

Trends and Policy Solutions in:

Youth Obesity, Physical Activity and Nutrition

Introduction

Millions of young Americans are at risk of living shorter, less healthy lives than their parents.¹ After a century of tackling infectious disease and corresponding improvements in life expectancy and quality of life, today's youth are plagued by risk factors for today's killers—chronic diseases such as diabetes, heart disease and cancer. While most youth do not suffer the health consequences of these diseases until they are adults, the behaviors and risks that they practice during childhood set the course for their health for a lifetime. And some youth suffer in their younger years: children are now developing Type 2 diabetes—a condition related to obesity that once was referred to as “adult onset” diabetes—with increasing frequency.²

As policy-makers try to stem this tide, many tools are available. None are more valuable than parents, who hold the most responsibility for their children's health. Schools are also essential players in children's health—influencing children every day through the school environment. State legislators and other policy-makers can support parents' and schools' efforts by making healthy choices available and attractive, monitoring how advertising aimed at children affects their behaviors and choices, limiting children's exposure to unhealthy options and creating a school environment that enables and reinforces good physical activity and nutrition.

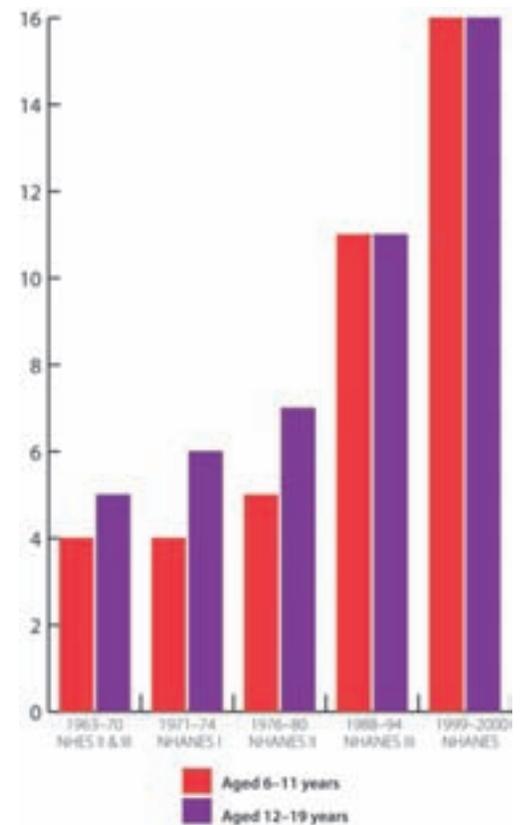
This tool kit provides policy-makers with resources to understand childhood obesity and be informed on data and trends and solutions being implemented or considered by states and legislators across the country.

Childhood Obesity Defined

While the term “childhood obesity” has become common, the medical term “obese” is not applied to children. Adults who have a body mass index (BMI, a calculation based on height and weight that correlates with body fat) above certain levels are considered overweight or obese. For children and teens, BMI is age and gender specific, and ranges above a normal weight have different labels—“at risk of overweight” and “overweight.” This approach is designed to minimize stigma and accounts for children's changing bodies and continued growth. Children with a BMI that places them between the 85th and 95th percentile for their age and gender are considered “at risk of overweight.” “Overweight” children are those above the 95th percentile for their age and gender.

Overweight and obesity result from more energy—or food—being consumed than is burned through activity or exercise. Primary behavior factors related to obesity are physical inactivity and poor nutrition. A lack of environmental support for healthy choices at school and at home contributes to the risk of obesity in children.

Prevalence of Overweight* Among U.S. Children and Adolescents



*Gender- and age-specific BMI >95th percentile

Source: Centers for Disease Control and Prevention/
National Center for Health Statistics, NHES and NHANES

The Epidemic—Trends in Children’s Weight, Physical Activity and Nutrition

Over the past three decades, the prevalence of childhood overweight has more than doubled for children age 2 to 5 and adolescents age 12 to 19. These rates have more than tripled for children age 6 to 11. Approximately 9 million, or 16 percent of 6- to 19-year-olds, are considered overweight.³

Even young children show worrisome physiologic responses. Approximately 60 percent of overweight children age 5 to 10 had at least one physiological heart disease and stroke risk factor—such as elevated total cholesterol, triglycerides, insulin or blood pressure—and 25 percent had two or more such risk factors.⁴ And the long-term risks are alarming—for individuals born in the United States in 2000, the lifetime risk of being diagnosed with diabetes at some point in their lives is 33 percent for males and 39 percent for females.⁵

Less than a quarter of high school youth ate recommended amounts of fruits and vegetables or participated in sufficient moderate physical activity in 2003.⁶ Food eaten outside the home has become an increasingly important factor in the nutritional quality of Americans’ diets, especially for children. In the late 1970s, foods consumed away from home comprised 20 percent of children’s total caloric intake. That figure had risen to 32 percent by 1996.⁷ And television time for children has been on the rise, with more TV time associated with increased rates of obesity.

African Americans, Hispanics and American Indians are disproportionately affected by this epidemic. Up to 18 percent of black and Hispanic American adolescents are overweight compared to 12 percent for white youth.⁸ There are also socioeconomic differences in obesity—lacking health insurance or having public insurance is directly related to obesity among adolescents.⁹

Physical Activity and Healthy Eating

Healthy eating for children is defined in much the same way as for adults—a balanced diet, low in fat and high in natural foods such as whole grains and fruits and vegetables.¹⁰ According to the 2005 Dietary Guidelines for Americans, good nutrition is vital to good health and is absolutely essential for the healthy growth and development of children and adolescents. The guidelines also recommend that children and adolescents participate in at least 60 minutes of moderate intensity physical activity most days of the week, preferably daily.¹¹ For children and adolescents, regular physi-

Reach Kids, Teach Kids *through Coordinated School Health*



Schools play a significant role in educating our students, which includes more than just reading and arithmetic. The Centers for Disease Control and Prevention (CDC) recently identified 10 key strategies that schools can use to prevent youth obesity. Included in these strategies are provisions for school policies, health education and healthy environments that promote learning.¹⁸ The Coordinated School Health (CSH) model is one tool to maximize schools’ opportunity to teach children, families and personnel, and to create a healthy place to work and play. CSH helps parents, students, school personnel and community leaders address the health needs of students through a coordinated approach. While every program is unique to local community needs, these components represent typical school programs and services to promote the health and safety of students, their families and school staff.

cal activity has beneficial effects beyond management of weight, including: increased muscular strength; increased cardio-respiratory (aerobic) fitness; increased bone mass (through weight-bearing physical activities); reduced blood pressure (for youth with high blood pressure); reduced anxiety and stress; and improved self-esteem.¹²

Schools and communities have the potential to improve the health of young people by providing instruction, programs and services that promote lifelong physical activity and healthy eating. Schools reach most children and adolescents, making them excellent venues for interventions. Communities are essential because children consume an increasing amount of food outside the home, because most physical activity among young people occurs outside of school and because schools can't influence eating behavior on their own—families, the food industry, religious institutions, community centers, government programs and the mass media must also support healthy choices.^{13, 14}

The benefits are not just health benefits—the California Department of Education has found that students who score high on physical fitness also score high on academic achievement.¹⁵

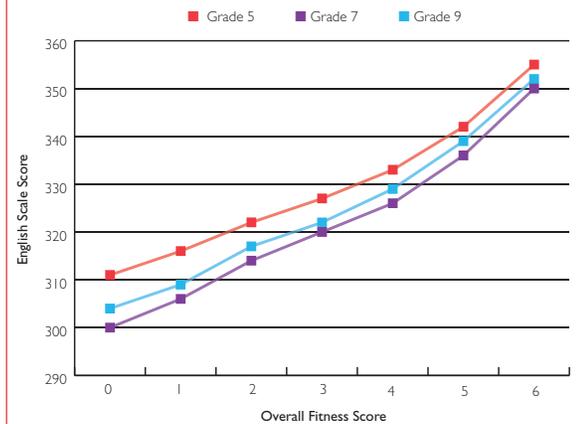
The Economic Case

Addressing youth obesity is essential to stemming the tide of health and economic costs associated with chronic diseases. Yet, the ultimate results of these efforts will not be seen until today's youth reach adulthood. The obesity epidemic's costs will continue to rise if the trend of overweight among youth persists into the future.

Obesity costs \$117 billion annually, including \$61 billion in direct medical care costs for treatment of related diseases, plus \$56 billion in indirect costs such as lost productivity.

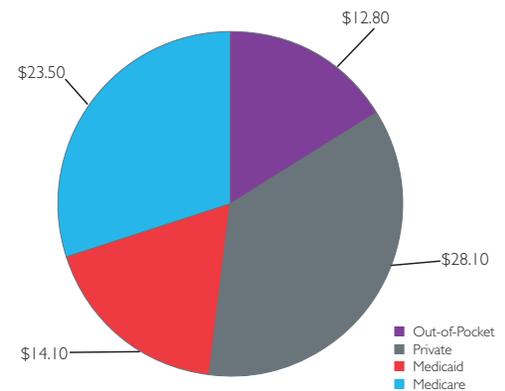
- Health care costs increase by 36 percent and medication costs increase by 77 percent for an obese person compared to those at a healthy weight.
- If 10 percent of adults began a regular walking program, \$5.6 billion in heart disease costs could be saved.
- Every dollar spent on physical activity programs for older adults with hip fractures results in a \$4.50 return.
- A 10 percent weight loss will reduce an overweight person's lifetime medical costs by \$2,200–\$5,300.
- The lifetime medical costs of five diseases and conditions (hypertension, diabetes, heart disease, stroke and high cholesterol) among moderately obese people are \$10,000 higher than among people at a healthy weight.

Mean Scales Scores on California Standardized Test in English by the Overall Physical Fitness Score



Source: California Department of Education, April 2005

U.S. Medical Spending on Overweight and Obesity, in billions



Source: Finkelstein, EA, Fiebelkorn, IC, Wang, G. National Medical Spending Attributable to Overweight and Obesity: How much, and Who's paying? Health Affairs 2003; W3: 219–226.

