

School Health Guidelines to Promote Healthy Eating and Physical Activity

Chapter 1: Introduction

Instructions

Video Summary

- You can access training materials in several ways.
- Select a specific chapter or chapter section by clicking on a title.
- Click the “play” button and then “next” or “back” to view the entire course.
- Access more information in the Go Further section.

Audio Script

Welcome to the *School Health Guidelines to Promote Healthy Eating and Physical Activity* online course of the Training Tools for Healthy Schools series. In this self-paced course, you can access the training material in several ways. You may select a specific chapter or chapter section by clicking on a title. You may view the course in its entirety by simply clicking on the “play” button in the video window and then clicking “next” to proceed to the next video. Click “back” to view the previous video.

An “Active Child” icon will appear on the screen periodically to alert you to a tip for more information. You may access more information by clicking on questions or resources in the Go Further section. A full-course download is also available.

At the end of this course, you will have the opportunity to download a certificate of completion.

Go Further



Questions

Q: *How can I go further?*

A: As you view the videos, an “Active Child” icon will appear periodically in the corner of the video to let you know that more information is available in this Go Further section. You can access the information by clicking on questions or resource titles.

Q: *How can I download all of the questions and links provided in this course?*

A: All questions and links that appear in the Go Further section throughout this course can also be found in the “Download Course” document provided under Go Further. A complete set of Go Further questions and a complete Resource List are located at the end of the document.

Resources

SHG Complete Guidelines [PDF – 973.4 KB]
<http://www.cdc.gov/mmwr/pdf/rr/rr6005.pdf>

SHG Executive Summary [PDF – 5.1 MB]
http://www.cdc.gov/healthyyouth/npao/pdf/PAN_Guidelines_Executive_Summary.pdf

SHG Tips for Teachers [PDF – 548 KB]

http://www.cdc.gov/healthyyouth/npao/pdf/Tips_for_Teachers_TAG508.pdf

Course Objectives

Video Summary

- The *School Health Guidelines to Promote Healthy Eating and Physical Activity* are based on research, theory and best practices.
- The objectives of the training are to gain familiarity with the nine school health guidelines and to identify strategies to create opportunities for increased physical activity and improved healthy eating.

Audio Script

The *School Health Guidelines to Promote Healthy Eating and Physical Activity* are based on an in-depth review of research, theory, and best practices in healthy eating and physical activity promotion in school health, public health, and education.

The course objectives are for you to:

1. Gain familiarity of the nine school health guidelines to promote healthy eating and physical activity.
2. Identify and learn about strategies to create opportunities for students to participate in more physical activity and improve healthy eating.

Go Further

Questions

Q: *Why should I take this course?*

A: You will find value in this course if you are interested in the health of students in our nation's schools. You will learn about available guidelines to help you assess healthy eating and physical activity policies and practices.

Resources

SHG Complete Guidelines [PDF – 973.4 KB]

<http://www.cdc.gov/mmwr/pdf/rr/rr6005.pdf>

SHG Executive Summary [PDF – 5.1 MB]

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What are the School Health Guidelines?

Video Summary

- Schools have an opportunity to help prevent obesity and promote physical activity and healthy eating at an early age.



- The *School Health Guidelines to Promote Healthy Eating and Physical Activity* were developed in response to the serious effects of inadequate physical activity and unhealthy eating.
- Use the *School Health Guidelines to Promote Healthy Eating and Physical Activity* as a reference guide.

Audio Script

Since 1980, there has been a dramatic rise in childhood obesity. Schools have an opportunity to help prevent obesity and promote physical activity and healthy eating at an early age and possibly change the course of students' lives.

The CDC publication *School Health Guidelines to Promote Healthy Eating and Physical Activity* outlines evidence-based recommendations for schools to address healthy eating and physical activity. These guidelines were developed in response to the serious effects associated with inadequate physical activity and unhealthy eating.

This training is based on the CDC report, *School Health Guidelines to Promote Healthy Eating and Physical Activity*. In addition to the information provided throughout this training, you are encouraged to refer back to the full report for more detailed information on strategies to promote healthy eating and physical activity in schools. The full report is intended to be a reference guide for you to identify evidence-based practices that can be implemented in schools and also includes extensive information on practices to achieve the guidelines.

Go Further

Questions

Q: *Who is the audience for this course?*

A: The primary audience includes state and local education and health agencies, federal agencies, and nongovernmental organizations that focus on the health of students in school. Physical education and health education teachers, school nutrition directors, school health councils, and other school staff members can use these guidelines to assess healthy eating and physical activity policies and practices in schools. The secondary audience includes community members, health care providers, parents, students, and faculty members in institutions of higher education.



Resources

CDC Childhood Obesity Facts

<http://www.cdc.gov/healthyschools/obesity/facts.htm>

CDC School Health Guidelines to Promote Healthy Eating and Physical Activity

<http://www.cdc.gov/healthyschools/npao/strategies.htm>

Prevalence of Childhood Obesity, 2011-2012

<http://www.cdc.gov/obesity/data/childhood.html>

Chapter 2: The Burden of Obesity

Obesity in Children

Video Summary

- One in three children is either obese or overweight.

- More children are developing health problems that were previously considered adult health problems.
- Children with obesity have a 70-80% chance of becoming adults who are overweight or obese.
- Factors that contribute to obesity include lack of physical activity, sedentary lifestyles, and unhealthy diets.

Audio Script

Currently, one in three children and adolescents is either obese or overweight. Obesity affects youth of all races, ethnicities, and income levels in all 50 states. Obesity has been labeled a childhood epidemic, and unfortunately it leads to serious health problems.

We are seeing more children and adolescents develop health problems that previously were seen primarily in adults, such as:

- High cholesterol
- Type 2 diabetes and impaired glucose levels
- High blood pressure
- Social problems and poor self-esteem
- Sleep disturbances and sleep apnea
- Orthopedic problems

Children and adolescents who are obese have a 70% to 80% chance of becoming overweight or obese adults. Overweight and obese adults are at greater risk for heart disease, cancer, and stroke. These are leading causes of death among adults in the United States. A number of factors contribute to obesity, including:

- Lack of physical activity
- Sedentary lifestyle
- Unhealthy diet
- Environmental factors

The good news is that these factors are controllable and reversible.

Go Further

Questions

Q: *What causes an individual to gain weight?*

A: Weight gain may occur when individuals consume more energy or calories through their diet than they exert. As this imbalance continues over time, an individual increases his or her risk of becoming overweight or obese.

Q: *What is the percent of children and adolescents with obesity?*

A: According to current data (2013-2014), the percent of obesity in children and adolescents is:

- Percent of adolescents aged 12-19 years with obesity: 20.6%
- Percent of children aged 6-11 years with obesity: 17.4%
- Percent of children aged 2-5 years with obesity: 9.4%

Source: [NCHS. Health, United States, 2016, Table 53.](#)

Q: *What are some social problems linked to obesity in youth?*



A: Social problems include increased bullying and stigmatization because of weight and are often associated with poor self-esteem.

Q: *What are intermediate and long-term outcomes of poor diet and inactivity in childhood?*

A: Intermediate outcomes that begin in childhood include obesity, metabolic syndrome, inadequate bone health, under-nutrition, iron deficiency, eating disorders, and dental caries.

Long-term outcomes include cardiovascular disease, cancer, and diabetes.

Q: *What are examples of sedentary behaviors?*

A: Television viewing, non-active computer and video game use, sitting, and eating meals in front of the television are considered sedentary behaviors.

Q: *What environmental factors and other sectors of society influence children's diet, activity level, and overall health?*

A: Environmental factors include the home environment and parental influence; the school environment; access to healthy food options and physical activity in the community; food and beverage advertising and marketing.

Other sectors of society that can affect children's diet, activity levels, and overall health include families, community organizations, health care providers, religious and/or faith-based institutions, government agencies, the food and beverage industry, schools, and the media.

Resources

About Sleep

http://www.cdc.gov/sleep/about_sleep/index.html

BMI Percentile Calculator, Child and Teen

<https://www.cdc.gov/healthyweight/bmi/calculator.html>

Childhood Obesity Causes & Consequences

<https://www.cdc.gov/obesity/childhood/causes.html>

Childhood Obesity Facts

<http://www.cdc.gov/healthyschools/obesity/facts.htm>

Diabetes & Youth

<https://www.cdc.gov/diabetestv/youth.html>

Healthy Weight

www.cdc.gov/HealthyWeight

High Blood Pressure

<http://www.cdc.gov/bloodpressure/>

High Cholesterol

<http://www.cdc.gov/cholesterol/>

Youth Risk Behavior Surveillance System

<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

Role of Schools & Whole School, Whole Community, Whole Child Model

Video Summary

- About 95% of the nation’s youth are enrolled in schools.
- Children typically spend six hours per day for up to 13 years in school.
- The *School Health Guidelines to Promote Healthy Eating and Physical Activity* align with the Whole School, Whole Community, Whole Child (WSCC) model.
- The WSCC model is a multicomponent approach to deliver healthy eating and physical activity programs and interventions.

Audio Script

Although not the only entity responsible for addressing childhood obesity, schools can play an effective role in the overall health of children and adolescents.

About 95% of the nation’s children and adolescents are enrolled in schools. They typically spend six hours per day for up to 13 years of their lives in school.

Since schools reach so many children, it may be an ideal setting to promote health and address highly prevalent conditions, such as obesity.

