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—This publication was originally prepared by Michael Fierro and Debra Lightsey of Bearing Point Inc. and updated by staff of The Council of State Governments (CSG). 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 and the Robert Wood Johnson Foundation (RWJF). Its contents are the responsibility of CSG's health policy staff and do not necessarily represent the official views of CDC, RWJ or CSG.
Overview
Trends and Policy Solutions in Childhood Obesity, Physical Activity and Nutrition

This tool kit provides policymakers with resources, data, trends and examples of solutions being implemented or considered by states and legislators across the country that aim to reverse the childhood obesity epidemic.

Millions of young Americans are at risk of living shorter, less healthy lives than their parents. After a century of advances against infectious diseases and vast improvements in life expectancy and quality of life, today’s children face a very different health threat: childhood obesity and its associated chronic diseases. Children are increasingly developing Type 2 diabetes—a condition related to obesity that once was referred to as “adult onset” diabetes. Various environmental factors have contributed to the increase in childhood prevalence of diabetes and other obesity-related conditions such as heart disease and cancer. Moreover, many children are developing unhealthy behaviors, such as poor eating habits and physical inactivity, which will continue to affect their health over the course of their lifetime.

Policymakers have an important role to play in stemming the tide of childhood obesity. In addition to parents and caregivers, policy and environmental factors also have a significant impact on children’s health. Schools, for example, influence children’s food choices and activity levels every day. State legislators and other policymakers can support schools’ efforts to make healthy foods available and attractive, to monitor how advertising targeting children affects their behaviors, to limit children’s exposure to unhealthy foods, and to create an environment that encourages physical activity and good nutrition.

This tool kit provides policymakers with resources, data, trends and examples of solutions being implemented or considered by states and legislators across the country that aim to reverse the childhood obesity epidemic.

What is Childhood Obesity?
Different health experts and organizations sometimes use different terms to describe weight risk for children. The Centers for Disease Control and Prevention (CDC) defines children who have a body mass index (BMI) for age that is greater than the 95th percentile as “overweight” and children who have a BMI for age that is equal to or greater than the 85th percentile but lower than the 95th percentile as “at risk for overweight.” The Institute of Medicine (IOM) describes these same two categories as “obese” and “overweight.” According to the IOM, overweight and obesity result when more energy is consumed in the form of calories than is expended by activity or exercise. Thus, physical inactivity and unhealthy food choices are primary factors that contribute to obesity. Evidence also indicates that children who do not have easy access to attractive and healthy food choices at school, in their communities or in their homes have an increased risk for becoming overweight or obese.

The Epidemic—Trends in Children’s Weight, Physical Activity and Nutrition
Over the past three decades, the obesity rate has nearly tripled for children ages 2–5 (from 5 to 14 percent) and youth ages 12–19 (from 5 to 17 percent), and quadrupled for children ages 6–11 (from 4 to 19 percent). Between 2003 and 2004, 17.1 percent of children and youth ages 2–19 were considered obese—approximately 12.5 million children in all.

Racial and ethnic disparities are another cause for concern. Mexican-American and non-Hispanic black girls experience higher obesity rates than non-Hispanic white girls. Between 1999 and 2002, 18.5 percent of Mexican-American girls and 23.2 percent of non-Hispanic black girls ages 6–19 were overweight, while for non-Hispanic white girls the figure was 12.9 percent. Obesity
rates among boys were significantly higher for Mexican-Americans (25.5 percent) than for either non-Hispanic black (17.9 percent) or white boys (14.3 percent). There are also socioeconomic factors related to obesity. Lacking health insurance or having public insurance is directly related to higher obesity rates among adolescents.

Not surprisingly, the rising childhood obesity epidemic is associated with alarming consequences. A study conducted between 1973 and 1994 found that approximately 60 percent of overweight children ages 5–10 had at least one physiological risk factor for heart disease and stroke, such as elevated total cholesterol, triglycerides, insulin, or blood pressure. Twenty-five percent of overweight children had two or more such risk factors.

The long-term implications are equally shocking. For children born in the United States in 2000, the risk of being diagnosed with diabetes at some point in their lives is 33 percent for males and 39 percent for females. When race and ethnicity are considered, the picture is even more troubling. Hispanic boys have the highest lifetime risk of diabetes (52.5 percent), followed by non-Hispanic black boys (49 percent). Non-Hispanic white males have a markedly lower risk at 31.2 percent. Among girls, the risk of diabetes is again greatest among Hispanics (45.4 percent), followed by non-Hispanic blacks (40.2 percent) and non-Hispanic whites (26.7 percent).

Data show these troubling statistics are directly related to diet and physical activity. The Youth Risk Behavior Surveillance System reveals that in 2005, only 20.1 percent of high school youth ate recommended amounts of fruits and vegetables, while 35.8 percent met recommended levels of physical activity. Eating 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; in 1996, that figure had risen to 32 percent. And while television viewing time for children has decreased somewhat over the last 20 years, DVDs, computer and video games, and Internet usage all increase children’s screen time—and make their lives more sedentary.

Physical Activity and Healthy Eating

Healthy eating for children is defined in much the same way as it is for adults: a balanced diet that is low in fat and rich in natural foods, such as whole grains, fruits and vegetables. 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 Dietary Guidelines also recommend that children and adolescents participate in at least 60 minutes of physical activity most days of the week, preferably daily. For children and adolescents, regular physical activity has beneficial effects beyond weight management, including improvements in muscle strength, aerobic fitness, bone mass and blood pressure. Additionally, physical activity increases self-esteem and decreases anxiety and stress.

Schools and communities together have the potential to improve the health of young people by providing instruction, programs and services that promote lifelong physical activity and healthy eating. While schools are obvious venues for teaching children the importance of healthy eating and physical activity, communities also have an essential role. Children are eating more meals and snacks outside the home and get most of their physical activity outside of school. For these reasons, community centers, government programs, families, the food industry, religious institutions and the mass media must also support good nutrition and physical activity.

Beyond the physiological benefits of exercise, there is evidence that physical fitness is associated with higher academic achievement. The California Department of Education has found that students with high scores on physical fitness evaluations also have high scores on standardized academic tests.
The Economic Case

The economic burden of obesity and the associated chronic diseases will continue to rise if work is not done today to reduce the childhood obesity epidemic today—yet the results of these efforts will not be seen until today's children reach adulthood.

Some facts about health costs in the United States associated with overweight and obesity include:

- The national costs for childhood-related obesity are estimated to be $11 billion for private insurance and $3 billion for those with Medicaid. This estimate includes undiagnosed children. Taking into consideration only those children treated for obesity, medical costs, on average, are three times higher than for children without the diagnosis.

- Obesity cost $117 billion in 2000, including $61 billion in direct medical care costs for treatment of related diseases, and $56 billion in indirect costs, such as lost productivity.

- Health care costs are 36 percent higher and medication costs are 77 percent higher for an obese person compared to a person with a healthy weight.

- If 10 percent of adults began a regular walking program, at least $5.6 billion in heart disease costs could be saved.

- 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.

What Legislators Can Do about Childhood Obesity

Legislators have been actively pursuing solutions to the childhood obesity epidemic through state education and health policy. Arenas that warrant policymaker 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 also has shown promise.

