

School District Wellness Policies: Where do they Stand and What do you Need to Know?

A Presentation to Accompany the May, 2014
CDC and Bridging the Gap Local School
Wellness Policy Briefs

July, 2014



bridging the gap

Research Informing Policies & Practices
for Healthy Youth



Presentation Purpose

- Accompany CDC and Bridging the Gap (BTG) local school wellness policy research briefs
 - Contains content pulled directly from briefs
- Serve as a communications tool for stakeholders
 - Entire slide set
 - Specific topic area slide set(s)
 - Specific slide(s)/chart(s)/figure(s)
- Aid stakeholders in presenting content from briefs in a meaningful and impactful way

Suggested Presentation Citation

FOR SLIDES, CONTENT AND/OR FIGURES FROM THIS SLIDE SET:

Centers for Disease Control and Prevention and Bridging the Gap Research Program. *School District Wellness Policies: Where do they Stand and What do you Need to Know?: A Presentation to Accompany the May, 2014 CDC and Bridging the Gap Local School Wellness Policy Briefs*. 2014. Available at:
<http://www.cdc.gov/healthyouth/npao/wellness.htm>
http://www.bridgingthegapresearch.org/research/district_wellness_policies/.

CDC & Bridging the Gap Local Wellness Policy Briefs

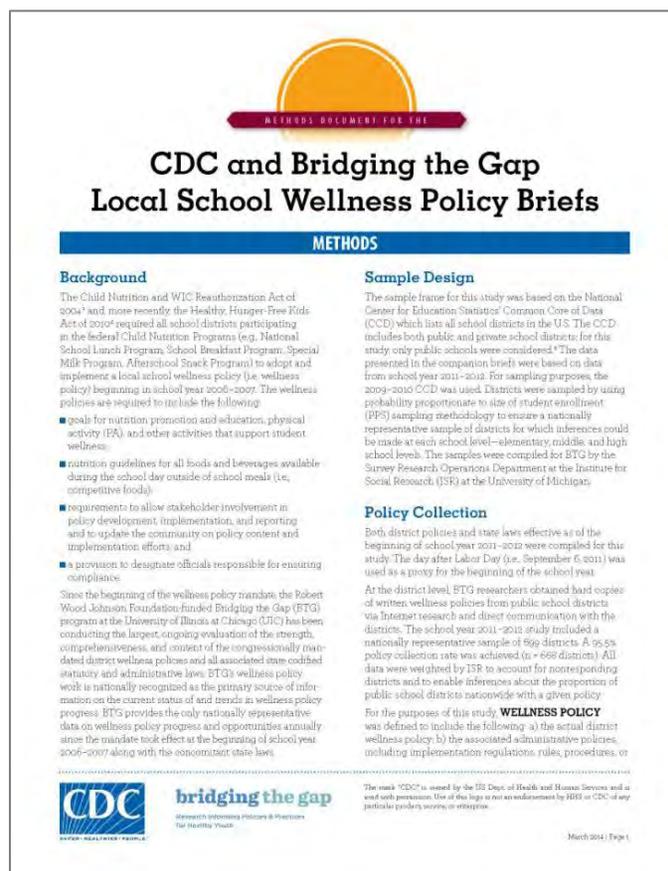
- Developed by CDC and BTG to help stakeholders
 - Strengthen existing policies
 - Implement new policies
 - Understand where wellness policies are well established and where opportunities exist
- 7 topic areas + methods document
 - 3 four-page briefs
 - 4 two-page fact sheets
- Available on CDC and BTG websites
 - <http://www.cdc.gov/healthyyouth/npao/wellness.htm>
 - http://www.bridgingthegapresearch.org/research/district_wellness_policies/

Slideshow Content Organization

- Each topic area contains
 - Background information
 - Health impact
 - Current recommendations
 - Actions (results)
 - Strategies and expert recommendations
 - Resources from CDC, USDA, Action for Healthy Kids (AFHK), and others
 - References to literature

July, 2014

Methods Document for the CDC and Bridging the Gap Local School Wellness Policy Briefs



Suggested citation: Bridging the Gap Research Program. *Methods Document for the CDC and Bridging the Gap Local School Wellness Policy Briefs*. Available at: <http://www.cdc.gov/healthyyouth/policy/pdf/methodsforwellnesspolicybriefs.pdf>.

Methods Brief Overview

■ Purpose

- Provide a methodological overview for the entire series of CDC and BTG briefs

■ Background

■ Federal wellness policy mandate

- Child Nutrition and WIC Reauthorization Act of 2004¹
- Healthy, Hunger-Free Kids Act of 2010²

■ Bridging the Gap (BTG) program

- Largest, ongoing nationwide evaluation of the district wellness policy progress and opportunities
 - School year (SY) 2006-07 through 2011-12 (for these briefs)
 - Collection continued through the current school year
 - Includes concomitant state laws

Methods

SAMPLE DESIGN

- Based on
 - 2009-10 National Center for Education Statistics' Common Core of Data³
 - 2011-12 SY data
- Nationally representative sample
 - Inferences for each grade level
 - 699 districts
 - n=668 (95.5% response rate)

Methods

POLICY COLLECTION

- Resources collected
 - District policies
 - Wellness Policy
 - Associated administrative policies
 - Other policies incorporated by reference within the wellness policy
 - State laws
 - Codified statutory (legislative) laws
 - Codified administrative (regulatory) laws
 - Validated against existing secondary source compilations of state laws

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- National Cancer Institute's Classification of Laws Associated with School Students (CLASS) system⁴
 - National Conference of State Legislatures Childhood Obesity Legislative Tracking database⁵
 - Centers for Disease Control and Prevention's Chronic Disease State Policy Tracking System⁶
 - National Association of State Boards of Education School Health Policy Database⁷
 - Trust for America's Health annual *F as in FAT*⁸ compilation

Methods

POLICY CODING

- District policies and state laws analyzed by two trained analysts
- Strong policy provisions
 - Required
 - Specified implementation plan or strategy
 - Banned competitive foods or met Institute of Medicine (IOM) competitive food standards
- Weak policy provisions
 - Vague terms, suggestions, recommendations
 - Contained exceptions

References for slide set accompanying the *Methods Document for the CDC and Bridging the Gap Local School Wellness Policy Briefs*

1. Child Nutrition and WIC Reauthorization Act, Pub. L. No. 108-265, § 204, 118 Stat. 729, 780-781 (2004).
2. Healthy, Hunger-Free Kids Act of 2010, Pub. L. No. 111-296, § 204, 124 Stat. 3183, 3236-3238 (2010).
3. National Center for Education Statistics. Common Core of Data. Available at: <http://nces.ed.gov/ccd>.
4. National Cancer Institute. Classification of Laws Associated with School Students. Available at: <http://class.cancer.gov/>.
5. National Conference of State Legislatures. Childhood Obesity – 2011 Update of Legislative Policy Options. Available at: <http://www.ncsl.org/issues-research/health/childhood-obesity-2011.aspx>.
6. Centers for Disease Control and Prevention. Chronic Disease State Policy Tracking System. <http://apps.nccd.cdc.gov/CDPHPPolicySearch/Default.aspx>.
7. National Association of State Boards of Education. State School Health Policy Database. Available at: http://www.nasbe.org/healthy_schools/hs/index.php.
8. Trust for America's Health. F as in Fat: How Obesity Threatens America's Future, 2011. Available at: <http://www.healthymamericans.org/assets/files/TFAH2011FasInFat10.pdf>.

July, 2014

Strategies for Supporting Quality Physical Education and Physical Activity in Schools



Strategies For

Supporting Quality Physical Education and Physical Activity in Schools

1. Ideally, every child has equitable access. The U.S. Department of Health and Human Services recommends that youth engage in a minimum of 60 minutes of physical activity each day. School districts and schools can implement physical activity programs that maximize opportunities for students to be physically active and help them meet this national recommendation. Using the school day, physical education, recess, and activity breaks gives students a chance to be active. Schools can also encourage plans of activity outside of school hours by promoting consistency in use of local facilities and walking or biking to school. These policies help students reach the goal of accumulating 60 minutes of physical activity daily.

BACKGROUND

The Child Nutrition and WIC Reauthorization Act of 2004¹ and more recently the Healthy, Hunger-Free Kids Act of 2010² require that school districts have a local school wellness policy (i.e., wellness policy) that includes goals for physical activity (PA).

What Do the Experts Recommend?

In addition to the federal wellness policy requirement, other national organizations, such as the Centers for Disease Control and Prevention, American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD), Institute of Medicine, and American Academy of Pediatrics, have made recommendations for schools to implement policies and practices that support PA, including requiring physical education (PE), allowing recess, and supporting safe routes to school.^{3,4}



What is this Brief About?

School districts have taken a variety of steps to encourage PE and PA among their students. The following sections highlight areas where policy opportunities exist, as well as areas where policies are well established relative to PE and PA. This brief summarizes the range of policy actions taken by public school districts, including reports from districts on PE and PA requirements, from the 2011-2012 school year from the Bridging the Gap (BTG) study. All policies were collected and coded by BTG researchers using a standardized method based on evidence-based guidelines and recommendations from expert organizations and agencies.^{5,6} Complete details about how these data were collected and compiled are available in the companion methods documentation.⁷



The title "BTG" is owned by the U.S. Dept. of Health and Human Services and is used with permission. Use of the logo to create wellness policy documents by CDC is a 2011-12 copyright. Photo credit: iStockphoto.com

CDC **bridging the gap**
Bridging the Gap Research Program
for Healthy Schools

Suggested brief citation: Centers for Disease Control and Prevention and Bridging the Gap Research Program. *Strategies For Supporting Quality Physical Education and Physical Activity in Schools*. Atlanta, GA: U.S. Department of Health and Human Services; 2014.

Brief Purpose

- Highlights areas where policy opportunities exist, as well as areas where policies are well-established relative to physical education (PE) and physical activity (PA)
- Summarizes the range of actions taken by public school districts relative to PE/PA

Impact on Health

- Physically active kids are healthier kids.¹
- Opportunities for physical activity programs
 - During the school day
 - Physical education
 - Recess
 - Activity breaks
 - Outside of school hours
 - Community use of facilities
 - Walking or biking to school

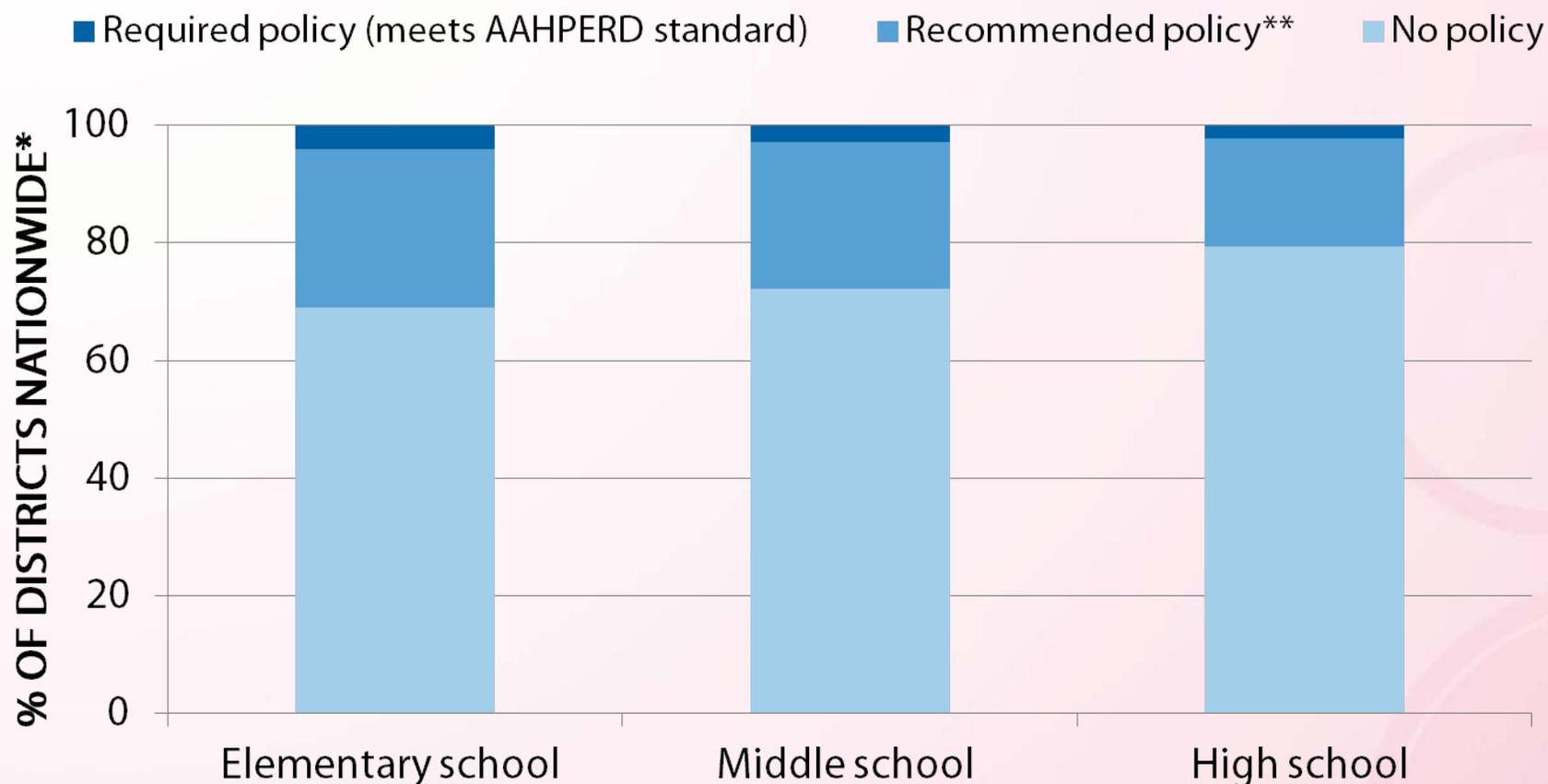


What do the experts recommend?

