



Progress or Promises?

What's Working For and Against Healthy Schools

An Action for Healthy Kids Report Fall 2008

About Action for Healthy Kids

A public-private partnership of more than 60 national organizations and government agencies representing education, health, fitness, and nutrition, Action for Healthy Kids addresses the epidemic of overweight, sedentary, and undernourished youth by focusing on changes in schools to improve nutrition and increase physical activity. More than 10,000 volunteer educators, health professionals, school administrators, parents, and others take action at the national, state, school district, and school building levels through Action for Healthy Kids Teams in all 50 states and the District of Columbia.

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Executive Summary: Progress or Promises?

School wellness — the belief that schools can and must promote and encourage healthy eating, physical activity, and nutrition and physical education as part of the solution to the childhood obesity epidemic — is an issue that impacts and engages a variety of stakeholders who have a role in leading, advocating for, and implementing wellness initiatives.

This report presents current perspectives of these stakeholder groups — school administrators, parents, educators, nutrition and health professionals, wellness advocates, federal and local government agencies, community groups, school board members, students, and others — on the progress that has been made and the gaps that still exist. It is being published to provide a snapshot of the state of school wellness after more than five years of work by Action for Healthy Kids, and others, at the national, state, and grassroots levels.

In preparing this report, Action for Healthy Kids assessed on-the-ground achievements large and small; examined initiatives in place and changes effected; and carefully evaluated the tasks remaining. We also undertook two efforts to obtain new information. First, we conducted research with stakeholders throughout the nation. And second, we conducted a series of in-depth interviews with a group of authorities from the education and health fields — professionals whose experiences touch on the complex issues involved in achieving school wellness.

The situation.

A growing body of evidence indicates that poor nutrition, physical inactivity, and obesity are associated with lower student achievement. These factors also contribute to many health problems and set chil-

dren up for poor health throughout their lives — at a cost to them, their communities, and society.

Beyond the issue of excess calories, concern exists about poor nutritional quality, which leads to nutrient deficiencies that can affect learning and health and contribute to common illnesses such as flu, not to mention a range of chronic diseases. Furthermore, research indicates that physical education and regular physical activity can improve students' ability to learn by enhancing concentration skills and classroom behavior. Healthy kids make better students, and healthy kids make better communities. Bottom line: it is in schools' interest to help provide healthy, active environments.

The good news.

Over the last five years, Action for Healthy Kids and many others have elevated awareness at all levels about the importance of nutrition and physical activity, and spearheaded new initiatives in schools and communities across the country. In concert with other organizations, we have taken important steps — large and small — toward addressing the childhood obesity crisis.

From the innovative activities of Action for Healthy Kids' Teams to the fact that school wellness is now a subject of national dialogue and focus, there is cause for optimism. And the passage of federal legislation mandating local wellness policies —



A growing body of evidence indicates that poor nutrition, physical inactivity, and obesity are associated with lower student achievement and poorer health.

Despite accomplishments and the welcomed addition of school wellness on the radar screen, troubling gaps exist.

a response by Congress to the alarming surge in childhood obesity by identifying a key role for schools in its prevention — will be looked back upon as perhaps the launching pad for the school wellness movement.

Despite accomplishments and the welcomed addition of school wellness on the radar screen, troubling gaps exist. If the goal of creating a healthy, active environment at school for all American children is indeed to become reality, these gaps must be closed.

Gaps in perception.

Action for Healthy Kids' research shows that superintendents, school board members, teachers, school nutrition personnel, parents, community health professionals, and even students diverge significantly — not only in how they view the issue of school wellness, but in how they interpret the effectiveness of efforts to address it. Those charged with school governance and leadership roles tend to be much more optimistic than those with day-to-day school wellness implementation responsibilities. Until these stakeholder perceptions are more closely aligned, supported by meaningful data from district- and statewide monitoring efforts, progress in advancing the current state of school wellness will likely be affected.

Gaps in attention and access to healthy food choices — and in improving nutritional quality.

Most of the attention to improving school nutrition has focused on foods and beverages to avoid — that is, nutrients of which youth should have less. This focus has left missed opportunities to improve the quality of foods and beverages at school. Schools have achieved mixed results

in creating healthy, appealing school meals, the source of most nutrition at school. Recent data from the Centers for Disease Control and Prevention and the U.S. Department of Agriculture determined that school meal programs had improved their nutritional content since the mid-1990s, but many offerings still lack tasty, youth-appealing fruits and vegetables, whole grains, and fat-free and low-fat milk and milk products.

Add to this picture the availability of unhealthy food options through vending machines, school stores, and snack bars, and there is little wonder why youth continue to consume inadequate nutrients in the school environment. As long as schools provide access to unhealthy, low-nutrient food options, kids are likely to continue to choose them.

A further hurdle preventing youth from consuming nutrient-rich foods is their simple lack of interest in doing so. This hurdle seems especially challenging given that many stakeholders, kids included, believe that schools offer limited access to tasty and appealing healthful food options.

Removing high-density, low-nutrient foods from schools must be a continuing priority; however, the nutritional quality of all foods in the overall school environment — and the need to engage and educate youth in making better food choices — must also be key parts of the solution.

Gaps in physical education and school-based physical activity opportunities.

There is general consensus among national education, health, and medical organizations that quality, daily physical activity can be a beneficial component in addressing childhood overweight and obesity. Moreover,

evidence shows that children who are physically active and fit tend to perform better in the classroom, and that daily physical education does not negatively affect academic performance.

The National Association for Sport and Physical Education recommends that children engage in at least 60 minutes of age-appropriate physical activity most or all days of the week, but few children meet these recommendations. Unfortunately, insufficient funding and staffing for physical education programs have cut physical education from school schedules. Few schools provide daily physical education for all students, and only about seven in ten elementary school children have recess every day. Equally troubling, participation in physical education declines as students progress through school.

Gaps in policy implementation.

Although the federal wellness policy mandate was an essential and potent lever for engaging state education agencies and local districts, it represents just a first step. Many school districts across the nation do indeed have policies in place, and nearly 70 percent of those policies do meet the minimum federal requirements. However, there are many shortcomings in both policy content and implementation. For example, fewer than half of local wellness policies have requirements for physical education staff certification or development. A similar gap exists in the food-service arena, where fewer than 30 percent of states offer school nutrition directors and food service managers state licensure, certification, or endorsement. Importantly, a review of local wellness policies by Action for Healthy Kids in fall of 2006 showed

that the majority did not fully address policy implementation and evaluation.

Gaps in policy monitoring and evaluation.

Tracking of local wellness policy implementation is as important as development of the policy itself, yet monitoring and evaluation are not given the attention necessary, and in many districts are virtually nonexistent. It is particularly telling that so far only one state — Kansas — has enacted ongoing monitoring of wellness policies, reflecting a shortcoming in nationwide efforts to create healthy learning environments. Clearly, effective systems for monitoring and evaluating policy implementation would enable stakeholders to more accurately assess progress, and, importantly, develop and improve ongoing, targeted intervention strategies.

Gaps in interest and in perceived responsibilities.

While there is broad agreement that children's physical inactivity and poor nutrition are important public health concerns, many schools — and administrators and educators within those schools — do not view students' health and wellness as part of their core mission. Given the other pressing priorities that schools must address, not all educators see promoting students' nutrition and physical activity as part of their job. This is a disconnect that we must recognize, and continue to address.

One promising approach in school wellness is weaving physical activity and healthful eating into the fabric of the school culture — for students as well as school staff. Wellness advocates agree that, to effect significant change, wellness needs to be integrated within the overall school

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improvement plan — and traditionally, it is not. Can schools ever be community centers for lifelong learning, in which lessons about and practices supporting better nutrition and physical activity are a key part? Some authorities suggest they must.

Gaps in parent engagement.

Although there is growing concern among many parents and adult caregivers about the effects of poor nutrition, inactivity, and obesity, this concern has not consistently translated into meaningful engagement with schools.

Research indicates that schools are not getting much support from parents when it comes to encouraging children to be physically active every day or to consume healthful foods and beverages. Potentially contributing to this situation is the fact that neither parents, nor school health professionals, nor community health providers feel that schools are providing adequate information to parents on the importance of daily physical activity or sound nutrition — even if they recognize that schools alone should not bear this responsibility.

Research further indicates that although they care deeply about their children's health and well-being, parents often feel ill-equipped to support schools' wellness efforts. Evidence further suggests that parents, including those in underserved communities, are interested in serving as wellness advocates, but they often don't know enough about the wellness climate and processes within their schools to take specific actions.

We need more creative solutions for engaging parents in improving school wellness policies and practices — and for reinforcing healthy eating and physical activity habits at home.

Gaps in addressing underserved communities.

The environments in which many American children live do not make it easy for them to engage in healthy behaviors. This is especially true for children in underserved and high-risk areas who have been hit hard with multiple health disparities. Poor nutrition and physical inactivity exact a disproportionate impact on low-income communities, which experience a higher incidence of undernourished, sedentary, and overweight youth and over-burdened school systems.

Fueling the problem in disadvantaged communities is that many children and stressed families face other factors that compound unhealthy environmental influences, such as a lack of resources for both nutritious foods and physical activity; a lack of nearby grocery stores where they can buy fresh fruits and vegetables, whole-grain foods, fat-free and low-fat dairy products; outdoor environments that are unsafe for physical activity; and a lack of access to physical activity programs due to both financial disparities and transportation issues.

These are facts of concern to all Americans, with their serious implications relative to learning, health, productivity, economics, and equity.

Gaps in systemic support.

Authorities interviewed for this report suggest we are entering a phase of the school wellness journey where the more challenging systemic hurdles now have to be surmounted — the resource-intensive ones that cost money. For example, many schools simply are not equipped to encourage or accommodate a commitment to school wellness. School priorities

such as testing take precedence over virtually every other concern. This is compounded by inadequate time in the school day to address core wellness needs. Further, a shortage of physical education teachers and lack of funding for basic equipment pose significant barriers for both physical education classes and other school-based physical activity programs.

In parallel, school food services are strained on multiple fronts. Food-service staff may not be adequately trained and often are poorly paid. Yet they are charged with the responsibility of feeding thousands of children per meal with minimal budgets and limited time and facilities — all directly impacting the quality of meals. Schools tend to make up budgetary shortfalls by offering popular but mostly low-nutrient competitive foods that do not meet USDA nutritional requirements. And as food prices continue to rise, the challenges are exacerbated.

The urgent need for change.

Action for Healthy Kids believes that a healthy future for America's schoolchildren largely hinges on bridging these gaps. The challenges enumerated here represent an urgent "to do" list for the foreseeable future, not only for our organization, but for others who share in this commitment. Addressing these gaps is part of the necessary process that leads to progress.

Real change has begun, and more is within reach. Short- and long-range realities alike demand policy, environmental, and behavioral change, as well as expanded communication and outreach. But longer-term issues involve effecting systemic change — creating incentive

structures for school leaders, health professionals, and states; re-thinking the funding and purchasing patterns of school meals; solving of complex issues of school-day scheduling; and, of course, working diligently to uncover further funding to support critical school wellness efforts.

The bottom line is that, to fulfill the mandate of school wellness, change is still needed at all levels of the education system — building, district, state, national — and among a wide range of stakeholders — school administrators, educators, school staff, parents, students, community, and other decision-makers. Schools cannot do it alone, and, to tackle wellness, they need broad, specific, and continuing support from all sides and all constituencies.

Action for Healthy Kids as convener and catalyst.

Action for Healthy Kids realizes that we must also contribute more. Our next five years will be marked by close collaboration with stakeholders in a committed effort to accelerate change in American schools. That commitment will take the form of a redoubled focus on schools in underserved communities; an emphasis on helping more parents become wellness advocates; a commitment to promoting nutritional quality; working to ensure adequate physical activity opportunities for students; closer collaboration with school leaders; and support for wellness policy monitoring and evaluation.

With clarity of vision and consistency of mission, Action for Healthy Kids will continue to work to uncover, encourage, and channel the leadership necessary in effecting change — and support that leadership with vital information, tools, and insights. ✨

Research results, reports, and many other references touched on in this report can be accessed in greater detail at Action for Healthy Kids' website, www.ActionForHealthyKids.org.



Schools cannot do it alone. To tackle wellness, they need broad, specific, and continuing support from all sides and all constituencies.

School Wellness and the Imperative of Leadership

by David Satcher, MD, PhD

Imagine an American school environment in which every child has access to proper nutrition and regular physical activity. Think of all the positive benefits for student health, well-being, and classroom performance.



David Satcher, MD, PhD

It may sound simple, but school wellness is anything but. Yes, there has been a good deal of progress made over the last few years. But it's not just progress we're focusing on now. It's the remainder of the journey.

Clearly, at a national level, as this report is published, organizations and individuals that work with schools have taken on school wellness as a major topic of dialogue. Wellness has become a focus of national meetings. It is the subject of articles in education journals. Undeniably, awareness of the imperatives of school wellness is there, and building.

Today, we better understand the roles that modeling healthy eating and encouraging regular physical activity play in reducing childhood obesity. That's a huge step forward. And it goes without saying that the 2004 Congressional passage of a mandate requiring local school wellness policies was a major milestone.

We have asked schools to make some major changes in the way they do business, and this is not an easy thing for schools to do. Resources are scarce; support is stretched; and the individuals "in the trenches" are often fighting an uphill battle. But what I see out there today is dedication, and I see it building — committed educators

and school administrators determined to help every child develop lifelong habits of physical activity and balanced nutrition.

Are some districts, regions, and states better able to do this than others? Of course. School wellness as a way of educational life comes harder, and slower, to some schools than others. But it's coming.

Despite cause for optimism, though, the hurdles are substantial. Systemic challenges range from insufficient resources to the problem of finding time in already overcrowded school days. Equally troublesome "everyday" and human barriers include conflicting school priorities, general resistance to change, an absence of creative thinking among all the constituencies involved, a chronic lack of planning, and the difficulties of monitoring changes as they happen.

Recent figures quantify the urgency. According to the *New England Journal of Medicine*,* in our nation "average weight is progressively increasing among children from all socioeconomic levels, racial, and ethnic groups, and regions of the country." Today, one-third of all children and adolescents are overweight or obese. To use the word epidemic is not to overstate. The implications are grave, but the tide can be turned.