- Schools as Community Places: Schools provide a central connection point for many communities. By making school facilities (gyms, auditoriums, food preparation facilities, etc.) accessible to the community, creating safe routes to schools by foot or bike, and 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. By offering food programs, instruction, increased access to healthy foods, and interventions for children who are overweight or at risk for overweight, schools around the country are creating healthier environments and improving children's choices.

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Sources


14. Ibid.


Good nutrition is essential for children’s healthy growth and development. It can also prevent chronic diseases such as diabetes, heart disease and cancer. State legislators can take action to help schools increase student access to healthy foods and beverages in several ways, including supporting efforts to implement higher nutrition standards, and providing incentives to businesses and school districts to offer fresh fruits and vegetables to students. Several states have taken action to implement higher nutrition standards in schools and to restrict access to unhealthy foods during the school day. In addition states have taken action to highlight the benefits and importance of healthy eating and living.

Good nutrition is not only essential for children’s healthy growth and development, it also prevents chronic diseases such as diabetes, heart disease and cancer. Children with unbalanced and unhealthy diets are not getting the nutrients they need, and may be consuming too much fat and sugar, which increases their risk for becoming overweight. Academic performance is also at stake—evidence shows that students with healthy diets consistently receive higher scores on achievement tests than undernourished children.1

In addition to providing an environment that is conducive to learning, our schools must also offer an environment that is conducive to good health. This concept has both federal and state-level support. In 2004, the USDA Child Nutrition and WIC Reauthorization Act, a federal initiative, required all school districts to develop wellness policies to address nutrition and physical activity by the beginning of the 2006 school year. States also are stepping up. Since 2003, at least 18 states have adopted school nutrition guidelines beyond those required by the USDA through legislative bills, executive orders, rules and regulations.2

By implementing and supporting nutrition policies that make healthy foods and beverages available to students, state legislators, superintendents, principals and teachers can help maintain an environment in schools that encourages student achievement and inspires healthy behaviors.

To help schools increase student access to healthy foods and beverages, state legislators can:

- Support schools’ efforts to implement higher nutrition standards for 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; and

• Establish health education standards to teach children about nutrition and the health benefits of eating properly and being physically active.

The Call for Higher Nutrition Standards in Schools

Defining Good Nutrition for Children

Before implementing new school nutrition policies or improving those that already exist, it is essential to understand what constitutes a healthy diet for children. The Dietary Guidelines for Americans (2005) recommend that children and adolescents increase their intake of fruits, vegetables, whole grain products and fiber-rich foods while limiting their consumption of fats. In addition, children ages 2 to 8 should consume two cups per day of fat-free or low-fat milk or equivalent milk products, and children 9 and older should consume three cups per day of equivalent milk products.

Today, the diets of most children in the United States do not meet these federal recommendations.

• Only 1 percent of school-aged children consume the recommended daily number of servings from all five major food groups.

• Only 20.1 percent of children eat five or more servings of fruits or vegetables a day, and only 16.2 percent consume the recommended three or more serving amounts for the milk group.

• Children drink more soft drinks now than ever before—consumption increased by 41 percent between 1970 and 1994. More than 33 percent of teenagers consume more than three servings of soda a day.

• More than 80 percent of children and adolescents eat too much total fat—it is recommended that no more than 30 percent of total calories come from fat.

• More than 90 percent of children and adolescents eat too much saturated fat—it is recommended that no more than 10 percent of total calories come from saturated fat.

Children and adolescents consume an estimated 35 to 45 percent of their daily calories during an average school day. Thus, it is crucial that schools offer easy access to a wide variety of healthy, attractive foods and beverages.
School Food Service

Arkansas has been one leader in implementing higher nutrition standards in schools. In 2003, Arkansas House Bill 1583 (Act 1220) was passed as part of a statewide effort to combat childhood obesity in public schools and local communities. Among other provisions, the act called for improved access to healthier foods in schools, creation of local committees to promote physical activity and nutrition, and confidential reporting of each student’s body mass index (BMI) to his or her parents.

This was bolstered in 2004 by Arkansas Senate Bill 965, which provides statewide standards for school lunch programs. In addition to following the National School Lunch Program’s dietary guidelines, each school district must provide its school nutrition and physical activity advisory committees with information on the requirements and standards of the National School Lunch Program and, on a quarterly basis, menus for the National School Lunch Program food (or lunches) as well as other food sold in the school cafeteria. The school nutrition and physical activity advisory committee provides recommendations to the school district concerning menus and other foods sold in the school cafeteria.

California has also been proactive in elevating nutrition standards in schools throughout the state. The Pupil Nutrition, Health and Achievement Act (California Senate Bill 19, enacted in 2001) set new standards for foods sold or provided in schools. The act outlined stringent standards for elementary schools, as well as less strict standards for middle and high schools, and it increased the reimbursement rate for free and reduced-price meals in elementary and middle schools. The act also made planning grants available to pilot schools for costs associated with developing and adopting these policies. Grantees developed and tested a wide array of strategies to increase student access to healthful food and beverage choices. Just a few of these include: increasing points of sale; creatively revamping menus, as in the creation of an International Marketplace featuring cuisines from around the world; and partnering with farmers markets. The California Department of Education reported of the 21-month pilot program that “the results were encouraging, and the positive impact on students was significant.”

Since 2001, Gov. Arnold Schwarzenegger has signed two school nutrition bills to amend Senate Bill 19: Senate Bill 965 and Senate Bill 12, or the “Healthy Schools New Act,” which established unprecedented, uniform school nutrition guidelines for grades K–12. In addition, Senate Bill 281, enacted in 2005, established the California Fresh Start Pilot Program to provide fresh fruits and vegetables for public school students in grades one through 12.

Both quality and quantity are relevant when considering nutrition standards. Recent state initiatives have restricted access to unhealthy foods as well as portion sizes. For instance, in 2006 Rhode Island enacted House Bill 6968 and Senate Bill 2696, which restrict sweetened beverage sales in schools and mandate that only healthy beverages and snacks may be sold in elementary, middle and junior high schools. Such beverages and snacks are identified as low-fat milk, 100 percent fruit juice or juice-based drinks, vegetable drinks, low-fat yogurt, nuts, seeds, reduced-fat cheese, and whole-wheat and whole-grain snacks. In Connecticut, Senate Bill 373, enacted in 2006, bans the sale of artificially sweetened beverages to students from any source, including school stores, vending machines, and cafeterias. Portion sizes of beverages other than water are restricted to 12 ounces or less.

Beyond School Meal Programs

Implementing school policies that limit access to vending machines and negotiating vending contracts with healthier food and beverage choices are two methods often considered by schools to help address childhood obesity. Six states have passed new laws regarding vending machines in schools, and many more have introduced bills designed to curtail sales of junk food to elementary school students and offer more healthy alternatives in vending machines. One example is Colorado Senate Bill 103, enacted in 2004. It encourages each school district board of education to adopt a policy on or before July 1 provid-
ing that, by the 2006–07 school year; at least 50 percent of all items offered in school district vending machines be healthful foods or beverages that meet acceptable nutritional standards.

It is a common misperception that replacing unhealthy foods such as sugary sodas and snacks with healthier food options will cause a decline in revenues, but research indicates that this may not be the case. 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 revenues and only one experienced a slight decrease in revenues. Moreover, a study in California found that even when school districts required one-time funding to implement such changes, eliminating high-sugar sodas and high-fat chips actually increased food service department revenues.