Health Education

teaches students to make healthy choices, prevent disease and adopt and maintain healthy behaviors

Parent/Community Involvement

engages parents in school issues or councils that enhance the well-being of their children

Physical Education

teaches students physical and behavioral skills, and the confidence to be physically active for a lifetime

Healthy School Environment

furnishes an environment for students and staff that is appropriate, safe and appealing

Health Services

provides preventions and early intervention for students' health problems that can interfere with their education

Counseling and Psychological Services

offers counseling to students to promote social-emotional development, and reduce barriers to learning

Nutrition Services

designs nutritious and appetizing school meals based on U.S. Dietary Guidelines, and provides nutrition education

Health Promotion for Staff

Implements wellness programs and policies to enable staff to serve as role models and increase productivity.

Essential Components for Coordinated School Health

What Legislators Can Do about Youth Obesity

Legislators have been actively pursuing solutions to youth obesity through state education and health policy. Arenas that warrant policy-maker attention include:

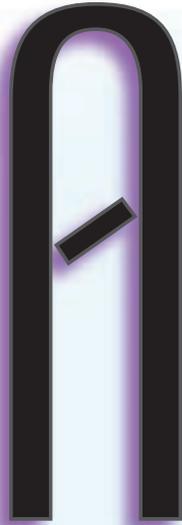
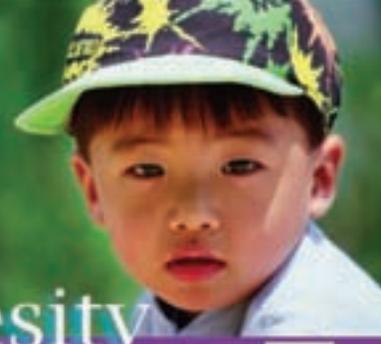
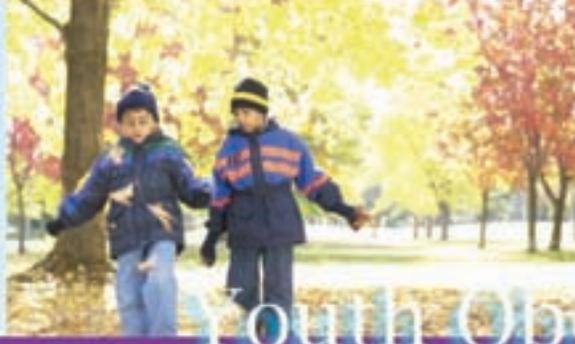
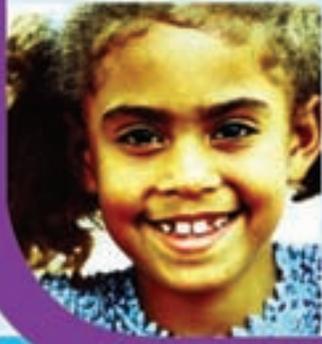
- **Physical Activity and Physical Education:** Promoting physical activity and daily physical education has numerous benefits for children and youth. After years of de-emphasizing school time for physical activity and physical education, many states now see these elements as crucial to children's well-being and academic achievement. Support for physical activity through community and mass media interventions has also shown promise.
- **Schools as Community Places:** Schools provide a central connection point for many communities. By making school facilities (e.g. gyms, auditoriums, food preparation facilities) accessible to the community, creating safe routes by foot or bike and by capitalizing on the community space they provide, schools can spur changes in communities' physical activity, recreation and healthy eating.
- **Healthy Foods and Nutrition for Children:** Providing nourishing foods, minimizing junk food and teaching about healthy eating are all essential to creating a healthy school environment, as well as a healthy community. Through school food programs, instruction, interventions for children who are overweight or at risk and access to healthy foods, schools around the country are improving their offerings and improving children's choices.

End Notes

- 1 Olshansky SJ et al. A Potential Decline in Life Expectancy in the United States in the 21st Century. *The New England Journal of Medicine*. Vol. 352 No. 11. March 17, 2005.
- 2 CDC, Diabetes Findings. www.cdc.gov/diabetes/projects/cda2.htm#1
- 3 Institute of Medicine (2005). *Preventing Childhood Obesity: Health in the Balance*.
- 4 Institute of Medicine (2005). *Preventing Childhood Obesity: Health in the Balance*.
- 5 K. M. Venkat Narayan, MD; James P. Boyle, PhD; Theodore J. Thompson, MS; Stephen W. Sorensen, PhD; David F. Williamson, PhD, Lifetime Risk for Diabetes Mellitus in the United States, *JAMA*. 2003;290:1884-1890.
- 6 YRBSS 2003 data, <http://www.cdc.gov/HealthyYouth/yrebs/pdfs/trends-dietary.pdf>
- 7 Lin BH; Guthrie J, Frazao E (1999). Quality of children's diets at and away from home: 1994-1996. *Food Review* 2-10.
- 8 Haas JS et al (2003). The association of race, socioeconomic status and health insurance status with the prevalence of overweight among children and adolescents. *American Journal of Public Health*, 93(12): 2105-2110.
- 9 Hedley AA, Ogden CL, Johnson CL, Carroll MD, Curtin LR, Flegal KM. Prevalence of Overweight and Obesity among US Children, Adolescents and Adults, 1999-2002. *JAMA* 291 (23): 2847-2850, 2004
- 10 Dietary Guidelines for Americans, 2005
- 11 Dietary Guidelines for Americans, 2005
- 12 <http://www.cdc.gov/nccdphp/dnpa/physical/recommendations/young.htm>
- 13 Centers for Disease Control and Prevention. Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People. *Morbidity and Mortality Weekly Report* March 07, 1997/46(RR-6);1-36.
- 14 Centers for Disease Control and Prevention. Guidelines for School Health Programs to Promote Lifelong Healthy Eating [pdf 490K]. *Morbidity and Mortality Weekly Report* June 14, 1996 /45(RR-9);1-33.
- 15 California Department of Education (2005). *California Physical Fitness Test: A Study of the Relationship Between Physical Fitness and Academic Achievement in California Using 2004 Test Results*.
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- 18 Wechsler, H.; McKenna, M.; Lee, S.M.; Dietz, W. The Role of Schools in Preventing Childhood Obesity. *The State Education Standard* 2004; 5(2):4-12.



This publication was prepared by Michael Fierro and Debra Lightsey of Bearing Point, Inc. for The Council of State Governments' (CSG) Healthy States Initiative. Funding for this publication was provided by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) under Cooperative Agreement Number U38/CCU424348. Its contents are the responsibility of the authors and do not necessarily represent the official views of CDC or CSG.



Active Bodies, Active Minds:

Getting Kids and Schools Active

Introduction

Preparing children academically and creating a robust future work force are two of the country's greatest priorities. However, some education policies, such as removing or reducing daily physical education (PE), may actually be hindering our progress in these areas. There is a growing body of evidence demonstrating that children who aren't physically active do not perform as well as they could academically, and that becoming more physically active may improve academic performance. Research has shown that taking time out

of the school day for physical activity or physical education does not harm test scores, but helps them. More recent research links overweight children with factors such as absenteeism that result in poor academic performance. While children should become more physically active outside the school environment as well, schools are an obvious means, especially given the academic performance advantages, by which to reintroduce physical activity to children.

Behaviors and risks that children practice during childhood set the course for their health for a lifetime. Unless this course is changed, this generation of children is expected to live shorter, less healthy lives than their parents.¹ These children are showing an unprecedented level of risk factors for the nation's top killers—chronic diseases such as diabetes, heart disease and cancer. While most youth do not suffer the consequences of these diseases until they are adults, children are now developing Type 2 diabetes—a condition related to obesity that once was referred to as “adult onset” diabetes—with increasing frequency.² More and more children are advancing into adulthood with deadly, disabling and costly illnesses that could result in a future work force that is ill-suited to sustain our economy.

State legislators are focusing attention on schools and their contribution or role in youth obesity. However, the majority of attention has been given to vending machines on school campuses. Physical activity has been proven to address youth obesity and reduce the risk for developing chronic diseases later in life. Legislators can:

- Provide resources, through public or private financing and partnerships, to create a school environment that enables and reinforces good physical activity and healthy eating.



- Implement daily *active* physical education that teaches new skills, is vigorous enough to have health benefits and promote adherence to lifetime physical activity habits.
- Provide stronger performance standards and incentives for schools to adhere to physical education requirements, while limiting exemptions from Physical Education participation.
- Encourage state and local education agencies to adopt healthy school policies that include nutrition and physical activity promotion and education for students, faculty and parents.

The Role of Physical Activity and Physical Education

Physical activity and physical education have proven academic benefits. Allotting too little time to physical activity and PE could undermine the goal of better academic performance. There is data to support implementing physical education and investing resources to achieve both academic and fitness goals.

The [President’s Council on Physical Fitness and Sports](#) reports that children who spend less time in other subjects to allow for regular physical education performed equally well or better in academic classes.³ A recent study found that California schools with high percentages of students who did not routinely engage in physical activity and healthy eating habits had smaller gains in test scores than did other schools.⁴ Many other studies have found similar results to support the benefits of physical education in academic curricula.^{5,6,7,8,9,10}

Physical Education: *Through Coordinated School Health*



Schools play a significant role in educating our students, which includes more than just reading and arithmetic. Schools also play a role in providing health education and a healthy environment that promotes learning. Coordinated School Health (CSH) model is one tool to maximize schools’ opportunity to teach children, families and personnel and to create a healthy place to work and play. CSH helps parents, students, school personnel and community leaders address the health needs of students through a coordinated approach. Legislators can assist schools in implementing CSH by adopting higher physical activity standards along with other related standards and education requirements such as nutrition and food policies, drug, alcohol and tobacco prevention and provisions for health services in school based health centers.

The Michigan Department of Education’s program, Brain Breaks, integrates classroom-based physical activity into science, math, history and other subjects. It provides elementary school children with activities that are either integrated as part of the class or are used as a transition between classes.¹¹ These short breaks for physical activity have been shown to help children be more focused, less disruptive and better able to learn.