The catalyst, from my observation, is leadership. Whether it's a superintendent, a principal, a motivated school board member, an active

and interested parent, or all of the above, school wellness has to start with one committed individual or constituency. And the involvement, support, and partnership of the community at large is crucial, something that is especially challenging in underserved communities.

There's also cause for celebration now, though. I'm genuinely pleased with how U.S. education leadership has responded in terms of programs and initiatives of which school wellness is the centerpiece. By doing so, they're saying, "We understand the problem. We 'get' that school wellness is important." Anyone who has worked in the area of social and cultural change knows that's a huge step.

I'm pleased also with how clearly we have established that there's a connection between health and learning, and that supporting the goal of better nutrition and physical activity means supporting better academic performance. The fact that they go hand in hand should have been intuitive, but it wasn't. Since the publication in 2004 of Action for Healthy Kids' own *The Learning Connection* report, the links among nutrition, physical activity, and academic performance are now becoming more widely acknowledged and further bolstered by new supporting data.

I'm equally gratified that some school wellness advocates, including Action for Healthy Kids, are beginning to increase the focus on

*David S. Ludwig, MD, PhD. "Childhood Obesity: The Shape of Things to Come," *New England Journal of Medicine*, December 6, 2007, p. 2325.

We must accelerate change in every community across America by engaging more schools, more parents, more students, and more community leaders.

disadvantaged communities. The problems of overweight and obesity, as well as undernourishment, are serious threats to the well-being of underserved communities, and to the individual futures of children born into them. And it is important to note that, while the childhood obesity epidemic affects children from all racial and ethnic groups, it isn't uniform for all groups — this is an increasingly urgent problem among African American and Hispanic youth particularly. A nation like ours ignores such communities at its peril, because, apart from the human price, the healthcare costs of resulting disease and disability in years to come will be astronomical if we don't effect change.

I salute the thousands of Action for Healthy Kids volunteers, as well as volunteers and staff of other organizations working in this arena. They have stimulated many of the substantive school wellness achievements to date. And all these same players are needed to shoulder the myriad tasks involved in further advancing the cause of school wellness in the months and years to come.

Going forward, we must accelerate change in every community across America by engaging more schools, more parents, more students, and more community leaders. We must continue to collaborate with partners to develop innovative solutions, especially in pushing for full implementation and monitoring of local wellness policies.

If we fail to act, we endanger the future well-being of America's youth, and, I dare say, of America itself. Our children deserve healthier learning environments — schools that promote lifelong habits of healthful eating and active lifestyles.

Is that too much to ask? Most school wellness advocates think not. Do policy-makers fully understand the benefits of school wellness? I'd say they certainly understand them better now than they did five years ago. About that, I'm encouraged, but far from satisfied. To further the cause, communication with policy-makers — as well as with concerned leaders, interested lay people, the public health community, and current and would-be partners — is a full-time job.

The urgency of making school wellness a higher priority for our society is largely the rationale behind this wide-ranging, and I think important report. I urge you to read it in its entirety.



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The Background: Why School Wellness Matters

Poor classroom performance; a reduced ability to learn; chronic health conditions; social discrimination; and the cost-impact on society are but a few of the consequences of ignoring school wellness imperatives.

The environments in which most American children live do not make it easy for them to engage in healthy behaviors.

School wellness is important. But why? Simply put, student health and classroom performance suffer when students do not eat well or get enough physical activity; therefore it is in schools' interest to help provide healthy, active environments.

As recognized by the U.S. Surgeon General, schools are one of the best settings in which to halt the alarming impacts and implications of poor nutrition and physical inactivity on American youth. These behaviors have many harmful consequences to children's short- and long-term health and ability to learn.

It all comes back to learning.

A growing body of evidence indicates that poor nutrition, physical inactivity, and obesity are directly associated with lower levels of student achievement. For example, a recently published article in the *Journal of School Health* (Florence, et al.) found that fifth-grade students with poor nutritional quality were significantly more likely to underperform academically.

The Learning Connection: The Value of Improving Nutrition and Physical Activity in Our Schools, an Action for Healthy Kids report, summarized research that shows a direct link between academic achievement and nutrition, physical activity, and weight. Those findings include:

- > Well-nourished students tend to be better students, while poorly nourished children exhibit weaker academic performance, and score lower on standardized achievement tests.
- > Poor nutrition and hunger translate into inadequate intake of essential

vitamins, minerals, fats, and proteins that are necessary for optimal cognitive function.

- > Physical activity and physical fitness are associated with improved cognitive function, stronger academic achievement, increased concentration, and better test scores.
- > Obesity and poor nutrition are correlated with reduced academic achievement and a greater number of behavioral problems, potentially due to a greater-than-average number of absences, social stigmatization, or poor self-esteem.

The Centers for Disease Control and Prevention (CDC) recognizes that "the academic success of America's youth is strongly linked with their health. In turn, academic success is an excellent indicator for the overall well-being of youth, and is a primary predictor and determinant of adult health outcomes."*

What are kids up against?

The environments in which most American children live do not make it easy for them to engage in healthy behaviors.

High-calorie, low-nutrient foods — non-nutritious snacks, sweetened beverages and sodas, fried foods — are readily available to most American children. As a result, most youth routinely consume such unhealthy foods.

*See "Student Health and Academic Achievement" at www.cdc.gov/HealthyYouth/health_and_academics/index.htm.

Responding to the Call

Five years of steady progress.

In 2001, the U.S. Surgeon General's Office released the landmark report stating that the consequences of overweight and obesity could reverse many of the health improvements that the nation had achieved in recent years. In outlining community-based strategies to address this vital health problem, the report highlighted schools as one of five key settings where initiatives should be focused. Action for Healthy Kids was founded in 2002 in response to the Surgeon General's imperative to work with schools to fight childhood obesity.

Since its inception, Action for Healthy Kids has brought together more than 60 organizations and government agencies as well as 51 Teams nationwide that have engaged more than 10,000 volunteers. All of its initiatives are dedicated to improving nutrition, increasing physical activity, and reducing overweight by changing school environments. In 2007, for example, Action for Healthy Kids Teams reached more than 71% of the nation's school districts — representing nearly 37 million K-12 students — with outreach, support, and information related to school wellness.

Action for Healthy Kids and its Partners have elevated local awareness about the importance of nutrition and physical activity, and spearheaded new initiatives in schools and

communities around the country. In concert with other organizations, Action for Healthy Kids has taken important steps toward addressing the childhood obesity crisis — galvanizing invaluable support from a wide range of educational and community constituencies.

Great strides, harsh realities.

Despite progress in terms of awareness, commitment, and effective initiatives large and small, more than five years after the founding of Action for Healthy Kids, poor nutrition and physical inactivity remain a serious threat. Under-funding of school wellness initiatives, along with sustainability issues and lack of accountability mechanisms, continue to undermine the promise for healthier learning environments.

Poor nutrition and physical inactivity exact a disproportionate impact on underserved communities, which experience a higher incidence of undernourished, sedentary, and overweight youth and over-burdened school systems. This is a fact of concern to all Americans, with its serious implications relative to learning, health, productivity, economics, and equity.

All of these hurdles are surmountable, and are recognized and embraced by Action for Healthy Kids and its Partners merely as part of the process that leads to progress. For Action for Healthy Kids that progress will take the form of a focus on engaging all concerned constituencies by encouraging the making of better food choices, and creating environments that get — and keep — kids moving.



Only 2 percent of school-aged children consume the recommended daily number of servings from all major food groups, according to the U.S. Department of Agriculture.

This leads to excess calorie consumption and nutritional deficiencies.

How bad is the problem? One national health survey (NHANES III) reveals that almost one-third of calories consumed by children and adolescents aged 8 to 18 years come from foods with low nutrient density, such as saturated fats, added sugars, candy, sweetened beverages, desserts, and salty snacks.

Recent data from the Centers for Disease Control and Prevention (SHPPS 2006) indicate that nearly half (48 percent) of high schools, 25 percent of middle schools, and 12 percent of elementary schools allow students to purchase foods and beverages high in saturated fat, sodium, or added sugars from vending machines, school stores, or snack bars during lunch period. Additionally, 54 percent of schools sell high calorie, high fat cookies, candy, or other baked goods as part of fundraisers for school organizations.

Nor do most children routinely consume healthy foods recommended by the *Dietary Guidelines for Americans*. Only 2 percent of school-aged children consume the recommended daily number of servings from all major food groups, according to the U.S. Department of Agriculture. According to the 2007 National Youth Risk Behavior Surveillance, only 14 percent of adolescents in grades 9-12 consume three servings of milk per day, while only 21 percent consume at least five servings of fruits and vegetables per day.

Children living in low-income, minority, and urban communities are at particular risk of poor nutrition. The Youth Risk Behavior Surveillance links minority status to less healthy eating patterns. And another study, of Minnesota urban youth, points out dis-

parities in obesity and eating patterns by ethnicity and socioeconomic status (Neumark-Sztainer, et al.). And an overall relative lack of nutrition education compounds children's inability to make healthy food choices in general.

It's not one problem. It's two.

The negative effects of poor nutrition and excessive calorie intake are compounded by the fact that the majority of American children do not engage in enough physical activity. Few meet the recommended 60 minutes of age-appropriate physical activity most or all days of the week. Specifically:

- > More than one-third of students in grades 9-12 do not regularly engage in physical activity, according to the National Association for Sport and Physical Education (NASPE).
- > According to the CDC, 62 percent of children aged 9-13 years do not participate in any organized physical activity during their non-school hours.

With competing priorities such as testing and tight budgets, schools today are offering fewer and fewer opportunities for physical activity. For example, NASPE reports that the percentage of students who attend a daily physical education class in school dropped to 28 percent in 2003, from 42 percent in 1991.

And as for physical education, NASPE recommends 150 minutes of P.E. per week for elementary students and 225 minutes per week for middle and high school students. In reality, very few schools provide daily physical education for all grades throughout the entire school year. According to 2006 findings of a national survey on school health that the CDC conducts every six years (SHPPS) that figure is a stun-

ningly low 4 percent of elementary schools, 8 percent of middle schools, and 2 percent of high schools.

Here again, children living in low-income, minority, urban communities are also at higher risk for inadequate physical activity. Data from the U.S. Department of Health and Human Services show children's participation in physical activity decreases with family income, and that Hispanic and African American children particularly are the least likely to exercise.

Alarming numbers.

Today, more than one-third of our children and adolescents fall into the top two categories for weight that the CDC has defined. For children, these categories are defined as "overweight" and "obese."

Levels of overweight among children have risen rapidly. In the last 30 years, according to the CDC, the percentage of overweight children aged 6 to 11 has nearly tripled, and the percentage of overweight adolescents aged 12 to 19 has more than tripled. The results of a study summarized in the *Journal of the American Medical Association* (Ogden, et al.) indicate that more recently, rates of childhood obesity have remained level. However, although the results show promise, they do not indicate a reversal of the obesity trend, as more than one-third of the children and youth in the study were considered overweight.

Given their higher risk for poor nutrition and physical inactivity, it is not surprising that children in low-income minority and urban communities are at greatest risk for overweight. Numerous analyses have confirmed that the prevalence of overweight is higher in these areas.

Poor nutrition, physical inactivity,

and overweight among American children contribute to many health problems and set children up for poor health throughout their lives — at a cost to them, their communities, and our society. Underscoring this point, a report from the Conference Board suggests that obesity is costing U.S. businesses \$45 billion annually in medical expenses and lost productivity. Moreover, other serious illnesses that are becoming more prevalent among children — including heart disease, Type 2 diabetes, and asthma — are also associated with obesity.

Yet more health consequences.

Beyond excess calories, poor nutrition can lead to nutrient deficiencies in children. Such deficiencies can contribute to a number of chronic diseases, or leave children without protection from various conditions.

For example, a child's failure to consume the recommended intake of calcium can increase his or her risk of fractures and osteoporosis as an adult. Adequate calcium intake plays a beneficial role in reducing the risk and/or consequences of a number of other conditions as well, including colon, breast, and ovarian cancers, hypertension, lead poisoning, and obesity.

Overweight itself frequently becomes a chronic condition. Overweight children tend to stay overweight through adolescence and become obese adults.

In the end, though, perhaps the most immediate consequence of overweight that children feel is social discrimination, according to the U.S. Surgeon General in a 2001 report on childhood obesity. This, in turn, has been linked with poor self-esteem and depression. ✨

Children living in low-income, minority, and urban communities are at particular risk of poor nutrition, physical inactivity, and obesity.

The Snapshot: The State of School Wellness Today

Two years after the federal school wellness policy mandate, what are kids eating, what aren't they eating, and why? What is happening with physical activity and physical education, and how must this change? What actions, on the part of states and others, has the federal mandate spurred? What are the hindrances?

What are kids eating at school?

Recent research in peer-reviewed journals, including the *American Journal of Preventive Medicine* and the *Journal of School Health*, as well as findings from the Centers for Disease Control and Prevention's 2006 School Health Policy and Programs Study (SHPPS, released every six years) and the United States Department of Agriculture's School Nutrition Dietary Assessment (SNDA-III), paint a picture of the school food environment.

Over the past five years, most of the efforts to improve school nutrition have focused on limiting or restricting competitive foods, and for good reason. Unhealthy temptations — cookies, soda, chips, and other low-nutrient foods — abound. The 2006 SHPPS survey revealed that about 45 percent of elementary schools, over 56 percent of middle schools, and some two-thirds of high schools offer such choices. And

almost 60 percent of high school students can buy soda in the cafeteria at lunch (Johnston, et al.).

The SNDA-III study determined that students who participated in the school lunch program were less likely to consume competitive foods than those students who did not participate. For elementary, middle, and high schools, most of the competitive foods were eaten at lunch. The most common choices were candy, baked goods, soda, and chips — all low in nutrition and high in calories. Students consuming competitive foods had more than 150 calories from these low-nutrient foods on any given day.

Students have many options to buy food during the school day. According to the U.S. Government Accountability Office, almost 90 percent of high schools, over two-thirds of middle schools, and almost one-third of elementary schools sell competitive foods through vending machines,



Children who participate in the school lunch program are less likely to consume competitive foods.