The following examples illustrate the variety of ways that states have eliminated or reduced access to less healthy food choices.

- **California** Senate Bill 677 was enacted in 2003 to replace carbonated beverages with milk, water and juice in school vending machines. The bill also limits access to vending machines in middle and junior high schools from 30 minutes before the start of the school day to 30 minutes after the end of the school day. The sales of certain beverages at specified school events are exempted.

- **Tennessee** House Bill 2783, enacted in 2004, requires the state board of education, in consultation and cooperation with the departments of education and health, to promulgate rules to establish minimum nutritional standards for individual food items sold or offered for sale to students 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 30 minutes after the end of the school day.

- **Kentucky** Senate Bill 172, enacted in 2005, requires the board of education to issue minimum nutritional standards for competitive foods—food and beverages sold outside of the National School Breakfast and National School Lunch programs. The bill addresses time limitations for the sale of competitive foods and sets forth penalties for violations. It also requires the development of a wellness policy for grades K–5 and sets requirements for food service personnel training and annual assessments of school districts’ nutrition and physical activity environment.

- **Colorado** Senate Bill 81, enacted in 2005, encourages each school district to establish standards for the availability of competitive foods and beverages and to adopt a local wellness policy.

**The Intersection of Education, Health, Agriculture and Economy**

One way to increase students’ access to healthy foods is to provide incentives to businesses and school districts to offer fresh fruits and vegetables to students. **Connecticut** Senate Bill 373, enacted in 2006, allows local control over food sold in schools. However, it provides a unique financial incentive for schools to offer healthy foods. School districts participating in the National School Lunch Program must decide and report to the state Department of Education each year whether they will offer only food items that meet restrictive standards published by the department. Districts that do so will receive from the state an additional 10 cents per lunch—a substantial increase from the current rate of 5 cents per lunch.

School nutrition policies have far-reaching implications. State legislators can play an important role by providing leadership across agriculture, health and education committees and state agencies. **Oklahoma** exemplifies how innovative and cross-cutting thinking has supported interests in all these areas while enhancing school nutrition. **Oklahoma** House Bill 2655, enacted in 2006, created the Oklahoma Farm to School Program, which is designed to provide...
schools with fresh and minimally processed farm commodities for inclusion in school meals and snacks. The bill also aims to improve Oklahoma farmers’ incomes and direct access to markets. The program’s activities include hands-on learning opportunities, such as farm visits, cooking demonstrations, school gardening and composting programs, and the integration of nutrition and agriculture education into school curricula.

New York is another state where the effort to encourage consumption of fresh fruits and vegetables has been made hand-in-hand with supporting local farmers. New York House Bill 2652, enacted in 2004, changed purchasing laws for schools to buy from farming associations and increased maximums on direct purchases. It also required the state Department of Education to work with the Department of Agriculture and Markets to promulgate regulations enhancing the competitiveness of local farmers’ goods in the school food market.

Colorado actually created a program for providing free fruits and vegetables to students in public schools. Enacted in 2006, Senate Bill 127 requires that Colorado produce be used in the program to the maximum extent possible. It also dictates that, when feasible, at least 75% of students participating in the program should be from school districts in which at least 50% of the students are eligible for free or reduced lunch under the National School Lunch Program.

Health and Nutrition Education

Education is a critical part of encouraging healthy habits in youth. Some states have taken steps to highlight the benefits and importance of healthy eating and living. For instance, Texas House Resolution 500, adopted in 2005, recognized March 7–11, 2005, as Texas School Lunch Week and commended the Texas Association for School Nutrition and its members for their dedication and service in promoting the health and education of school children through their implementation of the school lunch program in Texas.

Similarly, California statutes, Assembly Concurrent Resolution 214, Resolution Chapter 58, adopted in 2004, proclaimed April 26–30, 2004, to be “YEAH!: Youth Eating and Acting Healthy!: Children’s Fitness and Nutrition Week 2004.” Legislators were urged to work with various partners to support fitness and nutrition events that encouraged children to learn about and participate in nutritious eating, physical activity and self-esteem building. Partners included parents, schools, children’s programs and organizations, and community groups.

California has also recognized the significant role played by advertising media. California statutes, Senate Joint Resolution 29, Resolution Chapter 140, adopted in 2004, requested that federal officials and private industries address advertising and marketing of foods and beverages to children. The resolution petitions
the U.S. 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 to discourage the consumption of low-nutrient foods and beverages. It also requests that the federal government fund new and existing media campaigns to promote healthy eating and physical activity.

Some states have acted to ensure that nutrition education is made a regular part of comprehensive curricula teaching healthy living skills. Hawaii Senate Resolution 12, adopted in 2004, requests that the Hawaii state Department of Education develop and require an elementary school-level physical education program for public schools as part of the curriculum. The program should include instruction by physical education specialists with baccalaureate degrees, require 30 minutes of daily physical education and instruction in healthy eating habits and provide for individualized activities.

Washington is another state that has implemented health education standards incorporating nutrition education as part of a broader approach. Washington Senate Bill 5436, enacted in 2004, brought together the Washington state school directors association, the office of the superintendent of public instruction, the Department of Health, and the Washington Alliance for Health, Physical Education, Recreation and Dance to create an advisory committee and develop a model policy regarding access to nutritious foods and opportunities for developmentally appropriate exercise. The bill required the model policy to address the nutritional content of foods and beverages sold or provided throughout the school day and the availability and quality of health, nutrition and physical education curricula. It also required the advisory committee to submit the model policy for adoption by the governor and legislature and to post it online by Jan. 1, 2005. The bill required each district’s board of directors to establish its own policy by Aug. 1, 2005. Links to both the model policy and examples of local policies adopted in response to Senate Bill 5436 can be found at the Healthy Schools in Washington Web site (www.depts.washington.edu/waschool/KeyResources.html#model).

Assessing the Environment

In many states, studies and commissions have been mandated to assess how best to improve food service, enhance health and nutrition education,
and promote healthy living in schools. The following examples illustrate the diversity of such efforts.

- **Kansas** adopted Senate Concurrent Resolution 1604 requesting that the Kansas Department of Education study the state’s public schools food programs, the availability of other food items on school premises, and the availability of classes that promote health and physical fitness. In addition, Senate Bill 154 dictates that the state board of education consider providing healthy foods and beverages, physical activities, and wellness education to prevent and reduce childhood obesity.

- **Illinois** House Resolution 147, adopted in 2003, authorizes the Department of Public Health and the state Board of Education to undertake a study to determine the effects of sugar consumption on school children’s health.

- **North Carolina** House Bill 1409, enacted in 2004, dictates that, 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 maintain children’s health.

- **Louisiana** Senate Bill 871, enacted in 2004, required all public elementary schools to provide at least 30 minutes of moderate-to-vigorous physical activity daily, beginning with the 2004–05 school year. It required compliance reporting for school districts and a pilot program in various regions of the state to assess student fitness and nutrition and interventions to limit unhealthy foods in schools.

- **Hawaii** Senate Resolution 7, adopted in 2005, requests that the Department of Education submit a report on the number of schools in the state that have established produce gardens and the progress of implementing such gardens into school curricula and school nutrition programs. The report must be submitted prior to the 2007 legislative session.