With that in mind, the *School Health Guidelines* reflect and align with the Whole School, Whole Community, Whole Child model as a comprehensive, multicomponent approach to deliver healthy eating and physical activity programs and interventions in schools.

Go Further

Questions



Q: *How do schools help improve the dietary and physical activity behaviors of students?*

A: Schools play a particularly critical role by establishing a safe and supportive environment with policies and practices that support healthy behaviors. Schools also provide opportunities for students to learn about and practice healthy eating and physical activity behaviors.

Q: *How was the WSCC model developed?*

A: The WSCC model emphasizes the relationship between educational attainment and health by putting the child at the center of a system designed to support both. The WSCC also combines the “Whole Child” framework from ASCD with the Coordinated School Health (CSH) approach.

Q: *What is the basis for the multicomponent approach?*

A: The basis for the approach is to partner with schools to improve outcomes because establishing healthy behaviors during childhood is easier and more effective than trying to change unhealthy behaviors during adulthood.

Q: *How does the WSCC improve collaboration between education and health sectors?*

A: The WSCC model improves alignment, integration, and collaboration between education and health to improve each child’s cognitive, physical, social, and emotional development. It incorporates the

components of a coordinated school health program around the tenets of a whole child approach to education and provides a framework to address the symbiotic relationship between learning and health.

Resources

Accelerating Progress on Obesity Prevention: Solving the Weight of the Nation

<http://www.nap.edu/catalog/13275/accelerating-progress-in-obesity-prevention-solving-the-weight-of-the>

Whole School, Whole Community, Whole Child, ASCD

<http://www.ascd.org/programs/learning-and-health/wsc-model.aspx>

Whole School, Whole Community, Whole Child, CDC

<http://www.cdc.gov/healthyyouth/wsc/>

Chapter 3: School Health Guidelines to Promote Healthy Eating and Physical Activity

School Health Guidelines

Video Summary

- The *School Health Guidelines to Promote Healthy Eating and Physical Activity* provide science-based guidance.
- Each guideline is important to school health, and there is no priority order.
- Not every guideline is feasible for every school.

Audio Script

The *School Health Guidelines* provide science-based guidance on establishing a school environment supportive of healthy eating and physical activity.

Here is a list of the nine guidelines. We will address each one in more detail along with strategies for implementing the guidelines in schools and districts.

Each guideline is important to school health, and there is no priority order. Although the ultimate goal is to implement all guidelines, not every guideline will be feasible for every school.

Go Further

Questions

Q: Are the “*School Health Guidelines to Promote Healthy Eating and Physical Activity*” mandatory to implement?

A: Compliance is neither mandatory nor tracked by CDC. However, CDC monitors the status of student health behaviors and school health policies and practices nationwide.

Resources

School Health Policies and Practice Study

<http://www.cdc.gov/healthyyouth/shpps/>



School Health Profiles

<http://www.cdc.gov/healthyyouth/profiles/>

Youth Risk Behavior Surveillance System

<http://www.cdc.gov/healthyyouth/yrbs/>

Guideline 1: Policies and Practices

Video Summary

- Guideline 1: Use a coordinated approach to develop, implement, and evaluate healthy eating and physical activity policies and practices.
- School health councils and teams serve as advisory, decision-making, and planning groups to assess current policies and practices.
- Healthy eating and physical activity programs should be evaluated after implementation to see if change has improved student health.

Audio Script

Guideline 1: Use a coordinated approach to develop, implement, and evaluate healthy eating and physical activity policies and practices.

People from different segments of the school and community, including students and parents, should work together to maximize healthy eating and physical activity opportunities for students.

This coordination of individuals and groups may help programs be sustained over time.

School districts should establish a school health council. Schools should establish a school health team.

These serve as advisory, decision-making, and planning groups, addressing school health policies and practices. Each school health council and school health team should have a school health coordinator to lead the group.

The school health team or council can assess current healthy eating and physical activity policies and practices using CDC's *School Health Index* to identify strengths and weaknesses.

After the assessment is completed, schools can develop a plan for improving the current environment also using CDC's *School Health Index*.

Next, districts and schools should establish a system to implement and monitor healthy eating and physical activity policies. Once policies and practices have been implemented, schools and districts will need to evaluate the program to see if change has improved students' health.

Go Further

Questions

Q: *What strategies support guideline 1?*

A: Strategies that support guideline 1 (use a coordinated approach to develop, implement, and evaluate healthy eating and physical activity policies and practices) include:

- Coordinate healthy eating and physical activity policies and practices through a school health council and school health coordinator.
- Assess healthy eating and physical activity policies and practices.



- Use a systematic approach to develop, implement, and monitor healthy eating and physical activity policies.
- Evaluate healthy eating and physical activity policies and practices.

Q: *How does working together maximize opportunities for students?*

A: Coordinating individuals and groups to work together:

- Facilitates better communication
- Reduces duplication of policies and practices
- Increases options for obtaining additional resources to support healthy eating and physical activity
- Increases efficiency through organized efforts

Q: *Who should serve on school health councils or teams?*

A: School health councils and school health teams should include a variety of representatives, such as health and physical education teachers, nutrition services staff, students, families, school administrators, school nurses, and other community members.

Q: *Are there tools to help conduct assessments?*

A: CDC's *School Health Index* or the Alliance for a Healthier Generation's *School Health Assessment Tool* are self-assessment and planning guides that schools may use to assess the strengths and weaknesses of their health and safety policies and practices. Learn more in the *School Health Index* course (https://www.cdc.gov/healthyschools/professional_development/e-learning/shi.html).

Q: *Is a wellness policy required if the school participates in school meal programs?*

A: Yes, school districts that participate in federally supported school meal programs are required to develop, implement, and monitor a local wellness policy with goals focused on nutrition and physical activity. Local wellness policies can help school districts require evidence-based policies and practices to be implemented in schools across the district.

Resources

Action for Healthy Kids: Tools for Schools

<http://www.actionforhealthykids.org/tools-for-schools>

CDC Local School Wellness Policy

<http://www.cdc.gov/healthyschools/npao/wellness.htm>

Let's Move! Create a School Health Advisory Council

<https://letsmove.obamawhitehouse.archives.gov/create-school-health-advisory-council>

School Health Index

<http://www.cdc.gov/healthyschools/shi/index.htm>

School Health Index Online Course

https://www.cdc.gov/healthyschools/professional_development/e-learning/shi.html

USDA Local School Wellness Policy

<http://www.fns.usda.gov/tn/local-school-wellness-policy>

USDA School Nutrition Environment and Wellness Resources
<http://healthymeals.nal.usda.gov/local-wellness-policy-resources/school-nutrition-environment-and-wellness-resources-0>

Wellness School Assessment Tool
<http://wellsat.org/>

Guideline 2: School Environments

Video Summary

- Guideline 2: Establish school environments that support healthy eating and physical activity.
- A healthy school environment includes promoting access to healthy food choices and physical activity options; keeping students safe; and being respectful to all students and staff.

Audio Script

Guideline 2: Establish school environments that support healthy eating and physical activity. The school environment should:

- Support opportunities for healthy eating and physical activity.
- Keep students safe during physical activity programs.
- Ensure food safety.
- Be positive and accepting of diverse body shapes and sizes among students and staff.

Some traits that characterize a healthy school environment include:

- Promoting access to healthy foods and physical activity
- Providing suitable facilities
- Using marketing practices that promote healthy dietary choices
- Providing access to safe spaces and facilities for physical activity
- Avoiding the use of food as rewards and physical activity as punishment
- Promoting a healthy body image
- Upholding a universal school bullying policy

Some examples of creating a healthy school environment include having adequate time for meals, which means at least ten minutes for eating breakfast and 20 minutes for eating lunch.

It is also recommended to provide recess before lunch to reduce plate waste, increase food consumption, and decrease student wait time in line.

Go Further

Questions

Q: *What strategies support guideline 2?*

A: Strategies that support guideline 2 (establish school environments that support healthy eating and physical activity) include:



- Provide access to healthy foods and physical activity opportunities and access to safe spaces, facilities, and equipment for healthy eating and physical activity.
- Establish a climate that encourages and does not stigmatize healthy eating and physical activity.
- Create a school environment that encourages a healthy body image, shape, and size among all students and staff members; is accepting of diverse abilities; and does not tolerate weight-based teasing.

Q: *Should healthy foods and beverages only be available in the cafeteria?*

A: No, healthy dietary choices should be available in the cafeteria for meal choices as well as other places where food and beverages are available (e.g., vending machines, schools stores, classroom parties, fundraisers).

Eating areas should be clean, pleasant and have suitable seating for students. In the cafeteria, students should be able to enjoy the social aspects of dining without eating-under-silence orders or blowing whistles.

Q: *Should physical activity only be incorporated during physical education classes?*

A: No, opportunities for physical activity should be incorporated before, during, and after the school day.

In addition to physical education classes, schools can offer physical activity in a variety of settings during the school day, including:

- Active recess
- Physical activity integrated into classroom lessons
- Physical activity breaks in and outside the classroom
- Lunchtime physical activity clubs or intramural programs

Physical activity opportunities before and after school might include:

- Walk and bike to school programs, such as *Safe Routes to School*
- Physical activity clubs and intramural programs that offer a variety of activities
- Informal recreation or play on school grounds
- Physical activity in school-based, after-school child care programs
- Interscholastic sports
- Coordinated programs through community-based organizations, such as YMCAs and community parks and recreation departments

Q: *Should physical activity be used as a form of punishment?*

A: No, teachers should not use physical activity as punishment, nor should they deny physical activity opportunities to students.