- The US Department of Health and Human Services recommends that youth engage in a minimum of 60 minutes of PA each day.²
- Federal wellness policy requirement^{3,4} to include goals for PA
- Recommended policies and practices that support PA^{2,5-13}
 - Requiring PE
 - Allowing recess
 - Supporting safe routes to school

What Actions have School Districts Taken? PE Requirements

PERCENTAGE OF DISTRICT POLICIES THAT ADDRESS NUMBER OF MINUTES PER WEEK OF PHYSICAL EDUCATION, SY 2011–12



*N=668 districts, weighted to represent districts nationwide

**Also includes required policies that do not meet AAHPERD standards¹⁷

Source: Bridging the Gap Research Program, 2014

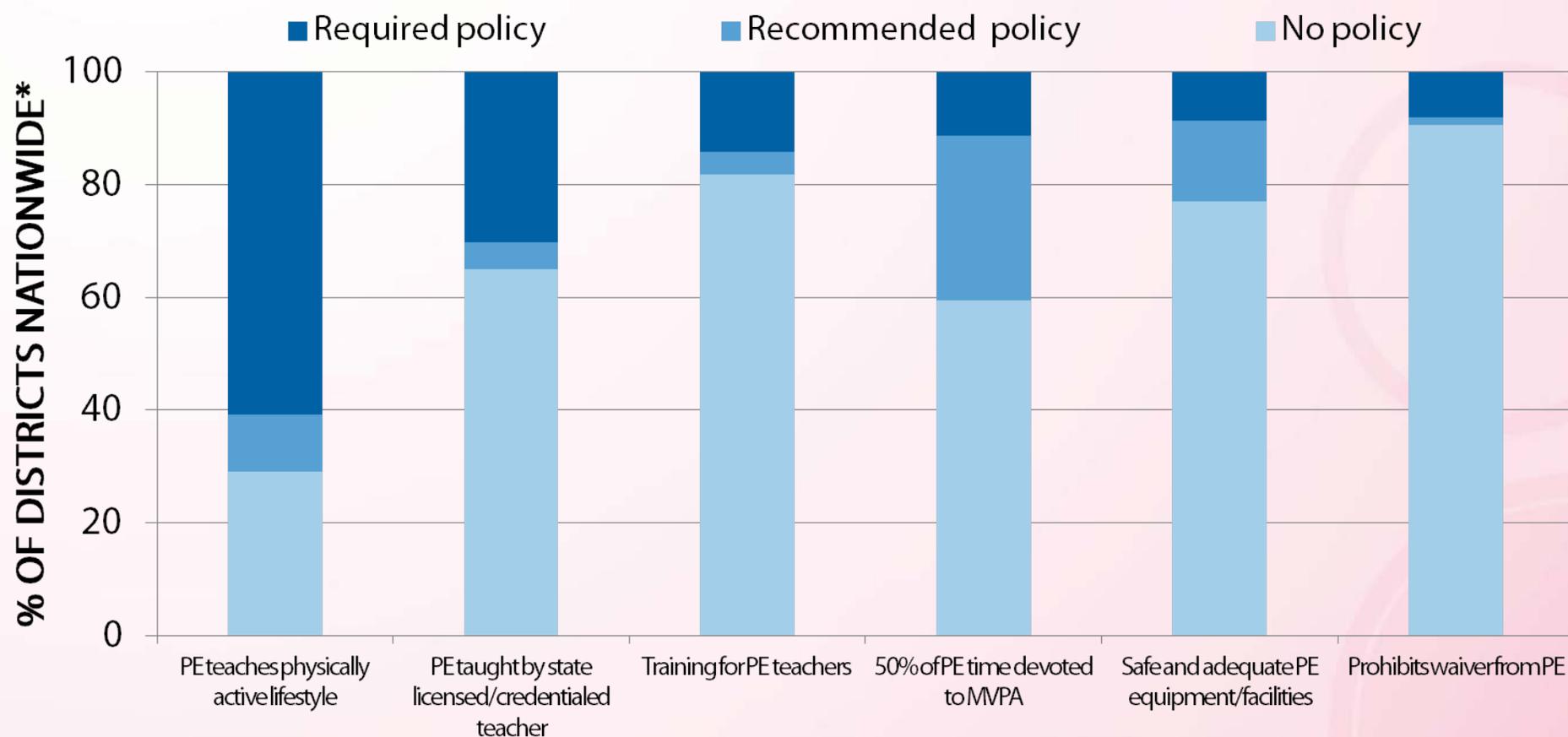
What Actions Have School Districts Taken? PE Graduation Requirements, SY 2011–12

- Only 19% of districts *required* specific PE graduation requirements.
- Nearly 80% of district policies did not include specific PE graduation requirements.



What Actions Have School Districts Taken? Quality PE Components

PERCENTAGE OF DISTRICTS THAT REQUIRED, RECOMMENDED, OR HAD NO POLICY REGARDING QUALITY PE COMPONENTS, SY 2011–12

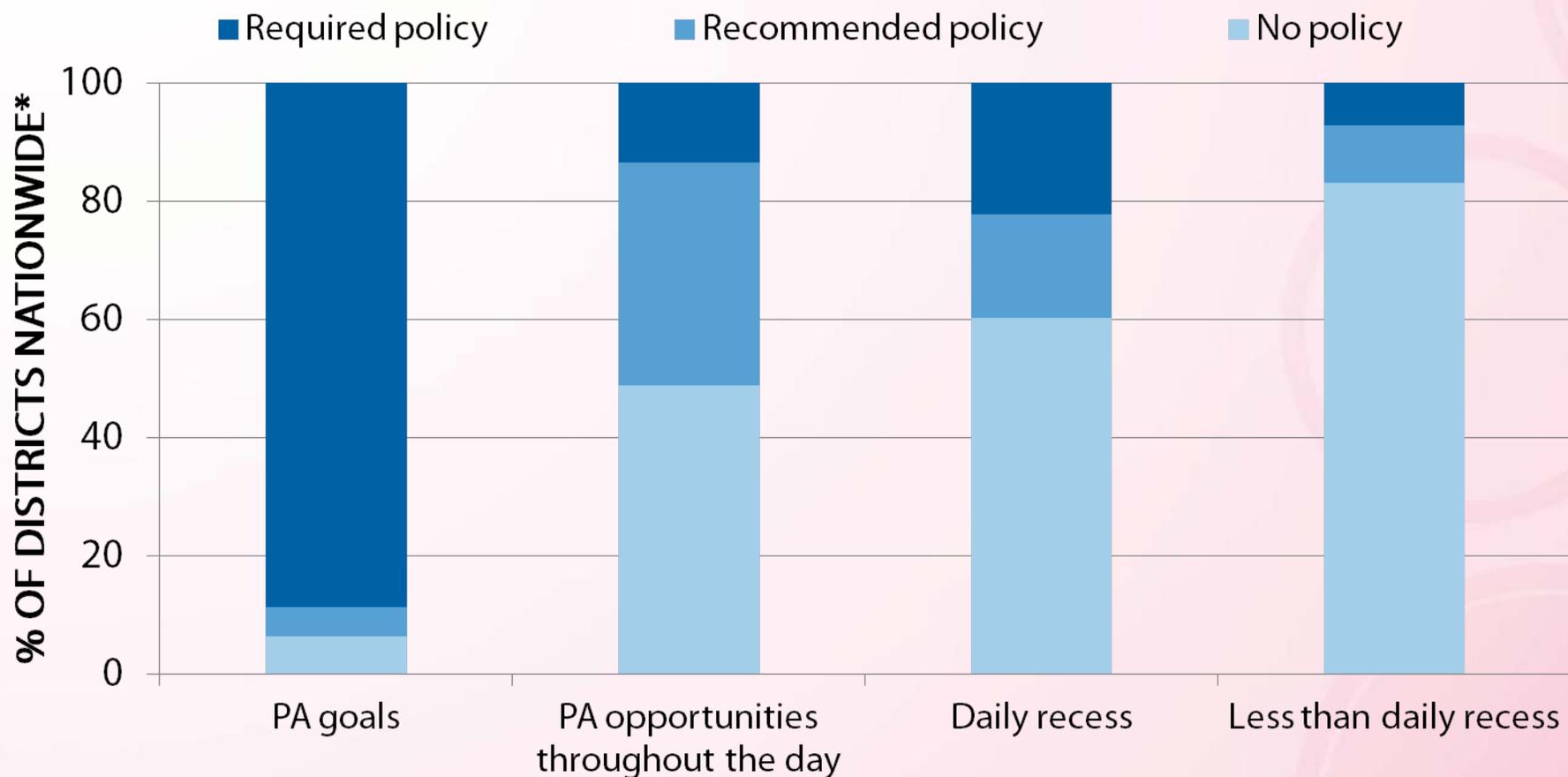


*N=668 districts, weighted to represent districts nationwide

Source: Bridging the Gap Research Program, 2014

What Actions Have School Districts Taken? PA Opportunities During the School Day

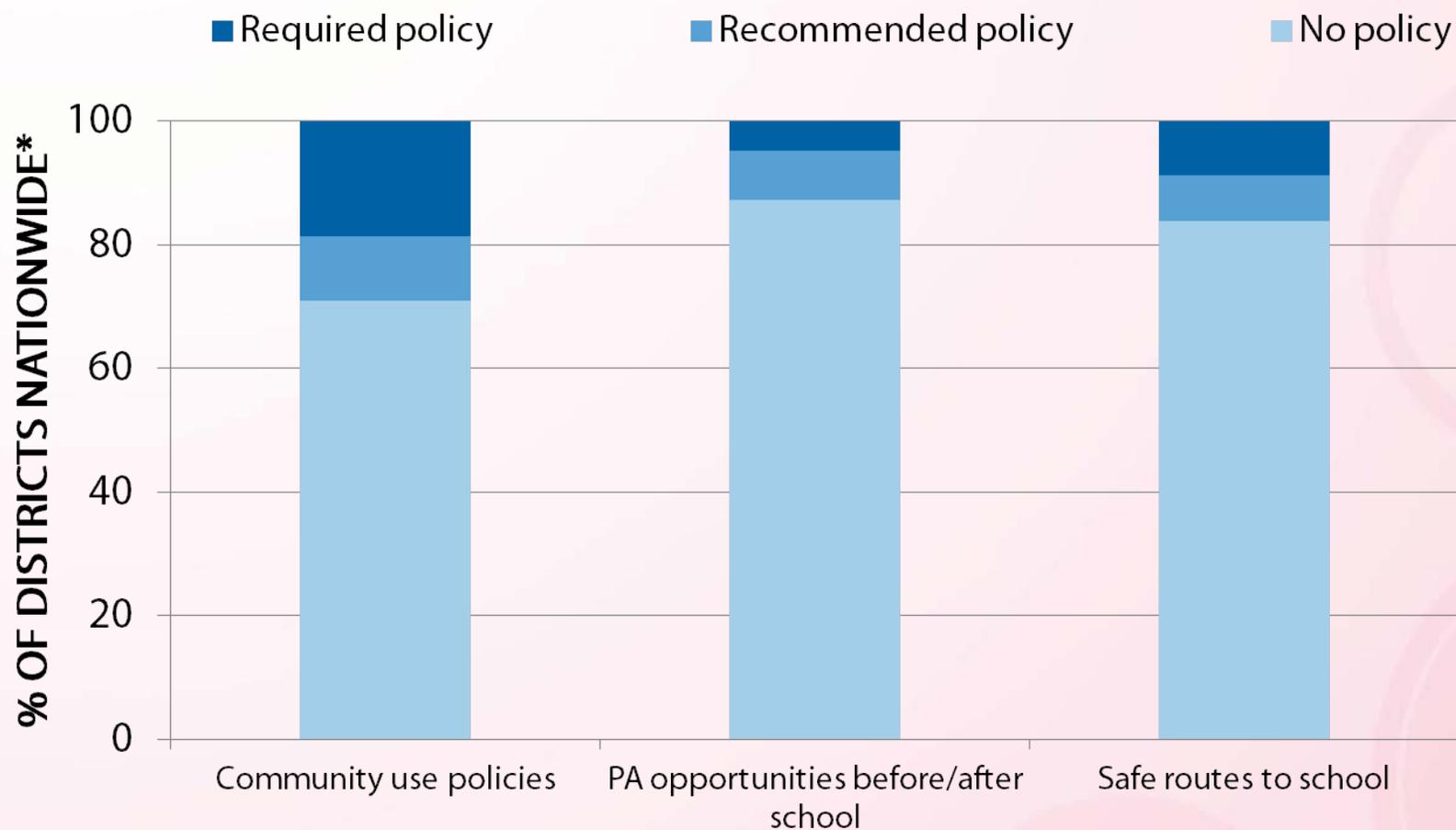
PERCENTAGE OF DISTRICTS THAT REQUIRED, RECOMMENDED, OR HAD NO POLICY REGARDING PHYSICAL ACTIVITY OPPORTUNITIES DURING THE SCHOOL DAY, SY 2011–12



*N=668 districts, weighted to represent districts nationwide
Source: Bridging the Gap Research Program, 2014

What Actions Have School Districts Taken? PA Opportunities Beyond the School Day

PERCENTAGE OF DISTRICTS THAT REQUIRED, RECOMMENDED, OR HAD NO POLICY REGARDING OPPORTUNITIES FOR PHYSICAL ACTIVITY BEYOND THE SCHOOL DAY, SY 2011–12



*N=668 districts, weighted to represent districts nationwide
Source: Bridging the Gap Research Program, 2014

Supporting the PE and PA Environment

STATES CAN^{3,6-12}

- Provide districts with professional development and technical assistance for revising district wellness and PE and PA policies
- Assist districts with monitoring and reporting on the implementation of district wellness policies
- Partner with key organizations such as the state SHAPE America affiliate and state AFHK team to support the implementation of PE and PA policies and practices
- Provide professional development opportunities for district PE staff

Supporting the PE and PA Environment

SCHOOL DISTRICTS AND SCHOOLS CAN^{3,6-12}

- Create a school health council or wellness committee that includes district and community stakeholders to implement activities that align with wellness policy goals
- Require quality PE for all students that aligns with national and state recommendations and standards
- Prohibit waivers allowing students to be exempted from taking PE for participation in interscholastic and intramural sports
- Require that state licensed or credentialed teachers instruct all PE classes
- Provide ongoing professional development for PE teachers, as well as for other teachers, to incorporate PA as part of non-PE classroom exercises
- Offer daily recess for elementary school students
- Increase opportunities for children, their families, and the community to be physically active by opening up school facilities outside of school hours

Resources for slide set accompanying the brief *Strategies For Supporting Quality Physical Education and Physical Activity in Schools*

- Centers for Disease Control and Prevention. Comprehensive School Physical Activity Programs: A Guide for Schools.
<http://www.cdc.gov/healthyouth/physicalactivity/cspap.htm>.
- Centers for Disease Control and Prevention. Adolescent and School Health. Physical Education Curriculum Analysis Tool (PECAT).
<http://www.cdc.gov/healthyouth/pecat/index.htm>.
- American Alliance for Health, Physical Education, Recreation and Dance. National Physical Education Standards.
<http://www.shapeamerica.org/standards/pe/>.
- American Alliance for Health, Physical Education, Recreation and Dance. Comprehensive School Physical Activity Programs: Helping All Students Achieve 60 Minutes of Physical Activity Each Day.
<http://www.shapeamerica.org/advocacy/positionstatements/pa/loader.cfm?csModule=security/getfile&pageid=4726>.