- **Tennessee** Senate Joint Resolution 38, adopted in 2005, created a special legislative joint committee to study the full and expanded implementation of the Coordinated School Health Improvement Act of 1999 and compliance with the reauthorized federal Child Nutrition Act in Tennessee.

- **Iowa** Senate Bill 2251, enacted in 2006, established the Healthy Children Task Force to develop recommendations for policy and statutory changes to enhance the health and well-being of children, including—but not limited to—physical activity, food and nutrition, and education related to these topics.

**Conclusion**

While state legislators and communities have made progress in addressing childhood obesity by implementing and supporting promising school nutrition policies, there is still more work to be done. It is possible for schools to balance the requirements necessary to meet rigorous and sound academic and nutritional standards, but strong state leadership is essential. State-level support and commitment to providing nutritious foods and health education in schools can make a significant difference in ensuring that today’s children grow up healthy and adopt healthy habits that will last them a lifetime.

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Sources


8. Ibid.


Getting Kids and Schools Active

Active Bodies
Active Minds

Getting Kids and Schools Active

Regular physical activity in schools can help to prevent childhood obesity. It’s especially important to encourage regular physical activity when children are young, as health-related behaviors acquired during childhood set the course for kids’ health into adulthood. Policymakers can support schools’ efforts to create an environment that provides physical activity programs and health education classes for students, families and communities. States have been grappling with rising concerns over childhood obesity and are now working to improve PE policies and education standards. They also are implementing incentives that encourage school districts to improve students’ physical fitness.

Rates of childhood obesity are increasing at an alarming pace. As a result, today’s youth are showing an unprecedented level of risk factors for chronic diseases such as diabetes, heart disease and cancer. If we do not act to reverse these trends, this could be the first generation of children in the United States to live shorter, less healthy lives than their parents.1

One way state legislators can help prevent childhood obesity is by addressing the need for regular physical activity in schools. It’s especially important to encourage regular physical activity when children are young, as health-related behaviors acquired during childhood set the course for kids’ health into adulthood. Policymakers can support schools’ efforts to create an environment that provides physical activity programs and health education classes for students, families and communities.

State legislators can:

- Provide resources, through public or private financing and partnerships, to create a school environment that enables and reinforces regular physical activity;
- Support physical education (PE) requirements that teach new skills and are vigorous enough to produce health benefits, and provide incentives for schools to adhere to those standards, while limiting exemptions from PE;
- Encourage state and local education agencies to adopt healthy school policies, develop physical activity programs and promote health education to students, staff and families; and
- Provide ongoing opportunities for teachers and physical educators to develop new skills and techniques to help students.
Physical Activity Contributes to Academic Performance

In addition to health benefits, physical activity and physical education (PE) also have proven academic benefits. There is a growing body of evidence demonstrating that children who are not physically active do not perform as well as they could academically, and that, as physical fitness levels increase, so does academic achievement. Schools provide an excellent environment for children to engage in and learn about the benefits of physical activity, yet many allocate too little time to physical activity and PE, or worse, have no PE requirement for students at all.

The President's Council on Physical Fitness and Sports reports that time spent in physical education does not detract from learning in other areas of the curriculum. Evidence shows that even when physical education classes reduce the time spent in academic classes, children maintain or even improve their levels of academic performance. 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. Many studies have found similar results supporting the importance of integrating PE in the academic curricula. One such initiative is Brain Breaks, a program supported by the Michigan Department of Education that combines classroom-based physical activity with science, math, history and other subjects. In an exercise called “Hallway Jive,” for example, a playground ball is passed from student to student as the teacher asks review questions. These short breaks for physical activity have been shown to make students more focused, less disruptive and more receptive to learning.

Guidelines and Recommendations

The federal government recommends that children and adolescents engage in at least 60 minutes of moderately or vigorously intense physical activity most days of the week, preferably daily. The guidelines suggest that kids choose from a variety of activities, such as brisk walking, playing tag, jumping rope, or swimming, as long as it is adds up to at least one hour per day.
Regular physical activity is associated with many health benefits for children and adolescents, including:

- Maintaining a healthy weight
- Building muscular strength and endurance
- Improving cardio-respiratory (aerobic) fitness level
- Developing bone mass (through weight-bearing activities)
- Reducing blood pressure (for hypertensive youth)
- Reducing anxiety and stress levels
- Increasing self-esteem

Recent Physical Activity and PE Initiatives

Physical Education Policy

States have been grappling with rising concerns over childhood obesity and are now working to improve PE policies and education standards. They also are implementing incentives that encourage school districts to improve students’ physical fitness.

Texas Senate Bill 19, enacted in 2001, mandates that all elementary schools implement approved health programs by 2007. Senate Bill 42, enacted in 2005, expands physical activity and coordinated school health requirements into middle schools as well. One approved program is the Coordinated Approach to Child Health (CATCH) program. CATCH coordinates classroom health instruction, the school cafeteria and students’ families to help foster healthy habits and attitudes among students.

In California, the state’s superintendent of public instruction initiated the annual Superintendents’ Challenge during the 2003–2004 school year. Each participating school district that provides healthier meals, nutrition education, physical activity programs and quality PE receives recognition from the California Department of Education and the state Senate. Exemplary districts receive additional cash awards of up to $10,000. One goal is to improve on previous years’ results from fitness tests, which in 2006 indicated that less than one-third of students tested for physical fitness achieved established fitness goals.

Hawaii Senate Resolution 12, adopted in 2004, requests the Department of Education to develop and require an elementary school-level physical education program as part of the curriculum for public schools to promote health-related fitness. The program should include: instruction by PE specialists with baccalaureate degrees, 30 minutes of daily PE, classes that involve all children in activities, and instruction in healthy eating habits and good nutrition. The program should be designed to encourage self-monitoring of physical activity, provide exposure to a variety of physical activities, focus on teaching physical skills and promote activity outside the school environment.

Kentucky enacted comprehensive school wellness legislation with Senate Bill 172. The March 2005 act charges all K–5 schools to develop and implement a wellness policy that promotes healthy lifestyle choices and 150 minutes per week of physical activity. The act also mandates the Kentucky Board of Education to develop an assessment tool concerning physical activity environments and requires local district boards of education to plan and hold public forums on improving school nutrition and physical activity. Findings must be reported to the Kentucky Board of Education.

Oklahoma Senate Bill 312, enacted in 2005, 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 first through fifth grades that includes PE for a minimum of 90 minutes each week taught by a certified health and PE teacher, as well as health education for a minimum of 60 minutes taught by a classroom teacher, nurse or PE teacher. Health education topics include nutrition, wellness, tobacco-use prevention, injury prevention and others.
Missouri House Bill 568, enacted in 2005, provides for the Model School Wellness Program. Under the Act, the Department of Elementary and Secondary Education would award one-year grants to districts that establish school-based pilot programs to encourage students to maintain healthy lifestyles. The programs would focus on maintaining a balanced diet, physical activity, chronic diseases associated with obesity and tobacco-use prevention. The programs would be evaluated based on the students’ increased knowledge of subject matter, changes in body mass index (BMI), and improved attitudes regarding nutrition, physical activity and tobacco use.