Q: *How can teachers reward student achievement or positive behavior?*

A: Teachers can reward student achievements and positive classroom behavior by using nonfood items or activities, such as stickers, books, or extra time for recess to support student health.

Resources

Alliance for a Healthier Generation Non-Food Rewards

https://www.healthiergeneration.org/take_action/schools/snacks_and_beverages/non-food_rewards/

Change Lab Solutions Healthier Schools

<http://changelabsolutions.org/childhood-obesity/schools>

Consumer Product Safety Commission Public Playground Safety Handbook [PDF 1.3 MB]

<http://www.cpsc.gov//PageFiles/122149/325.pdf>

Facts About Bullying

<http://www.stopbullying.gov/news/media/facts/>

Understanding Bullying Fact Sheet [PDF – 264 KB]

<https://www.cdc.gov/violenceprevention/pdf/bullying-factsheet.pdf>

Guideline 3: Nutrition Services

Video Summary

- Guideline 3: Provide a quality school meal program and ensure that students have appealing, healthy food and beverage choices offered outside of the school meal program.
- All students are eligible to participate in federally sponsored school meal programs, regardless of income level.
- Putting nutrition standards in place for all foods and beverages available outside of the school meal program can be an effective strategy to ensure healthier foods and beverages are offered.

Audio Script

Guideline 3: Provide a quality school meal program and ensure students have appealing, healthy food and beverage choices offered outside of the school meal program.

Schools are in a unique position to promote healthy dietary behaviors and help ensure appropriate food and nutrient intake among their students. Many schools provide students with access to food and beverages in various venues across the school campus, including meals served in the cafeteria and competitive foods in other locations (for example school stores, vending machines, and school fundraisers). Schools should model and reinforce healthy dietary behaviors by ensuring that only nutritious and appealing foods and beverages are provided in all venues.

The U.S. Department of Agriculture administers the federally sponsored school meal programs, including the National School Lunch Program and the School Breakfast Program. All students are eligible to participate in the school meal programs, regardless of income level. However, some students may be eligible to receive free or reduced-price meals.

School meal programs should offer nutritious and appealing foods and beverages that meet federally defined nutrition standards based on the *Dietary Guidelines for Americans*. Overall, students who eat the school meals tend to consume more milk, fruits, and vegetables and they tend to have better nutrient intake than those who do not participate. Putting nutrition standards in place for all foods and beverages sold or served outside of the school meal program can be an effective strategy to ensure healthier foods and beverages are offered in the school. These foods and beverages are called competitive foods and should meet or exceed the Smart Snacks in School nutrition standards.

Go Further



Questions

Q: *What strategies support guideline 3?*

A: Strategies that support guideline 3 (provide a quality school meal program and ensure that students have appealing, healthy food and beverage choices offered outside of the school meal program) include:

- Promote access to and participation in school meals for all students.
- Provide nutritious and appealing school meals that comply with the *Dietary Guidelines for Americans* and federal nutrition standards for school meals.
- Ensure that all foods and beverages sold or served outside of school meal programs are nutritious and appealing.

Q: *What are competitive foods?*

A: Competitive foods are foods and beverages that are available outside of the federally reimbursable meal programs. These can be foods that are sold, served, or given to students, such as in classroom celebrations or vending machines.

Q: *Where are competitive foods sold?*

A: In addition to the school meal programs, many schools offer other foods and beverages, called competitive foods, in cafeteria à la carte lines, vending machines, school stores, concession stands, fund-raisers, and classroom parties.

Q: *What types of competitive foods are commonly available?*

A: Historically, most competitive foods were high in sugar, fat, and calories, such as chips, candy, soda, and pastries. Beginning in the 2014-2015 school year, foods and beverages sold outside of the school meal programs during the school day must meet Smart Snacks standards, which emphasizes fruits, vegetables, whole grains, and low fat dairy products.

Resources

Alliance for a Healthier Generation Snacks and Beverages

https://www.healthiergeneration.org/take_action/schools/snacks_and_beverages/

Implementing Strong Nutrition Standards for Schools: Financial Implications [PDF 1.9 MB]

http://www.cdc.gov/healthyyouth/nutrition/pdf/financial_implications.pdf

School Nutrition

<https://www.cdc.gov/healthyschools/nutrition/schoolnutrition.htm>

School Nutrition Success Stories

https://www.cdc.gov/healthyschools/stories/program_success_stories.htm

USDA Nutrition Standards for School Meals

<http://www.fns.usda.gov/school-meals/nutrition-standards-school-meals>

USDA Smart Snacks in School Nutrition Standards

<http://www.fns.usda.gov/healthierschoolday/tools-schools-focusing-smart-snacks>

USDA Team Nutrition

<http://www.fns.usda.gov/tn/team-nutrition>

Guideline 4: Physical Education and Physical Activity

Video Summary

- Guideline 4: Implement a comprehensive physical activity program with quality physical education as the cornerstone.
- Youth should participate in physical activity for at least 60 minutes or more each day.
- A comprehensive physical activity program includes physical activity, before, during, and after school.

Audio Script

Guideline 4: Implement a comprehensive physical activity program with quality physical education as the cornerstone.

Federal physical activity guidelines state that children and adolescents should participate in at least 60 minutes or more of physical activity each day.

A comprehensive physical activity program includes physical activity before, during, and after school. A substantial percentage of students' physical activity can be provided through this program. Teams can consult CDC's *Comprehensive School Physical Activity Programs: A Guide for Schools* to help identify how to establish a more active school environment.

A Physical education program includes:

- Curriculum
- Supportive policies and environment
- Instruction
- Student assessment

Physical education should include:

- A curriculum based on national standards
- Quality instruction that gets students physically active for at least 50% of class time
- Protocols for student assessment

Elementary school students should receive 150 minutes per week of physical education, while secondary school students should receive 225 minutes per week of physical education.

In addition to physical education, opportunities for students to engage in other types of physical activity before, during, and after school should also be offered, including recess, classroom physical activity breaks, physical activity clubs, and intramural and interscholastic sports programs.

Physical activities should be offered that can meet the needs of all students, not just those who are most athletically gifted.

Let's check your knowledge on the first four guidelines by answering a few questions.

Go Further



Questions

Q: *What strategies support guideline 4?*

A: Strategies that support guideline 4 (implement a comprehensive physical activity program with quality physical education as the cornerstone) include:

- Require students in kindergarten through grade 12 to participate in daily physical education that uses a planned and sequential curriculum and instructional practices that are consistent with national or state standards for physical education.
- Provide a substantial percentage of the recommended daily amount of physical activity in physical education class.
- Use instructional strategies in physical education that enhance students' behavioral skills, confidence in their abilities, and desire to adopt and maintain a physically active lifestyle.
- Provide ample opportunities for all students to engage in physical activity outside of physical education class.
- Ensure that physical education and other physical activity programs meet the needs and interests of all students.

Q: *What is a supportive environment for physical activity?*

A: A supportive environment for physical activity includes having adequate space for all students to participate, regularly scheduled time for recess and other activity, encouragement to be physically active, and physically active role modeling by teachers and staff.

Q: *What are the recommendations for physical education for students?*

A: SHAPE America recommends that schools require daily physical education for students in kindergarten through grade 12, with instruction periods totaling 150 minutes per week in elementary and 225 minutes per week in middle and high school.

Q: *What other forms of physical activity can schools incorporate?*

A: Other forms of physical activity in addition to a physical education program include daily recess for elementary school students; classroom-based physical activity breaks; intramural and physical activity clubs such as after-school recreation clubs; interscholastic competitive team sports, such as field hockey, golf, or ultimate Frisbee; and walk- or bicycle-to-school programs.

Resources

Active Schools

<https://www.activeschoolsus.org/>

Comprehensive School Physical Activity Program Guide

<http://www.cdc.gov/healthyschools/physicalactivity/cspap.htm>

Comprehensive School Physical Activity Program Online Course

https://www.cdc.gov/healthyschools/professional_development/e-learning/cspap.html

Physical Education Curriculum Analysis Tool (PECAT)

<http://www.cdc.gov/healthyschools/pecat/index.htm>

Presidential Youth Fitness Program

<http://www.pyfp.org>

SHAPE America

<http://www.shapeamerica.org/>

Youth Physical Activity Guidelines Toolkit

<http://www.cdc.gov/healthyschools/physicalactivity/guidelines.htm>

Knowledge Check

Scenario

You are a physical education teacher at Jefferson Middle School and have been invited to serve on the School Health Team. As a member of the team, you are involved in conducting an overall review of Jefferson Middle School's physical activity and nutrition programs.

Using CDC's *School Health Guidelines to Promote Healthy Eating and Physical Activity*, you begin with a review of your school's:

- Policies and practices
- Environment
- Nutrition services
- Physical education and physical activity programs

Read the following statements to select the most appropriate response.