Guidelines and Recommendations

The federal government recommends that children and adolescents engage in at least 60 minutes of moderate (or vigorous intensity) physical activity daily or most days of the week. Children and adolescents can choose any type of moderate or vigorous intensity physical activity, such as brisk walking, playing tag, jumping rope or swimming, as long as it adds up to at least one hour a day. For children and adolescents, regular physical activity has beneficial effects on the following aspects of health:¹²

- weight
- muscular strength
- cardiorespiratory (aerobic) fitness
- bone mass (through weight-bearing physical activities)
- blood pressure (for hypertensive youth)
- anxiety and stress
- self-esteem

Reach Kids, Teach Kids *Examples of State Action*

State	Statute or Bill	Description	Year enacted or introduced
California	51222	Provides for 400 minutes of physical education every 10 school days for students in grades seven through twelve	2003
Delaware	Administrative Code 14: 505	Requires high school students to complete half credits in health education coursework in order to graduate. In addition, Administrative Code 14:851 specifies that students receive 15 hours of instruction in drug/alcohol education during each grade of high school.	2004
Pennsylvania	HB 191	Requires district superintendents to help plan, develop and implement a health and wellness plan. Requires the advisory health council to include the following additional constituents: physical education, health education, school counseling.	2005 Amendment
South Carolina	HB 3499	Requires district superintendents to help plan, develop and implement a health and wellness plan. Requires the advisory health council to include physical education, health education and school counseling.	2005 Amendment



Recent Physical Activity and PE Initiatives

States have been grappling with rising concerns about youth obesity and have begun to make changes to physical education policies and education standards, as well as implementing incentives to school districts to improve students' physical fitness.

Physical Education Policy

Texas Senate Bill 19 became effective in 2003 and mandates that all elementary schools implement approved health programs by 2007. One of the approved programs of SB19 is the Coordinated Approach to Child Health program (CATCH). CATCH utilizes a coordinated effort of classroom health instruction, physical education, the school cafeteria and the family to develop healthy habits and attitudes in children. CATCH has three components: CATCH PE (physical activity), classroom curricula (health education) and EAT SMART (nutrition education and skill building).

To improve the 2004 results indicating that less than one-third of students tested for physical fitness achieved fitness goals, the California State Superintendent of Public Instruction recently launched the second annual Superintendents' Challenge. Each school district that takes up the Challenge by providing healthier meals, nutrition education, physical activity programs and quality physical education experiences will receive recognition from the California Department of Education and the state Senate. The most exemplary districts will receive a cash award of up to \$10,000, based on available funding. California used the FITNESSGRAM® developed by The Cooper Institute to test 1.3 million students in grades five, seven, and nine on cardiovascular fitness, percent of body fat, abdominal strength and endurance, trunk strength and flexibility, upper body strength and endurance and overall flexibility. Assembly Bill 265 required all school districts to administer a physical fitness test, designated by the State Board of Education, to all fifth, seventh, and ninth graders annually.

Health Education

The *Maine Move and Improve* Program is a community-based program designed to encourage and empower individuals to engage in a healthier lifestyle through physical activity. The program focuses on promoting the benefits of physical activity as a way to combat health risks linked to chronic disease and obesity. Move and Improve is a 12-week program designed to increase the amount of physical activity in which participants engage in on a daily/weekly basis and to be active for 12 weeks. In order to be eligible for prizes, participants must be active for eight of the 12 weeks. The two goal levels are:

- Be active for 30 minutes a day for four days per week (physical activity each day need not be continuous, but the minimum requirement is three 10-minute sessions to equal 30 minutes).
- Be active for 45 minutes a day for five days per week (physical activity each day need not be continuous, but the minimum requirement is three 10-minute sessions plus 15 minute sessions to equal 45 minutes).

Education Standards

The Minnesota Graduation Standards were designed by teachers, parents and community members to ensure that all graduates master the basics and have the skills necessary to succeed in the future. Minnesota requires





competency in physical education and fitness and individual and community health as part of its academic standards. Students are required to demonstrate understanding of physical fitness and training by designing and implementing a health-enhancing fitness plan which includes:

- establishing current levels of cardiovascular fitness, muscular endurance and flexibility;
- setting cardiovascular, muscular and flexibility goals to improve total body fitness;
- selecting measurement strategies;
- identifying frequency, intensity, time and types of activities required to meet goals;
- analyzing impact of goals on cardiovascular system and affected muscle groups;
- evaluating reasonableness of maintaining the fitness plan over an extended period of time; and
- evaluating effectiveness of the plan on total body fitness.

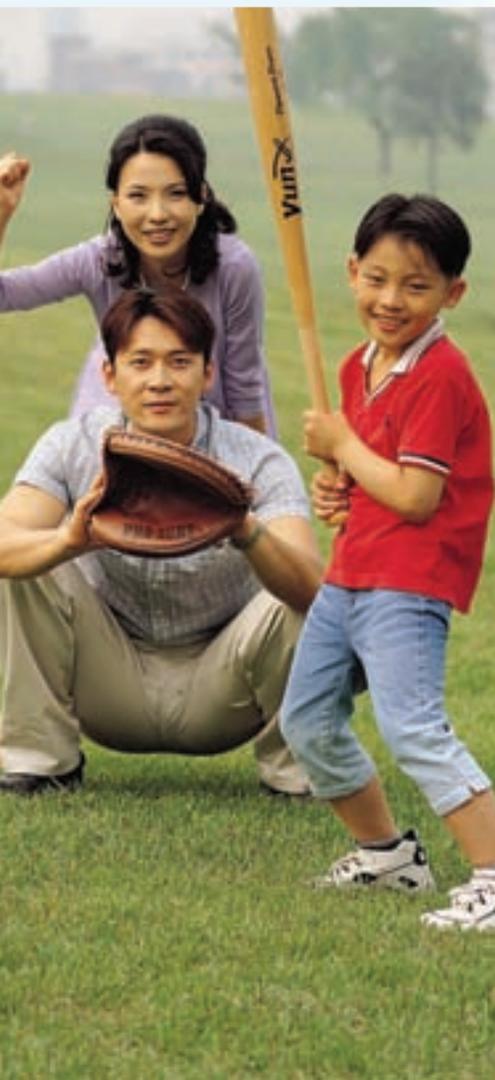
The individual and community health requirement can be met by demonstrating an understanding of decision-making processes and community health practices that promote physical fitness and healthful nutrition and dietary practices and that reduce and prevent tobacco, drug and alcohol use, injuries, sexually transmitted diseases and unintentional pregnancies.

What Legislators Can Do About Physical Activity and Physical Education

Legislators have been actively pursuing solutions to youth obesity through state education and health policy. Legislators have established commissions to study obesity, physical education, costs associated with implementing PE or physical activity programs, modifying state physical education standards, and academic standards.

Establishing Commissions and Studying Physical Education and Costs

- **Maine** 2003 Me. Laws, Chap. #95 (enacted) established the Committee to Study Public Health to research and report on obesity and health care costs related to obesity. The study included : nutrition standards for meals, food and drink at schools; a new nutrition pyramid with an emphasis on increased consumption of various foods; analysis of PE standards; restricting advertising to students; labeling fats on all packaged foods; healthy food promotion and food restrictions to families on public assistance; discrimination based on size; savings in health care costs and decreases in lost work time from the creation of fitness centers in major centers of state employment; nutritional analysis of food sold at state buildings; and an analysis of the benefits and costs of providing insurance or health coverage for obesity prevention and nutrition counseling.
- **New Mexico** House Memorial 28 (2004-enacted) requested that the legislative education study committee create a working group including local school board members, school administrators, nutritional experts, physical education instructors and representatives from industries with vending machines in public schools to study:
 - whether the lack of physical education and nutrition programs and the sale of low-nutrition foods and beverages in public schools are contributing to childhood obesity;



- the feasibility of increasing funding for nutrition and physical education programs in public schools by creating a contractual agreement between New Mexico public schools, including higher education institutions, and the companies that sell products in vending machines on public school property; and
- the feasibility of this contractual agreement creating a fund with the purpose of securing matching funding with additional sources, including federal grants, matching funds and private sector funding for nutrition and physical education programs.

Modifying and Strengthening Education and Physical Education Policies

- **Virginia** Acts, Chap. #955 (2004-enacted) requires local school boards to, among other things, incorporate art, music and physical education as a part of the instructional program at the elementary school level. It also reorganizes the standards of quality and makes substantive amendments to require five elementary resource positions per 1,000 students in kindergarten through grade five for art, music and physical education.
- **Oklahoma** Senate Bill 312 (2005-enacted) requires the state board of education to mandate, as a condition of accreditation, that public elementary schools provide instruction for students in full-day kindergarten and grades one through five on the following: physical education for a minimum of 90 minutes each week taught by a certified health and physical education teacher; and health education for minimum of 60 minutes taught by class teacher, nurse or physical education teacher. Health education topics are to include nutrition, wellness, tobacco-use prevention, injury prevention and other topics as recommended by Health and Fit School advisory committee.
- **Arkansas** Acts, Act #1729 (2003-enacted) requires each school district to report physical education compliance to the Department of Education annually. Strikes language from state code requiring no less than 20 minutes of physical activity three times a week for every student who is physically fit and able to participate in grades K-8.
- **Florida** Laws, Chap. #255 (2004-enacted) creates the “Middle Grades Reform Act,” and requires a review and recommendations relating to curricula and courses, including among many other things, physical education. It also requires the Department of Education to conduct a study on physical education in public schools and to develop a physical fitness assessment instrument and support materials for fitness assessment programs. District school boards are required to: address student health and fitness in school improvement plans; adopt policies for implementing student health and fitness standards; develop physical education programs; and adopt written physical education policies. The law requires that the policies be provided to the Department of Education and requires school districts to implement mandatory physical education under certain circumstances. The law provides for the development of an Internet-based clearinghouse at a public state university for professional development programs concerning physical education.
- **Louisiana** Act #734 (2004-enacted) requires all public elementary schools to provide at least 30 minutes of moderate to vigorous physical activity daily beginning with the 2004-2005 school year. The act requires local school boards to report compliance to the state school board by Oct. 1 of each year. Requires the development of an outreach and communication plan on health, nutrition, physical





education and fitness issues to be disseminated to each city, parish or other local public school board and made available to parents and students.