Cont'd: Resources for slide set accompanying the brief *Strategies For Supporting Quality Physical Education and Physical Activity in Schools*

- American Alliance for Health, Physical Education, Recreation and Dance. Position Statement: Recess for Elementary School Students.
<http://www.shapeamerica.org/advocacy/positionstatements/pa/loader.cfm?csModule=security/getfile&pageid=4630>.
- US Department of Health and Human Services. Physical Activity Guidelines for Americans Midcourse Report: Strategies to Increase Physical Activity among Youth.
<http://www.health.gov/paguidelines/midcourse/pag-mid-course-report-final.pdf>.
- Safe Routes. National Center for Safe Routes to School.
<http://www.saferoutesinfo.org>.
- Bridging the Gap Research. School district wellness policy-related reports and materials.
http://www.bridgingthegapresearch.org/research/district_wellness_policies.

References for slide set accompanying the brief *Strategies For Supporting Quality Physical Education and Physical Activity in Schools*

1. U.S. Department of Health and Human Services. Physical Activity Guidelines Advisory Committee Report. Washington, DC: U.S. Department of Health and Human Services; 2008.
2. Physical Activity Guidelines for Americans Midcourse Report Subcommittee of the President's Council on Fitness, Sports & Nutrition. Physical Activity Guidelines for Americans Midcourse Report: Strategies to Increase Physical Activity among Youth. Washington, DC: U.S. Department of Health and Human Services; 2012.
3. Child Nutrition and WIC Reauthorization Act, Pub. L. No. 108-265, § 204, 118 Stat. 729, 780-781 (2004).
4. Healthy, Hunger-Free Kids Act of 2010, Pub. L. No. 111-296, § 204, 124 Stat. 3183, 3236-3238 (2010).
5. Centers for Disease Control and Prevention. School health guidelines to promote healthy eating and physical activity. MMWR 2011;60:1-76.
6. American Academy of Pediatrics. Policy Statement: The Crucial Role of Recess in School. Pediatrics 2013;131:183-188.
7. Centers for Disease Control and Prevention. Recommended Community Strategies and Measurements to Prevent Childhood Obesity in the United States. MMWR 2009; 58.

References for slide set accompanying the brief *Strategies For Supporting Quality Physical Education and Physical Activity in Schools*

8. American Academy of Pediatrics. Prevention and Treatment Childhood Overweight and Obesity: Policy Tool. Available at: http://www2.aap.org/obesity/schools_1.html.
9. Institute of Medicine. *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation*. Washington, DC: The National Academies Press; 2012.
10. Institute of Medicine. *Local Government Actions to Prevent Childhood Obesity*. Washington, DC: The National Academies Press; 2009.
11. Institute of Medicine. *Physical Activity and Physical Education in the School Environment*. Washington, DC: The National Academies Press; 2013.
12. Institute of Medicine. *Educating the Student Body: Taking Physical Activity and Physical Education to School*. Washington D.C.: The National Academies Press, 2013.

July, 2014

Strategies to Support Recess in Elementary Schools



Supporting Recess in Elementary Schools

Elementary students only a month from their summer school day. It can support children's physical, social, and emotional well-being, and enhance learning. Research helps children meet the goal of 60 minutes of physical activity (PA) each day, as recommended by the US Department of Health and Human Services. National organizations (e.g., Centers for Disease Control and Prevention, American Academy of Pediatrics) recommend that districts provide at least 30 minutes of daily recess for all students in elementary schools.

This brief highlights areas where school recess policy opportunities exist, and where policies are well established. It summarizes policy actions taken by public school districts at the state and the District of Columbia from the 2011-2012 school year. It includes findings from the CAP (2013) study. All policies were collected and coded by IPT's researchers using a standardized method based on analysis of local guidelines and recommendations. From reports, opportunities, and questions, you'll get more detail about how these data were collected and compiled, see available in this companion multimedia presentation.

WHAT ACTIONS HAVE SCHOOL DISTRICTS & STATES TAKEN?

The school district wellness and state policies address daily recess for elementary school or address recess as part of policy provisions for daily physical activity. During the 2011-2012 school year, the IPTG study found that:

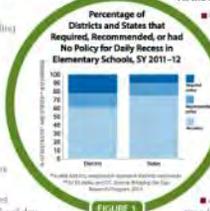
- Just 2% of districts supported a specific amount of time for PA throughout the school day, lower than half of these districts included recess in the definition of PA.

At the District Level

- 6% of districts had no policy regarding daily recess for elementary school students (Figure 1).
- Only 22% of districts required daily recess for elementary school students (Figure 1). Fewer than half of these districts required at least 20 minutes of daily recess.
- Just 10% of districts recommended daily recess, less than one third of which encouraged at least 10 minutes of daily recess.
- Less than 7% of districts required a set amount of time for PA during the school day; two thirds of these districts included recess in the definition of PA.

At the State Level

- Only 5 states required daily recess for elementary school students (Figure 1). Among these, only one state required at least 20 minutes of daily recess.
- 6 states recommended daily recess for elementary school students (Figure 1). Among these, 2 states recommended at least 10 minutes of daily recess.
- 10 states required a set amount of time for PA during the school day; half of these included recess in the definition of PA.
- A states recommended a specific amount of time for PA throughout the school day, and only 1 of these states included recess in the definition of PA.



Category	Districts (%)	States (%)
No Policy	6	0
Required	22	5
Recommended	10	6
Required + Recommended	7	10

Source: CDC, Bridging the Gap Research Program, 2013.

CDC bridging the gap
Research Advancing Policies & Practices
Healthy Youth

The only CDC program by the U.S. Dept. of Health and Human Services and a proud partner of the Dept. of Education. One of the best ways to get involved is to become a CDC Ambassador. Contact: www.cdc.gov/bridgingthegap

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Suggested fact sheet citation: Centers for Disease Control and Prevention and Bridging the Gap Research Program. *Strategies for Supporting Recess in Elementary Schools*. Atlanta, GA: U.S. Department of Health and Human Services; 2014.

Brief Purpose

- Highlights areas where school recess policy opportunities exist, and where policies are well-established
- Summarizes actions taken by school districts and states relative to recess

Impact on Health

- Recess
 - Provides students with a break from their structured school day
 - Can improve children's physical, social, and emotional well-being^{1,2}
 - Can enhance learning³
 - Helps children meet the goal of 60 minutes of PA per day⁴

What do the Experts Recommend?

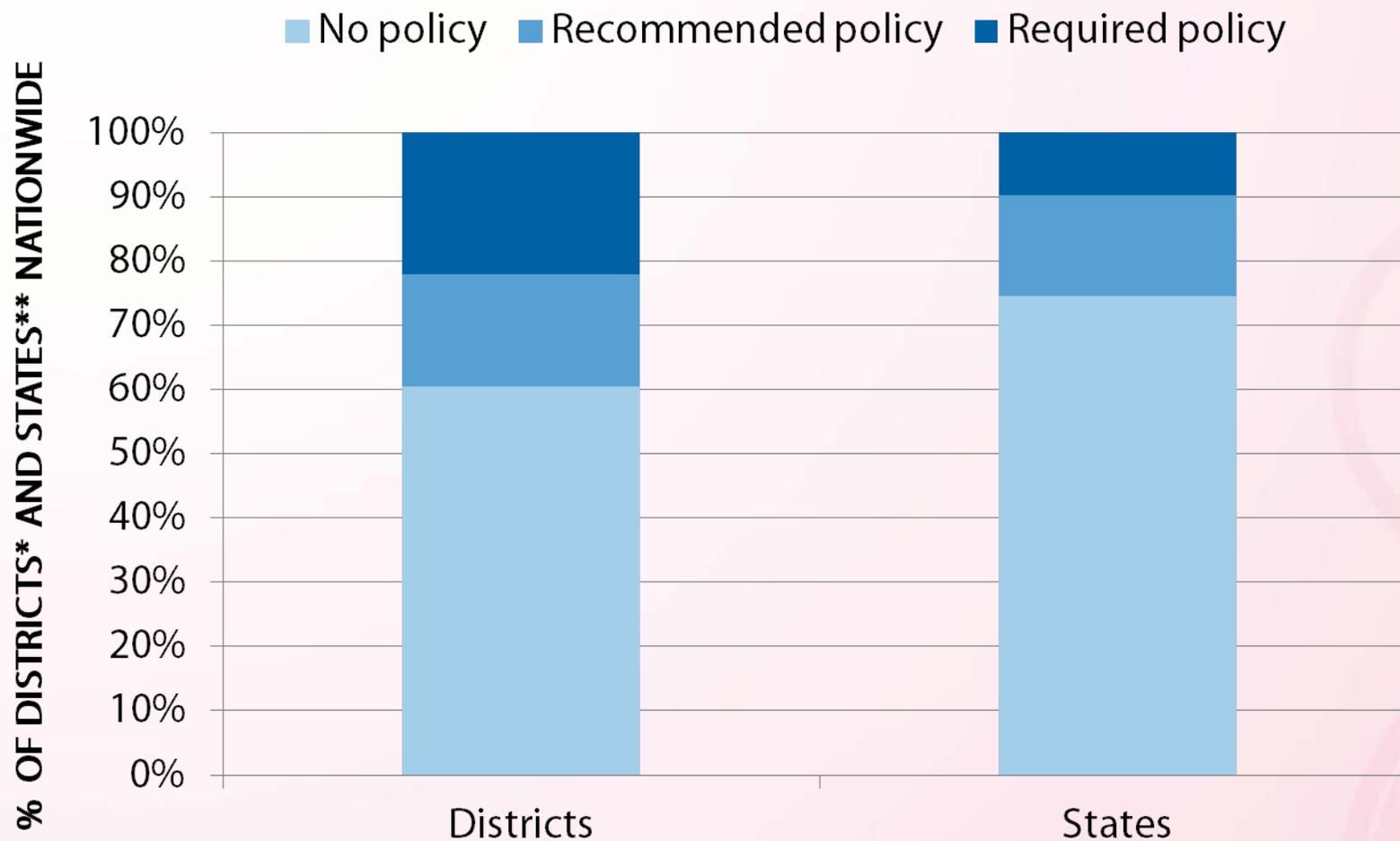
- National organizations recommend that districts provide at least 20 minutes of daily recess for all students in elementary schools.^{2,5-9}



What Actions Have School Districts Taken?

Recess Policies in Elementary Schools

PERCENTAGE OF DISTRICTS AND STATES THAT REQUIRED, RECOMMENDED, OR HAD NO POLICY FOR DAILY RECESS IN ELEMENTARY SCHOOLS, SY 2011–12



*N=668 districts, weighted to represent districts nationwide

**All 50 states and DC

Source: Bridging the Gap Research Program, 2014

Encouraging Daily Recess

STATES CAN^{2,4-9}

- Develop and adopt daily recess policies, and monitor district and school implementation
- Work with districts to upgrade and maintain PA equipment and facilities that are used for recess
- Provide districts with training and technical assistance for aligning wellness and recess policies with national recommendations
- Assist districts with monitoring and reporting on the implementation of district wellness policies

Encouraging Daily Recess

SCHOOL DISTRICTS AND SCHOOLS CAN^{2,4-9}

- Create a school health council that includes district and community stakeholders to implement, monitor, and evaluate activities that align with wellness policy goals
- Review and revise the district wellness policy to align with national recess recommendations
- Assist schools with implementing the policy
- Make the district wellness policy available to parents and other stakeholders (e.g., district website)
- Involve stakeholders in reviewing and revising district wellness and recess policies
- Offer daily recess for elementary school students in addition to PE
- Maintain safe and age-appropriate equipment for students to use during recess
- Ensure that well-trained supervisors are present during recess

Resources for slide set accompanying the brief *Strategies for Supporting Recess in Elementary Schools*

- U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans Midcourse Report: Strategies to Increase Physical Activity among Youth.
<http://www.health.gov/paguidelines/midcourse/pag-mid-course-report-final.pdf>.
- USDA Food and Nutrition Service. Local School Wellness Policy.
<http://www.fns.usda.gov/tn/local-school-wellness-policy>.
- USDA Healthy Meals Resource System. School Nutrition Environment and Wellness Resources.
<http://healthymeals.nal.usda.gov/school-wellness-resources>.
- Bridging the Gap Research. School district wellness policy-related reports and materials.
http://www.bridgingthegapresearch.org/research/district_wellness_policies.