Maryland lawmakers enacted a bill in 2005 requiring the state Department of Education to employ a full-time PE director. Senate Bill 233 requires public schools to have a PE program that, with the assistance of the state director, includes standards and plans to meet those standards. In addition, Senate Bill 473, The Student Health Promotion Act of 2005, requires county boards of education to stress the importance of physical activity as part of the health education curriculum.

North Dakota House Concurrent Resolution 3034, passed in 2005, encourages school districts to provide a mid-morning and mid-afternoon recess of at least 10 minutes to all K–6 students.

Illinois Gov. Rod R. Blagojevich signed several bills in 2005 promoting physical activity and education in schools. House Bill 1540 and Senate Bill 211 are amendments to curriculum standards ensuring that PE is included and that all students are provided an opportunity for daily physical activity. Senate Bill 162 establishes a School Wellness Policy Task Force with nutrition and physical activity guidelines. House Bill 1541 requires the state board of education to establish a school health recognition program that publicly identifies schools that have implemented programs to increase students’ levels of physical activity and allows recognized schools to share best practices and serve as models for other schools in the state.

Delaware lawmakers created a 17-member Physical Activity and Education Task Force through House Concurrent Resolution 37, adopted in 2006, that is responsible for examining physical activity and PE policies throughout the state. The task force also evaluates programs in other states, develops recommendation for creating or improving high-quality PE programs, and identifies resources to fund physical activity and PE programs.

South Carolina House Bill 3499, enacted in 2006, requires that elementary school students receive the equivalent of 30 minutes of daily physical activity. Beginning with the 2006–07 school year, K–5 students must be provided a minimum of 150 minutes per week of PE and physical activity, which must be planned by the PE activity director. The student-to-teacher ratio in a PE class may not exceed the average student-to-teacher ratio of 28-to-1. Additionally, individual student fitness status must be reported to parents or guardians as part of fifth grade, eighth grade and high school PE courses.

Pennsylvania House Resolution 589, adopted in 2006, urged residents to observe National Physical Education and Sports Week (May 1–7, as designated by the National Association for Sport and Physical Education) and National Physical Fitness and Sports Month (May, as designated by the president). Additionally, it encouraged Pennsylvanians to participate in the May 3 event called ACES Day (All Children Exercising Simultaneously) by participating in a physical activity that day.

Health Education

Many states are implementing health education legislation to help address the childhood obesity epidemic. Health education classes help to illustrate how regular physical activity and proper nutrition contribute to a better quality of life. For example, in 2005 Maryland enacted Senate Bill 473, which requires county boards of education to highlight physical activity in the health education curriculum. In Rhode Island, Senate Bill 565 (2005) and House Bill 5563 (2005) establish health and wellness subcommittees to make recommendations concerning health education curriculum and instruction prac-
tices. South Carolina’s comprehensive House Bill 3499 (2005) sets physical and health education standards, includes a weekly nutrition component, and requires that the state Department of Education assess each district’s health education program.

Legislators in Maine adopted some of the recommendations offered by the Commission to Study Public Health when they enacted Senate Bill 263 in 2005. Four of the Commission’s recommendations concerning schools, children and nutrition received final approval from lawmakers. One recommended measure requires that the state Department of Education work with public schools to encourage the inclusion of nutrition education as part of the coordinated school health program. It also establishes a physical education consultant position within the Department of Education. In addition, it requires elementary and middle school students to participate in 150 minutes of physical activity per week outside of recess and high school students to participate in 220 minutes of physical activity per week.

Texas signed Senate Bill 42 into law in June 2005. It requires that the state Department of Education emphasize proper nutrition and exercise for middle and junior high school students through a coordinated health program. Proper nutrition and exercise also must be included as part of the core curricula offered to all public school students. The bill also adds reporting requirements for statistics and data related to student health and physical activity.

New Mexico House Bill 84 requires health education that meets the state Department of Education’s approved curriculum for first through eighth grades.

Pennsylvania House Bill 191, amended in 2005, requires district superintendents to help plan, develop and implement a health and wellness plan. It also requires the advisory health council to include the additional constituents of physical education, health education and school counseling.

Minnesota created specific graduation standards designed by teachers, parents and community members to ensure that all graduates master educational basics and develop the skills necessary to succeed in the future—including an understanding of health-related concepts. The state requires competency in PE classes 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 that 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 and identifying the frequency, intensity, time and types of activities required to meet goals;
• Analyzing the impact of goals on the cardiovascular system and affected muscle groups; and
• Evaluating the reasonableness of maintaining the fitness plan over an extended period of time, as well as the plan’s effect on total body fitness.

Body Mass Index (BMI) Reporting

States also are beginning to collect and analyze BMI data in schools to help assess the childhood obesity epidemic and increase parents’ awareness of the health risks associated with overweight and obesity among children.

In 2003, the Arkansas legislature passed Act 1220, creating the Child Health Advisory Committee, which is responsible for recommending ways to reduce childhood obesity statewide. The act also calls for yearly assessment and confidential reporting of BMI for all children enrolled in Arkansas’ public school system. In December 2003, Act 1220 was amended by Act 29, requiring BMI results to be sent to parents in a separate health report instead of on a student’s report card. In 2006, researchers analyzed the results of three consecutive years of BMI screenings and found that, while childhood obesity is still a major threat, Arkansas has halted the progression of the epidemic among its public school students.

Illinois Public Act 093-0966, enacted in 2004, adds a health exam provision to the existing law that requires schools to collect information on students before they enter schools. The provision requires that health exams include additional obesity-related data, such as height, weight and blood pressure. This information is then de-identified and aggregated to prevent disclosure of personally identifying data.

West Virginia House Bill 261, enacted in 2005, establishes physical activity requirements in public schools and uses BMI as an indicator of progress. BMI measurement is included among kindergarten screening procedures, and is a required part of fitness testing for students in fourth through eighth grades.
and high school students enrolled in PE classes. BMI data are reported in aggregate to state officials while protecting student confidentiality.

**Establishing Commissions and Studying Physical Education and Costs**

Legislators have established commissions to study obesity, PE and the costs associated with implementing PE or physical activity programs and with modifying state PE and academic standards.

In 2003 **Maine Legislative Document 0471** established the Commission to Study Public Health to research and report on obesity and health care costs related to obesity. The study examined nutrition standards for meals, food and drink at schools; analysis of PE standards; restricting advertising targeted at students; labeling fats on all packaged foods; healthy food promotion; food restrictions to families on public assistance; research on 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; and an analysis of the benefits and costs of providing insurance coverage for obesity prevention and nutrition counseling.

**New Mexico** House Memorial 28, adopted in 2004, requested that the Legislative Education Study Committee create a working group of local school board members, school administrators, nutrition experts, physical education instructors and representatives from industries with vending machines in public schools to study whether a lack of PE and nutrition programs and the sale of low-nutrition foods and beverages in public schools are contributing to childhood obesity. In addition, the group examined the feasibility of increasing funding for nutrition and PE programs in public schools by creating a contractual agreement between New Mexico public schools and the vendors on public school property, as well as the feasibility of creating a fund for nutrition and PE programs with matching contributions from federal grants and private-sector funding. As an outgrowth of this group’s work, passage of **House Bill 61** in 2005 required the promulgation of rules governing foods and beverages sold or distributed in public schools. The bill specified that rules be developed through a collaborative process with school districts, the Department of Health, the New Mexico Action for Healthy Kids Coalition and the food and beverage industry.