A Genuine Milestone

It is impossible to assess the state of school wellness today without acknowledging the landmark federal legislation known as the U.S. Child Nutrition and WIC Reauthorization Act of 2004. In this act, Congress responded to the alarming surge in childhood obesity by identifying a key role for schools in its prevention. The act called for development of a local wellness policy in most school districts in America. School districts had until July 2006 to put their policies in place. These policies are to include:

- > Goals to promote student wellness, nutrition education, and physical activity.
- > Nutrition guidelines for school meals and for other foods available at school.
- > A plan and a person responsible for monitoring the policy.
- > Creation of a local guidelines committee, which would include not only representatives of local schools but also parents and other community members.

Despite its sweep and specificity, the act has serious limitations. It lacks funding and requirements for local accountability, standards and guidelines for implementation, and systems and standards for monitoring and evaluation to consistently track and measure progress. For more information, visit www.ActionForHealthyKids.org.

Cost is a major barrier to providing healthy, tasty, youth-appealing items such as cut fruit, fresh salads, or flavored milk in plastic containers.

school stores, or snack bars. Nevertheless, schools are making efforts to provide healthy options among competitive foods sold. For example, the 2006 SHPPS survey found more schools offering milk as a beverage in vending machines, school stores, and snack bars (28 percent of middle and 51 percent of high schools), while water sales in vending machines increased to 46 percent from 30 percent in 2000.

Another study found that 63 percent of middle and high school students attend schools that offer some type of fruit and/or vegetable from vending machines, school stores, or snack bars and carts (Delva, et al.). The same study found that students in low-income communities have less access to healthier snacks, as do African American middle school students.

A more complex challenge.

According to the 2005 *Dietary Guidelines for Americans*, children and adolescents continue to consume less than the recommended amount of critical nutrients like calcium, magnesium, and Vitamin E, to name a few. However, students who do participate in the school lunch program have better nutrient intake than those not participating.

The great majority of students (87 percent) attend schools that participate in the USDA-reimbursable

National School Lunch Program, according to data reported in the *American Journal of Preventive Medicine* (Delva, et al.). USDA data indicated that in 2007 the average daily participation rate for school lunch was 30 million students.

Schools appear to have achieved mixed results in creating healthier school meals. A recent review (Leviton) found school meal programs have improved their nutritional content since the mid 1990s. SNDA-III found that more than two-thirds of school meals examined met standards for vitamins, minerals, protein, and fiber. However, most lunches did not meet standards for fat, saturated fat, or sodium. Notably, only 6 percent to 7 percent of schools had lunches that met all the USDA set standards; clearly, much more work is needed before we have all schools offering meals that meet both nutritional and taste standards.

Getting youth to eat healthier options at school has several challenges. Qualitative research done by Action for Healthy Kids with minority youth in 7th and 8th grade uncovered a major barrier to students making healthy choices at school: access to tasty, appealing, healthier options. School nutrition professionals are trying to provide healthful and tasty student-appealing products (e.g., cut fruit, fresh salads, or cold fat-free flavored milk in plastic containers), but cost is a major barrier. Also, stu-

Voices: A Wealth of Perspectives, Opinions

In preparing this report, Action for Healthy Kids identified a number of individuals whose expertise spans the fields of child health and school wellness, and talked with them to gain their insights about the state of school wellness today. During extensive interviews, these authorities reflected upon progress in school wellness thus far; on continued challenges in the advance of school wellness; and on what remains to be done by stakeholders at the local, state, and national levels. The thoughts of the individuals at right are shared throughout the report. >>

dents are accustomed to eating low-nutrient, high-calorie competitive foods and fast foods, which makes introducing healthier items more challenging.

Schools have generally made efforts to offer more healthful choices as part of school meal offerings. According to 2006 SHPPS data:

- > About two-thirds of schools offer students a daily choice between two or more types of fruit or 100 percent fruit juice and between two or more vegetables.
- > Most schools offer a choice of either low-fat or fat-free milk, and a third of schools offer both of these healthy choices, as well as whole-grain foods.
- > Significantly more schools used healthy food preparation practices in 2006 than in 2000.

What about daily physical education and school-based physical activity programs?

Research has shown that daily physical education does not detract from academic performance.* Still, as revealed by the 2006 SHPPS survey, surprisingly few schools provide daily physical education for the entire school year for all students. Just as alarming, studies show that participation in physical education actually declines as students go

Physical Education vs. Physical Activity

Physical education is a planned, sequential program of curricula and instruction that helps to equip students with the knowledge, skills, capacities, values, and enthusiasm to maintain a healthy lifestyle into adulthood. Physical education is designed to promote physical fitness, develop motor skills, and prepare students to participate confidently in team and individual activities.

By comparison, **physical activity** is bodily movement of any type; productive physical activity is the product of a quality physical education program. Opportunities for physical activity during the school day include time spent in physical education class, classroom-based movement, recess, walking or biking to school, and recreational sport and play that occurs before, during, and after school.

Physical education should not be compared to or confused with other physical activity experiences such as recess, intramurals, or recreational endeavors. The unique goals of physical education are the development of physical competence, health-related fitness, cognitive understanding, and a positive attitude toward physical activity so that individuals can adopt and maintain a physically active and healthy lifestyle.

Source: National Association for Sport and Physical Education

through school (Johnston, et al.).

- > Physical education requirements, as well as actual student participation rates, decline substantially between 8th and 12th grades.
- > Principals participating in one survey estimated that over 90 percent of 8th graders actually took physical education, compared to only 34 percent of 12th graders.

SHPPS also found 32 percent of elementary schools do not offer daily recess for all students and 52 percent do not offer intramural activities or physical activity clubs for students. Also notable is that participation in varsity sports was lower among students from low-income families and African American and Hispanic students.

* See "Active Education: Physical Education, Physical Activity and Academic Performance," a fall 2007 Active Living Research Brief, available at www.activelivingresearch.org/alr/files/Active_Ed.pdfbrief.

Katherine Kaufer Christoffel, MD, MPH, director of the Center on Obesity Management and Prevention at Children's Memorial Hospital, professor at Northwestern University's Feinberg School of Medicine, and Action for Healthy Kids board member. **Guillermo Gomez**, Chicago director for the Healthy Schools Campaign. **Julia Graham Lear**, PhD, research professor in prevention and community medicine at George Washington University and director of the Center for Health and Health Care in Schools. **Madeleine Levin**, MPH, senior policy analyst for the Food Research and Action Center in Washington, D.C. **Robert Murray**, MD, director of the Center for Healthy Weight and Nutrition at Nationwide Children's Hospital in Columbus, Ohio, pediatrics professor at Ohio State University's school of medicine, and chair of the Council on School Health for the American Academy of Pediatrics. **Howell Wechsler**, EdD, MPH, director of the Division of Adolescent and School Health of the Centers for Disease Control and Prevention (CDC). **Gene Wilhoit**, executive director of the Council of Chief State School Officers (CCSSO); formerly director of the Arkansas Department of Education and commissioner of the Kentucky Department of Education.

The SHPPS survey does document progress, however. States that require elementary schools to provide students with regularly scheduled recess increased to 12 percent in 2006 from 4 percent in 2000. Among school districts, the percentage with this requirement rose to 57 percent from 46 percent.

Growing public awareness.

In general, public awareness has substantially shifted toward recognition of the dangers of obesity and the health benefits of balanced nutrition and adequate physical activity for children, according to the authorities interviewed in preparing this report (see page 19).

“There’s awareness that the next generation may even have a shorter life span because of obesity — and people are passionate about not letting this happen,” maintains Madeleine Levin of the Food Research and Action Center, a nonprofit organization working to eliminate hunger and malnutrition in the United States.

Interestingly, awareness of the problem of childhood obesity exists even among communities where residents may otherwise lack access to health information. Guillermo Gomez, Chicago director for the Healthy Schools Campaign, which works to create healthy school environments, says that par-

ents in low-income minority communities increasingly understand that obesity is a dangerous and disproportionate burden on their communities. Importantly, they see these health disparities as a social justice issue, according to Gomez.

Federal mandate spurs action.

Regardless of limitations, many of the experts interviewed consider the federal mandate to implement local wellness policies in the fight against obesity (see sidebar, p. 17) an essential and potent lever for engagement and action at the level of both state education agencies and local districts.

Madeleine Levin of the Food Research and Action Center believes that many superintendents have moved to implement local wellness policies precisely because they realize the policies can guide the way to promoting healthy environments in the schools.

Howell Wechsler, director of the Division of Adolescent and School Health at the Centers for Disease Control and Prevention (CDC), sees the value of the wellness policy through another lens. “Having these policies really speeds you through the innovation process in a very dramatic way,” he notes.

The local wellness policy mandate gave the Chicago Healthy Schools Campaign a way to mobilize

Latino parents around school health. Guillermo Gomez reports that the campaign translated the policy mandate not only into Spanish but also into easily understandable layman’s terms for parents. Parents, in turn, came out by the thousands to let the Chicago Public Schools know that they expected the wellness policy to be implemented. According to Gomez, “The policy was an opportunity because it said, essentially, ‘Establish school wellness teams. It’s not a choice.’”

But how effective are local wellness policies?

To find out how school districts fared in the development of their local wellness policies, at the time policies were due on July 1, 2006, Action for Healthy Kids assessed 112 policies that had been approved. The sample included policies from 42 states representing schools in rural, suburban, and urban settings and from schools with medium and large student enrollments.

Action for Healthy Kids’ researchers compared school policies against two benchmarks — the federal guidelines and an Action for Healthy Kids tool to measure best practices in school health as determined by an expert panel. The assessment uncovered that only 54 percent of district policies met the minimum federal require-

>> On progress thus far...

“I would characterize the changes as fairly dramatic thus far. We had certainly neglected school health, gotten away from good practices, but I see dramatic progress, with schools reinstating physical activities, adding and expanding breaks, and many have instituted in-class activities. ‘Junk-food removal’ has been an area of great improvement, as has the removal of carbonated soft drinks and candy vending machines. So I’d say in a relatively short time the changes have been dramatic — despite the huge changes still left to be effected.”

Gene Wilhoit

ments. On a promising note, about 80 percent of policies required community and family involvement in school health councils, bringing important support to schools.

Collecting additional local wellness policies bolstered this early snapshot: these data are pending publication. However, study author Alicia Moag-Stahlberg, MS, RD, founding executive director of Action for Healthy Kids, relays that schools will need considerable assistance to develop, fully implement, and sustain the wellness policies. Although in the re-assessment 70 percent of local wellness policies met the federal mandate, most policies did not fully address implementation and evaluation of the policies.

States are stepping up.

Given the lack of funds with which to implement the federal legislation, most individual school districts grapple on their own as best they can. As major school district funders, states have perhaps the most powerful leverage with which to encourage the creation of strong policies to promote school wellness and to encourage their adoption by school districts.

Indeed, states are beginning to step up and assume important roles in helping school districts develop, implement, and monitor their new local wellness policies. An October 2007 issue brief by the National

Association of State Boards of Education (NASBE) revealed some widespread efforts by states. As of fourth-quarter 2007:

- > At least 48 states had developed guidance materials or adopted new laws, regulations, or policies that specifically address the federal legislation mandating school

wellness policies.

- > At least 40 states had produced state-specific policy guidance documents and resources to help local school districts create wellness policies.
- > At least 19 state legislatures, state boards of education, and state agencies had adopted require-

Aligned with Other Initiatives

School wellness relates to and benefits from other comprehensive initiatives and approaches to improving students' health and well-being, including:

The Whole Child

The current direction in educational practice and policy focuses overwhelmingly on academic achievement. However, academic achievement is merely one element of student learning and development, and only a part of any system of educational accountability. The Whole Child is a public engagement and advocacy campaign launched by the Association for Supervision and Curriculum Development (ASCD), an Action for Healthy Kids Partner organization. The initiative encourages schools and communities to work together to ensure that each student has access to a challenging curriculum in a healthy and supportive climate. For more information, visit www.wholechildeducation.org.

Coordinated School Health

Many communities in the U.S. are pursuing a coordinated approach to school health — designed to improve students' health and their capacity to learn through the support of families, schools, and communities working together. The Coordinated School Health (CSH) model has eight interactive components, which include: Health Education; Physical Education; Health Services; Nutrition Services; Counseling and Psychological Services; Healthy School Environment; Health Promotion for Staff; and Family/Community Involvement. For more information, go to www.cdc.gov/HealthyYouth/CSHP/.

>> On the growing awareness of school wellness...

“There’s a definite awareness now that the next generation may have a shorter lifespan because of obesity – and people are passionate about not letting this happen.” **Madeleine Levin**

“Many parents in low-income minority communities now understand that obesity is a dangerous and disproportionate burden on their communities. They see these health disparities as nothing less than a social justice issue.” **Guillermo Gomez**

ments intended to strengthen local wellness policy evaluation and school district accountability to the state or local level.

Numerous states have also passed laws or adopted regulations to establish wellness policy content regarding nutrition, physical activity, or both; have implemented innovative or systematic approaches to checking school district compliance with policies; have acted to encourage local districts to adopt a strong wellness policy; or have established statewide workgroups with the specific task of providing guidance on implementing federally mandated local wellness policies.

NASBE singles out Arkansas, Rhode Island, and South Carolina for adopting comprehensive strategies to promote school wellness by:

- > Integrating local wellness policies into the general education accountability system.
- > Adopting provisions to strengthen school district accountability to the community.
- > Establishing additional wellness policy content requirements beyond the minimum federal requirements.

It is notable, however, that so far only one state — Kansas — has enacted ongoing monitoring of school wellness policies. The lack

of such monitoring may well impede widespread implementation of these policies in the 49 other states.

Substantial change not yet widespread.

Although states are getting on board and some districts are gaining traction with their wellness policies, real, substantial change is not yet widespread.

The CDC's Howell Wechsler says, "We were dealing with innovators at the turn of the millennium, and now we're deep into the early adopters." In other words, in 2001 school wellness was a pioneering innovation; now, seven years later, it's progressed to the stage of budding acceptance.

Other experts interviewed universally agreed that getting to the next level of change requires moving beyond simple awareness. The current need is to create wide availability of healthful foods and daily opportunities for physical activity in all schools — assuredly, a challenge.