Cont'd: Resources for slide set accompanying the brief *Strategies for Supporting Recess in Elementary Schools*

- American Alliance for Health, Physical Education, Recreation and Dance. Position Statement: Recess for Elementary School Students.
<http://www.shapeamerica.org/advocacy/positionstatements/pa/loader.cfm?csModule=security/getfile&pageid=4630>.
- International Play Association. Promoting Recess.
http://www.ipausa.org/recess_pages/promoting_recess.html.
- American Academy of Pediatrics. Policy Statement: The Crucial Role of Recess in School.
<http://pediatrics.aappublications.org/content/131/1/183.full.pdf>.

References for slide set accompanying the brief *Strategies for Supporting Recess in Elementary Schools*

1. Ramstetter CL, Murray R, Garner AS. The crucial role of recess in schools. *Journal of School Health* 2010;80:517-526.
2. American Academy of Pediatrics. Policy Statement: The Crucial Role of Recess in School. *Pediatrics* 2013;131:183-188.
3. Centers for Disease Control and Prevention. The Association between school-based physical activity, including physical education, and academic performance. Atlanta, GA: U.S. Department of Health and Human Services; 2010.
4. U.S. Department of Health and Human Services. 2008 Physical Activity Guidelines for Americans.
5. Centers for Disease Control and Prevention. School health guidelines to promote healthy eating and physical activity. *MMWR* 2011;60:1-76.
6. American Academy of Pediatrics. Prevention and Treatment Childhood Overweight and Obesity: Policy Tool. Available at: http://www2.aap.org/obesity/schools_1.html.
7. Institute of Medicine. Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. Washington, DC: The National Academies Press; 2012.
8. Institute of Medicine. Educating the Student Body: Taking Physical Activity and Physical Education to School. Washington, DC: The National Academies Press; 2013.
9. American Alliance for Health, Physical Education, Recreation and Dance. Position Statement: Recess for Elementary School Students.
<http://www.shapeamerica.org/advocacy/positionstatements/pa/loader.cfm?csModule=security/getfile&pageid=4630>.

July, 2014

Strategies for Creating Supportive School Nutrition Environments



Suggested brief citation: Centers for Disease Control and Prevention and Bridging the Gap Research Program. *Strategies for Creating Supportive School Nutrition Environments*. Atlanta, GA: U.S. Department of Health and Human Services; 2014.

Brief Purpose

- Highlights areas where policy opportunities exist, as well as areas where policies are well-established relative to
 - Nutrition standards for competitive foods and beverages
 - Marketing and promotion of foods and beverages
 - Access to free drinking water
 - Nutrition education
 - Farm to School programs and school gardens
 - Nutrition-related training for school personnel
 - Strategies to increase participation in school meals

Impact on Health

- Good nutrition is vital for optimal health.^{1,2}
- Schools have the potential to shape healthy behaviors, including eating habits.
- A supportive nutrition environment provides
 - Access to healthy foods in all venues
 - Consistent messages about healthy eating
 - Opportunities for students to learn about healthy eating
- Improving nutrition can improve physical health and academic achievement.³⁻⁵

What Do the Experts Recommend?

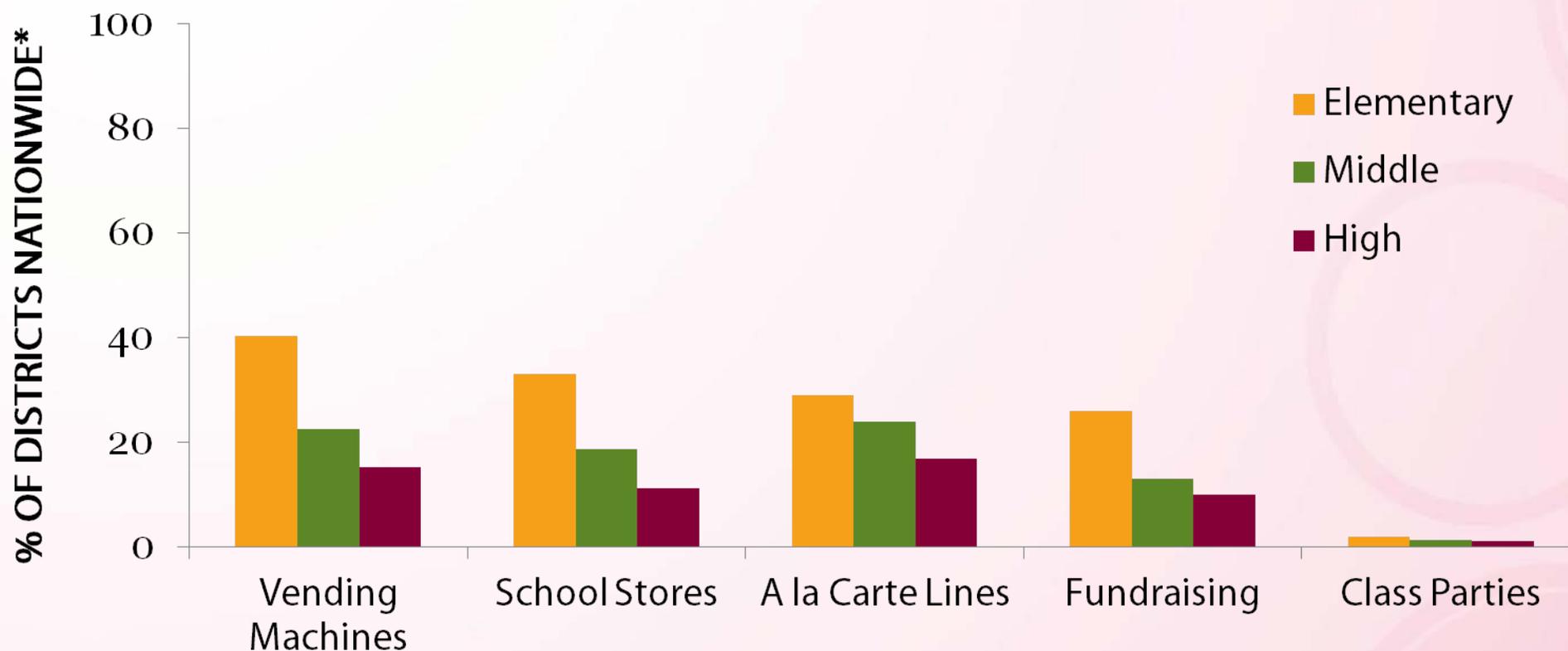
- National organizations recommend that schools^{3,4,6-8}
 - Provide healthy and appealing foods
 - Limit marketing of low-nutrient, high calorie foods
 - Implement Farm to School programs
 - Provide nutrition education

What Actions Have School Districts Taken?

- Nutrition standards for competitive food and beverages
- Marketing and promotion of foods and beverages
- Access to free drinking water on school campuses
- Nutrition education for students
- Farm to School programs and school gardens
- Nutrition-related training for school personnel
- Policy strategies to increase participation in school meals

What Actions Have School Districts Taken? Nutrition Standards for Competitive Foods and Beverages

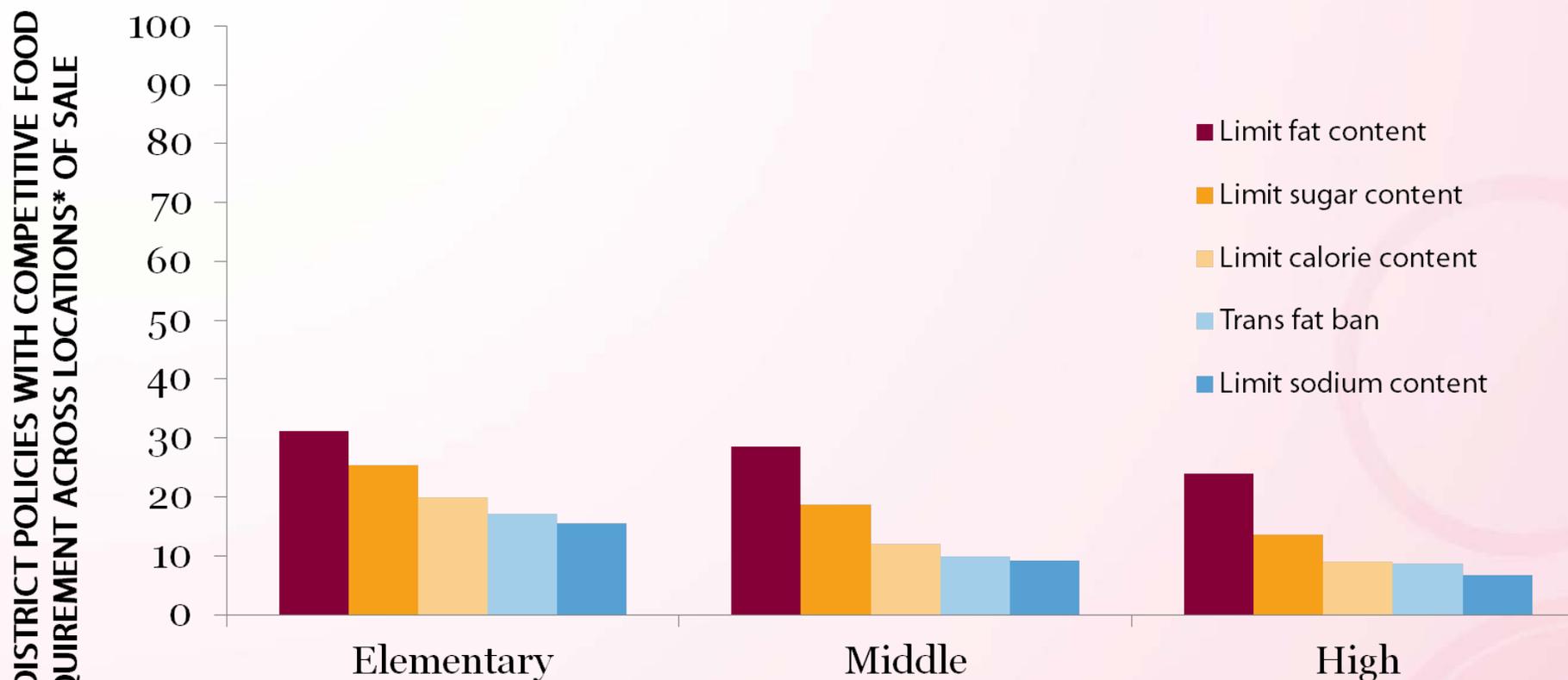
LOCATIONS WHERE COMPETITIVE FOODS AND BEVERAGES WERE RESTRICTED IN DISTRICT WELLNESS POLICIES BY SCHOOL LEVEL, SY 2011-12



*N=668 districts, weighted to represent districts nationwide.
Source: Bridging the Gap Research Program, 2014.

What Actions Have School Districts Taken? Nutrition Standards for Competitive Foods and Beverages

WELLNESS POLICY COMPETITIVE FOOD REQUIREMENTS BY SCHOOL LEVEL, SY 2011-12



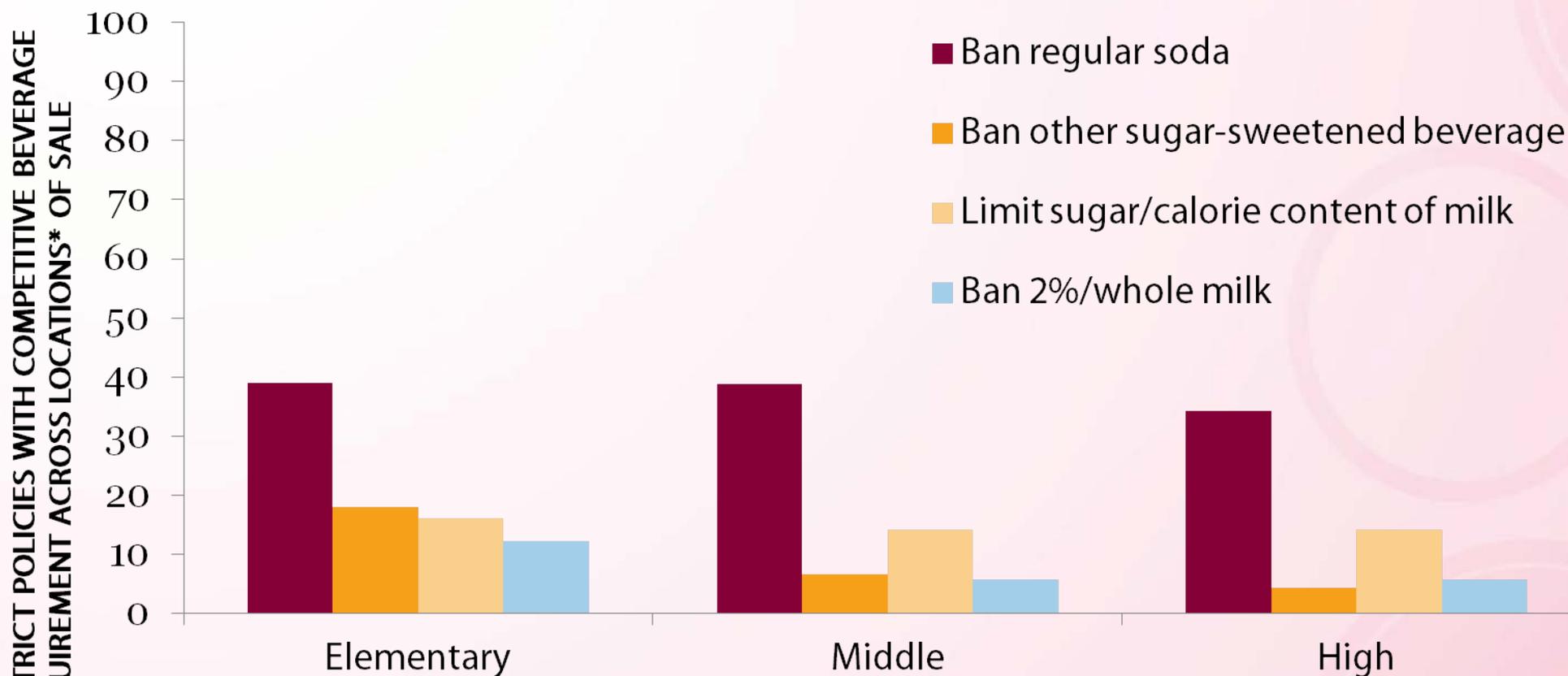
*Locations where policy requirement applies: vending machines, school stores, a la carte lines, in-school fundraisers, and/or classroom parties.