**Conclusion**

Many state legislators have taken important steps to ensure that students receive physical education as part of their school experience. Some policymakers, including those in Minnesota, have even begun to establish physical fitness and health knowledge as a norm for graduating high school seniors.

While there may be no single solution that works for every state, legislators have a variety of tools at their disposal to help students become more physically active—and research shows that this can help maintain or even boost academic achievement at the same time. There are many examples of progress through initiatives that strengthen PE and health education requirements, require BMI assessments, and support relevant research, but there is still much work to be done. State legislators have an important role to play—by working with schools to provide a healthy environment that offers physical activity and physical education, policymakers can help the current generation of children become healthy adults.

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This publication was originally prepared by Michael Fierro and Debra Lightsey of Bearing Point Inc. and updated by staff of The Council of State Governments (CSG). 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 and the Robert Wood Johnson Foundation (RWJF). Its contents are the responsibility of CSG’s health policy staff and do not necessarily represent the official views of CDC, RWJ or CSG.
Sources


The Center of the Neighborhood

Healthy Schools in Healthy Communities

Schools were once the physical and social center of communities—primary sites where community members learned, played, voted, volunteered and worked. Today’s schools are increasingly distant or inaccessible from neighborhoods and are unlikely to serve as an anchor for the community. Among other actions, legislators can encourage school districts to make school facilities accessible to the community; require or support location of new schools integrated into communities; and encourage schools to develop health promotion programs for families and communities. Several states have taken action to help improve physical activity levels among students.

The Role of Schools in Communities

Parents like to tell their children that, when they were young, they walked five miles to school in the snow—uphill, both ways. Exaggerations aside, however, the truth is that schools were once the physical and social center of our communities—primary sites where community members learned, played, voted, volunteered and worked. Today, it is less common for a school campus to serve as an anchor for its surrounding community. Schools are increasingly distant or otherwise inaccessible from the neighborhoods in which families live, work and play.

Community-centered schools provide an excellent opportunity to introduce and promote healthy behaviors not only to children, but to all residents. America’s obesity epidemic poses a complex public health challenge, and state legislators need to address it by creating policies and implementing changes in their communities and schools that support healthy lifestyles for both children and adults. Reconnecting schools and communities is a critical step.

Policymakers across the country are addressing obesity issues by creating and supporting legislation that encourages collaboration; considers how school size, location and layout affect health; and promotes joint community and school action. To help create community-centered schools, legislators can:

- *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. Increased access to school facilities can help encourage physical activity among youth and their families. After-school programs also can benefit from increased access to fitness facilities.
Require or support school siting and other infrastructure decisions that promote health. Maintaining or building schools integrated into communities provides many important benefits. Legislators can help by targeting education funds in developed areas or areas designated for growth, reducing acreage requirements for buildings to encourage smaller schools, and fostering close coordination with local school boards.

- **Encourage schools to develop health promotion programs for families and communities.** Policymakers can introduce and promote healthy eating, physical activity and other healthy behaviors to all residents through wellness programs, advisory councils and school-based programs.

- **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.

- **Champion health-promoting schools.** As hometown leaders, lawmakers can be powerful advocates for improving their surroundings in order to promote health.

### Policy Tools are Working to Improve School Communities

#### Create Safe Routes to School

The choices children and families make regarding physical activity are influenced heavily by their surroundings. The 2001 National Household Travel Survey indicates that less than 15 percent of all students ages 5 to 15 walked to or from school in 2001, compared to 48 percent in 1969. Barriers to walking and biking to school include long distances, traffic, crime, adverse weather conditions and even school policies that discourage or disallow students from traveling by foot or bike. Children with no barriers to walk or bike are six times more likely to do so.

At least nineteen states have enacted legislation implementing traffic-calming measures near schools, requiring plans for safer pedestrian access near schools, or formally creating Safe Routes to School (SRTS) programs. These states include California, Colorado, Delaware, Florida, Illinois, Maine, Maryland, Massachusetts, Nevada, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Virginia and Washington.

California was the first state to pass legislation allocating transportation funds to improve routes to schools. Marin County’s SRTS program, which was created in 1999, reported a 64 percent increase in walking to school and a 114 percent increase in children biking to school in its first two years. The effort combined infrastructure improvements for traffic safety—including better crosswalks, bike lanes and sidewalks— with education programs and enhanced traffic enforcement.

In New York, a Bronx SRTS project is working to maintain the high number of students who walk to school. Current estimates show that 85 percent of children in the Bronx walk to school. However, in 1995–97, the Bronx had New York state’s highest rate of pedestrian fatalities and injuries, and it is estimated that more than 30 percent of pedestrian fatalities in the Bronx are children 14 and under. Using model SRTS programs as a starting point, the nonprofit organization Transportation Alternatives began an initiative that involves parents and community members in planning traffic-calming measures around schools in an effort to maintain the high percentage of children walking to school while improving safety. The New York City Department of Transportation has taken notice and is implementing SRTS citywide, beginning with the computer mapping of street conditions around 1,350 neighborhood schools.

New Mexico, Colorado, Massachusetts, New York and South Carolina all enacted SRTS legislation in 2004. Examples of the legislation include:

- **Colorado** House Bill 1309 created a SRTS program in the department of transportation to distribute federal funds to local governments for construction projects, educational programs, traffic-calming programs in neighborhoods near schools, traffic diversion improvements, and bicycle parking facilities.

- **New York** House Bill 10057 authorized the department of transportation to establish and administer the SRTS program to eliminate or reduce physical impediments for primary and secondary school-aged children walking or bicycling to school. The department approves funding for authorized projects made upon application by the project sponsor.

- **South Carolina** House Bill 4740 required municipal and county governing bodies to work with school districts in their jurisdictions to identify barriers and hazards to children walking or bicycling to and from schools.

**Washington** Senate Bill 6241, enacted in 2006, makes state funds available for pedestrian and bicycle safety program projects, including SRTS program projects. The federal Safe Routes to School (SRTS) program was established in August 2005 to support safe walking and bicycling routes. The law provides multi-year funding for surface transportation programs that guide the spending of federal gas tax revenue. The federal SRTS program ensures that all states have resources to enhance pedestrian safety near schools, but it may not offer sufficient funds to meet the demand for programs. Some states receive dedicated federal resources for SRTS as a specific program of the state government, while others simply include SRTS projects among other projects eligible for federal funding. Most Safe Routes to School projects rely on a mixture of local, state, and federal funding.¹⁰

**Support Healthy Environments Through School Siting and Infrastructure Decisions**

Campus size and location are key factors for creating healthy community-centered schools. Large school buildings that are designed to serve multiple communities and, thus, an expanded student body are less accessible for students in more distant neighborhoods. This results in longer commutes for students, which discourages walking and biking. Quite logically, children who live within one mile of school are more likely to walk (31 percent) than children who live between one and two miles from school (5 percent).¹¹ Building schools on the outskirts of communities also decreases the school’s use and desirability as a site for community recreation.
Education departments in several states—including Florida, New Hampshire, New York and Washington—recommend sites smaller than those recommend- ed by the Council of Educational Facility Planners International. In 2005, Utah enacted legislation that encourages local school boards to build more moderately sized community-based neighborhood schools and urges the state office of edu- cation to promote research on innovative ways to create smaller schools.