Quiz

1. Jefferson Middle School participates in the U.S. Department of Agriculture's federally sponsored school meal programs for nutrition services. Which of these students is **not** eligible to participate in the National School Lunch and Breakfast Programs?
 - A. Jordan, whose family earns \$20,000 per year
 - B. Bobby, whose family earns \$45,000 per year
 - C. Juan, whose family earns \$85,000 per year
 - D. All students are eligible to participate
2. As you review Jefferson Middle School's environment, you note that food is often given by teachers as rewards for sitting still and being quiet in class. This is OK because it encourages students to have positive behavior.
 - A. True
 - B. False
3. Jefferson Middle School's physical education classes are typically laid out like this:
 - 5 minutes: Roll Call/Plan for the day
 - 10 minutes: Stretching
 - 10 minutes: Warm-up run

- 5 minutes: Activity instructions
- 25 minutes: Activity (e.g., volleyball, flag football, tennis, etc.)
- 5 minutes: Clean-up

The physical education classes meet the recommendations for the percent of time students should be active during the class.

- A. True
- B. False
4. After completing the assessment of Jefferson Middle School's physical activity and nutrition programs, the School Health Team developed and implemented policies and practices to improve students' health. Next, the School Health Team needs to _____ and _____ the new policies and practices to determine if change has improved students' health.
- A. document; verify
- B. monitor; evaluate
- C. document; evaluate
- D. establish; evaluate

Answer Key

1. **D:** Guideline 3 states all students are eligible to participate in the National School Lunch and Breakfast Programs, regardless of income level.
2. **B:** Guideline 2 states that food items should not be used to reward students because food should not be associated with behavior. Teachers can reward achievements by using nonfood items or activities.
3. **A:** Guideline 4 states federal physical activity guidelines for students indicate that all students should be physically active for at least 50% of class time.
4. **B:** Guideline 1 states that schools should develop, implement, **monitor**, and **evaluate** healthy eating and physical activity policies to improve students' health.

Guideline 5: Health Education

Video Summary

- Guideline 5: Implement health education that provides students with the knowledge, attitudes, skills, and experiences needed for healthy eating and physical activity.
- Health education can increase engagement of healthy behaviors in youth and should be required for students in prekindergarten through grade 12.
- Instruction should address healthy eating, physical activity, inactivity, and healthy weight maintenance.

Audio Script

Guideline 5: Implement health education that provides students with the knowledge, attitudes, skills, and experiences needed for healthy eating and physical activity.

Health education can increase the likelihood that students engage in healthy behaviors and avoid or reduce health risks to become successful learners and productive adults.

The schools should require health education for students in pre-kindergarten through grade 12. Instruction should address healthy eating, physical activity, inactivity (such as television watching), and healthy weight maintenance.

It is recommended that health education:

- Be culturally appropriate for all students
- Have a clear set of behavioral outcomes
- Be based on national standards
- Follow a planned progression in health lessons that are appropriate for the age, growth, and development of students
- Be consistent with scientific evidence and effectiveness

Go Further

Questions



Q: *What strategies support guideline 5?*

A: Strategies that support guideline 5 (Implement health education that provides students with the knowledge, attitudes, skills, and experiences needed for healthy eating and physical activity) include:

- Require health education from pre-kindergarten through grade 12.
- Implement a planned and sequential health education curriculum that is culturally and developmentally appropriate, addresses a clear set of behavioral outcomes that promote healthy eating and physical activity, and is based on national standards.
- Use curricula that are consistent with scientific evidence of effectiveness in helping students improve healthy eating and physical activity behaviors.
- Use classroom instructional methods and strategies that are interactive, engage all students, and are relevant to their daily lives and experiences.

Q: *Should instructional methods be interactive?*

A: Yes, instructional methods and strategies should be interactive to encourage student participation. Examples of interactive methods include:

- Teacher demonstrations
- Teacher role modeling of healthy behavior
- Student rehearsal and teacher feedback (role-playing)
- Goal setting for behavior change

Resources

Health Education Curriculum Analysis Tool (HECAT)

<http://www.cdc.gov/healthyyouth/HECAT/>

Health Education Curriculum Analysis Tool (HECAT) Online Course

https://www.cdc.gov/healthyschools/professional_development/e-learning/hecat.html

Guideline 6: School Health Services

Video Summary

- Guideline 6: Provide students with health, mental health, and social services to address healthy eating, physical activity, and related chronic disease prevention.
- Schools are key providers or links to services that address physical and mental health needs and the safety of students.
- Health services staff should assess student needs related to physical activity, nutrition, and obesity, and provide counseling and referrals to medical providers.

Audio Script

Guideline 6: Provide students with health, mental health, and social services to address healthy eating, physical activity, and related chronic disease prevention.

Schools are responsible for students' physical health, mental health, and safety during the school day. Because students' academic success and well-being are intertwined with their physical and mental health and safety, schools have become key providers or links for services to address these needs. These services are especially useful for those students with chronic health conditions.

School staff, especially school nurses, play a critical role in coordinating student health care services.

School health, mental health, and social services staff should ensure resources are available for health conditions related to diet, activity, and weight.

Health services staff should assess students' needs related to physical activity, nutrition, and obesity, provide counseling, and refer students to medical providers in the community.

In addition to providing direct services for students, these staff should advocate to create a healthy, safe, and supportive school environment.

A supportive environment allows students to make healthy dietary choices inside and outside of the school setting.

Go Further



Questions

Q: *What strategies support guideline 6?*

A: Strategies that support guideline 6 (provide students with health, mental health, and social services to address healthy eating, physical activity, and related chronic disease prevention) include:

- Assess student needs related to physical activity, nutrition, and obesity; provide counseling and other services to meet those needs.
- Ensure students have access to needed health, mental health, and social services.
- Provide leadership in advocacy and coordination of effective school physical activity and nutrition policies and practices.

Q: *What is the recommended ratio of nursing staff to students?*

A: Schools should have one full-time nurse for every 750 students.

Q: *What positions help coordinate student health care services?*

A: Staff positions that play a role in providing student health care services include nurses, physicians, dentists, counselors, psychologists, social workers, and psychiatrists.

Q: *Why should assessments of student needs be conducted?*

A: Assessments of student needs related to physical activity, nutrition, and obesity help:

- Identify students who may need counseling on improving physical activity, nutrition, or weight management.
- Guide healthy eating and physical activity programs, planning, and advocacy efforts.
- Identify those students who might need to be referred to community medical care providers and healthy eating and physical activity services.

Q: *How are assessments conducted?*

A: Assessments are conducted by school nurses, together with other health, mental health, and social services staff members, who can assess the healthy eating and physical activity behaviors of students during routine interactions. Health practitioners can conduct rapid dietary assessments to address topics such as frequency of eating fast foods, usual daily intake of sugar-sweetened beverages, typical portion sizes, meal frequency, and snacking patterns. Health practitioners can also conduct rapid physical activity assessments to address topics such as amount of daily physical activity participation, number of hours per day of sedentary activities, and amount of physically active discretionary activities.

Q: *How can staff refer students and families to services?*

A: School health, mental health, and social services staff should direct students and families to medical and health promotion services in the community and supply students and families with a list of providers whose services are accessible to all students. Referrals should be provided to all students, including those from low-income families or those lacking health insurance or transportation.

Q: *How can school health, mental health, and social services staff advocate creating a positive school environment?*

A: School health, mental health, and social services staff can be actively involved in the school health council and work with physical education and health education teachers, nutrition services staff, principals, and other school staff to promote consistent messages about healthy eating and physical activity.

Resources

Body Mass Index Measurement in Schools

http://www.cdc.gov/healthyschools/obesity/BMI/BMI_measurement_schools.htm

National Association of School Nurses

<http://www.nasn.org/>

National Association of School Nurses Childhood Obesity

<https://www.nasn.org/nasn-resources/practice-topics/childhood-obesity>

Guideline 7: Family and Community

Video Summary

- Guideline 7: Partner with families and community members in the development and implementation of healthy eating and physical activity policies, practices, and programs.
- Schools can encourage and facilitate communication among schools, families, and community members.
- Schools should invite families and community members to participate on planning and implementing school health policies and practices.

Audio Script

Guideline 7: Partner with families and community members in the development and implementation of healthy eating and physical activity policies, practices, and programs.

Schools, families, and community members influence the growth and development of children and adolescents, and they share responsibility for nurturing them into becoming healthy and productive adults.

Schools can encourage and facilitate communication among schools, families, and community members. Schools should communicate frequently with parents about healthy eating and physical activity initiatives and policies introduced at the school.

In addition to maintaining open communication, schools should invite families and community members to participate on school health councils and teams, and ask for their input on planning and implementing school health policies and practices.

Community members can help expand the healthy eating and physical activity opportunities available to students. Community partners may be able to offer health promotion activities and events, purchase equipment, or advise on health education curricula.

Go Further

Questions



Q: *What strategies support guideline 7?*

A: Strategies that support guideline 7 (partner with families and community members in the development and implementation of healthy eating and physical activity policies, practices, and programs) include:

- Encourage communication among schools, families, and community members to promote the adoption of healthy eating and physical activity behaviors among students.
- Involve families and community members on the school health council.
- Develop and implement strategies for motivating families to participate in school-based programs and activities that promote healthy eating and physical activity.
- Access community resources to help provide healthy eating and physical activity opportunities for students.

- Demonstrate cultural awareness in healthy eating and physical activity practices throughout the school.

Q: How do partnerships among schools, families, and community members help enforce healthy lifestyles?

A: Partnerships among schools, families, and community members can enforce healthy lifestyles by:

- Enhancing student learning
- Promoting consistent messaging about healthy behaviors
- Increasing resources
- Engaging, guiding, and motivating students to eat healthy and be active

Q: How can schools communicate with parents?