*N=668 districts, weighted to represent districts nationwide.

Source: Bridging the Gap Research Program, 2014.

What Actions Have School Districts Taken? Nutrition Standards for Competitive Foods and Beverages

WELLNESS POLICY COMPETITIVE BEVERAGE REQUIREMENTS BY SCHOOL LEVEL, SY 2011-12



*Locations where policy requirement applies: vending machines, school stores, a la carte lines, in-school fundraisers, and/or classroom parties.

*N=668 districts, weighted to represent districts nationwide.

Source: Bridging the Gap Research Program, 2014.

% OF DISTRICT POLICIES WITH COMPETITIVE BEVERAGE REQUIREMENT ACROSS LOCATIONS* OF SALE



What Actions Have School Districts Taken?

Marketing and Promotion of Foods and Beverages, SY 2011–12

- 14% of districts prohibited all forms of advertising and promotion of unhealthy choices.
- 5% of districts promoted marketing of healthful items or used strategies to encourage healthy choices.

What Actions Have School Districts Taken?

Access to Free Drinking Water on School Campuses, SY 2011–12

- 10% of districts required free access to drinking water throughout the school day.
- 9% of districts required free access to drinking water during school meals.





What Actions Have School Districts Taken? Nutrition Education for Students, SY 2011–12

- 52% of districts required skill-based nutrition education.
- 35% of districts required a nutrition education curriculum be provided for each grade level.
- Less than 1% of district policies required a specific number of nutrition education courses or contact hours.

What Actions Have School Districts Taken?

Farm to School Programs and School Gardens, SY 2011–12

- Approximately 1% of district policies required Farm to School programs or locally-grown food to be purchased for school meals.
- 1% of districts required a school garden.



What Actions Have School Districts Taken?

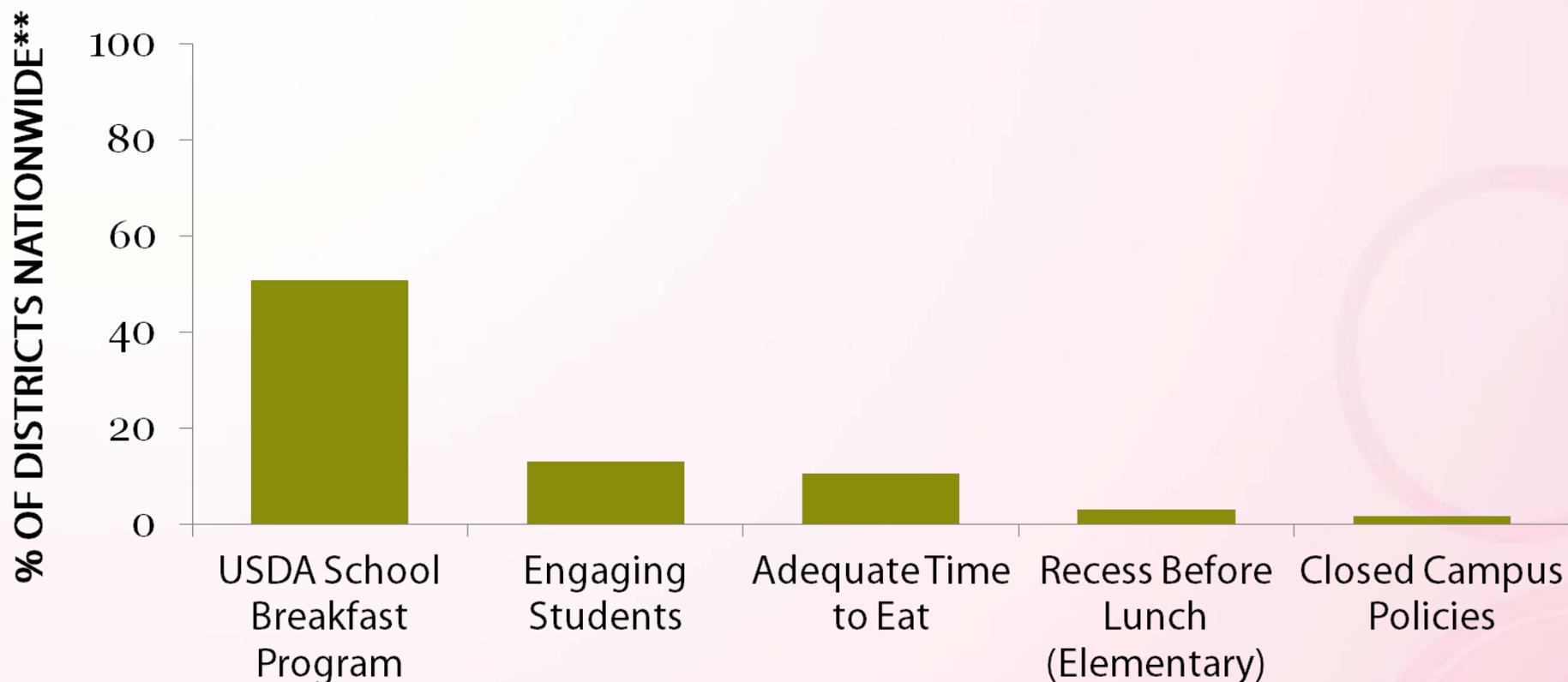
Nutrition-Related Training for School Personnel, SY 2011–12

- 12% of districts required nutrition education training or professional development for all district staff.
- 10% of districts required nutrition education training or professional development for food service staff.



What Actions Have School Districts Taken? School Meals Participation

POLICY STRATEGIES TO INCREASE SCHOOL MEAL PARTICIPATION, SY 2011-12



*Percentage of district wellness policies containing required strategies to increase school meal participation.

**N=668 districts, weighted to represent districts nationwide.

Source: Bridging the Gap Research Program, 2014.

Supporting School Nutrition

STATES CAN^{6,7,9-13}

- Provide training and technical assistance to districts on revising district wellness policies to align with national recommendations
- Assist districts with monitoring and reporting on the implementation of district wellness policies
- Educate districts and relevant state groups on elements of a healthy school nutrition environment
- Work to develop Farm to School programs
- Work with districts to update school kitchens with the equipment needed to prepare healthy meals
- Provide nutrition training and professional development opportunities for district and food service staff
- Support standards-based nutrition education for districts and schools

Supporting School Nutrition

SCHOOL DISTRICTS AND SCHOOLS CAN^{6,7,9-13}

- Review and revise the district wellness policy to align with national recommendations
- Assist schools with implementing the policy
- Implement strong nutrition standards that meet or exceed the USDA's "Smart Snacks in School" nutrition standards for all foods sold in school
- Prohibit marketing of unhealthful items, and promote more healthful items
- Encourage school staff to model healthy eating behaviors
- Adopt strategies to improve school meal participation rates

Resources for slide set accompanying the brief *Strategies for Creating Supportive School Nutrition Environments*

- CDC. Healthy Youth! Nutrition, Physical Activity and Obesity.
www.cdc.gov/healthyouth/npao.
- USDA. School Nutrition Environment and Wellness Resources.
healthymeals.nal.usda.gov/school-wellness-resources.
- USDA. Local School Wellness Policies.
www.fns.usda.gov/tn/local-school-wellness-policy.
- USDA. Smart Snacks in School.
<http://www.fns.usda.gov/school-meals/smart-snacks-schools>.
- Bridging the Gap Research. School district wellness policy-related reports and materials.
www.bridgingthegapresearch.org/research/district_wellness_policies.

References for slide set accompanying the brief *Strategies for Creating Supportive School Nutrition Environments*

1. Centers for Disease Control and Prevention. Basics about Childhood Obesity. 2012. Available at:
<http://www.cdc.gov/obesity/childhood/basics.html>.
2. U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2010. 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010.
3. Centers for Disease Control and Prevention. School health guidelines to promote healthy eating and physical activity. MMWR 2011;60:1–76.
4. Institute of Medicine. *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation*. Washington, DC: The National Academies Press; 2012.
5. Kleinman RE, Hall S, Green H, Korzec-Ramirez D, Patton K, Pagano ME, Murphy JM. Diet, breakfast, and academic performance in children. *Ann Nutr Metab* 2002;46 Suppl 1:24-30.
6. Institute of Medicine. *Food Marketing to Children: Threat or Opportunity?* Washington, DC: National Academies Press; 2005.
7. American Academy of Pediatrics. Prevention and Treatment Childhood Overweight and Obesity: Policy Tool. Available at:
http://www2.aap.org/obesity/schools_5.html.

References for slide set accompanying the brief *Strategies for Creating Supportive School Nutrition Environments*

8. Institute of Medicine. Nutrition Standards for Foods in Schools: Leading the Way toward Healthier Youth. Washington, DC: The National Academies Press; 2007.
9. Centers for Disease Control and Prevention. Recommended community strategies and measurements to prevent childhood obesity in the United States. MMWR 2009;58:1–26.
10. American Academy of Pediatrics. Prevention and Treatment Childhood Overweight and Obesity: Policy Tool. Available at: http://www2.aap.org/obesity/schools_5.html.
11. Institute of Medicine. Food Marketing to Children: Threat or Opportunity? Washington, DC: National Academies Press; 2005.
12. Institute of Medicine. Local Government Actions to Prevent Childhood Obesity. Washington, DC: The National Academies Press; 2009.
13. Institute of Medicine. Nutrition Standards for Foods in Schools: Leading the Way toward Healthier Youth. Washington, DC: The National Academies Press; 2007.

July, 2014

Strategies for Improving Access to Drinking Water in Schools



STRATEGIES FOR

Improving Access to Drinking Water in Schools

Water consumption is important for students' cognitive, social health, and physical health.^{1,2} The availability and promotion of free water during the school day has been shown to increase water consumption^{3,4} and may prevent schoolchildren from being overweight.⁵

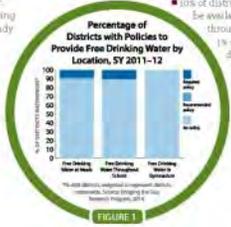
The Institute of Medicine recommends making free potable water available as a means to decrease sugar-sweetened beverage consumption by children and adolescents.⁶ Many organizations including the American Academy of Pediatrics recommend that districts provide students with access to free drinking water throughout the school day.⁷ Furthermore, the United States Department of Agriculture (USDA) requires that schools participating in the National School Lunch Program make free potable water available during meals in places where meals are served. Schools must also make drinking water available during the School Breakfast Program when breakfast is served to the children.⁸

This brief highlights areas of new local school wellness policies that wellness professionals have more responsibility and where policy interventions exist. It summarizes policy recommendations by public school district from 2010-2012 and only one year from the findings in the 2013 study. All policies were collected and coded by ETR researchers using a standardized method based on evidence-based guidelines and instruments used frequently by organizations and agencies.^{9,10} Complete details about how these data were collected and analyzed are available in the corresponding methods document.¹¹

WHAT ACTIONS HAVE SCHOOL DISTRICTS TAKEN?

Free wellness policies addressed water accessibility in schools (Figure 1). During the 2011-2012 school year, the ETR study found that:

- Only 3% of districts required that free drinking water be available in places where meals are served, and approximately 2% of districts recommended free drinking water be available where meals are served.
- Approximately 90% of school districts do not have a policy for access to free water on the school campus.
- Less than 1% of districts required that free drinking water be available throughout the school day and throughout the school campus. Less than 1% of districts recommended that free drinking water be available throughout the day on school campuses.
- No districts required or recommended that free drinking water be available in the gymnasium.



Policy Type	Percentage of Districts
Free Drinking Water at Meals (Required)	3%
Free Drinking Water at Meals (Recommended)	2%
Free Drinking Water Throughout School Day (Required)	0%

FIGURE 1

CDC **bridging the gap**
Research Advancing Policies & Practices for Healthy Youth

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Suggested fact sheet citation: Centers for Disease Control and Prevention and Bridging the Gap Research Program. *Strategies for Improving Access to Drinking Water in Schools*. Atlanta, GA: U.S. Department of Health and Human Services; 2014.