Acreage requirements often represent a challenge for districts during times of growth and renovation. Typically, acreage requirements for new school construction and renovation projects call for a specific amount of space for a designated number of students. An elementary school, for example, might require 14 acres per 400 students. School districts, then, often must decide between tearing down existing structures and building a more remote facility in order to meet building code standards. Some states, like Maryland and Oregon, impose no acreage requirements.

In Missouri, policymakers took action to improve the existing infrastruc- ture by creating a compact that encourages strong community collaboration. The Vashon Education Compact is a public-private partnership that includes the school system and board of education, several foundations and private-sector developers. The partnership focuses on identifying and retaining highly effective principals and teachers to live in surrounding neighborhoods while working in the schools to provide high-quality, community-oriented public education. The compact successfully converted Jefferson Elementary School from a commuter school to one in which 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.
Schools as Community Resources and Health Promotion Centers

School-aged children are at a critical and impressionable point in their lives, and the health habits they establish will have a long-term impact on their quality of life. Through community-centered schools, state legislators can implement in- and out-of-school programs that encourage good nutrition and regular physical activity for both children and their families. Campuses also provide an excellent venue for workshops, classes and informal activities to offer residents nutrition and health education.

Across the country, many policymakers are collaborating with schools and communities to create programs that will influence the health of children and adults alike.

Healthy Maine Partnerships is an innovative community-school initiative designed to support community-based efforts to reduce tobacco use and increase physical activity and healthy eating. Just three years after it was launched, the state observed several positive outcomes, including:

- Dramatic increases in the number of schools engaging staff and students in walking programs;
- Buildings remaining open for afterschool physical activities;
- Development of fitness facilities; and
- Leveraging grants and local funds to support physical education and other programs.¹⁵

Examples of State Action in Communities and Schools

<table>
<thead>
<tr>
<th>State</th>
<th>Bill</th>
<th>Description</th>
<th>Year Enacted or Adopted</th>
</tr>
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<tbody>
<tr>
<td>Florida</td>
<td>Senate Bill 2372</td>
<td>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.</td>
<td>2004</td>
</tr>
<tr>
<td>Vermont</td>
<td>House Joint Resolution 48</td>
<td>Requests that schools engage their communities in developing nutrition and fitness programs; that schools and communities work with organizations to help understand childhood wellness programs; and that they develop programs, activities and policies to address inactivity and poor nutrition.</td>
<td>2004</td>
</tr>
<tr>
<td>Delaware</td>
<td>Senate Bill 289</td>
<td>Establishes an 18-member statewide Health Advisory Council to provide advice and guidance to the department of education regarding current and future physical education and physical activity programs in Delaware public schools. The council consists of representatives from the general public, the legislature and community organizations, and is required to publish an annual strategic plan and to report on fitness and childhood obesity in Delaware.</td>
<td>2006</td>
</tr>
<tr>
<td>Indiana</td>
<td>Senate Bill 111</td>
<td>Requires school boards to establish a coordinated school health advisory council consisting of parents, food service directors and staff, students, nutritionists or certified dietitians, health care professionals, school board members, a school administrator and representatives of interested community organizations to develop a local wellness policy that complies with the USDA Child Nutrition and the WIC Reauthorization Act of 2004.</td>
<td>2006</td>
</tr>
</tbody>
</table>
The School Board of Broward County, Fla., worked with local YMCAs and a fitness equipment company to provide physical activity opportunities—during the school day, after school, on Saturdays and in the summer—to students ages 9 to 12 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 additional students.16

The Eugene, Ore., School District has received a federal Carol M. White Physical Education Progress (PEP) Grant that improves school fitness facilities and calls for more focus on lifetime individual 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 afterschool programs in Eugene’s middle schools trains city staff to encourage similar lifetime individual fitness activities.17

The Impact of Health-Promoting Campaigns

Small- and large-scale campaigns that involve communities and schools working together to promote healthy behaviors need state-level support. Policymakers can be instrumental in the success of these campaigns by publicly promoting the initiatives, serving in a leadership capacity, securing appropriations and supporting appropriate legislation. Many successful campaigns are already beginning to have an impact in states across the country.

In 2005, Tempe’s Seventh Annual Walk to School Day event in Arizona included 7,500 children and 15 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 hours.18
The Michigan Coordinated School Health Program—a partnership between the state departments of education, community health and human services, Michigan Action for Healthy Kids and the Michigan Cooperative Extension—recognizes that healthy weight among children can’t be achieved by schools’ efforts alone. Healthy Kids, Healthy Weight produced and worked with community groups to disseminate educational materials, such 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 recently were published in Spanish, too. 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.

Conclusion

Through our schools, policymakers have an exceptional opportunity to promote healthy behaviors to our children, families and communities. By strengthening every school’s connection to its community, legislators can reinforce the importance of creating and sustaining a healthy environment in which residents can live, work and play. And that will enhance the health of our children and families today and in the future.

—This publication was originally prepared by Michael Fierro and Debra Lightsey of Bearing Point Inc. and updated by staff of The Council of State Governments (CSG). 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 and the Robert Wood Johnson Foundation (RWJF). Its contents are the responsibility of CSG’s health policy staff and do not necessarily represent the official views of CDC, RWJ or CSG.

Sources

13. Ibid.


Schools can play a significant role in enhancing students’ achievement and well-being by providing health education and a healthy environment that promotes learning. The Coordinated School Health model is one tool to maximize schools’ opportunity to teach children, families, and personnel, and to create a healthy place to work and play. This model helps parents, students, school personnel, and community leaders address students’ health needs through a coordinated approach. Coordinated School Health Programs (CSHP) are recommended by the Centers for Disease Control and Prevention as a key strategy that schools can use to prevent youth obesity. While every program is unique to local community needs, CSHP typically consist of eight essential components.

Parents and community members can participate and support school efforts by serving on school health councils. They can also help by becoming informed about foods the school offers, organizing healthy food fundraisers, and supplying healthy foods for school celebrations. In addition, they can emphasize the importance of health education and encourage children to take advantage of opportunities offered at school to engage in physical activity and develop healthy habits.

Legislators can assist schools in implementing CSHP by establishing appropriate standards for food service and physical activity, as well as provisions for health services offered in school-based health centers. Health services are a vital component of a comprehensive approach to the promotion of health and education and the prevention of illness in children, and schools are a logical setting to provide these services to those who would not otherwise have access to health care. Another important way to support CSHP is to set education requirements to provide students with essential information about nutrition, physical activity, and the use of drugs, alcohol, and tobacco.

Physical Education
Teaches students physical and behavioral skills and gives them the confidence to be physically active for a lifetime.

Health Services
Provides prevention and early intervention for health problems that can interfere with students’ education.

Counseling and Psychological Services
Offers counseling to students to promote social-emotional development and reduces barriers to learning.

Healthy School Environment
Furnishes an environment for students and staff that is appropriate, safe and appealing.

Health Promotion for Staff
Implements wellness programs and policies to enable staff to serve as role models and increase productivity.

Health Education
Teaches students to make healthy food choices, prevent disease and adopt and maintain healthy behaviors.

Nutrition Services
Designs nutritious and appetizing school meals based on U.S. Dietary Guidelines and provides nutrition education.