- **Washington** Laws, Chap. #138 (2004-enacted) requires the Washington state school directors association, with the assistance of the office of the superintendent of public instruction, the department of health and the Washington alliance for health, physical education, recreation and dance to convene an advisory committee to develop a model policy regarding access to nutritious foods, opportunities for developmentally appropriate exercise and accurate information related to these topics. Requires the policy to address the nutritional content of foods and beverages and the availability and quality of health, nutrition and physical education curricula. Requires the school directors association to submit the model policy and recommendations, along with a recommendation for local adoption, to the governor and the Legislature by Jan. 1, 2005.

Health Education

- **Virginia** House Joint Resolution (2004-enacted) urges school divisions to provide age-appropriate and culturally sensitive health, nutrition and physical education necessary to develop the knowledge, attitudes, skills and behaviors required for students to adopt and maintain healthy eating habits and physically active lifestyles.
- **North Carolina** State Board of Education adopted a “Healthy Active Children” policy that requires students in kindergarten through eighth grade to get at least 30 minutes of physical activity each school day. Schools are currently expected only to provide students with appropriate amounts of physical activity, which can vary significantly. The action by the Board was prompted by legislation now pending before the state General Assembly and the recent report and recommendation by the NC Health and Wellness Trust Fund.
- **Colorado** HB1237 establishes a statewide quality physical education recognition program to recognize and reward public schools and physical education teachers. It also establishes a fund to accept grants, gifts and donations. This bill passed in both chambers.

Resolutions and Proclamations

- **North Dakota** House Concurrent Resolution 3034 (2005-passed) encourages school districts to provide a mid-morning and mid-afternoon recess of at least 10 minutes to all students in grades K-6.
- **Pennsylvania** House Resolution 710 (2004-enacted) established May 1 through 7, 2004, as “National Physical Education and Sports Week” and the month of May 2004 as “National Physical Fitness and Sports Month” in Pennsylvania.
- **Hawaii** Senate Resolution 12 (2004-enacted) requests that the department of education develop and require as part of the curriculum an elementary school-level physical education program for public schools to promote health-related fitness, physical competence and cognitive understanding about physical activity for all students so that they can adopt healthy and physically active lifestyles. The program should: include instruction by physical education specialists with baccalaureate degrees; require 30 minutes of daily physical education; design classes to include the involvement of all children in activities; and include instruction in healthy eating habits and good nutrition. The program should: encourage self-monitoring of physical activity; provide for individualized activities; provide exposure to a variety of physical activities; concentrate on teaching physical skills; teach positive approaches to lifetime activity; and promote

activity outside the school environment. Findings, conclusions and recommendations on an elementary school-level physical education program are to be reported to the Legislature no later than 20 days prior to the convening of the regular session of 2005.

Conclusion

Many state legislators have forged ahead to ensure that students receive physical education as part of their school experience. Some legislators, such as those in Minnesota, have begun to establish physical fitness and health knowledge as an expected norm for graduating high school seniors. There is no single solution for every state, and legislators have many potential actions to help schools and students be more physically active, while maintaining high academic standards. However, states must continue working to improve children's health. Physical activity and physical education—along with good nutrition and healthy school environments—are part of the solution. Actions taken now will ensure that the current generation of youth become active, healthy adults.

Legislators can:

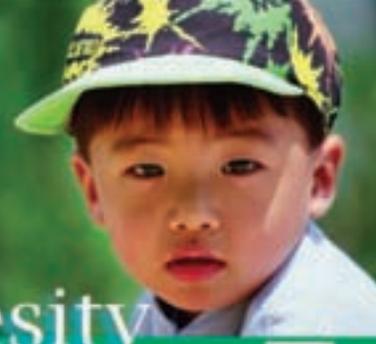
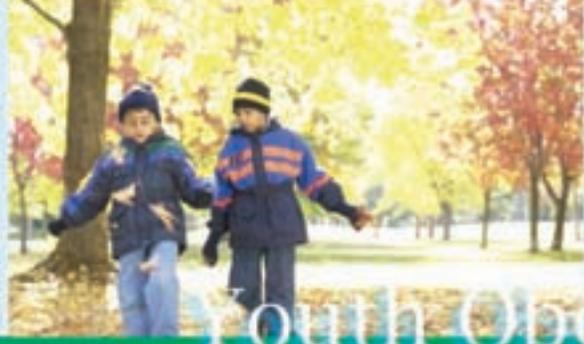
- Provide resources, through public or private financing and partnerships, to create a school environment that enables and reinforces good physical activity and nutrition.
- Implement daily *active* physical education that teaches new skills and is vigorous enough to have health benefits.
- Provide stronger performance standards and incentives for schools to adhere to physical education requirements, while limiting exemptions from PE participation.
- Encourage state and local education agencies to adopt healthy school policies that include nutrition and physical activity promotion and education for students, faculty and parents.
- Provide ongoing opportunities for teachers and physical educators to develop new skills and techniques for students.
- Encourage schools to develop physical activity programs for families and communities.

End Notes

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This publication was prepared by Michael Fierro and Debra Lightsey of Bearing Point, Inc. for The Council of State Governments' (CSG) Healthy States Initiative. Funding for this publication was provided by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) under Cooperative Agreement Number U38/CCU424348. Its contents are the responsibility of the authors and do not necessarily represent the official views of CDC or CSG.



M

ore than an Apple A Day:

School Food and Nutrition Policy

Introduction

While vending machines are a natural place to focus efforts to reduce youth obesity, they are clearly not the entire picture. Providing children with healthy foods and a healthy school environment that is conducive to learning is a primary goal for policy-makers. Schools and educators are not only concerned about balancing student achievement, but also offering nutritious foods while maintaining their

revenue integrity. These are valid issues that superintendents, principals and teachers face daily. However, there is some research that suggests that revenues do not decline when healthy options are available, and some legislators have begun to offer assistance and incentives to schools that limit unhealthy foods on campuses. While six states passed new laws on vending machines in schools, many more introduced bills attempting to curtail sales to elementary school students and offer more healthy choices in vending machines. Many legislative efforts were broader than school nutrition and included physical activity and physical education components as well.

State legislators have many tools to ensure that children get the proper nutrition while at school, including:

- supporting schools' efforts to implement higher nutrition standards in foods provided on campus;
- providing leadership across agriculture, health and education committees and state agencies to begin addressing nutrition in schools while advancing local agriculture and economic interests;
- using the media to promote healthy living for state residents;
- providing incentives to businesses and school districts to offer fresh fruits and vegetables to students; and
- establishing health education standards to teach children about nutrition and the health benefits of eating properly and being physically active.



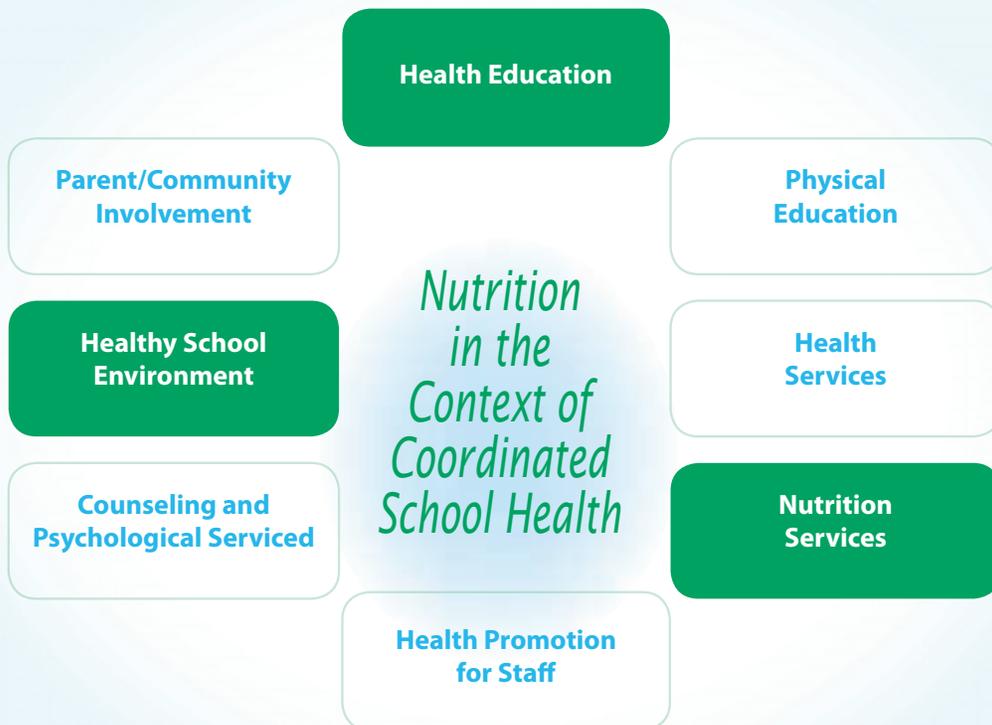
The Role of Food and Nutrition Policy

Children are not eating foods essential to healthy growth and development. Most children are missing federal recommendations on a variety of food categories. Unbalanced and unhealthy eating means that children are not getting the nutrients needed for growth, learning (cognitive development and function) and to prevent chronic diseases as they advance into adulthood

- Only 2 percent of school-aged children consume the recommended daily number of servings from all five major food groups.
- Less than one-fifth of children eat five servings of fruits or vegetables a day, and only 30 percent consume the recommended serving amounts for the milk group.¹
- Children are drinking more soft drinks now than ever before; consumption has increased by 41 percent between 1970 and 1994.² More than one-third of teenagers consume more than three servings of soda a day.³
- More than 80 percent of children and adolescents eat too much total fat (i.e., more than 30 percent of total calories from fat), and more than 90 percent eat too much saturated fat (i.e., more than 10 percent of total calories from saturated fat).⁴

A study in [California](#) found that when schools eliminate high-sugar sodas and high-fat chips, food service department revenues tend to increase. However, researchers also found that districts would require some one-time funding to implement these changes in a fiscally sustainable manner.⁵

Nutrition Policy: Through Coordinated School Health



Schools play a significant role in educating our students, which includes more than just reading and arithmetic. Schools also play a role in providing health education and a healthy environment that promotes learning. Coordinated School Health (CSH) is one tool to maximize schools' opportunity to teach children, families and personnel and to create a healthy place to work and play. CSH helps parents, students, school personnel and community leaders address the health needs of students through a coordinated approach. Legislators can assist schools in implementing CSH by implementing nutrition and food service standards along with other related standards and education requirements such as physical education policies, drug, alcohol and tobacco prevention and provisions for health services in school based health centers.