A: Schools can communicate with parents through flyers, newsletters, telephone calls, conversations at schools, Internet communications, and media coverage.

Q: How can schools involve families?

A: Schools can involve families by including parents on school health councils and teams; assigning homework for families to complete together; and hosting family nights focused on healthy eating and physical activity.

Q: How can schools increase family participation?

A: Schools can increase family participation by providing parents with a variety of ways to participate in activities. For example, schools can try to link health promotion activities with those activities that already involve families, such as the PTA, school sports events, and parent-teacher conferences.

Q: How can schools find community partners?

A: Schools can find community partners by reaching out to staff from universities, hospitals, local businesses, health centers, health agencies, and others as potential community partners.

Resources

Johns Hopkins University Center for Social Organization of Schools

<http://www.jhucsos.com/>

Parent Engagement in Schools

http://www.cdc.gov/healthyyouth/protective/parent_engagement.htm

Parents for Healthy Schools

<https://www.cdc.gov/healthyschools/parentengagement/parentsforhealthyschools.htm>

Parents for Healthy Schools Online Course

https://www.cdc.gov/healthyschools/professional_development/e-learning/p4hs.html

Guideline 8: School Employee Wellness

Video Summary

- Guideline 8: Provide a school employee wellness program that includes healthy eating and physical activity services for all school staff members.

- Employee wellness programs may influence the adoption of healthy behaviors by staff.
- Schools should determine the nutrition and physical activity needs of staff followed by requesting administrative support for staff involvement.

Audio Script

Guideline 8: Provide a school employee wellness program that includes healthy eating and physical activity services for all school staff members.

School employee wellness programs can:

- Improve staff productivity
- Increase teacher morale
- Improve teachers' general well-being and their ability to handle job stress
- Decrease employee absenteeism
- Decrease employee health care costs

In addition, school employee wellness programs may influence the adoption of healthy eating and physical activity behaviors by staff and result in school staff modeling positive health behaviors for students.

Before starting a school employee wellness program, schools should first determine the nutrition and physical activity needs of school staff.

Next, schools should request administrative support for staff involvement in school employee wellness.

After identifying the need and support for a school employee wellness program, schools should then develop, implement, and evaluate it.

Go Further

Questions



Q: *What strategies support guideline 8?*

A: Strategies that support guideline 8 (provide a school employee wellness program that includes healthy eating and physical activity services for all school staff members) include:

- Gather data and information to determine the nutrition and physical activity needs of school staff members and assess the availability of existing school employee wellness activities and resources.
- Encourage administrative support for and staff involvement in school employee wellness.
- Develop, implement, and evaluate healthy eating and physical activity programs for all school employees.

Q: *What are some examples of school employee services?*

A: Examples of services for school employees include individual and group behavior counseling, access to health education lectures, and point-of-decision prompts that encourage the use of stairwells.

Q: *How can schools tailor programs based on staff needs?*

A: Schools can assess staff needs and then tailor existing employee wellness activities to meet these needs. Also, employees can plan programs on nutrition and physical activity topics of interest. Specialized programs will increase the likelihood of staff participation. School employees can be asked what they need and would like to have related to nutrition and physical activity.

Q: *What are some activities for school employee wellness programs?*

A: Activities that can be incorporated into school employee wellness programs to influence healthy behaviors may include providing health education through lectures and newsletters, and promoting healthy behavior changes through counseling, skill-building, or rewards, such as an employee walking club or healthy cooking classes.

Q: *What are some environmental changes schools can make to support school employee wellness?*

A: Some environmental changes schools can make to support school employee wellness include increasing access to healthy foods in vending machines or adding a walking path to school grounds.

Resources

Workplace Health Program

www.cdc.gov/workplacehealthpromotion

Worksite Health ScoreCard

<https://www.cdc.gov/workplacehealthpromotion/initiatives/healthscorecard/index.html>

Guideline 9: Professional Development

Video Summary

- Guideline 9: Employ qualified persons and provide professional development opportunities for physical education, health education, nutrition services, and health, mental health, and social services staff members, as well as staff members who supervise recess, cafeteria time, and out-of-school-time programs.
- Professional development allows staff to improve current skills, knowledge, and competencies.
- Physical education teachers, health education teachers, and nutrition services staff should be certified in their discipline.

Audio Script

Guideline 9: Employ qualified persons and provide professional development opportunities for physical education, health education, nutrition services, and health, mental health, and social services staff members, as well as staff members who supervise recess, cafeteria time, and out-of-school programs.

Providing certified and qualified staff members with regular professional development opportunities allows them to improve current skills and acquire new ones.

Schools should require the hiring of physical education teachers, health education teachers, and nutrition services staff members who are certified and appropriately prepared and trained to deliver quality instruction, programs, and practices. Only teachers who are certified to teach physical education should teach physical education classes, rather than teachers who are certified to teach other subject areas.

Schools also need to provide regular professional development for staff members and provide opportunities to improve their knowledge, skills, and competencies.

Now, let's take a moment to check your knowledge on guidelines 5-9 by answering a few questions.

Go Further

Questions



Q: *What strategies support guideline 9?*

A: Strategies that support guidelines 9 (employ qualified persons and provide professional development opportunities for physical education, health education, nutrition services, and health, mental health, and social services staff members, as well as staff members who supervise recess, cafeteria time, and out-of-school-time programs) include:

- Require the hiring of physical education teachers, health education teachers, and nutrition services staff members who are certified and appropriately prepared to deliver quality instruction, programs, and practices.
- Provide school staff with annual professional development opportunities to deliver quality physical education, health education, and nutrition services.
- Provide annual professional development opportunities for school health, mental health, and social services staff members, and staff members who lead or supervise out-of-school time programs, recess, and cafeteria time.

Q: *Why should physical education teachers be certified?*

A: Physical education teachers should be certified because this ensures students receive quality instruction. Research shows that certified physical education teachers teach longer lessons; spend more time developing students' motor and movement skills; provide more knowledge; and provide more moderate and vigorous physical activity than do other classroom teachers with little or no specialized training in physical education.

Q: *Who should receive professional development?*

A: Professional development opportunities should be provided to improve the school environment. Positions that should receive professional development include:

- Health, mental health, and social services staff members
- Staff members who lead or supervise out-of-school-time programs, recess, and cafeteria time
- Physical education and health education teachers
- Nutrition services staff members

Q: *How can professional development improve the school nutrition environment?*

A: Professional development can improve the school nutrition environment by training staff on activities such as implementing new federal nutrition standards; making school meals more appealing; increasing student participation in the school meal programs; planning menus for healthy meals; preparing fresh fruits and vegetables; ensuring food safety; and using the cafeteria for nutrition education.

Resources

CDC Health Schools Professional Development

<https://www.cdc.gov/healthyschools/trainingtools.htm>

Education Development Center

<https://www.edc.org/>

Leaning Forward: The Professional Learning Association

<http://learningforward.org/>

Professional Development for Healthy Schools

<http://www.rmc.org/>

Professional Standards for School Nutrition Professionals

<http://professionalstandards.nal.usda.gov/>

Knowledge Check

Scenario

As a member of the Jefferson Middle School Health Team, you continue to review the school's programs in the areas of:

- Health education
- School health services
- Family and community
- School employee wellness
- Professional development

Read the following statements to select the most appropriate response.

Quiz

1. Jefferson Middle School employs a part-time registered nurse to deal with minor ailments such as cuts and scrapes, but you are thinking that additionally trained staff should be available to help with a coordinated school health effort. Who else could potentially be hired and why?
 - A. A full-time certified nurse to assist with coordinating all of the components for school health, as well as providing health services.
 - B. A professional guidance counselor to assist with mental health services.
 - C. A social worker to provide counseling, crisis intervention, and prevention programs.
 - D. None of the above.
2. Physical education classes in the district's elementary schools are taught by the classroom teachers. That is adequate because they are certified teachers in their disciplines.
 - A. True
 - B. False
3. Jefferson Middle School does not currently have an Employee Wellness Program. The School Health Team wants to recommend the school establish a low-cost Employee Wellness Program for staff. Select all the activities that are good options.
 - A. A monthly newsletter offering healthy tips
 - B. Lunch and learn sessions on health topics

- C. Role modeling healthy choices to students
- D. All of the above

4. After reading the *School Health Guidelines to Promote Healthy Eating and Physical Activity*, administrators at Jefferson Middle School have decided to change the school's health education program. It now addresses:

- The curriculum is aligned with national standards and is based on science.
- Health education class is required in pre-kindergarten through Grade 12.
- Topics taught include healthy weight maintenance, physical activity, inactivity, and healthy eating.
- Lesson plans include student role playing and goal setting for behavior change.
- Teachers demonstrate healthy behaviors.

The *School Health Guidelines to Promote Healthy Eating and Physical Activity* supports the new health education program.

- A. True
- B. False

5. The School Health Team has identified the following community partnering activities with the goal to help nurture students into becoming healthy and productive adults.

- Invite parents and community members to be a part of the School Health Team.
- E-mail monthly newsletters to parents and community members, letting them know of the health efforts going on at the school.
- Work with the local community center to organize a health fair.
- Demonstrate cultural awareness in healthy eating and physical activity throughout the school.

All these activities will help achieve this goal.