Brief Purpose

- Highlights areas where
 - Local school wellness policies address water accessibility
 - Policy opportunities exist
- Summarizes actions taken by school districts relative to water accessibility

Impact on Health

- Water consumption is important¹⁻³ for students'
 - Cognition
 - Dental health
 - Physical health
- Availability and promotion of free water at school
 - Increases students' water consumption^{4,5}
 - May prevent school children from being overweight³

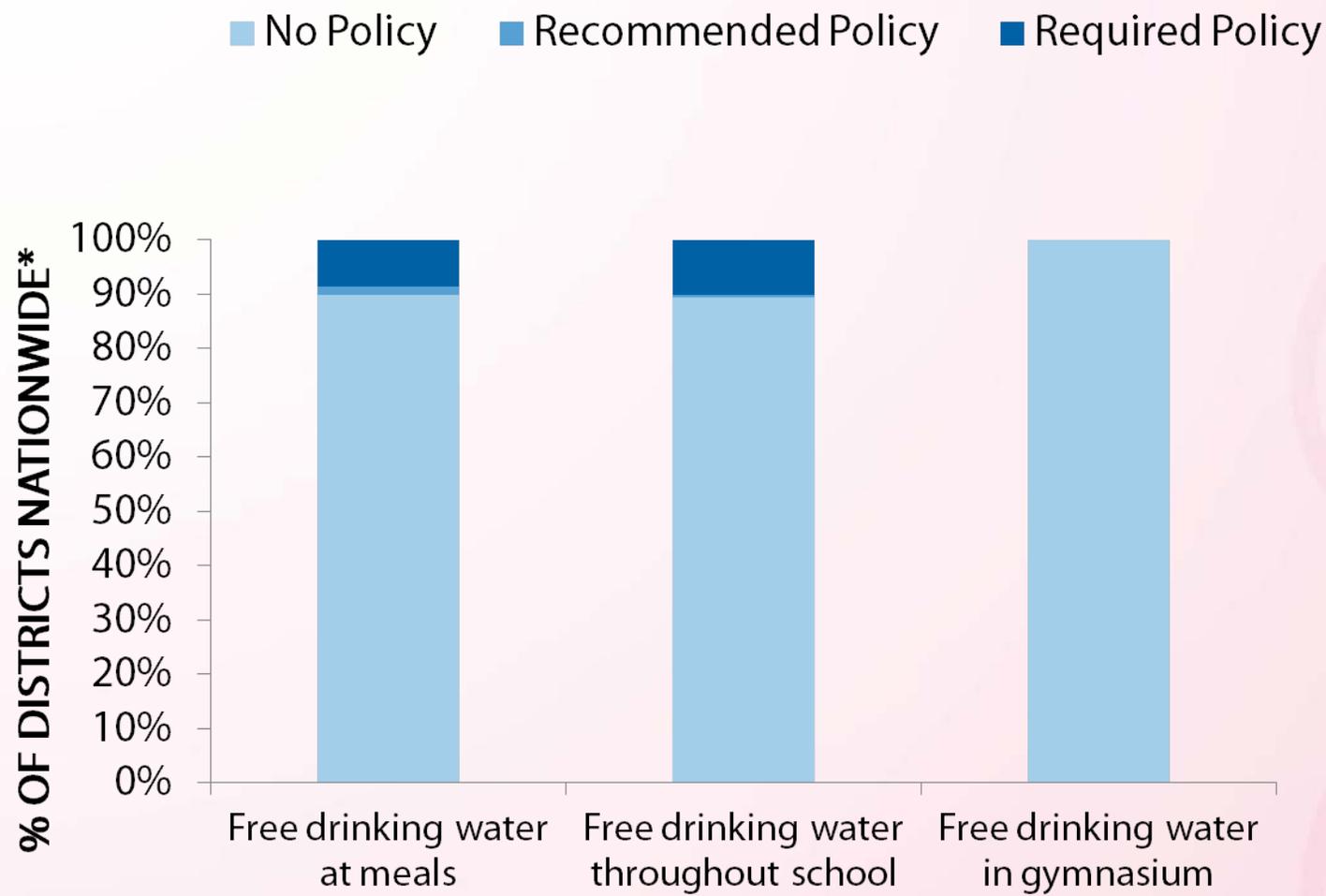


What do the experts recommend?

- The Institute of Medicine recommends making free, potable water available.⁶
- The American Academy of Pediatrics recommend that districts provide students with access to free drinking water throughout the school day.⁷
- Federal requirements (USDA)⁸ for water availability in
 - National School Lunch Program
 - School Breakfast Program

What Actions Have School Districts Taken? Water Policies in Schools

PERCENTAGE OF DISTRICTS WITH POLICIES TO PROVIDE FREE DRINKING WATER BY LOCATION, SY 2011–2012



*N=668 districts, weighted to represent districts nationwide.
Source: Bridging the Gap Research Program, 2014

Improving Water Access

STATES CAN^{6,9,10}

- Work with districts to ensure that free, clean, and safe drinking water is available throughout school campuses
- Help districts secure funding to improve the condition of water fountains
- Strengthen building codes that affect the availability of drinking water
- Encourage school districts and schools to promote water consumption by using marketing campaigns and practices that make water easily accessible (e.g., allowing students to bring water bottles into classrooms)



Improving Water Access

SCHOOL DISTRICTS AND SCHOOLS CAN^{6,9,10}

- Include language about drinking water access in the district wellness policy
- Offer free drinking water during lunch periods
- Ensure that water fountains are clean and functioning properly
- Install drinking fountains where students can easily access them
- Offer nonfountain sources of water where drinking fountains are not feasible
- Provide cups at water sources to encourage students to drink more water
- Allow water bottles in classrooms
- Promote water consumption by using marketing campaigns
- Limit the availability of sugar-sweetened beverages
- Encourage school staff to model healthy behaviors, including water consumption

Resources for slide set accompanying the brief *Strategies for Improving Access to Drinking Water in Schools*

- USDA Food and Nutrition Service. Local School Wellness Policy.
<http://www.fns.usda.gov/tn/local-school-wellness-policy>.
- Bridging the Gap Research. School district wellness policy-related reports and materials.
http://www.bridgingthegapresearch.org/research/district_wellness_policies.
- Centers for Disease Control and Prevention. Adolescent and School Health. Water Access in Schools.
<http://www.cdc.gov/healthyyouth/npao/wateraccess.htm>.
- ChangeLab Solutions, National Policy & Legal Analysis Network to Prevent Childhood Obesity. Drinking Water Access in Schools.
http://changelabsolutions.org/sites/default/files/documents/WaterAccess_FactSht_FINAL_20111026.pdf.
- ChangeLab Solutions, National Policy & Legal Analysis Network to Prevent Childhood Obesity. Water Access in Schools: Model Wellness Policy Language.
<http://changelabsolutions.org/publications/wellness-policy-water>.
- Water in Schools.
<http://www.waterinschools.org/index.shtml>.

References for slide set accompanying the brief *Strategies for Improving Access to Drinking Water in Schools*

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3. Muckelbauer R, Libuda L, Clausen K, Toschke AM, Reinehr T, Kersting M. Promotion and provision of drinking water in schools for overweight prevention: randomized, controlled cluster trial. *Pediatrics*. 2009;123(4):e661-667.
4. Patel AI, Bogart LM, Elliott MN, Lamb S, Uyeda KE, Hawes-Dawson J, et al. Increasing the availability and consumption of drinking water in middle schools: a pilot study. *Prev Chronic Dis*. 2011;8(3):A60.
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6. Institute of Medicine. *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation*. Washington, DC: The National Academies Press; 2012.

References for slide set accompanying the brief *Strategies for Improving Access to Drinking Water in Schools*

7. American Academy of Pediatrics. Health, Mental Health and Safety Guidelines for Schools: Nutrition and Food Services. 2004. Section 5-06; Drinking Water. Available at:
<http://www.nationalguidelines.org/guideline.cfm?guideNum=5-06>.
8. National School Lunch Program and School Breakfast Program: Nutrition Standards for All Foods Sold in School as Required by the Healthy, Hunger-Free Kids Act of 2010, Interim Rule, 78 Fed. Reg. 39068-39120 (June 28, 2013) (to be codified at 7 C.F.R. Pt. 210 and 220).
9. Patel AI, Hampton KE. Encouraging consumption of water in school and child care settings: access, challenges, and strategies for improvement. *Am J Public Health*. 2011;101(8):1370-1379.
10. Patel AI, Chandran K, Hampton KE, Hecht K, Grumbach JM, Kimura AT, Braff-Guajardo E, Brindis CD. Observations of drinking water access in school food service areas before implementation of federal and state school water policy, California, 2011. *Prev Chronic Dis*. 2012;9:E121.

July, 2014

Strategies to Improve Marketing and Promotion of Foods and Beverages at School

Marketing and Promotion of Foods and Beverages at School

Based on a literature review of the impact of marketing at schools in the form of posters, student activities, events, assemblies, television advertisements, school lunches, school events, sports equipment, and incentives. Healthy food marketing in schools has a positive impact on students' health. The American Dietetic Association and the American Academy of Pediatrics recommend that school districts implement policies and practices to promote foods and beverages that support healthy diets. The following discussion highlights available policy opportunities that can be used as state-wide policies are implemented, similar to how marketing, advertising, and branding in schools. The level represents the range of policy actions taken by public school districts from the 2011-12 school year, from the Bridging the Gap (BTG) study. All policies were collected and coded by BTG researchers using a standardized method based on evidence-based guidelines and recommendations from upper management agencies. Complete details about how these data were collected and compiled are available in the appendixes of the report.

WHAT ACTIONS HAVE SCHOOL DISTRICTS TAKEN?

School district wellness policies about food marketing, promotion, and messaging in schools can impact students' eating behaviors. As shown in Figure 1, during the 2011-2012 school year, the BTG study found that:

- 71% of districts had no policy regarding the promotion of healthy food choices in schools.
- Only 5% of districts required and fewer than 25% recommended the marketing and promotion of healthy choices (e.g. posting strategies to encourage healthy foods and beverages, posting nutrition education material in the cafeteria).
- 6% of districts required and 8% recommended restricting the availability of unhealthy items on school grounds.
- 10% of districts required and 25% recommended prohibiting food as a reward or punishment for student behavior.
- 25% of districts required and 11% recommended strategies to engage parents and the community on wellness issues (e.g. sharing wellness and nutrition information on the district website, in school newsletters, or presentations that focus on nutrition and healthy lifestyles).
- 13% of districts required and 6% recommended strategies to increase participation in school meal programs (e.g. closed campus policies, promotional mailings, breakfast in the classroom, student input on menu selections, and "Grab-and-Go" or "Fun on the Run" options).
- 18% of districts required and 18% recommended methods to solicit input from stakeholders including student satisfaction surveys and taste-testing of new healthy items.
- 20% of districts required and 9% recommended that staff be encouraged to model healthy behaviors.

District Wellness Policy Strategies for Food and Beverages Marketing and Promotion, SY 2011-12

Policy Strategy	Required (%)	Recommended (%)
Engage parents and community	25	11
Marketing and promotion of healthy choices	5	<25
Restricting availability of unhealthy items	6	8
Prohibiting food as reward/punishment	10	25
Strategies to increase participation in school meal programs	13	6
Methods to solicit input from stakeholders	18	18
Encourage staff to model healthy behaviors	20	9

FIGURE 1

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Health Data | Page 1

Suggested fact sheet citation: Centers for Disease Control and Prevention and Bridging the Gap Research Program. *Strategies to Improve Marketing and Promotion of Foods and Beverages at School*. Atlanta, GA: U.S. Department of Health and Human Services; 2014.

Brief Purpose

- Highlights areas where policy opportunities exist, as well as areas where policies are well-established relative to in-school food
 - Marketing
 - Promotion
 - Messaging
- Summarizes actions taken by school districts relative to marketing and promotion

- Food and beverage marketing often appears throughout schools.^{1,2}
 - Posters
 - Vending machine fronts
 - In-school television advertisements
 - School newspapers
 - Textbook covers
 - Sports equipment
 - Scoreboards
- Many foods marketed in schools are of poor nutritional quality.³⁻⁵

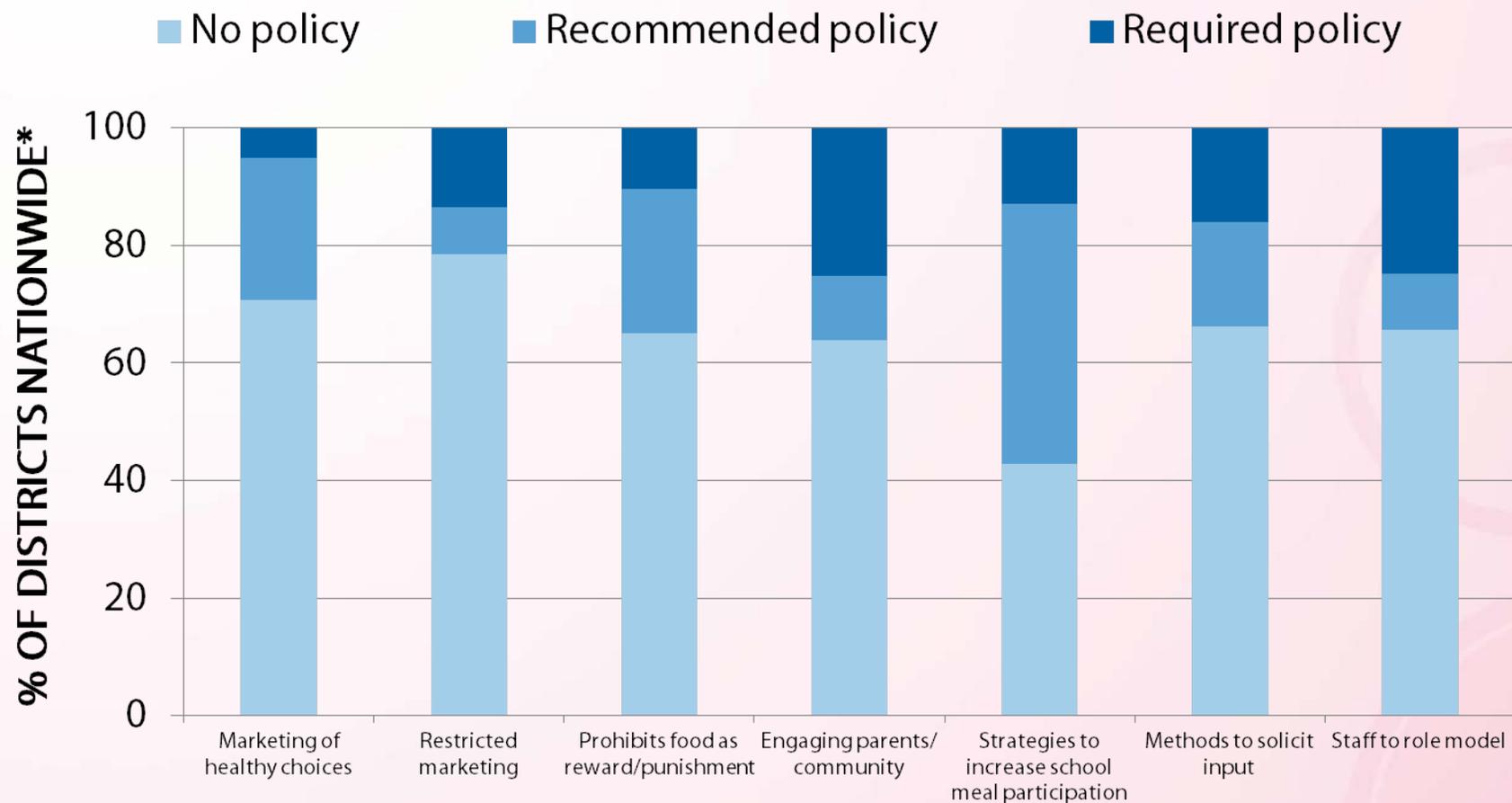
What Experts Recommend

- The Centers for Disease Control and Prevention, Institute of Medicine, and American Academy of Pediatrics recommend that school districts implement policies and practices to promote foods and beverages that support healthful diets. ^{1,6-11}