Julia Graham Lear, director of the Center for Health and Health Care in Schools at George Washington University, has real concerns about progress at the school district level, where, she feels, it must happen first. Says Lear, cutting to the bottom line, "The work now is about where the real barriers are — the

ones that cost money."

Howell Wechsler echoes a similar assessment. "The relatively cheap fixes," he says, "are done. We are starting to make good progress on them already. Taking out the high-fat chips and putting the baked chips in. It's getting done in many schools. But overhauling physical education and school lunches — fixing these is much more resource-intensive."

From his perspective working with a large urban district, Guillermo Gomez also perceives that overall progress has been slow. He laments how long it has taken for the information to filter down from the district level to the individual schools in the city of Chicago, and reports that, after being sent information, many principals, when telephoned, couldn't remember receiving it.

Robert Murray, chair of the Council on School Health for the American Academy of Pediatrics and a professor of pediatrics at Ohio State University, points out an additional challenge beyond the initial step of implementing a policy.

"The mandate to create a policy," he claims, "forced a national discussion about what we want for our children in schools in terms of nutrition and physical activity. And that's good. But the second wave of wellness activity is making those policies work toward a continuous improve-

>> On the relationship of wellness to learning...

"Educators themselves often don't make the link between health and education. They see their role as producing kids who are excited about learning, and giving them strong academic and life skills. But educators sometimes don't make the connection that health is a huge contributor to success in life. The irony is that as we've increased academic expectations, we've neglected the health and wellness side of things — which is a total contradiction." **Gene Wilhoit**

ment process in the schools. And that step is proving to be more difficult.”

Katherine Kaufer Christoffel, pediatrics professor at Northwestern University, director of the Center on Obesity Management and Prevention at Children’s Memorial Hospital in Chicago, and an Action for Healthy Kids board member, voices some optimism. She notes how changes can take time to occur because school district leaders balance so many challenging priorities. Still, she points out, “When time forces them [schools and school districts] to focus, I think the discussions are likely to be in the right direction — because there are more and more options for them to choose from that are on the healthier sides of the equation, and because there’s continuing pressure from some parents, and expectations.”

A bigger-picture, long-range perspective is offered by Gene Wilhoit, executive director of the Council of Chief State School Officers, who says, both directly and encouragingly, “It’s not easy to redesign learning processes to fit in new and emerging priorities, but it can be done. We can start to view schools as community centers for lifelong learning, in which lessons about better nutrition and physical activity are a key part. I’m optimistic that those kinds of new visions are being received more openly by the education community than they were just a few years ago.” ✨

School District in Action: Indianapolis

“It all started with the acceptance that health and wellness are part of learning,” says Audrey Satterblom, wellness coordinator for the Indianapolis Public Schools and a member of the Indiana Action for Healthy Kids Steering Committee. She’s explaining her district’s establishment of a coordinated school health program, largely in response to the federal local wellness policy mandate.

“For the first year after we developed a local wellness policy,” says Satterblom, “it frankly just sat there,” and implementation languished. Satterblom, as a former P.E. teacher and administrator with a passionate interest in wellness, advocated for an umbrella program that would allow development in Indianapolis of a wellness “curriculum” that would address everything from mental health challenges to sexual-

ity to obesity. Her superintendent responded positively, as did the federal PEP (Physical Education for Progress) program, which provided a needed grant.

“When advocating for the establishment of this type of program,” Satterblom says, “an educator needs to become totally involved, and needs to say, ‘This is important, and I’m going to stand for this, and my school has to improve.’” And improve Satterblom’s district has. Just one example?

“In the obesity area, as part of efforts to ramp up physical activity, our middle school now has moved to daily year-round P.E., which is a huge change from the old perfunctory nine-week course. That was a big move, especially in a time of budget cuts in other areas.”

So how does Satterblom get kids motivated and excited about participating in the wellness curriculum?

“Well, it helps that it’s mandatory,” she responds, half-jokingly. “But as a former P.E. teacher, even before the days of wellness policies, my motivations were always academic ones. I knew that if my kids were healthy and active, they were going to read better. They were going to do math better. ‘Action-based learning,’ as I call it, just works,” she says definitively. And more than 36,000 kids in Satterblom’s district are the beneficiaries of her optimism and vision.

Dr. Eugene White, superintendent of schools in Indianapolis, is philosophical and realistic about the issues with which his district wrestles.

“Schools are facing more and more

“You have to have someone who prioritizes wellness, and is given the ability to drive it.”

social challenges each decade, and a lot of responsibility has been shifted to us, things that weren’t traditionally education’s responsibility. But the fact is, schools are the American institution that has ‘public’ above the front door, and we have to take it on.”

But White points to Satterblom’s ownership of the wellness issue in Indianapolis as one reason for its success.

“You have to have someone who prioritizes wellness, and is given the ability to drive it. Any time someone asks me about the success of what we’re doing, I just keep going back to the ownership that Audrey took of the initiative. We would be dragging our feet like many other districts if she hadn’t taken it upon herself to lead.”

>> On the federal school wellness policy mandate...

“Having these policies really speeds you through the innovation process in a very dramatic way.”

Howell Wechsler

“Translated into Spanish, the wellness policy has given the Chicago Healthy Schools Campaign a way to mobilize Latino parents around school health.” **Guillermo Gomez**

The Changing Food Environment

Much of the attention and work over the last five years in school wellness has been focused on the “wipe out junk food” strategy. And there has been some progress made. However, much less attention, and change, has been seen relative to the quality of diets for all youth.

In 2000, the number of schools making exclusive deals with soft drink companies was exploding. Today, these exclusive deals are nearly nonexistent and the soft drink industry has begun to regulate itself when it comes to products in the school environment. The Centers for Disease Control and Prevention’s 2006 School Health Policies and Programs Study (SHPPS) data reported that the number of schools that sold carbonated soft drinks, sports drinks, and fruit drinks during lunch period decreased from 68 percent in 2000 to 48 percent in 2006. And nationwide, in 2006 more than half of states required or recommended that schools prohibit the selling of junk foods à la carte, in vending machines, and in school stores and canteens.

As noted above, less attention and change has been seen relative to the quality of diets for all youth. Less than 2 percent of children and adolescents currently consume the minimum number of recommended servings from all food groups.

This has led to low dietary intake of calcium, potassium, fiber, magnesium, and Vitamin E. The U.S. Departments of Agriculture and Health and Human Services’ 2005 *Dietary Guidelines for Americans* include guidance about “Food Groups to Encourage,” stating that youth need to consume more fruits, vegetables, whole grains, and fat-free and low-fat milk and milk products to meet recommended minimums for good health.

Broader Nutritional Challenge

Moreover, a recent study of low-socioeconomic urban youth aged 7-13 years examined diet quality, and found that the diets of more than 75 percent of participants failed to meet recommended servings for grains, vegetables, dairy, and fruit groups – with mean intake being significantly lower than recommendations. Twenty-five percent or more of the youth studied did not meet recommended amounts for iron, folate, and calcium. Ninety-

three percent of children aged 9-13 did not meet Adequate Intake for calcium, nor did 76 percent of children aged 7-8 years.

Strategies to eliminate junk food have involved replacing high fat, high sugar, and/or high calorie items with lower-calorie fat and sugar counterparts, such as switching baked chips for regular. This does begin to address obesity by lowering calorie content. However, it does not address the broader nutritional challenge. These changes will allow for competitive foods to be available, which can lead to youth using them as an alternative to school meals, and continuing to consume inadequate nutrients. This strategy alone is insufficient to meet the imperatives of local wellness policies.

To that end, the Institute of Medicine released a report in 2007 about appropriate nutritional standards for the availability, sale, and consumption of foods at school. The report concluded that the federally reimbursable school nutrition

>> On policy/legislative solutions...

“You have to be able to get at the state level enough legislators to focus and say, ‘Look, how are we going to get more physical education in when we don’t have enough hours of instruction in academic courses? But it’s not a matter of sending out a curriculum and exhorting people any more.” **Julia Graham Lear**

programs should be the main source of nutrition at school and that competitive foods, if available, should consist of nutritious fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products.

Nutritional Quality: The Logical Next Step

Jennifer Weber is the manager of national nutrition policy for the American Dietetic Association. She describes the move to a focus on nutritional quality as a natural evolution – indeed the logical next step – in the field of school wellness.

“Obviously,” Weber acknowledges, “we need to continue taking the least nutritious foods out of schools. Refocusing on raising nutritional quality can happen simultaneously to that. Yet we need to acknowledge that these tasks pose unique challenges. Getting people to understand and care about the nutritional quality of the foods kids eat in schools requires different strategies than simply educating them about foods to avoid.”

Weber says that a principal hurdle is the belief on the part of many administrators and parents alike that

once we’ve conquered junk food the job is done.

“Although it’s a vital, even critical, topic,” says Weber, “nutritional quality doesn’t quite ‘resonate’ with educators, administrators, even parents in the simple, understandable way that ‘eliminating junk food’ does. Addressing over-consumption of ‘junk food’ is perceived as more urgent, and more directly related to childhood obesity, than overall diet quality. So overcoming that perception is an important hurdle. Kids’ health, even more than that of adults, is dependent on consuming adequate nutrients. Nutritional quality is needed for proper growth, physical/mental development, and the prevention of chronic disease.”

Weber says that it will be crucial in the coming months and years for school wellness advocates from every stakeholder group to remember, and constantly try to reinforce, that school wellness isn’t just a matter of shifting the emphasis off the least nutritious foods; it’s about shifting the emphasis onto healthier foods to reach the point where the foods that kids want to consume are the ones that they should consume.

“To me,” Weber maintains, “that’s the most valuable conversation that we can have, going forward.”

School wellness isn’t just a matter of shifting the emphasis off the least nutritious foods; it’s about shifting the emphasis onto healthier foods.

>> On urgency...

“If there were ever some loud sirens out there, they’re there now, when you begin to talk about the condition of our children and the rapid pace at which our health is declining.” **Gene Wilhoit**

The Stakeholders: Illuminating Research Findings

Observations, opinions, insights, and recommendations from a wide range of participants across the board.

Among them, there exist alignment and agreement that promise further progress, but also stark differences in perspective that hint at potential barriers.

Some see progress, some are not sure. In October and November of 2007, Action for Healthy Kids conducted research with education stakeholders to gain insights and perspectives on efforts to meet the nutritional and physical activity needs of schoolchildren.

Eleven national education and health organizations* participated in the research, surveying their members and constituents. Action for Healthy Kids also invited its own Team members to respond.

In total, some 2,400 individuals responded, from all 50 states, a group that included school leaders (superintendents, principals, school board members); school personnel (school nutrition and food service staff, physical education and classroom teachers, and others); public health professionals; school wellness

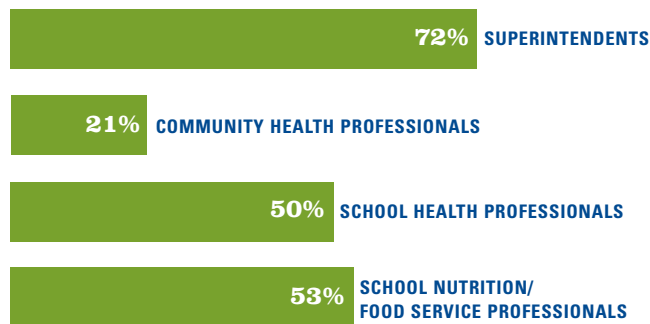
advocates; and parents, students, and community members.

The respondents — who included those with the job of developing and implementing wellness policies, and those whose children and/or clients would be expected to benefit from such policies — offered their impressions not only of the state of school wellness today, but also of what the barriers are, who can move school wellness forward, and what it will take to do so.

What follows is a brief summary of selected research findings.

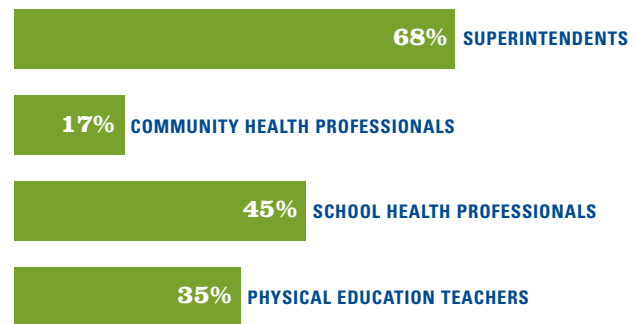
Do schools have effective wellness policies...

...encouraging proper nutrition?



Respondents differ in their opinions about the existence of effective policies to encourage proper nutrition. Seventy-two percent of superintendents (and 61 percent of principals) say that schools have effective policies to encourage proper nutrition. Seventy-nine percent of community health professionals feel the opposite. School health professionals and school nutrition/food service professionals are split — about half feel that schools have effective policies, and half don't.

...encouraging daily physical activity?

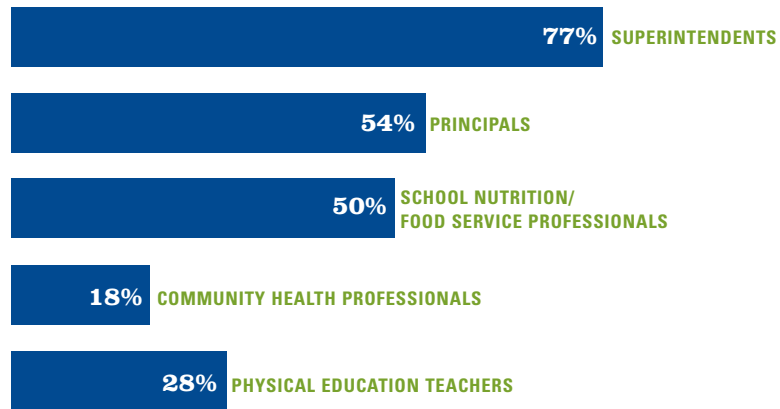


Opinions similarly diverge regarding policies to encourage daily physical activity. Sixty-eight percent of superintendents (and 59 percent of principals) believe schools have effective policies in place. Eighty-three percent of community health professionals do not. Almost half of school health professionals feel good about whether policies encourage daily physical activity. But only 35 percent of physical education teachers agree.