Making It Happen! School Nutrition Success Stories showed that schools can make money from selling healthy foods and beverages outside of school meal programs. Of the 17 schools or school districts that reported revenue changes, 12 increased revenue, four maintained and one experienced a slight decrease.⁶

Guidelines and Recommendations

The Dietary Guidelines for Americans (2005) recommend that children and adolescents increase their intake of fruits, vegetables, whole grain and fiber-rich foods while limiting fat. Children two to eight years old should consume two cups per day of fat-free or low-fat milk or equivalent milk products. Children nine years of age and older should consume three cups per day of fat-free or low-fat milk or equivalent milk products.⁷

Vending Machines and School Food Service

- **California** passed Senate Bill 19 (2001-enacted) titled “The Pupil Nutrition, Health and Achievement Act of 2001,” which set new standards for foods sold or provided in schools. The act outlined the most stringent standards for elementary schools, with looser standards for middle and high schools. This legislation also increased the reimbursement rate for free and reduced-price meals in elementary and middle schools by 10 cents from the current 13 cents to 23 cents. Meals purchased at full-price by children will be reimbursable at a rate of 10 cents per meal. It also made planning grants available

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Examples of State Action

State	Statute or Bill	Description	Year enacted or introduced
Massachusetts	Title II Chapter 15 Section 1G	Requires the establishment of an advisory council to the state board of education to focus on various areas, including violence prevention, comprehensive interdisciplinary health education and human services programs.	2005
Virginia	Code of Virginia 22.1- 275.1	Requires each local school board to establish a school health advisory board consisting of parents, students, health professionals, educators and others to assist with the development and evaluation of health policies in the school division.	1999
Delaware	Administrative Code 14:505	Requires high school students to complete one-half credit in health education coursework in order to graduate. In addition, Administrative Code 14:851 specifies that students receive 15 hours of instruction in drug/alcohol education during each grade of high school.	2004
West Virginia	126- 86- 4	Requires that school lunches meet the 1994–95 USDA meal pattern requirements. The bill also makes specific requirements regarding nutrient content, fat content, sodium and fiber content. There are also nutrition standards for other foods sold or served during the school day such as the availability of water, fruit juice and milk. Furthermore, it prohibits candy, soft drinks, gum or flavored ice bars to be sold or served during the school day, with limited exceptions.	2004

to pilot schools for costs associated with developing and adopting these policies, subject to available funding.

- In March 2004, the [Texas](#) Department of Agriculture issued the Texas Public School Nutrition Policy to promote a healthier environment in schools. The new policy sets standards for nutrition and foods served in all Texas public schools that participate in the federal child nutrition programs. The policy prohibits certain unhealthy foods in elementary schools during the school day and limits these foods during the day in middle and high schools. It also sets nutrition standards for all schools. This policy reiterates enforcement and remedy provisions for noncompliance of school nutrition guidelines.

What Legislators Can Do about Obesity

More and more states are adopting legislation to promote healthy eating in schools. In 2003–2004 alone, six states enacted laws addressing vending machines in schools. Recently, [New Jersey](#), [Kentucky](#) and [South Carolina](#) adopted legislation to improve school nutrition. State level activities compliment a recent federal initiative, the USDA Child Nutrition and WIC Reauthorization Act of 2004, which mandates all school districts to develop a local wellness policy that addresses nutrition and physical activity by the beginning of the 2006 school year. The following are examples of state level action:

Vending Machines and School Food Service

- [Arkansas](#) Act 1220 (2003-enacted) bans elementary school students' access to vending machines offering food and soda.
- [California](#) Senate Bill 677 (2003-enacted) bans vending machine sales of carbonated beverages to elementary, middle and junior high school students and replaces them with milk, water and juice. It also limits accessibility in middle and junior high schools from one-half hour before the start of the school day to one-half hour after the end of the school day. It exempts sales of certain beverages at specified school events.

Areas of School Food Policy



- Food rewards
- Food-related fundraising
- Food or beverage contracts
- Portion size
- After-school programs, field trips or school events
- Parties, celebrations or meetings
- Qualifications of food service staff
- Access to school nutrition programs
- Timing and scheduling of school meals
- Surroundings for eating
- Marketing of foods and beverages
- Sustainable food practices
- School health councils
- Community and family involvement
- Wellness

- **Colorado** Senate Bill 103 (2004-enacted) encourages each school district board of education to adopt a policy on or before July 1, 2004, providing that by the 2006–07 school year at least 50 percent of all items offered in vending machines in each school district be healthful foods or healthful beverages. The foods and beverages must meet acceptable nutritional standards.
- **Tennessee** House Bill 2783 (2004-enacted) requires the state board of education, in consultation and cooperation with the department of education and the department of health, to promulgate rules to establish minimum nutritional standards for individual food items sold or offered for sale to pupils in grades K–8 through vending machines or other sources, including school nutrition programs. Foods that do not meet requirements may be sold for fundraisers if food items are sold off campus and at least one-half hour after the end of the school day.
- **Washington** Senate Bill 5436 (2004-enacted) requires the Washington state school directors association, with the assistance of the office of superintendent of public instruction, the department of health and the Washington alliance for health, physical education, recreation and dance to convene an advisory committee to develop a model policy regarding access to nutritious foods, opportunities for developmentally appropriate exercise and accurate information related to these topics. The bill requires the policy to address the nutritional content of foods and beverages—including fluoridated bottled water—sold or provided throughout the school day or sold in competition with the federal school breakfast and lunch program and the availability and quality of health, nutrition and physical education and fitness curriculum. It also requires the school directors association to submit the model policy and recommendations on the related issues and for local adoption to the governor and legislature and post it on its Web site by January 1, 2005. The bill requires each district's board of directors to establish its own policy by August 1, 2005.
- **Kentucky** Senate Bill 172 (2005-enacted) requires the board of education to issue minimum nutritional standards for food and beverages sold outside of the Nutritional School Breakfast and National School Lunch programs. The bill addresses time limitations for the sale of competitive foods and sets forth penalties for violations of sales. Requires development of wellness policy for K–5 that permits physical activity as part of the instructional day but not to exceed 30 minutes per day or 150 minutes per week. The bill also sets requirements for food service personnel training and annual assessments of school districts' nutrition and physical activity environment.

Farm to School

- **Vermont** House Bill 272 (2003-enacted) encourages Vermont school and community wellness programs to encourage healthy eating and regular physical exercise. Establishes an advisory council on wellness to assist the department of education. The commissioner of education is required to collaborate with human services and agriculture food and markets to write a model school fitness and nutrition policy by January 2005. The bill also requires the commissioner to develop and implement a wellness grant program. Funds may go to wellness council, data surveillance and implementation of community wellness program. Provides for one staff member educational consultant.
- **Connecticut** Acts, P.A. 224 (2004-enacted) requires each local and regional board of education to offer all full-day students a daily lunch period of not less than 20 minutes and include in the regular school day for each student enrolled in grades K–5 a period of physical ex-

ercise. The act requires each local and regional board of education to make nutritious, low-fat foods and drinks available for purchase by students, which shall include, but not be limited to, low-fat milk, 100 percent natural fruit juices and water at all times when drink is available for purchase by students in such schools and low-fat dairy products and fresh or dried fruit at all times when food is available for purchase by students in such schools during the regular school day.

- **New York** Laws, Chap. #269 (2004-enacted) changes purchasing laws for schools to buy from farming associations and increases maximums on direct purchases. It also requires the state Department of Education to work with the Department of Agriculture and Markets to promulgate regulations that:
 - accommodate the provisions of the State Farm-to-School Law;
 - allow schools to pay farmers prices comparable to what they would otherwise pay for locally grown foods through their conventional channels as opposed to comparing to national wholesale prices;
 - allow school districts interested in purchasing local farm products to notify interested farmers statewide in accordance with provisions of the Farm-to-School Law by using publications, Web sites and other mechanisms;
 - ensure that schools provide a fair opportunity to all farmers interested in selling to them and that schools select the seller or sellers based on the usual traditional purchasing criteria (i.e., low price, quality, reliability, delivery, etc.) without having to divide up purchases proportionally among competing bidders, as the current regulations require, unless they choose to;
 - provide guidelines for department of education approval of purchases by schools from associations of 10 or more farmers;
 - and to the extent possible, minimize additional paperwork

Commissions and Studies

- **North Carolina** House 1409 (2004-enacted). As part of the “Healthy Studies Act of 2004,” the Joint Legislative Education Oversight Committee may study school nutrition and opportunities for physical activity to keep children healthy.
- **Illinois** House Resolution 147 (2003-enacted) authorizes the Departments of Health and Education to undertake a sugar consumption study in order to determine effects on health of school children.
- **Louisiana Act** #734 (2004-enacted) requires all public elementary schools to provide at least 30 minutes of moderate to vigorous physical activity daily beginning with the 2004-2005 school year. The act requires compliance reporting for school districts as well as a pilot program in various regions of the state to assess student fitness and nutrition and interventions to limit unhealthy foods in schools.