What Actions have School Districts Taken? Food Marketing, Promotion, and Messaging

DISTRICT WELLNESS POLICY STRATEGIES FOR FOOD AND BEVERAGES
MARKETING AND PROMOTION, SY 2011–12



*N=668 districts, weighted to represent districts nationwide
 Source: Bridging the Gap Research Program, 2014

Marketing Healthy Food Choices

STATES CAN^{1,6-11}

- Educate districts and relevant state groups about the elements of a healthy school nutrition environment including the marketing and promotion of healthy foods and beverages
- Provide training and technical assistance to districts for revising wellness policies that address the marketing and promotion of foods and beverages
- Assist districts with monitoring and reporting on the implementation of wellness policies



Marketing Healthy Food Choices

SCHOOL DISTRICTS AND SCHOOLS CAN^{1,6-11}

- Negotiate contracts with vendors to limit the sale and marketing of less nutritious foods and beverages in schools
- Promote healthier foods and beverages
- Prohibit the use of food as reward or punishment for student behavior, and provide teachers with a list of ideas for alternative nonfood rewards
- Conduct an assessment of food and beverage advertising and marketing in schools
- Review and revise the wellness policy to address the marketing and promotion of foods and beverages
- Encourage staff and parents to model healthy behaviors
- Provide the district wellness policy to parents and other stakeholders
- Solicit input from students on items to include in the school meals

Resources for slide set accompanying the brief *Strategies to Improve Marketing and Promotion of Foods and Beverages at School*

- USDA Food and Nutrition Service. Local School Wellness Policy.
<http://www.fns.usda.gov/tn/local-school-wellness-policy>.
- USDA Healthy Meals Resource System. School Nutrition Environment and Wellness Resources.
<http://healthymeals.nal.usda.gov/school-wellness-resources>.
- Bridging the Gap Research. School district wellness policy-related reports and materials.
http://www.bridgingthegapresearch.org/research/district_wellness_policies.
- The Smarter Lunchroom Movement. Cornell Center for Behavioral Economics in Child Nutrition Programs.
<http://smarterlunchrooms.org/>.

Cont'd: Resources for slide set accompanying the brief *Strategies to Improve Marketing and Promotion of Foods and Beverages at School*

- Center for Science in the Public Interest. Fact Sheet: Marketing of low-nutrition foods and beverages in schools
<http://www.cspinet.org/nutritionpolicy/schoolfoodmarketingfacts.pdf>.
- California Project LEAN. Captive kids: Selling obesity at schools. An action guide to stop the marketing of unhealthy foods and beverages in school.
<http://californiaprojectlean.org/doc.asp?id=174&parentid=20>.
- Rudd Roots Parents. Food Marketing in Schools.
<http://www.ruddrootsparents.org/food-marketing>.
- Action for Healthy Kids- Healthy Fundraisers Tip Sheet.
<http://www.actionforhealthykids.org/storage/documents/parent-toolkit/fundraisersf4.pdf>.

References for slide set accompanying the brief *Strategies to Improve Marketing and Promotion of Foods and Beverages at School*

1. Institute of Medicine. National Research Council. *Food Marketing to Children and Youth: Threat or Opportunity?* Washington, DC: The National Academies Press; 2005.
2. Commercial Activities in Schools. Report No.GAO/HEHS-00-156. Washington, DC: General Accounting Office; 2000.
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http://cspinet.org/nutritionpolicy/MCPS_foodmarketing_report2008.pdf.
4. California Project LEAN. Food and Beverage Marketing on California High School Campuses Survey: Findings and Recommendations. California: Project LEAN; 2006. Available at:
<http://www.californiaprojectlean.org/docuserfiles//SchoolMarketingReport2006.pdf>.
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6. Centers for Disease Control and Prevention. School health guidelines to promote healthy eating and physical activity. MMWR 2011;60:1–76.

References for slide set accompanying the brief *Strategies to Improve Marketing and Promotion of Foods and Beverages at School*

7. Centers for Disease Control and Prevention. Recommended community strategies and measurements to prevent childhood obesity in the United States. *MMWR* 2009; 58.
8. American Academy of Pediatrics. Prevention and Treatment Childhood Overweight and Obesity: Policy Tool. Available at: http://www2.aap.org/obesity/schools_5.html.
9. Institute of Medicine. *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation*. Washington, DC: The National Academies Press; 2012.
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11. Institute of Medicine. *Nutrition Standards for Foods in Schools: Leading the Way toward Healthier Youth*. Washington, DC: The National Academies Press; 2007.

July, 2014

Strategies for Addressing Weight Status Measurement in Schools



Addressing Weight Status Measurement in Schools

Local school wellness policies, wellness policies include suggestions and requirements to promote health. Some school districts include weight status measurement in their wellness policies for identification and/or screening.^{1*} School districts measure the percentage of students who are overweight or obese—determining whether parents with personalized information about their child's weight status. A strong wellness policy can create a school environment that promotes activity and nutrition. Districts offering weight status measurement could have strong wellness policies to support students in maintaining a healthy weight.²

The following document highlights the strengths, weaknesses, and challenges that school districts have included weight status measurement as part of an overall wellness policy based on a national representative sample of district wellness policies from the 2011-2012 school year from the Bridging the Gap (BTG) study. This brief also summarizes the strengths and weaknesses policy components by whether the policy requires a weight status provision. All policies were collected and coded by BTG team members using a standardized method based on evidence-based guidelines and recommendations from expert organizations and agencies.³ School districts were identified for a weight status measurement provision if their wellness policy supported actions to assess student body mass index (BMI), body composition, or fitness through FITNESSGRAM.⁴ The wellness policy strength score for the overall policy and of individual policy components was defined by the policy coding process described in the methods document.⁵ Complete details about how these data were collected and compiled are available in the complete methods documentation.⁶

WHAT ACTIONS HAVE SCHOOL DISTRICTS TAKEN?

A strong wellness policy with a weight status measurement provision may increase awareness of overweight and obesity and allow students to practice behaviors that promote a healthy weight.^{7*} During the 2011-2012 school year, the BTG study found that:

- 10% of school districts had a required weight status measurement provision in their wellness policy.
- Wellness policies that required weight status measurement scored significantly higher on overall wellness policy strength ($P < .001$) than those that did not require weight status measurement (Figure 1).

Individual wellness policy components scored significantly higher in strength of nutrition education ($P < .001$), school meals ($P < .001$), competitive foods and beverages ($P < .001$), physical education ($P < .001$), and marketing and promotion ($P < .01$) when the policies included a requirement for weight status measurement (Figure 1).

There were no differences in the strength score of physical activity policy component in between districts that did or did not require weight status measurement (Figure 1).

*As part of a comprehensive fitness test, FITNESSGRAM and other measurement systems that require body composition through BMI, should be implemented in a comprehensive wellness plan.

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Suggested fact sheet citation: Centers for Disease Control and Prevention and Bridging the Gap Research Program. *Strategies for Addressing Weight Status Measurement in Schools*. Atlanta, GA: U.S. Department of Health and Human Services; 2014.

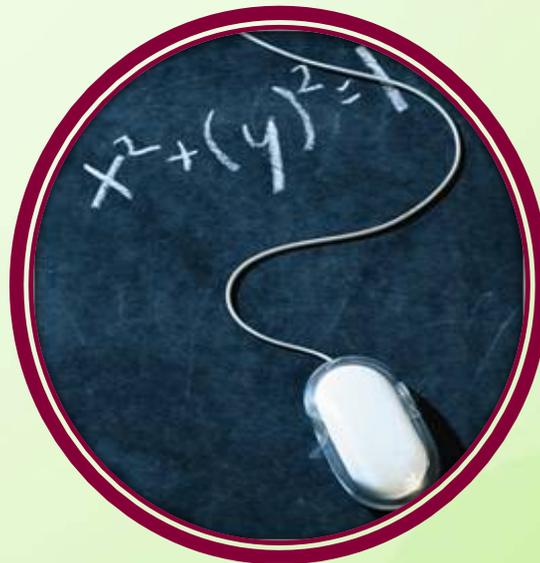
Brief Purpose

- Highlights the extent to which public school districts have included weight status measurement as part of a comprehensive wellness policy
- Summarizes the strength scores of wellness policy components by whether the policy requires a weight status provision

- Some school districts include weight status measurement programs in their wellness policies for both surveillance and screening purposes.^{1,2}
- Surveillance Programs
 - Monitor students' weight status
- Screening Programs
 - Help identify students at risk of weight-related health problems
 - Provide parents with health information about their child's weight status

Impact on Health

- A strong wellness policy with a weight status measurement provision may^{1,3-5}
 - Increase awareness of overweight and obesity
 - Allow students to practice behaviors that promote a healthy weight

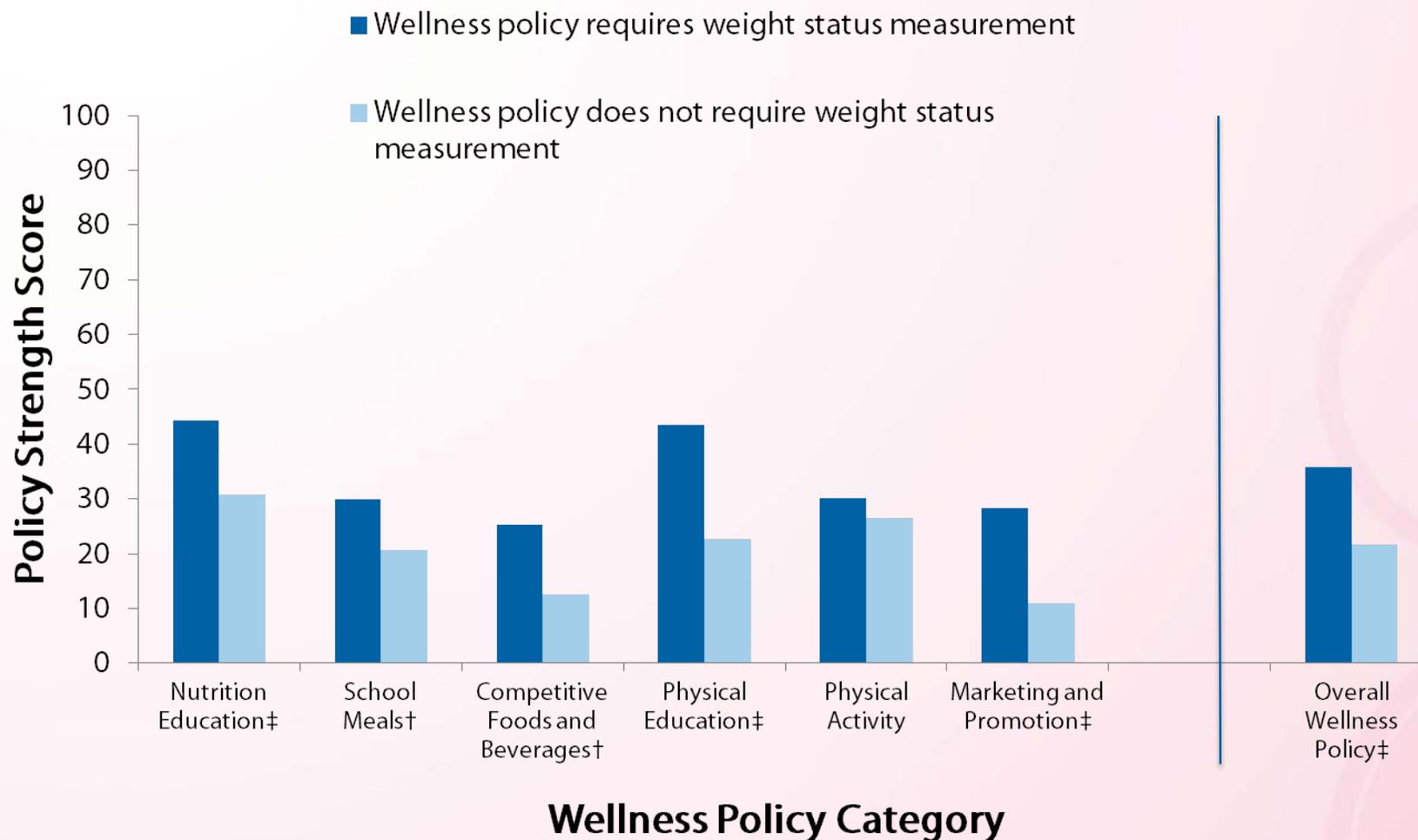


What do the Experts Recommend?