*Action for Healthy Kids Partners and other organizations participating in the research included: Afterschool Alliance; American Association of School Administrators; Center for Health and Health Care in Schools; Family, Career and Community Leaders of America; National Association for Sport and Physical Education; National Association of Elementary School Principals; National Association of Secondary School Principals; National Association of State Boards of Education; National Association of Student Councils; National PTA; National School Boards Association.

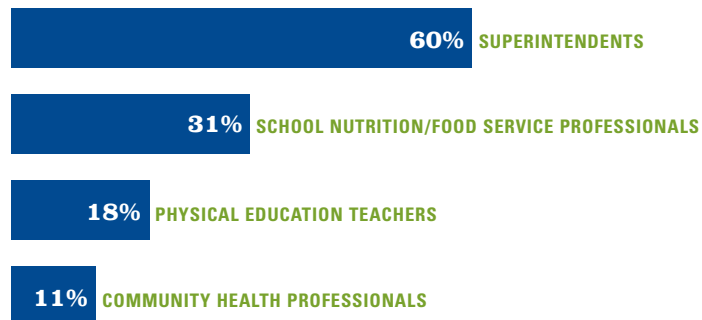
More information about the research results presented on these pages is available in “The State of School Wellness: Action for Healthy Kids Stakeholder Research” at www.ActionForHealthyKids.org.

Are schools implementing their wellness policies?



It depends on who is responding. Seventy-seven percent of superintendents and 54 percent of principals feel that most schools are doing an adequate job implementing their wellness policies. Half of school nutrition/food service professionals agree. But at least 72 percent of community health professionals and physical education teachers say no.

Are schools monitoring implementation and evaluating results?



Superintendents — many of whom may not be close to day-to-day aspects of implementation — are alone in largely feeling (60 percent) that most schools effectively monitor local wellness policy implementation and evaluate results. Most respondents in other groups disagree. Notably, over 65 percent of school nutrition/food service professionals say the job isn't getting done. More than 80 percent of physical education teachers and community health professionals concur.

>> On the next wave of wellness activity...

“The federal mandate to create a policy forced a national discussion about what we want for our children in schools in terms of nutrition and physical activity. And that’s good. But the second wave of wellness activity is making those policies work toward a continuous improvement process in the schools. And that step is proving to be more difficult.” **Robert Murray**

“The relatively cheap fixes are done. We are starting to make progress on them already. But overhauling physical education and school lunches — fixing these is much more resource-intensive.” **Howell Wechsler**

Physical Education and Physical Activity: Vital Variables in the School Wellness Equation



Judith Young, PhD

As vice president for programs at the American Alliance for Health, Physical Education, Recreation, and Dance (AAHPERD), Judith Young — the chair of Action for Healthy Kids' Board of Directors — has a bird's-eye view of the crucial roles that physical education and physical activity play in school wellness.

Young is careful to point out that “it’s how we use the time that has been dedicated to physical education and physical activity that’s important. And all of our guidance in school,” she reminds us, “is preparatory to children leading a physically active life outside of school. Teachers, school boards, and other stakeholders need to keep that in mind as they make plans and shape policies.”

Young maintains that current research data is more than strong enough to support increased attention to physical activity, in terms of its contribution to child development and academic performance. “Kids who demonstrate higher levels of fitness are doing better academically,” she asserts. “The evidence is increasingly there. And knowing that, an awful lot can be accomplished, even within the constraints we are all facing now — although heaven knows it could happen faster with more money available.”

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So what, in Young’s view, is needed to propel us toward ramping up physical education and school-based physical activity programs?

“Obviously, the traditional things that have motivated schools have been both federal mandates and grant programs of various kinds. So the absolutely ideal incentive is something that combines both those things. This is as true in the P.E. and physical activity areas as on the nutrition side. However, the reality is that lawmakers on a local level are generally reluctant to impose requirements of any kind on schools — especially unfunded requirements. So as a result, it falls to activism and advocacy.”

Young herself is one such advocate. At AAHPERD, she is aggressively working on federal legislation that ensures the workability of incentives like the U.S. Department of Education’s Carol M. White Physical Education Program grants, as well as modifications to the reauthorization of the Elementary and Secondary Education (“No Child Left Behind”) Act that would incorporate more supports for P.E. and physical activity in schools.

Young is convinced that changes in the school day itself are inevitable, given the evolving requirements for physical education and/or physical activity in schools.

“You can’t do something in the school day if there’s no time dedi-

cated to it. Those 30 minutes, the qualified, certified instructor, it all has to happen somehow. And frankly, up to now it’s all been neglected as the acknowledgment of the importance of physical activity in our society has waned; we’ve got to replace it with something systematic. And no, every kid doesn’t need to be an athlete, or spend time doing tedious calisthenics — they just have to understand the things they have to do to keep themselves healthy. The best part is that we can have a ripple effect on families by teaching kids these things.”

Young is careful to stress that stakeholders’ focus has to be on “both sides of the coin” — better nutrition plus physical activity and physical education.

“It can’t be one without the other,” she says. “They’re mutually supporting. Kids learn quickly that healthier eating supports their involvement in exercise and activity, and vice-versa. It’s really a complex of interacting variables.

“To P.E. teachers out there trying to make progress,” she says, “my advice is do your job. Teach as if it’s life-and-death, because it is. Kids have to understand how to get healthy, and keep themselves healthy as they grow. Period. As for parents, they have to think about physical activity, and getting their kids eating better and moving more systematically than they perhaps ever thought they had to. Support has to come from all sides.”



Most school superintendents and school nutrition professionals feel that schools provide healthy, youth-appealing foods and beverages, while two-thirds of teachers, parents, and community health professionals disagree.

What about nutrition education?

When asked whether they agree that most schools are doing a good job of educating students about the importance of sound nutrition, 83 percent of superintendents and 64 percent of principals feel that they are. However, fewer than half of school nutrition/food service professionals (45 percent), school health professionals (43 percent), physical education teachers and parents (both 42 percent) agree. And only 34 percent of students and 26 percent of community health professionals feel schools are providing adequate nutrition education.

Are schools providing healthy foods and beverages that appeal to kids, and limiting access to those that are high in calories and low in nutrients?

Over 80 percent of superintendents say yes, as do 90 percent of school nutrition and food service professionals. But only about a third of teachers, parents, and community health professionals agree. About half of school health professionals, school board members, and principals think that schools are doing a good job.

What about physical education and physical activity?

About half of school board members, superintendents, and principals agree that most schools provide quality daily physical education programs for all students. Other groups disagree. Nearly 80 percent of physical education teachers feel that improvement is needed, as do at least 70 percent of parents and students, and 87 percent of community health professionals.

Similarly, over half of school administrators (superintendents and principals) and board members believe schools have effective policies to encourage daily physical activity, while two-thirds or more of P.E. teachers, parents, students, and community and state education and health professionals disagree.

Respondents give schools somewhat more credit for doing a good job of educating students about the importance of daily physical activity. Some 40 percent of parents and physical education teachers think that schools are doing a good job. Community health professionals are most doubtful, with only 20 percent saying an adequate job of educating students about the importance of daily physical activity is being done. (See page 19 for information about the distinction between physical education and physical activity.)

>> On barriers to advancing school wellness...

“Finding time to insert wellness-related activities such as nutrition education and physical activity into the calendar is challenging. You can’t blame teachers and districts for wanting to spend more time on math and science.” **Howell Wechsler**

Front-Line School Nutrition Wisdom

Katie Wilson, SNS, is president of the School Nutrition Association, and works as the food services director of the Onalaska School District in Wisconsin. Asked what she would do if she had the power and resources to make a single change to enhance the state of school wellness in America, she answers, “I’d institute a K-12 standardized national curriculum in nutrition education.”

Working on the front lines of both school nutrition policy and daily school food service operation, Wilson has an unusually clear view of possibilities, challenges, and frustrations on the nutrition side of the wellness equation.

“There is indeed frustration out there,” she says. “Parents are trying to do the things, nutritionally, that we’re advising, and then the school sends home a flyer about a pizza fundraiser, and the parents get totally confused with, and angry about, the mixed messages.

“Kids, meanwhile, are saying, ‘Look, you’re restricting all these foods, and encouraging us to eat certain other foods, but you’re not saying why.’ They’re telling us in so many words that the nutrition education component is lacking. And I couldn’t agree more.”

Wilson says the kids have really hit the nail on the head. Nutrition education is absolutely a missing link. Everything from comprehending labeling to understanding food-related terminology like “whole grain” is part of the nutrition education that should be happening, but largely isn’t, she says. To critics who say there’s no proof that nutrition education works, Wilson argues that common sense dictates it can and should be tried.

Meanwhile, as a food service director, Wilson’s biggest challenges are fiscal, plain and simple. It’s the sheer difficulty of conceiving and executing genuinely healthy school lunches within the budget available.

“I’m getting \$2.57 to work with,” says Wilson. “You go to Starbucks and show me what you can get for \$2.57! Would I like to participate in ‘Farm-to-School’? Absolutely. I know a baby carrot from the farm tastes completely different from the one I buy from a vendor. But show me the local farmer who’ll bring me enough green beans daily for 6,000 kids.”

“Meanwhile,” she continues, “a local private school is doing organic lunches for students — and I have to explain to my parents who come to me that (a) they’re independently funded, (b) the parents themselves volunteer to prepare and serve the lunches, and (c) the kids there have an hour for lunch compared to my 20 minutes. The limitations we are working under are substantial.”

As for healthy, kid-appealing foods, Wilson says she has a 100 percent-healthy brown-rice stir-fry that’s made from scratch and, as she herself says, “tastes awesome.” But she notes, “I have 200 kids sign up for lunch that day, as

opposed to 500 on a chicken-nugget or pizza day. I can’t do it very often because my reimbursement is made on the basis of total meals served, and it brings down my numbers. I’m trying, but the cards are really stacked against food service professionals at this point.”

On the professional front, Wilson’s biggest focus right now is on credentialing — standardizing requirements for food service personnel. “There are, right now,” she reports, “no nationwide standard requirements regarding education, experience, or expertise for running a food service program. And most states have no standards, either. For goodness sake, even instructional aides and school bus drivers are licensed!”

The School Nutrition Association has a national certification that it offers, requiring an exam and minimum hours of training. “We can’t mandate it,” Wilson says, “but we can talk to legislators about it, which we’re doing vigorously.” She insists that school nutrition professionals are committed to contributing positively to student wellness.

“I don’t know a school nutrition professional who would not want to do what’s best for kids. So many of us are in this business because that’s what we care about, no matter what our training level. We have some very dedicated and bright school nutrition directors in this country who have absolutely changed the way school lunch works.”

The majority of all stakeholder groups that responded to the survey believe that schools are under-resourced to effectively strengthen school wellness.

Are schools engaging wellness teams?

The federal wellness policy mandate requires schools to establish an advisory group of individuals including parents, students, and representatives of the school food authority, the school board, school administrators, and the public to serve as a wellness policy team. Well over 60 percent of school nutrition and health professionals, physical education teachers, other teachers, community health professionals, and parents feel that most schools are *not* effectively engaging wellness teams. But almost half of school principals and two-thirds of superintendents say they are.

Do schools have adequate resources to improve school wellness?

The majority of all stakeholder groups that responded to the survey believe that schools are under-resourced to effectively strengthen school wellness. Two-thirds or more of school administrators, school board members, school health and nutrition professionals, and P.E. and classroom teachers say schools do not have adequate resources. Interestingly, respondents “outside” the school system perceive the lack of resources even more acutely than

do those who are “inside.” Over 75 percent of community health professionals feel that schools do not have adequate resources, and 85 percent of state health professionals agree.

As noted below (see page 35), respondents feel resources are needed for more staff, equipment, materials, improved school food, and training.

Are parents supporting school wellness efforts?

Schools do not appear to be getting much support from parents when it comes to encouraging children to be physically active every day. Over 70 percent of every group responding — including 73 percent of parents themselves — disagree that parents do a good job of encouraging their kids to be physically active every day.

Respondents are also not convinced that most parents encourage their children to consume healthful foods and beverages. Over 60 percent of all groups responding — including 72 percent of parents themselves — contend that improvement is needed.

Conversely, are schools supporting parents’ efforts?

Neither parents, nor school health professionals, nor community health providers feel that schools are pro-

>> On the power of sharing information...

“Educate the public about the fact that policy tools exist for them to participate in policy-making and decision-making. Once parents in a local school district get hold of the policy and create some goals around it, they take ownership of implementing it and start influencing others – the principal, athletes and coaches, PTA members. They think, ‘Hey, we don’t have to have a fundraiser with jelly doughnuts!’ Once parents realize what the policy is, and that they can actually do something, they tend to go off and do it.”

Robert Murray

viding adequate information to parents on the importance of daily physical activity or nutritious eating habits. At least three out of four P.E. teachers, other classroom teachers, school health professionals, and community and state health professionals feel schools are not providing adequate information to parents on the importance of daily physical activity. The numbers are similar

when it comes to schools providing guidance to parents on sound nutrition: 69 percent of parents, 72 percent of school health professionals, 61 percent of school nutrition/food service professionals, and 81 percent of community health professionals say schools are missing the opportunity to do more, as do half of school administrators and two-thirds or more of educators and school staff.



So who, exactly, supports school wellness?

- > Physical education teachers are judged most supportive overall, with 67 percent of all survey respondents rating them as “very supportive” and 27 percent as “somewhat supportive.”
- > School health professionals come next, with 64 percent of respondents rating them as “very supportive” and 27 percent as “somewhat supportive.” School administrators and school board members are also perceived as supportive but less so: about a quarter of respondents rate both groups as “very supportive” and just over one-half of respondents rate them as “somewhat supportive.”
- > Respondents perceive people outside the school system as less supportive of the advancement of school wellness. Community leaders, government leaders, and business and industry leaders are rated as “not supportive” of the advancement of school wellness by 19, 26, and 30 percent of respondents, respectively. Respondents also have some reservations about support for school wellness among students, parents, and other caregivers. Sixteen percent of respondents view students and parents/caregivers alike as “not supportive” of school wellness in general.
- > And while some two-thirds of respondents rate students and parents/caregivers as “somewhat supportive,” only small percentages of respondents rate each group as “very supportive” of the advancement of school wellness.