Health Education and Awareness

- **California** Statutes, Res. Chap. #58 (2004-enacted) proclaimed the week of April 26 to April 30, 2004, to be YEAH!: “Youth Eating and Acting Healthy!: Children’s Fitness and Nutrition Week 2004.”
- **California** Statutes, Res. Chap. #140 (2004-enacted) requests that federal officials and entities and private industries take various actions concerning foods and beverages advertised or marketed to children. The resolution petitions the United States Congress and the president to require the Federal Communications Commission to ensure that equal time is given during television programs that have a significant youth audience to encourage fruit and vegetable consumption and physical activity, and discourage consumption of low-nutrient foods and beverages. It requests that the federal government fund new and existing media campaigns to promote healthy eating and physical activity.





- **Hawaii** Senate Resolution 12 (2004-enacted) requests that the department of education develop and require as part of the curriculum an elementary school-level physical education program for public schools to promote health-related fitness, physical competence and cognitive understanding about physical activity for all students so that they can adopt healthy and physically active lifestyles. The program should include instruction by physical education specialists with baccalaureate degrees; require 30 minutes of daily physical education; design classes to include the involvement of all children in activities; and include instruction in healthy eating habits and good nutrition. The program should encourage self-monitoring of physical activity; provide for individualized activities; provide exposure to a variety of physical activities; concentrate on teaching physical skills; teach positive approaches to lifetime activity; and promote activity outside the school environment. Findings, conclusions and recommendations on an elementary school-level physical education program are to be reported to the Legislature no later than 20 days prior to the convening of the regular session of 2005.

Conclusion

While state legislators and communities have begun to address youth obesity in a variety of ways, much work is left to do to ensure that children mature into healthy, productive adults. Providing nourishing foods, minimizing junk food and teaching about healthy eating are all essential to creating healthy schools and healthy communities. Balancing schools' needs to meet rigorous academic standards and providing nutrition education and healthy foods is possible and evidence shows that healthy children consistently achieve higher scores on achievement tests than unhealthy or undernourished children.

Legislators can:

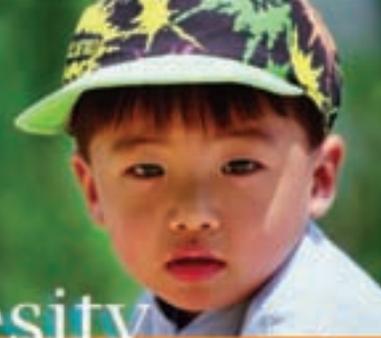
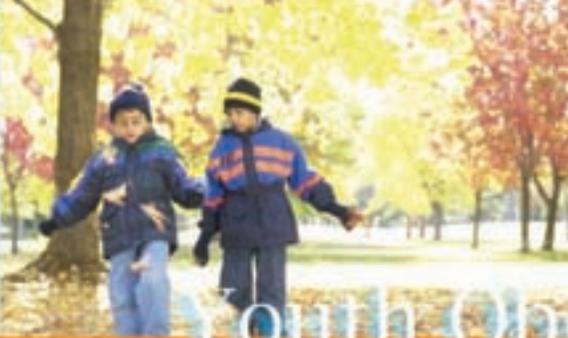
- Support schools' efforts to implement higher nutrition standards in foods provided on campus.
- Provide leadership across agriculture, health and education committees and state agencies to begin addressing nutrition in schools while advancing local agriculture and economic interests.
- Provide incentives to businesses and school districts to offer fresh fruits and vegetables to students.
- Establish health education standards to teach children about nutrition and the health benefits of eating properly and being physically active.

End Notes

- 1 United States Department of Agriculture (USDA). 1994–1996 Continuing Survey of Food Intakes for Individuals (CSFII).
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The Center of the Neighborhood:

Schools in Healthy Communities

Introduction

Parents like to tell their children that when they were young, they walked five miles to school in the snow. Uphill. Both ways. But the truth is, schools were once the physical and social center of our communities—not a five-mile hike, but a short skip or bike ride past friends' houses. We learned, played, voted, volunteered or even worked in school buildings. While some schools still anchor their surrounding communities, more and more schools are distant or otherwise inaccessible from where families live, work and play. By connecting schools and communities, policy-makers can strengthen both, providing environments that promote physical activity and healthy eating for children and their families. To accomplish these goals, state legislators can:

- support or create comprehensive community campaigns that involve schools;
- require school siting and other infrastructure decisions that promote health;
- encourage policies that make school facilities accessible to the community; and
- become a champion for health-promoting schools.

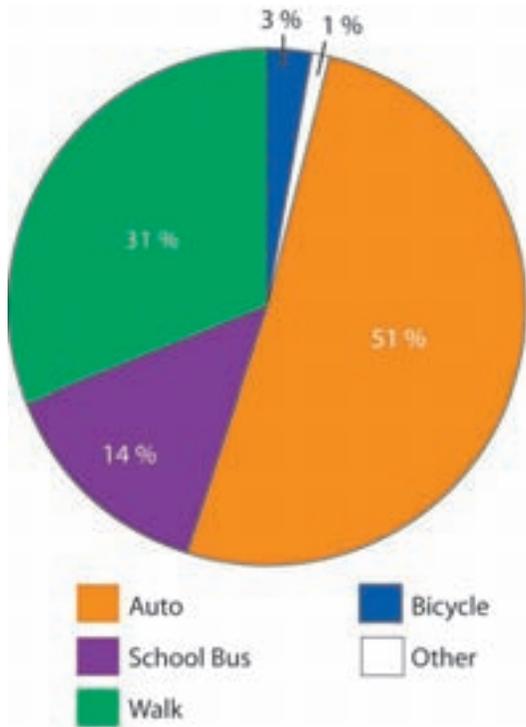
The Role of Schools in Communities

The rise in obesity over the last 20 years represents a cultural shift. Americans' behaviors have changed, reducing opportunities for physical activity and healthy eating. The choices children and families make are influenced by our surroundings—from teachers' attitudes to schools' driveways. For example:

- Less than 16 percent of students age five to 15 walked to school in 2001, compared to 48 percent in 1969.¹
- Barriers to walking and biking to school include long distances, traffic danger, adverse weather conditions, crime danger and opposing school policy. Children with no barriers were six times more likely walk or bike to school.²
- While most communities have sports and recreation programs for youth, such programs are difficult to start and sustain in communities such as public housing, inner-city neighborhoods, Native American lands and rural areas.^{3,4}



Far More Children Ride to School than Walk or Bicycle (trips 1 mile or less)



Source: 1995 Nationwide Personal Transportation Survey, US Department of Transportation, Federal Highway Administration, unpublished data, 2000. From CDC presentation "Walking and Bicycling to School"

- In just one year, VERB—a national media campaign to promote physical activity in children age nine to 13—increased physical activity among girls, children age nine to 10 and those in lower income groups. The campaign also increased physical activity among the least active youth.⁵
- In 2000, only 10 states had a coordinator for faculty and staff health promotion programs. Twenty-eight percent of districts and 30 percent of schools had such a coordinator.⁶

Recent Community Action on Youth Obesity

Safe Routes to School

In 1999, California became the first state to pass legislation allocating transportation funds to improve routes to schools. Marin County, California, Safe Routes to School program reported a 64 percent increase in walking to school and a 114 percent increase in children biking to school in its first two years.⁷ The program combined infrastructure improvements for traffic safety—improved crosswalks, bike lanes and sidewalks—with education and traffic enforcement.

In the Bronx, New York, a local Safe Routes to School project is aiming to maintain the high number of students who walk to school. Estimates show that 85 percent of Bronx children walk to school, but there is danger of that number dropping as more parents drive and walking becomes more dangerous. Using model Safe Routes to School programs as its starting point, Transportation Alternatives, a nonprofit organization, encourages parent and community involvement in planning traffic calming measures around schools. The New York City Department of Transporta-

Reach Kids, Teach Kids
through Coordinated School Health

Communities, schools and parents each play important roles in educating our students, which includes more than just reading and arithmetic. They also play a role in providing health education and a healthy environment that promotes learning. The Coordinated School Health (CSH) model is one tool to maximize schools' opportunity to teach children, families and personnel and to create a healthy place to work and play. CSH helps parents, students, school personnel and community leaders address the health needs of students through a coordinated approach. Parents and community members can participate and support school efforts by serving on school health councils, organizing healthy food fundraisers, supplying healthy foods for school celebrations and becoming informed on foods offered by the school. They can also encourage their children to become involved in the school's healthy activities. Legislators can assist schools in implementing CSH by implementing nutrition and physical education standards along with other related standards and education requirements such as physical education policies, drug, alcohol and tobacco prevention and provisions for health services in school-based health centers.



tion has taken notice and is implementing Safe Routes to School city-wide, beginning with computer mapping street conditions around 1,350 neighborhood schools.