- A. True
- B. False

Answer Key

1. **A:** Guideline 6 recommends one full-time certified nurse should be provided for every 750 students to assist with coordinating all components for school health, as well as providing health services.
2. **B:** Guideline 9 states that allowing teachers who are certified to teach other subject areas to teach physical education classes is not recommended because they do not have specialized training in physical education.
3. **D:** All of the choices are appropriate activities. Guideline 8 states Employee Wellness Programs can improve morale and general well-being and may influence the adoption of healthy eating and physical activity behaviors.

4. **A:** The school's new health education program meets the Guideline 5 recommendations for health education.
5. **A:** Guideline 7 states that schools should communicate frequently with parents, maintain open communications, and expand opportunities available to students through partnerships with the community.

Chapter 4: Conclusion

Impact of the Nine School Health Guidelines

Video Summary

- School-based healthy eating and physical activity policies and practices will contribute to a healthy future for students.
- The childhood obesity epidemic is not likely to be reversed without a strong contribution from schools.
- The mission of schools is to educate young people to become healthy, productive citizens.

Audio Script

School-based healthy eating and physical activity policies and practices will make a powerful contribution toward a healthy future for our students. By adopting these nine guidelines, schools can help ensure that all students have the opportunity to attain their maximum educational potential and pursue a lifetime of good health.

The childhood obesity epidemic and the chronic diseases associated with poor dietary habits and physical inactivity are not likely to be reversed without a strong contribution from schools. Intensifying efforts to promote healthy eating and physical activity is consistent with the mission of schools—educating young people to become healthy, productive citizens who can make meaningful contributions to society.

You are encouraged to use the resources available throughout this course in your real world applications. For example, you can use Tips for Teachers in Promoting Healthy Eating and Physical Activity in the Classroom to share with classroom teachers in schools you work with. You can also deliver presentations on the guidelines using public use presentation materials complete with CDC language for your presentation. It can be delivered at meetings, conferences, trainings of trainers, continuing education activities, or other events with individuals interested in promoting healthy eating and physical activity through schools. Finally, you can refer back to the full CDC report on the *School Health Guidelines to Promote Healthy Eating and Physical Activity* to go further with your learning on topics discussed in the course.

Go Further

Questions

Q: What sources informed development of the nine guidelines?

*A: The School Health Guidelines were informed by the *Dietary Guidelines for Americans*, the *Physical Activity Guidelines for Americans*, and the *Healthy People 2020* objectives related to healthy eating and physical activity among children, adolescents, and schools.*



Resources

CDC School Health Guidelines to Promote Healthy Eating and Physical Activity
<http://www.cdc.gov/healthyschools/npao/strategies.htm>

Healthy Schools Public Use Presentation Materials
<http://www.cdc.gov/healthyschools/npao/presentation.htm>

Wrap-Up

Video Summary

- Download the “3-2-1 Let’s Go!” worksheet with the Executive Summary to help you get started on your next steps.
- Download a Certificate of Completion from the Go Further section.

Audio Script

Now that you have completed the *School Health Guidelines to Promote Healthy Eating and Physical Activity* course, you should be ready for the initial steps to promote healthy eating and physical activity among students in your school or district. Simply download and save the “3-2-1 Let’s Go!” worksheet in conjunction with the Executive Summary to help you get started on your next steps!

Thank you for participating in the *School Health Guidelines to Promote Healthy Eating and Physical Activity* course.

Finally, you can print a Certificate of Completion by clicking on the certificate link.

We hope you have enjoyed participating in the *School Health Guidelines to Promote Healthy Eating and Physical Activity* course in the Training Tools for Health Schools e-learning series.

Go Further

Questions

Q: How can I download the “3-2-1 Let’s Go!” activity?

A: You can download the “3-2-1 Let’s Go!” activity by clicking on the link in the Go Further section.

Q: How can I print the Certificate of Completion for this course?

A: You can print a Certificate of Completion by clicking on the link in the Go Further section.

Q: How can I download all of the questions and links provided in this course?

A: All questions and links that appear in the Go Further section throughout this course can also be found in the “Download Course” document provided under Go Further. A complete set of Go Further questions and a complete Resource List are located at the end of the document.

Q: How can other courses in the “Training Tools for Health Schools e-Learning series” help me?

A: Other courses in the series include:

- *Comprehensive School Physical Activity Program: A Guide for Schools* (https://www.cdc.gov/healthyschools/professional_development/e-learning/cspap.html) provides a multicomponent approach by which school districts and schools can use all opportunities for students to be physically active, meet the nationally recommended 60 minutes

of physical activity each day, and develop the knowledge, skills, and confidence to be physically active for a lifetime.

- *Health Education Curriculum Analysis Tool*
(https://www.cdc.gov/healthyschools/professional_development/e-learning/hecat.html) provides an overview of the HECAT purpose and its content, describes what actions should be taken to use the HECAT to develop or select a curriculum, and shares information and examples to make sure curriculum decisions meet student health needs and school district and community expectations for school-based health education.
- *Parents for Healthy Schools*
(https://www.cdc.gov/healthyschools/professional_development/e-learning/p4hs.html) provides guidance on how to use and share the resources developed for the Parents for Healthy Schools initiative and provides strategies for how parents can become involved in school health.
- *School Health Index: A Self-Assessment and Planning Guide*
(https://www.cdc.gov/healthyschools/professional_development/e-learning/shi.html) provides an approach on how to assess your school's current status on its health and safety policies and programs.

Resources

CDC School Health Guidelines to Promote Healthy Eating and Physical Activity

<http://www.cdc.gov/healthyschools/npao/strategies.htm>

SHG Executive Summary [PDF – 5.1 MB]

https://www.cdc.gov/healthyyouth/npao/pdf/PAN_Guidelines_Executive_Summary.pdf

SHG 3-2-1 Let's Go! Activity [PDF – 200 KB]

https://www.cdc.gov/healthyschools/professional_development/e-learning/SHG/assets/3-2-1LetsGoActivityForm.pdf

SHG Course Certificate of Completion [PDF – 180 KB]

https://www.cdc.gov/healthyschools/professional_development/e-learning/SHG/assets/SHG-CompletionCertificate508.pdf

Complete Set of Go Further Questions



Q: *How can I go further?*

A: As you view the videos, an “Active Child” icon will appear periodically in the corner of the video to let you know that more information is available in this Go Further section. You can access the information by clicking on questions or resource titles.

Q: *How can I download all of the questions and links provided in this course?*

A: All questions and links that appear in the Go Further section throughout this course can also be found in the “Download Course” document provided under Go Further. A complete set of Go Further questions and a complete Resource List are located at the end of the document.

Q: *Why should I take this course?*

A: You will find value in this course if you are interested in the health of students in our nation’s schools. You will learn about available guidelines to help you assess healthy eating and physical activity policies and practices.

Q: *Who is the audience for this course?*

A: The primary audience includes state and local education and health agencies, federal agencies, and nongovernmental organizations that focus on the health of students in school. Physical education and health education teachers, school nutrition directors, school health councils, and other school staff members can use these guidelines to assess healthy eating and physical activity policies and practices in schools. The secondary audience includes community members, health care providers, parents, students, and faculty members in institutions of higher education.

Q: *What causes an individual to gain weight?*

A: Weight gain may occur when individuals consume more energy or calories through their diet than they exert. As this imbalance continues over time, an individual increases his or her risk of becoming overweight or obese.

Q: *What is the percent of children and adolescents with obesity?*

A: According to current data (2013-2014), the percent of obesity in children and adolescents is:

- Percent of adolescents aged 12-19 years with obesity: 20.6%
- Percent of children aged 6-11 years with obesity: 17.4%
- Percent of children aged 2-5 years with obesity: 9.4%

Source: [NCHS. Health, United States, 2016, Table 53.](#)

Q: *What are some social problems linked to obesity in youth?*

A: Social problems include increased bullying and stigmatization because of weight and are often associated with poor self-esteem.

Q: *What are intermediate and long-term outcomes of poor diet and inactivity in childhood?*

A: Intermediate outcomes that begin in childhood include obesity, metabolic syndrome, inadequate bone health, under-nutrition, iron deficiency, eating disorders, and dental caries.

Long-term outcomes include cardiovascular disease, cancer, and diabetes.

Q: *What are examples of sedentary behaviors?*

A: Television viewing, non-active computer and video game use, sitting, and eating meals in front of the television are considered sedentary behaviors.

Q: *What environmental factors and other sectors of society influence children’s diet, activity level, and overall health?*

A: Environmental factors include the home environment and parental influence; the school environment; access to healthy food options and physical activity in the community; food and beverage advertising and marketing.

Other sectors of society that can affect children’s diet, activity levels, and overall health include families, community organizations, health care providers, religious and/or faith-based institutions, government agencies, the food and beverage industry, schools, and the media.

Q: *How do schools help improve the dietary and physical activity behaviors of students?*

A: Schools play a particularly critical role by establishing a safe and supportive environment with policies and practices that support healthy behaviors. Schools also provide opportunities for students to learn about and practice healthy eating and physical activity behaviors.

Q: *How was the WSCC model developed?*

A: The WSCC model emphasizes the relationship between educational attainment and health by putting the child at the center of a system designed to support both. The WSCC also combines the “Whole Child” framework from ASCD with the Coordinated School Health (CSH) approach.