Physical education teachers are judged most supportive of school wellness overall, with 94 percent of all respondents rating them as “very” or “somewhat” supportive.

>> On documenting and disseminating best practices...

“What people don’t realize is that there’s a very strong and growing minority of schools where they are getting their act together in terms of wellness, and we need to do a better job of informing people about that.”

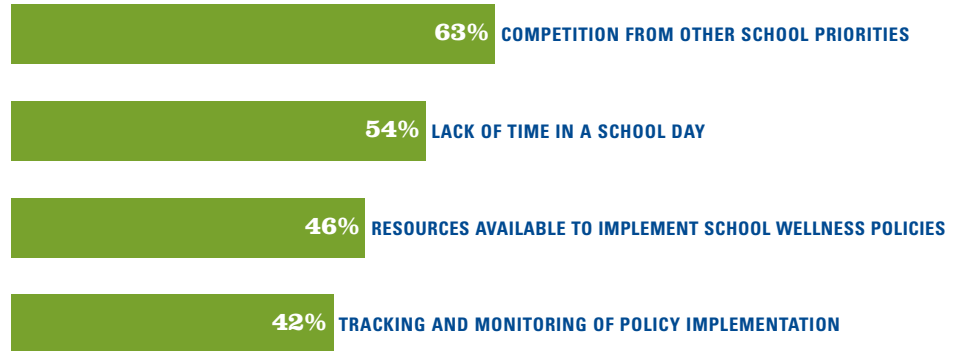
Howell Wechsler

“We need to extend the reach of the information that’s available and has been produced. Reports need to go to every superintendent in the country; webinars have to include school leaders and PTA leaders nationwide; podcasts should be used to reach stakeholders we’re not reaching; we really need to amplify the force with which we’re putting information out there.” **Katherine Kaufer Christoffel**

School administrators by far are the best positioned to move local school wellness forward, according to survey respondents. Parents and other caregivers come in second, with school board members close behind.

What are the principal barriers to school wellness?

From a list of eight potential barriers to school wellness, respondents rate the following as the most significant:



Respondents rate other barriers, listed below in order of significance from most to least:

- > Inadequate tools and “know-how.”
- > Difficulty implementing existing school wellness policies.
- > Lack of effective, evidence-based interventions.
- > Insufficient quality of existing school wellness policies.

Closing Perception Gaps

Gaps in perception exist among school leaders (superintendents, principals, board members) and educators/staff who must implement policies for improved nutrition and physical activities. Specifically, those with school governance and leadership roles are more optimistic than those with implementation roles. Those “inside” the school system are generally more optimistic than those “outside” the system. Also notable is that parents are not aligned with school leaders in their perceptions of the state of school wellness.

Better systems for monitoring and tracking policy implementation would enable stakeholders to more accurately assess progress with school wellness and also aid in developing targeted intervention strategies and building the case for adequate resources.

>> On the speed of change...

“Overall progress has been slow. It’s taken a long time for information to filter down from the district level to the individual schools in the city of Chicago.” **Guillermo Gomez**

“Change takes time — simply because school district leaders balance so many challenging priorities.”

Katherine Kaufer Christoffel

Who can move school wellness forward?

From among a list of 11 stakeholder groups, respondents ranked those they perceive as best positioned to move local school wellness forward.

Respondents indicated that school administrators by far are the best positioned to move local school wellness forward. Parents and other caregivers come in second, with school board members close behind parents. School nutrition and food service professionals, teachers, physical education teachers and professionals, government leaders, and school health professionals are also ranked as well positioned, but trail the top three groups.

Notably, few respondents rank students, community leaders, or business and industry leaders as being in the strongest position to move school wellness forward.

What is the best way to achieve positive changes in wellness?

This open-ended question generated almost 2,300 answers. In order, the most frequent responses from all stakeholder groups include:

- > The need for more money and resources, including time, staff, and materials.
- > Changes to school menus — higher-quality foods, more local fruits and vegetables, more low-fat dairy items, fewer processed foods.

- > The need to improve and increase physical education — more teachers, classes, and equipment.
- > Increased parental involvement on wellness teams and via at-home support for sound nutrition and physical activity practices.
- > Better leadership support at all levels — from the school building to nationally elected officials.
- > Coherent, effective school- and district-based teams, featuring collaboration among school administrators, boards, and staff, and involving parents and community members.
- > More communication and outreach, based on strategies to raise awareness, and support and educate stakeholders at all levels.
- > Legislation mandating changes at national, state, and local levels.
- > The need to better plan, implement, and evaluate policies and resulting progress.

Also frequently cited were responses concerning: shared and supported vision at all levels; making health and wellness a higher priority of equal importance to the mandates under No Child Left Behind; integrating nutrition and physical activity education and experiences into the curriculum; holding schools and states accountable for implementation of plans that get results; placing legal limits on foods sold outside of school meals; and the need for more and better adult role models inside and outside of school. ✨

In addition to money and resources, stakeholders believe that changes to school menus, increased physical education, increased parental involvement, and better leadership support are the best ways to improve school wellness.

>> On advocating for change...

“There is strength in the combination of the federal local wellness policy and community members advocating for it. You have your nutrition and physical activity advocates in every school community, and you empower them with the fact that state laws say certain things are allowable and certain things are not.” **Howell Wechsler**

The Successes: Good News

Strides are being made — as constituencies get engaged... as Action for Healthy Kids Teams expand efforts... and as school districts take action.

There are positives when it comes to school wellness. In fact, there are many stories of promise and even breakthroughs — and countless lessons learned in the field to date.

For more than five years, Action for Healthy Kids Teams across the country have been working to promote school wellness, shoulder-to-shoulder with the entire range of stakeholders that must be engaged in order to make further progress. These volunteers — school administrators, teachers, community leaders, public health professionals, and parents — have applied their energy, creativity, and commitment to supporting schools in their efforts to offer students healthy food choices and opportunities for physical activity.

The case studies summarized briefly here — all of which are available as more detailed narratives in the form of Action for Healthy Kids field reports — illustrate what is possible in schools, as well as some of the lessons that Action for Healthy Kids Teams and volunteers have learned as they have worked with schools to test new ideas to promote school wellness. The stories share a common theme: how to engage the stakeholders most essential to creating and sustaining change in the schools — be they school leaders, parents, or students.

Engaging Parents

Michigan Makes Parents Part of a Comprehensive Strategy

Michigan Action for Healthy Kids helped the state's Department of Education set up "Parent Champions for School Wellness" to bring parents into a comprehensive, statewide initiative to promote school wellness. The effort provided valuable information to parents about the federal school wellness legislation.

Colorado Creates Effective Parent Advocates

A grant award from Action for Healthy Kids made possible by Kellogg's Corporate Citizenship Fund enabled advocacy training via an original "Parents Are the Power" toolkit developed by the Colorado Action for Healthy Kids Team.

LESSONS LEARNED

- > Remind parents that there is no one person or institution solely responsible for the childhood obesity crisis. Invite them to work together with schools and other community institutions.
- > Ask parents to commit to a specific action, even if it's a small one. Give them a role and acknowledge their contributions.
- > Do not preach; it is far more effective to ask parents to partner with you to overcome challenges, and to involve them in creative ways.
- > Share responsibility with parents. A relationship of mutual respect will draw parents in and make them want to reinforce at home what kids are learning at school.
- > Appreciate all parent contributions, even those that may seem minor.



Ask parents to commit to a specific action, even if it's a small one. Give them a role and acknowledge their contributions.

The case studies summarized here — and others — from Action for Healthy Kids Teams' work in the field, along with additional "What's Working" models, are available at www.ActionForHealthyKids.org.

Ask students to identify the problems and to create solutions that make sense to them. Ownership matters.

Engaging School Leaders

Indiana Rewards Active, Healthy Schools with the "Healthy Hoosier School Award"

The Indiana Action for Healthy Kids Team devised the "Healthy Hoosier School Award" to recognize schools that have put policies and programs in place to help create healthy students. To apply for the award, school principals must submit an application that requires extensive information regarding their school's food and physical activity environment including details on school lunch policies, whether the school has on-campus health personnel, and whether vending machines are turned on during classroom hours.

LESSONS LEARNED

- > Understand that recognition is important to school leaders. School administrators appreciate acknowledgment for good policies and programs.
- > Engage district leaders with the outcome that's important to them: improved academic achievement. Show them the links between academic performance and good nutrition and physical activity.
- > Acknowledge the time constraints and competing priorities that district administrators face.
- > Solicit leaders' opinions and feedback each time they're presented with a new concept or tool. Ask them how they think they'll apply it in their own settings.

Engaging Students

Massachusetts Lets Students Take Charge

In the fall of 2004, the Massachusetts Action for Healthy Kids Team launched "Students Taking Charge," an initiative to engage students in creating healthy school environments. The Team awarded six grants of up to \$1,000 to help students develop, evaluate, and refine a toolkit about nutrition and physical activity in the school environment. The Massachusetts Department of Education helped get the call for applications out to student governments throughout the state. Student council members reviewed and made suggestions to improve the toolkit.

Texas Students Take Charge, Too

Utilizing the "Students Taking Charge" toolkit developed by the Massachusetts Team, Texas Action for Healthy Kids launched an initiative that was funded by the 2007-2008 Action for Healthy Kids Team Grant Program made possible by

>> On committed school leadership...

"Most change happens because of the impassioned leadership of one individual. We're going to have to tap into those superintendents at the state and district level who 'get' it, and perhaps even the retired ones who 'get' it. They can help their peers understand that all superintendents will eventually be held accountable for school wellness." **Howell Wechsler**

Kellogg's Corporate Citizenship Fund that would create student advocates in the following school districts: Grand Prairie, Alamo Heights, Irving, and Pasadena. The program kicked off with a student summit in August of 2007 that trained students in creating a healthier school environment.

Iowa's Student Wellness Summit

In the summer of 2007, Iowa Action for Healthy Kids held its second annual Student Wellness Summit, titled YEAH! (Youth Empowered Ambassadors for Health). Over 150 participants representing 25 school districts throughout the state attended the summit. All student-led teams that included at least one staff member were given the opportunity to apply for a \$500 mini-grant to help implement student-led wellness initiatives. To date 30 grants have been given out to schools to increase the health literacy of Iowa youth and empower them to advocate for healthier school environments. The project was funded by local organizations including the Wellmark Foundation, the Iowa Medical Society Alliance, and the Midwest Dairy Council.

LESSONS LEARNED

- > Trust students to take school policies on and empower them to do so — don't just pretend they are in charge.
- > Connect with student councils and student governments to find the "do-ers" in the student body.
- > Realize that students will be more honest, frank, and matter-of-fact about their school environment than adults will. Adults may "edit" or be more polite about answers to questions.
- > Ask students to identify the problems and to create solutions that make sense to them. Ownership matters.
- > Ask students what they're willing to do. Enlist them in the discussions of how to implement behavior change. After all, they are the ultimate stakeholders. ✨

Teams at Work

A majority of Action for Healthy Kids Teams work directly on local wellness policies, and:

- > **76%** focus on helping districts develop, implement, and monitor local wellness policies.
- > **4%** have developed wellness policy guidelines and/or made recommendations for local districts.
- > **82%** have conducted training workshops for key stakeholders including school administrators, educators, and parents.
- > **71%** have published a toolkit, policy model, and/or how-to information.
- > **92%** report that districts in their states developed local wellness policies based in part on action undertaken by Teams and on materials and support provided by Action for Healthy Kids.

Teams have engaged on the local, state, and national levels:

- > **50%** have offered mini-grants to school buildings and/or districts to assist with implementation of local wellness policies.
- > **90%** have implemented strategies enacted at the state level; **82%** at the district level; **59%** at the school building level.
- > **84%** have had a representative who served on and/or provided input to key state advisory committees or commissions.
- > **100%** have contributed resources to the Action for Healthy Kids national resource database for use by other Teams and the public.

Data above were gathered during the 2006-07 school year.

>> On monitoring...

"In order to achieve continuous quality improvement in school wellness – the next step after policy implementation – states will likely have to mandate monitoring. Without a mandate to monitor progress, my fear is that schools just won't do it." **Robert Murray**

School District in Action: Pinellas County, Florida

Pinellas County, Florida is rapidly becoming a “poster child” for school wellness innovation. The Pinellas County Schools Food Service “Salad Program” was recognized by the U.S. Centers for Disease Control and Prevention and the U.S. Department of Agriculture. Pinellas public school lunches were ranked first in the state and tied for second in the country in promoting the health of children.

Meanwhile, Pinellas County’s Teen Cuisine “Quick Bites” video was honored with a Telly Award, which honors excellence in local, regional, and cable TV commercials, and non-broadcast video. The “Quick Bites” video series promotes healthy eating habits using middle school students and professional chefs in a cooking-show format.

Peggy Johns is supervisor of pre-K to 12 health education in Pinellas and a member of the Florida Action for Healthy Kids Team.

“Nutrition education is really working here,” she says, “but it’s because with us it’s for the long haul. You just can’t go in, give a couple of lessons, and boom, it’s done. You have to have support and education K through 12. It takes a number of years to really establish the groundwork for healthier eating and behaviors. Gradual steps are more sustainable than looking for drastic change overnight.”

That gradual approach to change is applied even in the cafeteria, Johns says.

“We didn’t completely eliminate fried French fries in the high schools. What we did was say, okay, we’re going to control portion size — no more than 4.5 ounces. And students can only have one serving — no more of this à la carte stuff where they buy three servings of French fries and that’s their lunch.

“Same with vending machines. If we

have a contract with a vendor, we’re not going to eliminate all sugared sodas. We negotiate a smaller percentage, maybe 30%, of sodas. But again, we limit the serving size — it can’t be over 12 ounces. No more of those 20 ounce cans and bottles. So we’re taking baby steps to ‘wean’ students into wellness, and get them where they need to be little by little.”

Dr. Clayton Wilcox, Pinellas County’s superintendent of schools, says that administrators are “driven by the tyranny of the

“Administrators are driven by the tyranny of the urgent.”

urgent.” In other words, putting out fires. He maintains that, in his opinion, having a full-time staff member like Peggy Johns to focus on health and wellness issues is, for larger districts, essential.