School Siting

Size and location are keys to creating community-centered schools. As schools get larger, it becomes more difficult to place them in neighborhoods, therefore requiring longer traveling distances. This discourages walking and biking and encourages use of cars. It also decreases the school's use and desirability as a place for community recreation. Several states, including [Florida](#), [New Hampshire](#), [New York](#) and [Washington](#), recommend smaller sites for schools. [Maryland](#) and [Oregon](#) impose no acreage requirements.⁸

The Vashon Education Compact in [Missouri](#) is a public-private partnership that includes the school system and board of education, several foundations and private sector developers. The compact brings together education and community development by working toward student achievement, identifying and retaining highly effective principals and teachers to live in the neighborhoods while working in the schools and enhancing the livability of the neighborhood by providing high-quality, community-oriented public education. The compact successfully converted Jefferson Elementary School from a commuter school to one where 80 percent of the students walk to school. The attendance rate at the school is now 94 percent, and nearly 60 percent of the parents are involved with the school. In addition, the school's neighborhood has been redeveloped with quality housing.⁹

Community and Schools

Examples of State Action

State	Statue or Bill	Description	Year enacted or introduced
Massachusetts	Title II Chapter 15 Section 1G	Requires the establishment of an advisory council to the state board of education to focus on various areas, including violence prevention, comprehensive interdisciplinary health education and human services programs.	2005
Virginia	Code of Virginia 22.1- 275.1	Requires each local school board to establish a school health advisory board consisting of parents, students, health professionals, educators and others to assist with the development and evaluation of health policies in the school division.	1999
Pennsylvania	HB 191	Requires district superintendents to help plan, develop and implement a health and wellness plan. Requires the advisory health council to include physical education, health education and school counseling as part of the plan.	2005 Amendment

Schools as Community Resources and Worksites

Healthy **Maine** Partnerships is an innovative community-school initiative to support community-based efforts to reduce tobacco use and increase physical activity and healthy eating. In just three years since Healthy Maine Partnerships was launched, the state has observed dramatic increases in the number of schools engaging staff and students in walking programs, opening their buildings for after-school physical activity, developing fitness facilities and leveraging grants and local funds to support physical education and other programs.¹⁰

The School Board of Broward County, **Florida**, worked with local YMCAs and a fitness equipment company to provide physical activity opportunities to students age nine to 12 during daytime, after-school, Saturdays and summer in the cities of Lauderhill and Lauderdale Lakes. The project provided a 20 station fitness trail at one high school and complete fitness rooms at two middle schools, benefiting more than 6,000 students and staff. The YMCA also used the equipment and associated training to serve 1,300 more students.¹¹

The Eugene, **Oregon**, School District has received a federal Carol M. White Physical Education Progress (PEP) Grant that improves school fitness facilities, allowing more focus on individual lifetime fitness activities rather than traditional competitive sports. For example, elementary schools added climbing walls and plan to open these facilities to the community. A partnership with city-sponsored after-school programs in Eugene's middle schools trains city staff to encourage similar lifetime individual fitness activities.¹²

Body Mass Index (BMI) Reporting

The **Arkansas** legislature passed Act 1220 in 2003, creating the Child Health Advisory Committee responsible for recommending how to reduce childhood obesity, dealing with vending machines in schools and assessing BMI every year for all children enrolled in Arkansas' public school system. The Department of Health and the Arkansas Center for Health Improvement at the University of Arkansas for Medical Sciences were chosen to lead the effort. Once the project went statewide in 2004, BMI was collected for over 400,000 students. Results show that childhood obesity was a much more serious problem than reported in other surveys and research studies. Physicians and health professionals were also enlisted in the effort to help treat children found at risk of being overweight.

Illinois Laws, P.A. #93-0966 (2004-enacted) adds a health exam provision to the existing law that requires schools to collect information on students before entering schools. This law requires the health exam to include the collection of data relating to obesity including date of birth, gender, height, weight, blood pressure and date of exam. The law requires that the data collected by the department be de-identified and aggregated to prevent disclosure of personal identifying information.

Community and Mass Media Campaigns

Through innovative advertising made specifically to appeal to "tweens" age nine to 13, CDC's **national** paid media campaign, *VERB. It's what you do*, has increased physical activity in critical populations, including 10 million girls and 8.6 million nine to 10-year-olds. Among its remarkable

achievements in its first year, the VERB campaign has:

- narrowed the gap in physical activity between girls and boys;
- prompted lower income tweens to become more physically active despite greater barriers to being active; and
- reached extraordinarily high awareness levels among tweens (74 percent nationally) and very high understanding (90 percent nationally) of the campaign's core messages to be physically active and have fun.

In 2003, Tempe, **Arizona's** Fifth Annual Walk to School Day event included 8,000 children and 20 elementary schools, up from 1,000 participants in 1999. The event included free breakfast with tree-planting ceremonies and prizes sponsored by local corporations. As part of a larger effort to promote walking, biking and public transportation, Walk to School Day has helped reduce traffic around elementary schools during the morning and afternoon rush hour.¹³

The **Michigan** Coordinated School Health Program—a partnership between the state departments of education, community health, human services, Michigan Action for Healthy Kids and the Michigan Cooperative Extension—recognized that healthy weight can't be achieved in schools alone. Healthy Kids, Healthy Weight produced and disseminated educational materials through community organizations, addressing such topics as The Family's Role, Your Healthy Home, Fit Families at Home, Healthy Choices Away from Home and Fit Families on the Move. These resources have been in high demand and were recently published in Spanish. By encouraging consistent messages from schools, communities and families, Michigan's Coordinated School Health Program has strengthened the role of schools in promoting children's health.

Farm-to-School Programs

Washington Senate Bill 5436 (2004-enacted) requires the Washington state school directors association—with the assistance of the office of superintendent of public instruction, the department of health, and the Washington alliance for health, physical education, recreation and dance—to convene an advisory committee to develop a model policy regarding access to nutritious foods, opportunities for developmentally appropriate exercise and accurate information related to these topics. The law requires the policy to address the nutritional content of foods and beverages—including fluoridated bottled water—sold or provided throughout the school day or sold in competition with the federal school breakfast and lunch program and the availability and quality of health, nutrition and physical education and fitness curriculum. It also required the school directors association to submit the model policy and recommendations on the related issues and for local adoption to the governor and legislature and post it on its Web site. The law requires each district's board of directors to establish its own policy by August 1, 2005.

New York Laws, Chap. #269 (2004-enacted) changes purchasing laws for schools to buy from farming associations and increases maximums on direct purchases. It also requires the state's Department of Education to work with the Department of Agriculture and Markets to promulgate regulations that:

- accommodate the provisions of the state Farm-to-School Law;
- allow schools to pay farmers prices comparable to what they would



otherwise pay for locally grown foods through their conventional channels as opposed to comparing to national wholesale prices;

- allow school districts interested in purchasing local farm products to notify interested farmers statewide in accordance with provisions of the Farm-to-School Law by using publications, Web sites and other mechanisms;
- ensure schools provide a fair opportunity to all farmers interested in selling to them and that schools select seller or sellers based on the usual traditional purchasing criteria (i.e., low price, quality, reliability, delivery, etc.) without having to divide purchases proportionally among competing bidders, as current regulations require, unless they choose to;
- provide guidelines for department of education approval of purchases by schools from associations of 10 or more farmers; and
- to the extent possible, minimize additional paperwork.

What Legislators Can Do About Youth Obesity in the School Community

Legislators across the country have begun to address obesity through the community presence of schools. Through bills that encourage collaboration, set standards for infrastructure and location and promote joint community and school action, State Houses are using policy tools to improve school communities.

Body Mass Index Reporting

Illinois Senate Bill 2940 (2004-enacted) amends the school code and the Illinois Health Statistics Act to require health examinations to include the collection of data relating to obesity, including at a minimum: date of birth, gender, height, weight, blood pressure and date of exam.

Create Safe Routes to School

A number of states have enacted legislation creating Safe Routes to School programs, beginning with California in 1999. These bills dedicate funds to safe walking and bicycling routes to school. Hawaii, Illinois, Oregon, Rhode Island and Tennessee are actively considering Safe Routes to School legislation in 2005.

- **New Mexico, Colorado, Massachusetts, New York** and **South Carolina** enacted Safe Routes to School legislation in 2004, and California re-authorized their existing law. Examples of these bills are below.
 - **Colorado**, Sess. Laws, Chap. #399 creates a Safe Routes to School program in the department of transportation to distribute federal funds to local governments for various construction projects, educational programs, implementation of traffic-calming programs in neighborhoods near schools, traffic diversion improvements and bicycle parking facilities.
 - **New York**, Chapter #444 authorizes the department of transportation to establish and administer the Safe Routes to School program to eliminate or reduce physical impediments to primary and secondary school-aged children walking or bicycling to school.
 - **South Carolina**, Act #307 creates the South Carolina Safe Routes to School Act, which requires municipal and county governing bodies to work with school districts in their jurisdiction to identify barriers and hazards to children walking or bicycling to and from schools.

Encourage School Sites that Promote Walking, Biking and Community Recreational Use

- **Utah** HCR 1 (2005-enacted) encourages local school boards to build more moderately sized community-based neighborhood schools



and urges the state Office of Education to promote research on innovative ways to create smaller schools.

- **Maine** LD 1349 (2005-pending) encourages building schools only in areas already served or to be served by public infrastructure including sidewalks and bicycle paths and requires that school construction only be approved in designated growth areas, areas served by a public sewer system, census-designated places or compact areas.
- **Indiana** SB 471 (2005-pending) requires the department of local government finance to give priority to school construction projects that: renovate or expand existing school buildings; are located in existing neighborhoods; do not contribute to the conversion of farmlands; and do not require new water or sewer infrastructure.

Support Community Campaigns Aimed at Children and Families

- **Florida** H0935 (2004-enacted) requires the Department of Health, in partnership with the Department of Education, to promote healthy lifestyles to decrease rates of obesity and overweight, with emphasis on awareness campaigns, training and other healthy lifestyle resources.
- **Vermont** HJR 48 (2004-enacted) requests that schools engage their communities in developing nutrition and fitness programs, and schools and communities work with organizations to help understand childhood wellness programs and develop programs, activities and policies to address inactivity and poor nutrition.

Conclusion

Schools once defined our neighborhoods. In many ways they still do, but not always in ways that support healthy communities. By reinforcing school's connection to community and reinforcing healthy behaviors in all our neighborhoods, legislators can promote healthier children in healthier communities.

Legislators can:

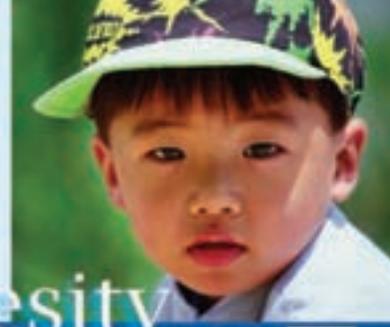
- Support or create comprehensive community campaigns that involve schools. Through appropriations or other legislation, lawmakers can provide resources and direction for statewide or smaller campaigns that support community—and school—level involvement in promoting healthy behaviors through proven and promising strategies.
- Require or support school siting and other infrastructure decisions that promote health. Maintaining or building schools integrated into communities has many benefits, and legislators can promote this by targeting education funds in developed areas or areas designated for growth, reducing acreage requirements for buildings to encourage smaller schools and coordinating closely with local school boards.
- Encourage policies that make school facilities accessible to the community. A major barrier to youth physical activity is lack of access to sports and recreation facilities.¹⁴ Increased access to school facilities could help increase physical activity among youth and their families. After school programs can also benefit from increased access to fitness facilities.
- Encourage schools to develop physical activity programs for families and communities.
- Be a champion for health-promoting schools. As leaders of their hometowns, lawmakers can be powerful advocates for improving surroundings to promote health.