- Weight Status measurement programs
 - Are not currently identified by CDC as an evidence-based practice to address and prevent childhood obesity
 - Should be complemented by a strong wellness policy
- Districts offering these programs should support parents and children in managing children's weight.¹

What Actions have School Districts Taken? Weight Status Measurement

STRENGTH SCORE* OF WELLNESS POLICY** PROVISIONS BY WHETHER THE POLICY REQUIRES WEIGHT STATUS MEASUREMENT, SY 2011–12



*Strength score reflects the proportion of required items in each wellness policy category and in the overall wellness policy. Policy strength score is measured on a scale from 0-100 with 0 indicating no policy and 100 indicating a required policy that aligns with evidence based recommendations or best practices.

**N=668 districts, weighted to represent districts nationwide.

Source: Bridging the Gap Research Program, 2014

†p<.01 ‡p<.001

Weight Status Measurement in Schools

STATES CAN^{1,6-11}

- Offer guidance on whether school districts should pursue weight status measurement, and describe appropriate and inappropriate practices
- Provide assistance on implementing a comprehensive set of strategies to address obesity



Weight Status Measurement in Schools

SCHOOL DISTRICTS AND SCHOOLS CAN^{1,6-11}

- Safeguards for weight status screening and surveillance
 - Support physical activity and nutrition
 - Introduce the program and obtain parental consent
 - Train staff
 - Protect student privacy
 - Accurately measure height and weight
 - Use BMI-for-age percentile
 - Develop efficient data collection
 - Avoid using results to evaluate student or teacher performance
 - Evaluate the program



Weight Status Measurement in Schools

SCHOOL DISTRICTS AND SCHOOLS CAN^{1,6-11}

- **Additional Screening Safeguards**
 - Share resources for follow-up
 - Provide parents a clear explanation of results



Resources for slide set accompanying the brief *Strategies for Addressing Weight Status Measurement in Schools*

- USDA Food and Nutrition Service. Local School Wellness Policy.
<http://www.fns.usda.gov/tn/local-school-wellness-policy>.
- Bridging the Gap Research. School district wellness policy-related reports and materials.
http://www.bridgingthegapresearch.org/research/district_wellness_policies.
- Centers for Disease Control and Prevention. About BMI for Children and Teens.
http://www.cdc.gov/healthyweight/assessing/bmi/childrens_BMI/about_childrens_BMI.html.
- Centers for Disease Control and Prevention. Body Mass Index Measurement in Schools. Executive Summary.
http://www.cdc.gov/healthyyouth/obesity/BMI/pdf/BMI_execsumm.pdf.
- Centers for Disease Control and Prevention. Children's BMI Tool for Schools.
http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/tool_for_schools.html.

Resources for slide set accompanying the brief *Strategies for Addressing Weight Status Measurement in Schools*

- Centers for Disease Control and Prevention. BMI Percentile Calculator for Child and Teen.
<http://apps.nccd.cdc.gov/dnpabmi/>.
- American Heart Association. Policy position statement on body mass index (BMI) surveillance and assessment in schools.
http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_301789.pdf.
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References for slide set accompanying the brief *Strategies for Addressing Weight Status Measurement in Schools*

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July, 2014

Local School Wellness Policies: Where do They Stand and What Can You Do?



Suggested brief citation: Centers for Disease Control and Prevention and Bridging the Gap Research Program. *Local School Wellness Policies: Where Do They Stand and What Can You Do?* Atlanta, GA: U.S. Department of Health and Human Services; 2014.

Brief Purpose

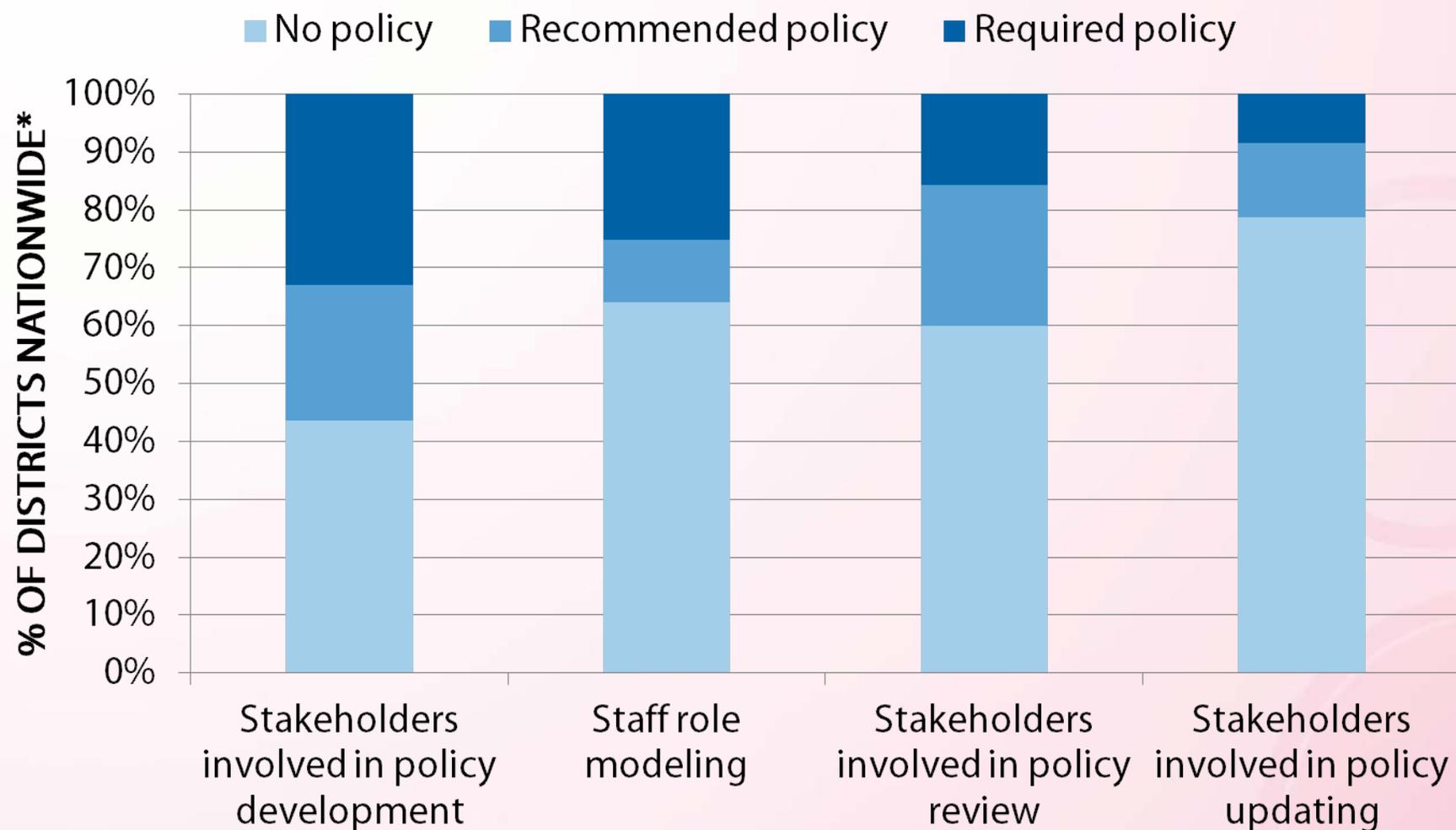
- Pulls together highlights from other briefs in the series relative to
 - Nutrition education and promotion
 - Nutrition standards
 - Physical Activity
 - Physical education
- Provides data for topics not covered in other briefs
 - Nutrition standards for school meals
 - Stakeholder involvement
 - Wellness policy monitoring, evaluation, and reporting

What Actions Have School Districts Taken? Nutrition Standards for School Meals, SY 2011-2012

- Approximately 85% of districts included an assurance in the wellness policy that school meals meet federal standards.
- Nearly 51% of districts required participation in the School Breakfast Program.

What Actions Have School Districts Taken? Stakeholder Provisions

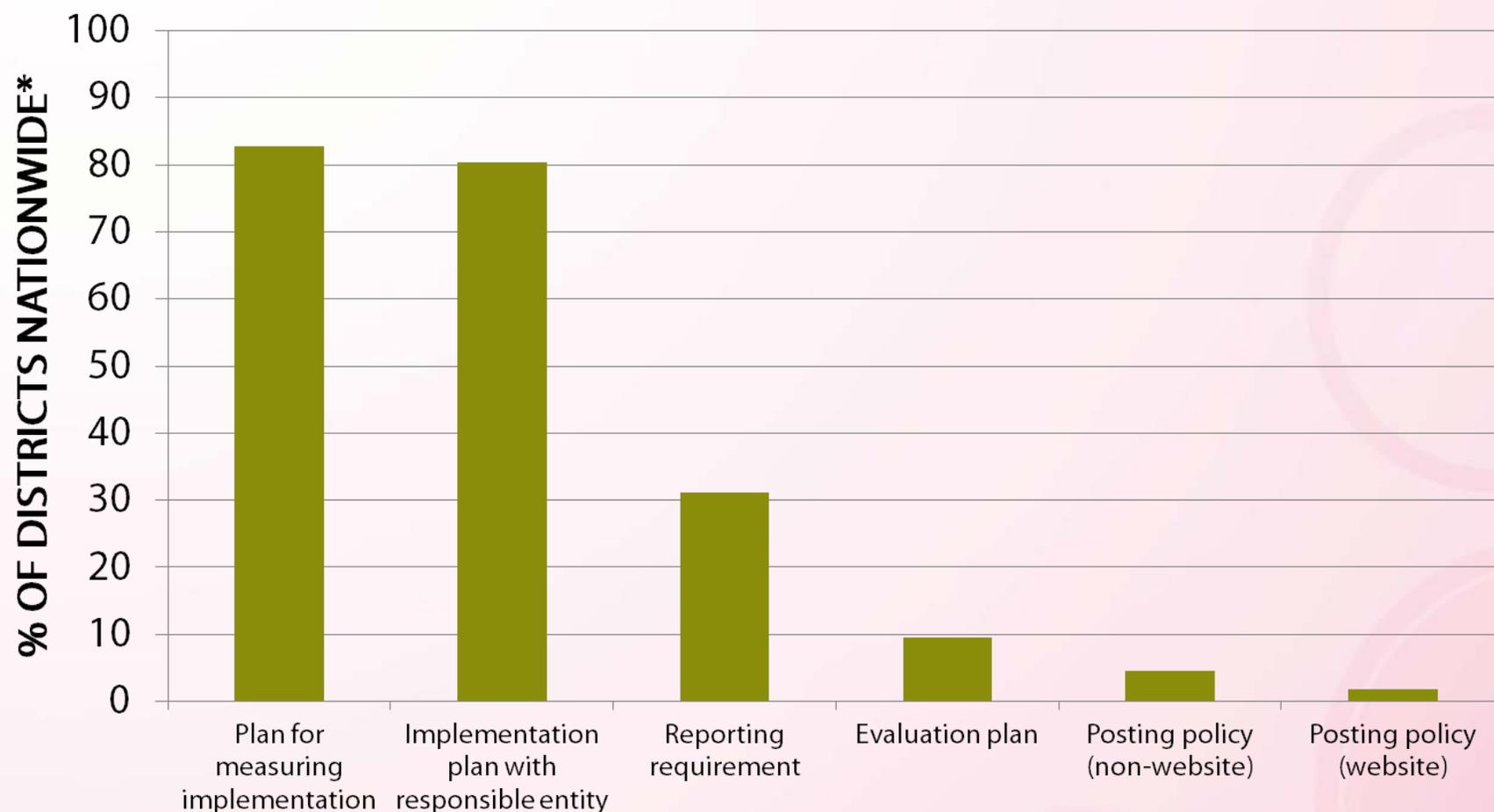
STAKEHOLDER PROVISIONS INCLUDED IN DISTRICT WELLNESS POLICIES, SY 2011–12



*N=668 districts, weighted to represent districts nationwide
Source: Bridging the Gap Research Program, 2014

What Actions Have School Districts Taken? Implementation, Evaluation, and Reporting

IMPLEMENTATION, EVALUATION, AND REPORTING REQUIREMENTS WITHIN
DISTRICT WELLNESS POLICIES, SY 2011–12



*N=668 districts, weighted to represent districts nationwide
Source: Bridging the Gap Research Program, 2014

Resources for slide set accompanying the brief *Local School Wellness Policies: Where Do They Stand and What Can You Do?*

- USDA Food and Nutrition Service. Local School Wellness Policy.
<http://www.fns.usda.gov/tn/local-school-wellness-policy>.
- USDA Healthy Meals Resource System. School Nutrition Environment and Wellness Resources.
<http://healthymeals.nal.usda.gov/school-wellness-resources>.
- Bridging the Gap Research. School district wellness policy-related reports and materials.
http://www.bridgingthegapresearch.org/research/district_wellness_policies.

For More Information

- Centers for Disease Control and Prevention (CDC)
 - <http://www.cdc.gov/>.
- Bridging the Gap Research Program (BTG)
 - <http://www.bridgingthegapresearch.org/>.



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bridging the gap

Research Informing Policies & Practices
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