“If you don’t have somebody whose sole or principal responsibility is wellness, I think it becomes difficult. From a superintendent’s perspective, you need a champion, and you need to support that person. Doing so is really a way to make a huge wellness impact in your district.”

Is Wilcox optimistic about the future of school wellness?

“Absolutely,” he responds. “There’s no institution that is so uniquely positioned to make an influence on the future as those of us who are charged with, and challenged to, educate kids. Education has risen to the occasion every single time it’s been asked to. I don’t think school wellness will be an exception.”

Take baby steps to “wean” students into wellness and get them where they need to be little by little.

>> On school breakfast...

“Making breakfast part of the school day would be on the top of the list of strategies I would undertake first and foremost to help school wellness. It’s very, very doable to serve breakfast in the classroom; there are schools that are doing it all over the country right now. Little ones, rural ones, urban ones. We don’t have to say we have to change the whole system — we can do that one thing right now and it would make a huge difference.” **Madeleine Levin**

School District in Action: La Mesa, California

“There is no one-stop solution to the enormous problem of childhood obesity. Schools clearly have the ability to help kids develop positive health habits. But the city, meanwhile, has the ability to improve the built environment — for instance, by making the community more walkable. Neither side has the resources to get the job done working independently.”

Yvonne Garrett, director of community services for the city of La Mesa, California, is providing a vivid example of how many solutions to tackling the school wellness issue are joint ones — in this case, a tandem effort between the city and La Mesa Spring Valley School District.

La Mesa is just one of the cities nationwide receiving support from a partnership between the American Association of School Administrators and National League of Cities’ Institute for Youth, Education, and Families, with support from the Robert Wood Johnson Foundation. The aim is for cities and school districts to partner to develop local overarching wellness plans — plans that are the deliberate product of close collaboration between senior-level staff from the municipality, the school district, and other community partners. Other cities competitively selected for this initiative include: Charleston, South Carolina; Jackson, Tennessee; Oakland, California; San Antonio, Texas; and Savannah, Georgia.

To La Mesa’s Garrett, it makes all the sense in the world.

“Up to this point, our community has not looked at childhood obesity as a ‘global’ issue — that is, as everyone’s concern. Yet it’s obviously a multi-pronged problem — so bringing all the key players to the table and trying to identify mutual solutions is just an efficient use of resources.”

In La Mesa, municipal leaders and school administrators alike are receiving the benefit of consultation with national experts in the areas of local wellness policies, childhood obesity, healthy eating, active living, and school health councils.

One possible action-step is the establishment of a “walking-to-school” culture in La Mesa. For their part, city officials will be looking at improving sidewalks to ensure student safety along the routes. To reciprocate, the school district is supporting the city’s own wellness-encouraging efforts by opening up schools to be used as community centers to promote higher levels of

“What we’re establishing here is truly a local partnership with a single vision of how we can share expertise and resources to tackle school wellness and city wellness as one.”

physical activity across the community. It’s win-win for both sides.

“Cities can’t attack the wellness problem alone,” Garrett says, “but neither can schools. What we’re establishing here is truly a local partnership with a single vision of how we can share expertise and resources to tackle school wellness and city wellness as one.”

>> On community involvement...

“I have never seen a community that demands high expectations of a school and have that school not deliver on it. I have seen some enlightened superintendents and educators bring about excellence despite a community, but it’s very hard. It’s so much easier to bring about changes if the community understands and is committed to making a difference in the lives of children. It gives the superintendent a clear message, and it gives the teachers direction and excitement.” **Gene Wilhoit**

The Hurdles: Remaining Challenges

Schools are wrestling with competing priorities, fiscal limitations, and the challenge of providing youth-appealing healthy foods that kids will actually eat. Meanwhile, parents remain an under-utilized, under-accessed resource, and the question persists as to whether the real change agents are yet on board.

School wellness should be “built in.” The central challenge in school wellness is making it part of the school culture and the overall school environment.

Wellness advocates agree that, to effect whole change, wellness needs to be an element within any overall school improvement plan. And in the end, it is this approach that, given the link between health and learning, will help schools reach their academic goals.

It is happening in some states and some districts. But given the importance of nutrient-rich foods and daily physical activity to children’s health and academic achievement, why hasn’t change swept through schools throughout America? Why aren’t our children healthier and more fit?

“Schools have regrettably ignored health and wellness issues in many cases,” says Gene Wilhoit, executive director of the Council of Chief State School Officers, “while at the same time putting greater emphasis on core content areas like math and science, and of course demanding accountable academic performance.

“We have to get schools to the point where they understand a child’s success will not be achieved in these traditional areas without good health, and that means nutrition and physical activity. Period.”

Schools face many challenges, but the consensus of the education and health authorities consulted for this report points to one important reality: schools cannot alone improve student health. Over and over, these experts emphasize that schools do not operate in isolation from their community environments.

“School is simply where we see broader community things playing out, and it is really important to keep that

in mind — to act on that and not think schools are on their own,” warns Julia Graham Lear of the Center for Health and Health Care in Schools.

Katherine Kaufer Christoffel, pediatrician and Action for Healthy Kids board member, concurs. “You can’t create an impervious bubble within the schools,” she asserts, “because they exist in communities, the children live in the communities, the teachers live in the communities... so in order to have integrated change across these different sectors, we have to be working within and across sectors.”

The sentiment is echoed by Madeleine Levin of the Food Research and Action Center. “Schools can only influence the community so much,” she asserts. “It takes the involvement of parents, community leaders, and government agencies — they too are a huge part of the solution.”

Problem is compounded for low-income, underserved populations.

Schools in disadvantaged communities face factors that compound unhealthy environmental influences: a lack of resources and stressed families. Levin observes that in low-income neighborhoods, even if parents want to pack a healthy school lunch for their children, there often are not grocery stores nearby where they can buy fresh fruits and vegetables, whole-grain foods, low-fat dairy products, or other healthy foods.

Christoffel points to other environmental influences, too: “You can’t ignore the immediate environments



We have to get schools to the point where they understand that a child’s success will not be achieved without good health, and that means nutrition and physical activity.

Most parents simply don't know enough about the wellness climate and processes in their schools to take specific actions.

of the schools. There's more and more research about how many fast food restaurants there are within a hundred yards of many schools, and it's sobering."

It bears repeating. Average and low-income families are under particular stress. Madeleine Levin notes how many Americans are working longer and longer hours just to keep their income stable. This, she explains, invariably affects what happens to children before and after school. Kids are not coming to school having eaten a nutritious breakfast, a meal that research shows particularly enhances learning.

"The majority of American families," Levin observes, "just do not have schedules that allow them to all sit around the table together and eat breakfast. This is true," she says, "even where the cost of a healthy breakfast isn't a barrier — which it is for millions of poor families."

Parents and schools: mutual reinforcement is crucial.

Recognizing parents' primary role in their children's health, Action for Healthy Kids' stakeholder research questions probed parents' role in encouraging healthy habits in their children.

Schools are not getting much support from parents, according to the survey respondents, among whom several hundred were parents. As

noted earlier in this report (see page 32) the vast majority of respondents, including parents themselves, feel that most parents do not do a good job of encouraging their children to be physically active every day or encouraging their children to consume healthful foods and beverages.

Research respondents suggest that parents need help to support schools' efforts. Neither parents, nor school health professionals, nor community health providers feel that schools are doing enough to provide information to parents on the importance of daily physical activity or sound nutrition — even if they recognize that schools alone should not bear this responsibility.

Obviously parents in all communities, including underserved communities, care deeply about their children's health and well-being. A separate, recent Action for Healthy Kids research study* found that African American and Hispanic parents in low-income, urban settings feel that local schools and parents have a joint responsibility to influence children's eating and physical activity attitudes and behaviors.

Further, and more importantly, these parents are interested in serving as wellness advocates. The research indicates, however, that parents are looking for more information and education about school wellness. Most parents simply don't

>> On the food environment at school...

"Why should there be any unhealthy foods and beverages in schools? Surround kids with healthy foods and healthy food choices, making them easy for children to get; create an environment where the choices at school are all healthy. If you really listen to kids, there are healthy foods they like." **Madeleine Levin**

know enough about the wellness climate and processes in their schools to take specific actions.

This knowledge gap also was evident in a nationwide poll conducted by Action for Healthy Kids,** showing that parents from all areas of the country are unaware of local wellness policies. Many wrongly assume that schools are providing adequate nutrition and quality physical activity opportunities to students every day.

Schools have competing priorities and mandates.

School districts must contend with multiple pressures and priorities. In fact, competition from other school priorities is ranked the top barrier to implementing school wellness by stakeholder research respondents, over 60 percent of whom termed it a “significant” hurdle.

Superintendents, in particular, have difficult jobs. They face the challenge of preparing students to perform well on standardized achievement tests mandated by No Child Left Behind legislation; fitting more and more educational content into school days of finite length; and above all, meeting ever-tighter budgets.

With district — and public — attention focused on test scores,

* Action for Healthy Kids focus group study with minority parents in low-income, urban communities, conducted with MEE Productions in 2006-2007.

** See *Parents’ Views on School Wellness Policies*, at www.ActionForHealthyKids.org.

Parents in Action: Jefferson County, Kentucky

Even school districts with strong wellness programs and policies, like Jefferson County Public Schools in Kentucky, need parent involvement and advocacy to make them even stronger.

In 2006, Anita McLaughlin, in addition to being a registered dietitian, was the official parent representative on the committee assigned to develop the local wellness policy for the Jefferson County schools, as well as a member and former co-chair of the Kentucky Action for Healthy Kids Steering Committee. While the Kentucky legislature had recently mandated a clear and effective law that addressed the school day, it was McLaughlin’s

desire that the policy also be extended to after-school hours — specifically as regards snacks and beverages offered in vending machines.

“My experience,” McLaughlin reports, “is that, while schools certainly care about wellness, they also desperately want the revenue they gain from vending machines that sell soft drinks and ‘junk food.’ That revenue can be significant, and I understand it often pays for things like sports equipment. But my contention is that wellness policies should apply to schools 24/7, not just during the school day. I just didn’t want them turning on the vending machines after school, and ‘undoing’ all the good they did in keeping junk food and sugar drinks out during the school day. And I wanted the policy to reflect that.”

When the provision that would have covered after-school hours was removed from Jefferson County’s draft policy prior to its approval, McLaughlin got angry.

Her subsequent advocacy took the form of everything from a letter-writing campaign to speaking at school board meetings at which the wellness policy was being reviewed.

“I encountered resistance and push-back,” McLaughlin says. “But I was persistent. Some called me relentless and dogged. But I felt it was a very important provision, and somebody had to fight to keep it.” McLaughlin’s persistence paid off. The after-school vending-machine provision was restored to the final draft of Jefferson County’s policy, and the

“I encountered resistance and pushback. But I was persistent.”

policy has since been implemented. She points out that the support of other health professionals, particularly three physicians who spoke at the final school board meeting, was vital.

The lesson? Simply that schools may not always welcome parent engagement on issues of substantive change — and yet determined parents can make a difference.

“You know,” McLaughlin observes, “if you have one set of standards for the school day, and then as soon as the bell rings you’re selling soft drinks and candy, what kind of message does that send to kids themselves? It doesn’t make sense. Somebody had to get that across.”

>> On school food service hurdles...

“The fundamental structural issue we’ve got to deal with is how to make fruits and vegetables, whole grain products, and low-fat and fat-free dairy more economically attractive.” **Howell Wechsler**

“School meal programs face many barriers to offering healthy foods. Ultimately they bear the responsibility, yet policymakers need to be realistic about the costs of providing healthy, high-quality food.”

Madeleine Levin

Incentives are not lined up so that putting wellness on the front burner makes business sense to school districts. The real master is the bottom line.

school leaders find it difficult to justify time to add, or even keep, existing activities such as health and physical education in the schedule.

With this pressure for test scores, the CDC's Howell Wechsler points out, "You can't blame [educators] for wanting to spend more time on math and science." In general, participants in Action for Healthy Kids' stakeholder research (see page 34) feel the same way: over half state that the lack of time in a school day is a significant barrier to school wellness implementation.

Small steps despite ever-present fiscal challenges.

School districts need motivation to make school wellness a priority. Katherine Kaufer Christoffel warns, however, that "the incentives are not lined up so that putting wellness on the front burner makes business sense to school districts or schools... The real master is their bottom line."

But things can be done. School administrators can take relatively easy steps such as negotiating with a bottling or vending machine contractor to switch from soda to water and low-fat milk, or from salty snacks to less salty. But other types of changes that schools might need to make to promote wellness bump up against hard district realities.

Julia Graham Lear reminds us, for example, that many schools don't

have the extra money for something as basic as on-site facilities for preparing fresh foods for school meal programs. And such essentials to high-quality programming as credentialed staff cost even more.

Robert Murray, of the American Academy of Pediatrics, questions whether organizations concerned with improving school wellness have done an adequate job figuring out how schools can make changes, given their financial constraints and concerns about efficiency.

"Once the superintendent and the board acknowledge the fact that school has to play a role and that steps need to be taken to help their students, it then becomes the financial officer of the district who really becomes the key player. I don't know that we've done a good job nationally of engaging financial officers," he maintains.

School food services are strained.

Tight budgets have an obvious impact on school meals. School food services must be self-supporting, and in 2000 the U.S. Department of Agriculture reimbursed only 51 percent of the cost of a meal. One way school food service operations have offset this cost has been by selling popular competitive foods. As the nutrition criteria for these foods change, school food service must

>> On progress in stages...

"With school wellness, you have to pick your shots; get some wins; look for other small victories. Even if it doesn't lead to change right now, you're laying real groundwork. The big issues don't get resolved even in a decade. With tobacco, we're talking 20 years to effect real change, and with childhood obesity it will be even longer. It's hard to change the culture." **Julia Graham Lear**

sell more healthful options that often cost more and may not have as much student appeal as what is in the vending machines. Many school food service operations have become dependent on these sales in order to stay out of the red.

Further, school food service staff members need more training and often higher wages, several of our interviewees noted. This fact compounds the challenge of feeding healthy meals to thousands of children per meal with minimal budgets and limited facilities. Howell Wechsler points out that in most states there currently exist no certification requirements for school food service managers.

