
- If children miss just one day per month, this could cost a large school district like New York about **\$28 million each year**, while Chicago would forfeit about **\$9 million each year** in state funds.
- This type of absentee rate is highly probable, and could cost an average size school district from \$95,000 to \$160,000 annually in important state aid.

### What can schools do?

- Form a school health advisory council and involve students, parents, teachers, health professionals and other community leaders.
- Develop a comprehensive wellness policy that includes recommendations for increasing physical activity and improving the nutrition environment.
- Offer more after-school programs that provide nutritious snacks, physical activity and nutrition education.
- Encourage staff to model healthy lifestyles.
- Integrate physical activity and nutrition education into the regular school day.

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## Local Wellness Policy Resources for Illinois Schools

The following websites and resources may assist school districts in developing a local wellness policy. Resources with a ✓ may be particularly useful to policy development teams.

### **Team Nutrition**, <http://www.fns.usda.gov/tn/>

Select “Healthy Schools” on the home page for resources on the local wellness policy, and the HealthierUS School Challenge for elementary schools. Find information on federal legislative requirements, an action plan, funding opportunities and implementation tools and resources including:

- ✓ Making it Happen! School Nutrition Success Stories

### **Action for Healthy Kids**, [www.actionforhealthykids.org](http://www.actionforhealthykids.org)

Find tips, fact sheets, information on state teams, a wellness policy database, a policy development tool and other resources including:

- ✓ The Learning Connection: The Value of Improving Nutrition and Physical Activity in Our Schools

### **Centers for Disease Control**, [www.cdc.gov](http://www.cdc.gov)

Find a school health environment assessment tool and guidelines for school health programs.

- ✓ School Health Index: A Self-Assessment & Planning Guide
- ✓ Guidelines for School Health Programs to Promote Lifelong Healthy Eating
- ✓ Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People

### **Illinois Nutrition Education & Training Program**, [www.kidseatwell.org](http://www.kidseatwell.org)

Download a model wellness policy created by an Illinois consensus group to use as a template and a Local Wellness Policy Toolkit on the website. Select “Local Wellness Policy Resources” on the home page. Access over 800 health education resources in the Illinois NET Loan Library at 800-455-5843 or online. Request free technical assistance and training including the following workshops by calling 800-466-7998.

- ✓ **Local Wellness Policy** – Provides an overview of legislative requirements for local wellness policies, criteria for effective nutrition and physical education and the rationale for change. Participants receive a step-by-step action plan and key resources for wellness policy development and implementation.
- ✓ **Nutrition Education that Works: An Integrated Approach** – An online workshop that provides K-5 educators with the information and skills needed to successfully integrate nutrition education into existing curriculum to meet nutrition education goals in wellness policies. (Coming January 2006)
- ✓ **How to Build a Healthier A la Carte Program** - Provides school food providers skills-based training and marketing resources to shape nutritionally and fiscally sound a la carte programs that meet wellness policy standards. (Coming Spring 2006)

Illinois NET Program is funded by the Illinois State Board of Education