End Notes

- 1 Bureau of Transportation Statistics, National Household Travel Survey, January 2003, as cited in EPA, Travel and Environmental Implications of School Siting.
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- 4 CDC. Guidelines for school and community programs to promote lifelong physical activity among young people. *MMWR* 1997, 46(RR-6), 1-36.
<http://www.cdc.gov/youthcampaign/index.htm>
- 5 CDC. Overview: School Health Policies and Programs Study, 2000
- 6 Staunton CE, Hubsmith D, Kallins W. Promoting safe walking and biking to school: the Marin County success story. *Am J Public Health* 2003;93:1431–4.
- 7 NGA. *Growth Tool Kit: Invest in Existing Schools and Build New Schools Strategically*.
- 8 NGA. *Growth Tool Kit: Invest in Existing Schools and Build New Schools Strategically*.
- 9 NCCDPHP Exemplary State Programs
- 10 CDC, (May, 2003). CDC's Youth Media Campaign: VERB. It's what you do. Summary Report: Projects of State and Local Education Agencies and National Organizations to Increase Physical Activity among Youth and Reinforce Campaign Messages.
<http://www.osba.org/hotopics/atrisk/obesity/eugene.htm>
- 11 http://www.iwalktoschool.org/award_app_template.cfm?ID=121
- 12 Better Health for Young People Through Physical Activity and Sports: A, 2000 Report to the President.

This publication was prepared by Michael Fierro and Debra Lightsey of Bearing Point, Inc. for The Council of State Governments' (CSG) Healthy States Initiative. Funding for this publication was provided by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) under Cooperative Agreement Number U38/CCU424348. Its contents are the responsibility of the authors and do not necessarily represent the official views of CDC or CSG.



Health Recommendations for the Public

Overweight and Obesity: What You Can Do

www.surgeongeneral.gov/topics/obesity/calltoaction/fact_whatcanyou.do.htm

Recommendations from the U.S. Surgeon General for the public about how physical activity can help people combat obesity.

Publications from the President's Council on Physical Fitness and Sports

http://www.fitness.gov/council_pubs.htm

Includes a wide variety of downloadable publications written for the general public about how to get or stay healthy, adopt more healthy eating habits and increase physical activity.

MyPyramid.gov

www.mypyramid.gov

This U.S. Department of Agriculture resource can be used to help individuals make smart food choices and find the right balance between food and physical activity.

Dietary Guidelines for Americans 2005

www.healthier.us.gov/dietaryguidelines

Produced by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture, the dietary guidelines provide science-based advice to reduce risk for major chronic diseases through diet and physical activity.

USDA for Kids

www.usda.gov/news/usdakids/index.html

A Web site designed to help children understand the importance of physical activity and nutrition.

Links to Nutrition and Physical Activity Publications and Web Resources

www.cdc.gov/HealthyYouth/nutrition/publications.htm

This CDC Web site contains links to many resources designed to provide nutrition and physical activity advice for the general public about how to promote healthy behaviors and habits among children and adolescents.

Selected Resources for State Policy-Makers

State-by-State Information on the Web

State Legislative Information Related to Nutrition and Physical Activity

<http://apps.nccd.cdc.gov/DNPALeg/>

Search this CDC Web site for state-level bills related to nutrition and physical activity.

Links to State and Territorial Health Officials

www.astho.org/index.php?template=regional_links.php

Find state and territorial health department officials at this Association of State and Territorial Health Officials Web site.

State-Level Estimated Costs of Obesity

www.cdc.gov/nccdphp/dnpa/obesity/economic_consequences.htm

Estimated costs associated with adult obesity for each state are listed on this CDC Web page.

State-Based Physical Activity Program Overview

<http://apps.nccd.cdc.gov/DNPAProg/>

This CDC Web site provides information about physical activity programs involving state departments of health. Use this site to research programs, gather ideas and share information.

Obesity Trends

www.cdc.gov/nccdphp/dnpa/obesity/trend/index.htm

This CDC Web page is a rich source of statistics about the prevalence of obesity among adults, children and adolescents in the states.

Policy Reports and Recommendations

A Nation at Risk: Obesity in the United States—A Statistical Sourcebook

www.rwjf.org/files/publications/other/AH_NationAtRisk.pdf

Produced by the American Heart Association and the Robert Wood Johnson Foundation, the sourcebook shows how prevalent obesity has become and examines the factors that contribute to patterns of unhealthy eating and insufficient physical activity.

Designing and Building Healthy Places

www.cdc.gov/healthyplaces

This CDC Web site provides a wealth of resources and policy recommendations related to the link between health and the environment, including the “built” environment.

F as in Fat: How Obesity Policies are Failing in America

<http://healthyamericans.org/reports/obesity>

A publication of the Trust for America's Health, this report describes state-by-state obesity levels, state school policies on nutrition and health education and community-focused initiatives in those states.

Guidelines for School Health Programs to Promote Lifelong Healthy Eating

www.cdc.gov/mmwr/PDF/RR/RR4509.pdf

These guidelines identify school-based strategies that the CDC deems likely to be effective in promoting lifelong healthy eating among young people.

Making it Happen: School Nutrition Success Stories

www.cdc.gov/healthyyouth/nutrition/Making-It-Happen/index.htm

This joint publication from the CDC, USDA and the U.S. Department of Education describes how thirty-two schools and school districts from across the United States are improving the quality of foods and beverages offered in schools.

Preventing Childhood Obesity: Health in the Balance

www.iom.edu/report.asp?id=22596

This report from the Institute of Medicine provides a broad-based examination of the nature, extent, and consequences of obesity in U.S. children and youth, including the social, environmental, and dietary factors responsible for its increased prevalence.

Preventing Obesity and Chronic Disease through Good Nutrition and Physical Activity

www.cdc.gov/nccdphp/pe_factsheets/pe_pa.htm

Produced by the CDC, this Web page contains general statistics regarding obesity and the economic implications of obesity as well as promising approaches and examples of state programs for the prevention of obesity.

Promoting Better Health for Young People Through Physical Activity and Sports

www.cdc.gov/HealthyYouth/physicalactivity/promoting_health/index.htm

This report from the U.S. Secretary of Health and Human Services and the Secretary of Education outlines ten strategies to promote health and reduce obesity through lifelong participation in enjoyable and safe physical activity and sports.

Straight Talk about Obesity and Health

www.prevent.org/publications/Obesity%20Impact-v2.pdf

This issue brief from Partnership for Prevention summarizes the evidence about overweight, obesity, the health consequences of these conditions and the associated economic costs.

The Guide to Community Preventive Services (Community Guide)/Physical Activity

www.thecommunityguide.org/pa/default.htm

Provides evidence-supported recommendations about population-based interventions to increase levels of physical activity.

The Obesity Epidemic—How States Can Trim the “Fat”

www.nga.org/cda/files/OBESITYIB.pdf

Produced by the National Governor's Association, this issue brief outlines programs and policies states can use to address the causes of the obesity epidemic.

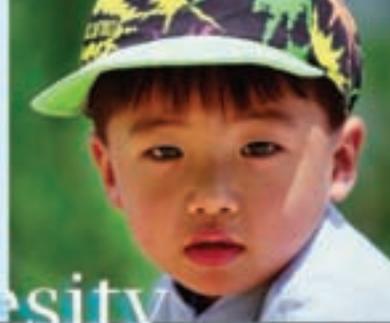
The Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity in Children and Adolescents

www.surgeongeneral.gov/topics/obesity/calltoaction/fact_adolescents.htm

Addresses prevention and treatment of overweight and obesity among youth in the United States as a major public health problem.



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For state legislators looking for methods to combat the obesity epidemic among adults, there are many policy arenas to address, many possible actions to take and many roles to play.

Promote healthier schools in healthier communities by:

- ✓ supporting or creating comprehensive community- and school-level campaigns to promote healthy behaviors
- ✓ encouraging school siting and other infrastructure decisions that promote physical activity and nutrition
- ✓ increasing access among youth and their families to school facilities for physical activity and nutrition
- ✓ becoming a champion for health-promoting schools and foster the use of a coordinated approach to school health

Ensure youth access to healthy foods in schools by:

- ✓ making sure all students have access to school lunch and breakfast programs
- ✓ supporting schools' efforts to implement higher nutrition standards for all foods and beverages available on campus
- ✓ providing leadership across agriculture, health, and education committees, and state agencies, to begin addressing nutrition in schools while balancing local agriculture and economic interests
- ✓ offering incentives to businesses and school districts to increase the availability of fresh fruits and vegetables in schools
- ✓ establishing health education standards and provide classroom opportunities to teach children about nutrition and the health benefits of eating properly and being physically active

Encourage more physical activity among children by:

- ✓ providing resources, through public or private financing and partnerships, to create school environments that enable and reinforce high quality physical activity and nutrition
- ✓ support walk-to-school programs, recess periods for unstructured play, and other physical activities that occur outside of physical education class
- ✓ implementing daily active physical education that teaches lifelong skills and is vigorous enough to have health benefits
- ✓ establishing stronger performance standards and incentives for schools to adhere to physical education requirements, while limiting exemptions from physical education participation
- ✓ encouraging state and local education agencies to adopt school health policies that include nutrition and physical activity promotion and education for students and involve faculty and parents and the community.

**What
Legislators
Can Do
About Youth
Obesity**

An Action Checklist

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