Parent and Community Involvement
Engages parents in school issues or councils to enhance the health of children.
Health Recommendations

For the Public

What can the public do to help obese and overweight children? A number of Web sites offer good advice, ranging from physical activity to healthy eating habits. Other Web sites offer tips for policymakers.

Overweight and Obesity: What You Can Do
www.surgeongeneral.gov/topics/obesity/calltoaction/fact_whatcanyoudo.htm
Recommendations from the U.S. Surgeon General about how physical activity can help prevent and reduce obesity.

Publications from the President’s Council on Physical Fitness and Sports
www.fitness.gov/council_pubs.htm
Offers a wide variety of downloadable publications written for the general public, including tips for becoming fit, adopting healthy eating habits, and increasing physical activity.

MyPyramid.gov
www.mypyramid.gov
This USDA site has information on making nutritious food choices and balancing eating habits with physical activity.

Dietary Guidelines for Americans 2005
www.healthierus.gov/dietaryguidelines
Produced by the U.S. Department of Health and Human Services and the USDA, these science-based dietary guidelines explain how diet and physical activity can reduce your risk for major chronic diseases.

USDA for Kids
www.usda.gov/wps/portal/servpl_s7_0_A17_0_108?navid=YOUTH_RESOURCES&parentnav=EDUCATOR_STUDENT&novtype=RT
Information to help children understand the importance of physical activity and healthy eating habits.

Links to Nutrition and Physical Activity Publications and Web Resources
www.cdc.gov/HealthyYouth/nutrition/publications.htm
This CDC-sponsored site has links to many resources with advice about nutrition and physical activity for the general public, including how to promote healthy behaviors among children and adolescents.

State-by-State Information on the Web
Childhood Obesity—2005 Update and Overview of Policy Options
This resource from the National Conference of State Legislatures provides an overview of legislative approaches to preventing and controlling childhood obesity that were considered or enacted in 2005.

Obesity Trends
www.cdc.gov/nccdphp/dn/obesity/trend/index.htm
This CDC-sponsored site has statistics for the prevalence of obesity in adults, children and adolescents.

State-Based Physical Activity Program Overview
http://apps.nccd.cdc.gov/DNPAProg/
Provides information about physical activity programs involving state departments of health. You can use this site to research programs, gather ideas, and share information.

State Legislative Information Related to Nutrition and Physical Activity
http://apps.nccf.cdc.gov/DNPALeg/
Listing of state legislation related to nutrition and physical activity.
State-Level Estimated Costs of Obesity
www.cdc.gov/nccdphp/dnpa/obesity/economic_consequences.htm

CDC-sponsored page that lists estimated costs associated with adult obesity by state.

Links to State and Territorial Health Officials

Allows users to search for state and territorial health department officials.

Policy Reports and Recommendations

Designing and Building Healthy Places
www.cdc.gov/healthypaces

Provides 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 Trust for America’s Health, this report includes state statistics on obesity rates, school nutrition and health education policies, and community-focused initiatives.

Food Marketing to Children and Youth: Threat or Opportunity?
www.iom.edu/CMS/3788I219391I330.aspx

This report from the Institute of Medicine examines the current body of scientific evidence on how food marketing influences diet and diet-related health for children and youth. The report finds that current food and beverage marketing practices put children’s long-term health at risk.

The Guide to Community Preventive Services (Community Guide)/Physical Activity
www.thecommunityguide.org/pai/default.htm

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

Guidelines for School Health Programs to Promote Lifelong Healthy Eating
www.cdc.gov/mmwr/PDF/RR/RR4509.pdf

These CDC guidelines identify school-based strategies for promoting lifelong healthy eating habits among young people.

Healthy Community Design: Success Stories from State and Local Leaders

This report from the Robert Wood Johnson Foundation’s Active Living Leadership program profiles the efforts of government leaders who support healthy community design across the nation.

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 32 schools and school districts across the country are improving the quality of foods and beverages they offer.

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

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

The Obesity Epidemic—How States Can Trim the “Fat”
www.nga.org/cda/files/OBESITY18.pdf

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

Progress in Preventing Childhood Obesity: How Do We Measure Up?
www.iom.edu/CMS/3788I25044I36980.aspx

This report from the Institute of Medicine examines the progress made by obesity prevention initiatives in the United States and offers recommendations for government, industry, schools, communities and families to help prevent and reduce the childhood obesity epidemic.

Preventing Obesity and Chronic Disease Through Good Nutrition and Physical Activity
www.cdc.gov/nccdphp/publications/factsheets/Prevention/obesity.htm

Produced by the CDC, this fact sheet has obesity statistics, including its economic burden, and lists promising examples of state programs designed to prevent 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 10 strategies to promote health and reduce obesity through lifelong participation in enjoyable and safe physical activity and sports.

Quarterly Report on State Legislation and Policies Affecting Child and Adolescent Nutrition, Obesity and Physical Activity
http://www.rwjf.org/portfolios/resources/researchdetail.jsp?id=1257&aid=138

This quarterly report from the Robert Wood Johnson Foundation provides an overview of state legislative and regulatory action aimed at increasing physical activity promoting good nutrition, and preventing obesity among children and adolescents.

Straight Talk about Obesity and Health

This issue brief from Partnership for Prevention summarizes the current body of evidence on overweight and obesity, as well as associated health consequences and economic costs.

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.

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This publication was originally prepared by Michael Fiorenza and Debra Lightsey of Bearing Point Inc. and updated by staff of The Council of State Governments (CSG). 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 U38CCU424348 and the Robert Wood Johnson Foundation (RWJF). Its contents are the responsibility of CSG’s health policy staff and do not necessarily represent the official views of CDC, RWJF or CSG.
An Action Checklist

Legislators can make a difference in their states. They can encourage action that will promote physical activity—such as locating schools in areas to promote physical activity—and nutrition, such as establishing programs that create a healthy environment for children, including farm-to-school programs and community gardens.

State legislators may want to consider the following steps to help create healthier schools and communities for residents statewide:

✔ Encourage school siting and other infrastructure decisions that promote physical activity and nutrition;

✔ Increase community access to school facilities for physical activity and nutrition education;

✔ Become a champion for schools that promote health and foster the adoption of a coordinated approach to school health;

✔ Ensure children access to healthy foods in schools by:
  • Establishing farm-to-school programs to bring fresh fruits and vegetables to schools;
Creating school or community garden programs close to schools so children can work in the gardens while learning about nutrition; 
Offering incentives to businesses and school districts to increase the availability of fresh fruits and vegetables in schools; 
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, as well as state agencies, to address nutrition in schools while balancing local agriculture and economic interests; and 
Establishing health education standards and providing classroom opportunities for children to learn about nutrition, physical activity and associated health benefits.

Encourage physical activity among children by:

- Providing resources, through public or private financing and partnerships, to create school environments that support regular physical activity and good nutrition;
- Supporting walk-to-school programs, recess periods for unstructured play and other physical activities that occur outside physical education classes;
- Implementing daily active physical education that teaches lifelong skills and is vigorous enough to produce health benefits;
- Establishing stronger performance standards and incentives for schools to adhere to physical education requirements, and limiting exemptions from physical education participation; and
- Encouraging state and local education agencies to adopt school health policies that include nutrition and physical activity promotion and education for students—and that involve faculty, parents and the community.