Impediments to nutritional quality.

There are numerous hurdles and challenges that must be addressed in order to meet goals connected to getting students to make better food choices.

School meals have evolved to use processed, prepared food items. Preparing higher quality, tasty, nutritious meals that would require more on-site production presents a need for training, higher skilled staff, and possibly new equipment.

Budgets for school food service are often inadequate for the rising

costs of food and labor. A study published in the *Review of Agricultural Economics* (Wagner, et al.) documents that indirect costs paid by school food services to school districts negatively affect meal quality by decreasing funds to upgrade kitchens and train staff.

Action for Healthy Kids' focus groups with minority middle school students in urban communities* found that the largest barrier to making better food choices at schools is simply the poor quality and unappetizing nature of the options served, not their healthfulness.

As well, students and teachers have not always been receptive to many changes to improve school meals. School nutrition professionals have concerns that this will negatively affect participation rates and budgets further. And higher quality food products that are tasty and prepared and served in an appealing manner just cost more than current alternatives.

Augmenting these realities, nutrition and public health professionals** feel the biggest barriers keeping youth from consuming nutrient-rich foods are their lack of interest in doing so, since the status quo is seen as no problem. These professionals cite additional barriers: the lack of access to tasty and appeal-

ing healthful food options; the lack of support from parents; and a school environment that's generally not conducive to healthy eating.

Importantly, blame is not being placed on any group. A good deal of the challenge rests in the simple financial reality of how much funding schools receive versus the ever-rising costs of food. But there are clearly crucial barriers that affect the goal of getting students to make better food choices — and, by implication, impact the larger goal of school wellness overall.

Health: A new part of schools' mission?

It is a simple and understandable fact that not all educators see promoting students' health as part of their mission. Or their job.

"Our number one hurdle is overcoming the school's feeling that their sole mission is education — and that health is a backwater issue for most of them," claims Robert Murray. "Getting education leaders such as superintendents and principals to turn their attention from strict educational outcomes to the well-being of the whole child remains a challenge. It will be greatly facilitated by offering to help school administrators accomplish these goals."

It is Julia Graham Lear's con-

*Action for Healthy Kids' qualitative research with minority middle school students in low-income, urban communities, conducted with MEE Productions in 2006-07.

** See *Helping Youth Make Better Food Choices: Perceptions, Barriers, and Promising Approaches among Nutrition, Health, and Public Health Professionals*, available at www.ActionForHealthyKids.org.

>> On compromise...

"Sometimes health and wellness-focused people come into the school environment with a powerful and well-intentioned commitment, but with a no-compromise kind of mentality, and maybe a lack of empathy for the conditions that exist in schools. Health advocates have to keep up the strong message and interest in wellness, but they have to do it in a way that recognizes the shortfalls and the realities of schools' ability to implement." **Gene Wilhoit**

School administrators and teachers are the more powerful and influential groups, but are viewed as less supportive than others.

tention that the problem is not lack of knowledge. “I think people in the [education] field understand the issue; they just don’t see a role for themselves. Teachers worry about the tests, and school boards worry about budgets,” she says.

Lear notes that individuals from the health world may need to better understand the culture of education to create change. Public health professionals “have not immersed themselves in a really fine-grained understanding of what makes schools and school buildings and school districts and education policy and state operations tick,” she observes.

In her view, public health works from the top down, where, when a directive is given, things happen. But — with the exception of the federal No Child Left Behind legislation, where schools are held accountable for test scores — education is different; things tend to happen from the bottom up. You can’t rely on top-down directives as much as you have to build bottom-up support.

Are the real change agents on board?

Could it be that the individuals best positioned to move school wellness forward are often the least supportive of school wellness?

Participants in Action for Healthy Kids’ stakeholder research give highest marks to physical education teachers and school health professionals in their support of advancing school wellness in general. Respondents judge some two-thirds of both groups as “very supportive” of school wellness. School nutrition and food service professionals come next, and are judged “very supportive” by 46 percent of respondents.

However, school administrators, school board members, and classroom teachers — arguably the more powerful and influential groups, and labeled so by research respondents — are viewed as less supportive. Only 28 percent of school administrators are ranked as “very supportive” of school wellness. Similarly, very few respondents (7 percent) rank parents as “very supportive.” In fact, 16 percent of respondents view parents as not supporting the advance of school wellness at all.

A national study with school board members and superintendents, produced by California School Boards Association and California Project LEAN in 2007, shows that these school governance team members understand and support school wellness in principle. However, their support does not necessarily translate into action because of a myriad of barriers, most notably lack of adequate funding and competing priorities they must address.

The bottom line: until those individuals who are most influential are also among the most actively committed to school wellness, hurdles will remain. ✨

The Future: Within Our Reach

Needed now: clarity and consistency. For its part, Action for Healthy Kids' path is clear: a commitment to nutritional quality and physical activity in schools; a redoubled focus on underserved communities; enlisting parents as advocates; closer collaboration with school leaders; support for wellness policy implementation and evaluation; and stakeholder mobilization overall.

Schools simply cannot do it alone. If there is one theme that emerges from this report above all others, it is that to tackle school wellness, schools need broad, specific, and continuing support — from all sides, and from all constituencies.

That is, in large part, precisely why this report has sought the input of, and is addressed to, such a broad array of stakeholders. Action for Healthy Kids' next five years will be marked by close collaboration with exactly those stakeholders in a joint, committed effort to accelerate change in American schools.

That effort is fueled by the knowledge that only by positively impacting the school environment as regards better nutrition and increased physical activity will we impact students' ability to reach their potential — and afford American youth the healthy adulthoods they deserve.

Where is Action for Healthy Kids headed?

A commitment to nutritional quality and physical activity.

The natural evolution beyond the “wipe out junk food” strategy requires turning the focus toward getting kids to make more intelligent choices about the foods they do eat. In getting kids to make better food choices — especially from among the *Dietary Guidelines for Americans*' “Food Groups to Encourage,” including fruits, vegetables, whole grains, and low-fat and fat-free milk and milk products — Action for Healthy Kids will be:

- > Engaging youth in developing approaches for improving nutritional quality in their school.
- > Motivating youth to make better food choices at school by improv-

ing access to quality, healthful foods that are tasty and appealing in school meals and in all other venues.

- > Utilizing social marketing strategies to promote and market all key “Food Groups to Encourage” that youth need to consume more of.
- > Encouraging participation in school meal programs through the use of taste tests, special menus, improved food choices, and incentives and contests.
- > Partnering with school administrators and industry to provide funding necessary for improvements.
- > Engaging parents, families, communities, students, and schools in activities and events focusing on wellness at home and school.

For optimal health and wellness, children and youth must move more. Schools can help by providing systematic opportunities for physical activity and physical education.

Toward this end, Action for Healthy Kids will help schools to:

- > Instill regular physical activity into the culture, attitudes, and behaviors of students, staff, families, and local communities.
- > Reinforce the importance of regular, quality physical education classes for all K-12 students.
- > Engage youth in motivating their peers to become, and stay, physically active.
- > Optimize the hours before school begins by using the time to help



kids get a healthy start to their day with physical activity, such as walk-to-school programs and other age- and site-appropriate activities.

- > Increase opportunities for children and youth to be physically active during the school day, working with school administrators, teachers, and students to add brief periods of physical activity in ways that support students' crucial academic studies.
- > Raise awareness of the importance of being active after school — and provide activities and resources to help kids move more during this time of day.

Mobilizing key stakeholders.

A redoubled focus on underserved communities. Action for Healthy Kids places a high priority on supporting children in underserved communities who have been affected disproportionately by health disparities. As part of our multi-year Campaign for School Wellness, Action for Healthy Kids is working to create robust school-family-community partnerships to advocate for effective and sustainable wellness policies and practices in underserved communities and schools. Already, Action for Healthy Kids' pilot projects in Philadelphia, New York City, and Battle Creek, Michigan, involve Teams, representatives of our national Partner organizations, and grassroots community leaders who are working side-by-side with

targeted schools and local organizations in creating best practice wellness interventions. This model can be expanded on, and adopted, in other communities through Action for Healthy Kids Teams.

Enlisting parents as wellness advocates. Action for Healthy Kids will continue to bring parents — especially parents in those same underserved communities — into the process to advocate on behalf of their children. When parents are informed, mobilized, and properly equipped, they can greatly influence school wellness policies and practices. *Parents Advocating for School Wellness* is a new Action for Healthy Kids resource to help motivate and assist parents to move from awareness and caring to hands-on advocacy. This toolkit of information (see sidebar on page 53) is designed to help recruit, cultivate, and train parents to connect with community partners and schools to make positive contributions to the health of students.

Closer collaboration with school leaders. Action for Healthy Kids will continue to reach out to school leaders because of their high-leverage value in bringing about change in schools. Every school leader has the ability and the responsibility to strengthen school wellness. Action for Healthy Kids will work with these administrators and educators to craft innovative, yet practical, solutions

When parents are informed, mobilized, and properly equipped, they can greatly influence school wellness policies and practices.

>> On the future...

“We’ve set some lofty goals for education in the future; we’re not only to educate children to higher levels, but we’re to educate every one of them. We have a growing number of children with great needs. Children will not reach academic standards without a strong and supportive environment around them, which includes health and nutrition programs and physical activity. We need to do everything in our power to organize our communities and to marshal all the resources of parents and school personnel to come up with creative and exciting solutions. Our children will respond to these kinds of new emphases – and I think they will surprise some of us with what they’ll be able to achieve if we meet their basic needs.” **Gene Wilhoit**

There is virtually no difference of opinion on the belief that school wellness is both vitally necessary and a reachable goal.

to enhance school wellness — while highlighting as role models the outstanding leaders who are doing it successfully.

Replicating best practices of Action for Healthy Kids Teams. In addition to — and often integrated with — the priority areas outlined above, Action for Healthy Kids Teams nationwide will continue their critical on-the-ground efforts to improve the nutrition and physical activity environment in schools, working in ways that best address the needs in their local communities and states. Action for Healthy Kids is committed to capturing and sharing these activities and innovations through the regular convening of key stakeholders for dialogue, collaboration, and replication of best practice strategies for solutions.

Support for local wellness policy monitoring and evaluation. Better systems for monitoring and tracking wellness policy implementation will enable stakeholders to more accurately assess progress with school wellness and also aid in developing targeted intervention strategies. Action for Healthy Kids is working at the grassroots level to help school administrators, staff, and wellness advocates monitor the effectiveness of their wellness policy implementation efforts. This wellness policy monitoring tool will help districts answer important questions related to the impact of their local wellness policies, including:

- > What are the contents of the policy?
- > To what extent is the policy being implemented?
- > What could facilitate the implementation of components of the policy?
- > What outcome(s) has the policy produced?

This online self-assessment tool, available in the 2008-2009 school year, helps districts look at the results that are reasonable to them given the timing of implementation and contents of their policy. They can use the tool to monitor the results of their wellness policy activities, or to keep track of their wellness policy goals moving forward.

Clarity of vision, consistency of mission.

As David Satcher notes in his preface to this report, strong leadership is the key to improving school wellness. Action for Healthy Kids has learned that leadership that results in change can come from any corner — and often emerges in its most effective form from unexpected places: a committed parent, an impassioned physical education teacher, a forward-thinking superintendent with a “whole child” mindset.

One of Action for Healthy Kids’ most valuable functions is igniting, uncovering, and channeling that kind of leadership — and supporting it with valuable information, tools, and insights vital to effecting change.

It is notable that, in the sea of opinions, research, and field knowledge gathered and assessed for this report, while there are countless perspectives and sometimes contradictory or conflicting findings and points of view, there is virtually no difference of opinion on the belief that school wellness is both vitally necessary and a reachable goal.

The certainty of this belief has always been a central tenet underlying Action for Healthy Kids’ mission, and will remain so. ✨

National Resources to Promote School Wellness

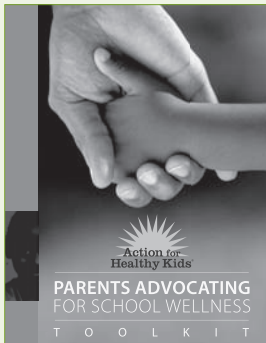


Game On! The Ultimate Wellness Challenge™

Developed by Action for Healthy Kids in cooperation with the U.S. Department of Agriculture and the U.S. Department of Health and Human Services, *Game On!*

The Ultimate Wellness Challenge is part

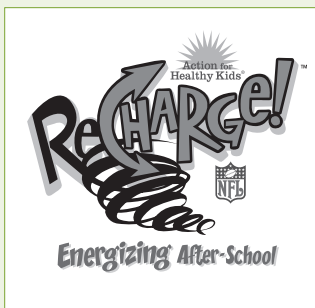
of a continuing initiative to encourage our children and youth — and those who support them — to make better food choices and move more. *Game On! The Ultimate Wellness Challenge* draws upon existing free and low-cost resources from federal agencies and other leading organizations. The program features four challenges, each of which emphasizes healthy eating and physical activity. The challenges are spaced throughout the school year — and the Challenge Course is a special event that can be used to kick off and/or conclude the program or used midway through the year to add momentum.



Parents Advocating for School Wellness

Recognizing parents as a largely untapped force for change in school wellness, Action for Healthy Kids and MEE Productions — an organization widely regarded for its success in mobilizing parents in low-income, urban communities — have produced this toolkit to help Action for Healthy Kids Teams and other school wellness advocates unlock the enormous

potential of parents as change agents, to engage them as partners in support of healthier schools for their children.



ReCharge! Energizing After-School™

In partnership with the National Football League, Action for Healthy Kids developed *ReCharge! Energizing After-School*, the first nationally distributed after-school program that fully integrates nutrition and physical activity through teamwork-based strategies for youth in grades

3-6. *ReCharge! Energizing After-School* focuses on four concepts — “Energy In” (nutrition), “Energy Out” (physical activity), Teamwork, and Goal-setting. An online *ReCharge!* resource center provides valuable technical assistance to after-school program staff and educators who implement the program.

For more information on the programs listed on this page, visit www.ActionForHealthyKids.org.

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