Q: *What is the basis for the multicomponent approach?*

A: The basis for the approach is to partner with schools to improve outcomes because establishing healthy behaviors during childhood is easier and more effective than trying to change unhealthy behaviors during adulthood.

Q: *How does the WSCC improve collaboration between education and health sectors?*

A: The WSCC model improves alignment, integration, and collaboration between education and health to improve each child’s cognitive, physical, social, and emotional development. It incorporates the components of a coordinated school health program around the tenets of a whole child approach to education and provides a framework to address the symbiotic relationship between learning and health.

Q: *Are the “School Health Guidelines to Promote Healthy Eating and Physical Activity” mandatory to implement?*

A: Compliance is neither mandatory nor tracked by CDC. However, CDC monitors the status of student health behaviors and school health policies and practices nationwide.

Q: *What strategies support guideline 1?*

A: Strategies that support guideline 1 (use a coordinated approach to develop, implement, and evaluate healthy eating and physical activity policies and practices) include:

- Coordinate healthy eating and physical activity policies and practices through a school health council and school health coordinator.
- Assess healthy eating and physical activity policies and practices.
- Use a systematic approach to develop, implement, and monitor healthy eating and physical activity policies.

- Evaluate healthy eating and physical activity policies and practices.

Q: *How does working together maximize opportunities for students?*

A: Coordinating individuals and groups to work together:

- Facilitates better communication
- Reduces duplication of policies and practices
- Increases options for obtaining additional resources to support healthy eating and physical activity
- Increases efficiency through organized efforts

Q: *Who should serve on school health councils or teams?*

A: School health councils and school health teams should include a variety of representatives, such as health and physical education teachers, nutrition services staff, students, families, school administrators, school nurses, and other community members.

Q: *Are there tools to help conduct assessments?*

A: CDC's *School Health Index* or the Alliance for a Healthier Generation's *School Health Assessment Tool* are self-assessment and planning guides that schools may use to assess the strengths and weaknesses of their health and safety policies and practices. Learn more in the *School Health Index* course (https://www.cdc.gov/healthyschools/professional_development/e-learning/shi.html).

Q: *Is a wellness policy required if the school participates in school meal programs?*

A: Yes, school districts that participate in federally supported school meal programs are required to develop, implement, and monitor a local wellness policy with goals focused on nutrition and physical activity. Local wellness policies can help school districts require evidence-based policies and practices to be implemented in schools across the district.

Q: *What strategies support guideline 2?*

A: Strategies that support guideline 2 (establish school environments that support healthy eating and physical activity) include:

- Provide access to healthy foods and physical activity opportunities and access to safe spaces, facilities, and equipment for healthy eating and physical activity.
- Establish a climate that encourages and does not stigmatize healthy eating and physical activity.
- Create a school environment that encourages a healthy body image, shape, and size among all students and staff members; is accepting of diverse abilities; and does not tolerate weight-based teasing.

Q: *Should healthy foods and beverages only be available in the cafeteria?*

A: No, healthy dietary choices should be available in the cafeteria for meal choices as well as other places where food and beverages are available (e.g., vending machines, schools stores, classroom parties, fundraisers).

Eating areas should be clean, pleasant and have suitable seating for students. In the cafeteria, students should be able to enjoy the social aspects of dining without eating-under-silence orders or blowing whistles.

Q: *Should physical activity only be incorporated during physical education classes?*

A: No, opportunities for physical activity should be incorporated before, during, and after the school day.

In addition to physical education classes, schools can offer physical activity in a variety of settings during the school day, including:

- Active recess
- Physical activity integrated into classroom lessons
- Physical activity breaks in and outside the classroom
- Lunchtime physical activity clubs or intramural programs

Physical activity opportunities before and after school might include:

- Walk and bike to school programs, such as *Safe Routes to School*
- Physical activity clubs and intramural programs that offer a variety of activities
- Informal recreation or play on school grounds
- Physical activity in school-based, after-school child care programs
- Interscholastic sports
- Coordinated programs through community-based organizations, such as YMCAs and community parks and recreation departments

Q: *Should physical activity be used as a form of punishment?*

A: No, teachers should not use physical activity as punishment, nor should they deny physical activity opportunities to students.

Q: *How can teachers reward student achievement or positive behavior?*

A: Teachers can reward student achievements and positive classroom behavior by using nonfood items or activities, such as stickers, books, or extra time for recess to support student health.

Q: *What strategies support guideline 3?*

A: Strategies that support guideline 3 (provide a quality school meal program and ensure that students have appealing, healthy food and beverage choices offered outside of the school meal program) include:

- Promote access to and participation in school meals for all students.
- Provide nutritious and appealing school meals that comply with the *Dietary Guidelines for Americans* and federal nutrition standards for school meals.
- Ensure that all foods and beverages sold or served outside of school meal programs are nutritious and appealing.

Q: *What are competitive foods?*

A: Competitive foods are foods and beverages that are available outside of the federally reimbursable meal programs. These can be foods that are sold, served, or given to students, such as in classroom celebrations or vending machines.

Q: *Where are competitive foods sold?*

A: In addition to the school meal programs, many schools offer other foods and beverages, called competitive foods, in cafeteria à la carte lines, vending machines, school stores, concession stands, fundraisers, and classroom parties.

Q: *What types of competitive foods are commonly available?*

A: Historically, most competitive foods were high in sugar, fat, and calories, such as chips, candy, soda, and pastries. Beginning in the 2014-2015 school year, foods and beverages sold outside of the school meal programs during the school day must meet Smart Snacks standards, which emphasizes fruits, vegetables, whole grains, and low fat dairy products.

Q: *What strategies support guideline 4?*

A: Strategies that support guideline 4 (implement a comprehensive physical activity program with quality physical education as the cornerstone) include:

- Require students in kindergarten through grade 12 to participate in daily physical education that uses a planned and sequential curriculum and instructional practices that are consistent with national or state standards for physical education.
- Provide a substantial percentage of the recommended daily amount of physical activity in physical education class.
- Use instructional strategies in physical education that enhance students' behavioral skills, confidence in their abilities, and desire to adopt and maintain a physically active lifestyle.
- Provide ample opportunities for all students to engage in physical activity outside of physical education class.
- Ensure that physical education and other physical activity programs meet the needs and interests of all students.

Q: *What is a supportive environment for physical activity?*

A: A supportive environment for physical activity includes having adequate space for all students to participate, regularly scheduled time for recess and other activity, encouragement to be physically active, and physically active role modeling by teachers and staff.

Q: *What are the recommendations for physical education for students?*

A: SHAPE America recommends that schools require daily physical education for students in kindergarten through grade 12, with instruction periods totaling 150 minutes per week in elementary and 225 minutes per week in middle and high school.

Q: *What other forms of physical activity can schools incorporate?*

A: Other forms of physical activity in addition to a physical education program include daily recess for elementary school students; classroom-based physical activity breaks; intramural and physical activity clubs such as after-school recreation clubs; interscholastic competitive team sports, such as field hockey, golf, or ultimate Frisbee; and walk- or bicycle-to-school programs.

Q: *What strategies support guideline 5?*

A: Strategies that support guideline 5 (Implement health education that provides students with the knowledge, attitudes, skills, and experiences needed for healthy eating and physical activity) include:

- Require health education from pre-kindergarten through grade 12.

- Implement a planned and sequential health education curriculum that is culturally and developmentally appropriate, addresses a clear set of behavioral outcomes that promote healthy eating and physical activity, and is based on national standards.
- Use curricula that are consistent with scientific evidence of effectiveness in helping students improve healthy eating and physical activity behaviors.
- Use classroom instructional methods and strategies that are interactive, engage all students, and are relevant to their daily lives and experiences.

Q: *Should instructional methods be interactive?*

A: Yes, instructional methods and strategies should be interactive to encourage student participation. Examples of interactive methods include:

- Teacher demonstrations
- Teacher role modeling of healthy behavior
- Student rehearsal and teacher feedback (role-playing)
- Goal setting for behavior change

Q: *What strategies support guideline 6?*

A: Strategies that support guideline 6 (provide students with health, mental health, and social services to address healthy eating, physical activity, and related chronic disease prevention) include:

- Assess student needs related to physical activity, nutrition, and obesity; provide counseling and other services to meet those needs.
- Ensure students have access to needed health, mental health, and social services.
- Provide leadership in advocacy and coordination of effective school physical activity and nutrition policies and practices.

Q: *What is the recommended ratio of nursing staff to students?*

A: Schools should have one full-time nurse for every 750 students.

Q: *What positions help coordinate student health care services?*

A: Staff positions that play a role in providing student health care services include nurses, physicians, dentists, counselors, psychologists, social workers, and psychiatrists.

Q: *Why should assessments of student needs be conducted?*

A: Assessments of student needs related to physical activity, nutrition, and obesity help:

- Identify students who may need counseling on improving physical activity, nutrition, or weight management.
- Guide healthy eating and physical activity programs, planning, and advocacy efforts.
- Identify those students who might need to be referred to community medical care providers and healthy eating and physical activity services.

Q: *How are assessments conducted?*

A: Assessments are conducted by school nurses, together with other health, mental health, and social services staff members, who can assess the healthy eating and physical activity behaviors of students during routine interactions. Health practitioners can conduct rapid dietary assessments to address topics

such as frequency of eating fast foods, usual daily intake of sugar-sweetened beverages, typical portion sizes, meal frequency, and snacking patterns. Health practitioners can also conduct rapid physical activity assessments to address topics such as amount of daily physical activity participation, number of hours per day of sedentary activities, and amount of physically active discretionary activities.

Q: How can staff refer students and families to services?

A: School health, mental health, and social services staff should direct students and families to medical and health promotion services in the community and supply students and families with a list of providers whose services are accessible to all students. Referrals should be provided to all students, including those from low-income families or those lacking health insurance or transportation.

Q: How can school health, mental health, and social services staff advocate creating a positive school environment?

A: School health, mental health, and social services staff can be actively involved in the school health council and work with physical education and health education teachers, nutrition services staff, principals, and other school staff to promote consistent messages about healthy eating and physical activity.

Q: What strategies support guideline 7?

A: Strategies that support guideline 7 (partner with families and community members in the development and implementation of healthy eating and physical activity policies, practices, and programs) include:

- Encourage communication among schools, families, and community members to promote the adoption of healthy eating and physical activity behaviors among students.
- Involve families and community members on the school health council.
- Develop and implement strategies for motivating families to participate in school-based programs and activities that promote healthy eating and physical activity.
- Access community resources to help provide healthy eating and physical activity opportunities for students.
- Demonstrate cultural awareness in healthy eating and physical activity practices throughout the school.

Q: How do partnerships among schools, families, and community members help enforce healthy lifestyles?

A: Partnerships among schools, families, and community members can enforce healthy lifestyles by:

- Enhancing student learning
- Promoting consistent messaging about healthy behaviors
- Increasing resources
- Engaging, guiding, and motivating students to eat healthy and be active

Q: How can schools communicate with parents?

A: Schools can communicate with parents through flyers, newsletters, telephone calls, conversations at schools, Internet communications, and media coverage.

Q: *How can schools involve families?*

A: Schools can involve families by including parents on school health councils and teams; assigning homework for families to complete together; and hosting family nights focused on healthy eating and physical activity.

Q: *How can schools increase family participation?*

A: Schools can increase family participation by providing parents with a variety of ways to participate in activities. For example, schools can try to link health promotion activities with those activities that already involve families, such as the PTA, school sports events, and parent-teacher conferences.

Q: *How can schools find community partners?*

A: Schools can find community partners by reaching out to staff from universities, hospitals, local businesses, health centers, health agencies, and others as potential community partners.

Q: *What strategies support guideline 8?*

A: Strategies that support guideline 8 (provide a school employee wellness program that includes healthy eating and physical activity services for all school staff members) include:

- Gather data and information to determine the nutrition and physical activity needs of school staff members and assess the availability of existing school employee wellness activities and resources.
- Encourage administrative support for and staff involvement in school employee wellness.
- Develop, implement, and evaluate healthy eating and physical activity programs for all school employees.

Q: *What are some examples of school employee services?*

A: Examples of services for school employees include individual and group behavior counseling, access to health education lectures, and point-of-decision prompts that encourage the use of stairwells.

Q: *How can schools tailor programs based on staff needs?*

A: Schools can assess staff needs and then tailor existing employee wellness activities to meet these needs. Also, employees can plan programs on nutrition and physical activity topics of interest. Specialized programs will increase the likelihood of staff participation. School employees can be asked what they need and would like to have related to nutrition and physical activity.

Q: *What are some activities for school employee wellness programs?*

A: Activities that can be incorporated into school employee wellness programs to influence healthy behaviors may include providing health education through lectures and newsletters, and promoting healthy behavior changes through counseling, skill-building, or rewards, such as an employee walking club or healthy cooking classes.

Q: *What are some environmental changes schools can make to support school employee wellness?*

A: Some environmental changes schools can make to support school employee wellness include increasing access to healthy foods in vending machines or adding a walking path to school grounds.

Q: *What strategies support guideline 9?*

A: Strategies that support guidelines 9 (employ qualified persons and provide professional development opportunities for physical education, health education, nutrition services, and health, mental health,

and social services staff members, as well as staff members who supervise recess, cafeteria time, and out-of-school-time programs) include:

- Require the hiring of physical education teachers, health education teachers, and nutrition services staff members who are certified and appropriately prepared to deliver quality instruction, programs, and practices.
- Provide school staff with annual professional development opportunities to deliver quality physical education, health education, and nutrition services.
- Provide annual professional development opportunities for school health, mental health, and social services staff members, and staff members who lead or supervise out-of-school time programs, recess, and cafeteria time.

Q: Why should physical education teachers be certified?

A: Physical education teachers should be certified because this ensures students receive quality instruction. Research shows that certified physical education teachers teach longer lessons; spend more time developing students' motor and movement skills; provide more knowledge; and provide more moderate and vigorous physical activity than do other classroom teachers with little or no specialized training in physical education.

Q: Who should receive professional development?

A: Professional development opportunities should be provided to improve the school environment. Positions that should receive professional development include:

- Health, mental health, and social services staff members
- Staff members who lead or supervise out-of-school-time programs, recess, and cafeteria time
- Physical education and health education teachers
- Nutrition services staff members

Q: How can professional development improve the school nutrition environment?

A: Professional development can improve the school nutrition environment by training staff on activities such as implementing new federal nutrition standards; making school meals more appealing; increasing student participation in the school meal programs; planning menus for healthy meals; preparing fresh fruits and vegetables; ensuring food safety; and using the cafeteria for nutrition education.

Q: What sources informed development of the nine guidelines?

A: The School Health Guidelines were informed by the *Dietary Guidelines for Americans*, the *Physical Activity Guidelines for Americans*, and the *Healthy People 2020* objectives related to healthy eating and physical activity among children, adolescents, and schools.

Q: How can I download the "3-2-1 Let's Go!" activity?

A: You can download the "3-2-1 Let's Go!" activity by clicking on the link in the Go Further section.

Q: How can I print the Certificate of Completion for this course?

A: You can print a Certificate of Completion by clicking on the link in the Go Further section.

Q: How can other courses in the "Training Tools for Health Schools e-Learning series" help me?

A: Other courses in the series include:

- *Comprehensive School Physical Activity Program: A Guide for Schools*
(https://www.cdc.gov/healthyschools/professional_development/e-learning/cspap.html) provides a multicomponent approach by which school districts and schools can use all opportunities for students to be physically active, meet the nationally recommended 60 minutes of physical activity each day, and develop the knowledge, skills, and confidence to be physically active for a lifetime.
- *Health Education Curriculum Analysis Tool*
(https://www.cdc.gov/healthyschools/professional_development/e-learning/hecat.html) provides an overview of the HECAT purpose and its content, describes what actions should be taken to use the HECAT to develop or select a curriculum, and shares information and examples to make sure curriculum decisions meet student health needs and school district and community expectations for school-based health education.
- *Parents for Healthy Schools*
(https://www.cdc.gov/healthyschools/professional_development/e-learning/p4hs.html) provides guidance on how to use and share the resources developed for the Parents for Healthy Schools initiative and provides strategies for how parents can become involved in school health.
- *School Health Index: A Self-Assessment and Planning Guide*
(https://www.cdc.gov/healthyschools/professional_development/e-learning/shi.html) provides an approach on how to assess your school's current status on its health and safety policies and programs.

Complete Resource List

About Sleep

http://www.cdc.gov/sleep/about_sleep/index.html

Accelerating Progress on Obesity Prevention: Solving the Weight of the Nation

<http://www.nap.edu/catalog/13275/accelerating-progress-in-obesity-prevention-solving-the-weight-of-the>

Action for Healthy Kids: Tools for Schools

<http://www.actionforhealthykids.org/tools-for-schools>

Active Schools

<https://www.activeschoolsus.org/>

Alliance for a Healthier Generation Non-Food Rewards

https://www.healthiergeneration.org/take_action/schools/snacks_and_beverages/non-food_rewards/

Alliance for a Healthier Generation Snacks and Beverages

https://www.healthiergeneration.org/take_action/schools/snacks_and_beverages/

BMI Percentile Calculator, Child and Teen

<https://www.cdc.gov/healthyweight/bmi/calculator.html>

Body Mass Index Measurement in Schools

http://www.cdc.gov/healthyschools/obesity/BMI/BMI_measurement_schools.htm

CDC Childhood Obesity Facts

<http://www.cdc.gov/healthyschools/obesity/facts.htm>

CDC Health Schools Professional Development

<https://www.cdc.gov/healthyschools/trainingtools.htm>

CDC Local School Wellness Policy

<http://www.cdc.gov/healthyschools/npao/wellness.htm>

CDC School Health Guidelines to Promote Healthy Eating and Physical Activity

<http://www.cdc.gov/healthyschools/npao/strategies.htm>

Change Lab Solutions Healthier Schools

<http://changelabsolutions.org/childhood-obesity/schools>

Childhood Obesity Causes & Consequences

<https://www.cdc.gov/obesity/childhood/causes.html>

Childhood Obesity Facts

<http://www.cdc.gov/healthyschools/obesity/facts.htm>

Comprehensive School Physical Activity Program Guide

<http://www.cdc.gov/healthyschools/physicalactivity/cspap.htm>

Comprehensive School Physical Activity Program Online Course

https://www.cdc.gov/healthyschools/professional_development/e-learning/cspap.html

Consumer Product Safety Commission Public Playground Safety Handbook [PDF 1.3 MB]

<http://www.cpsc.gov//PageFiles/122149/325.pdf>

Diabetes & Youth

<https://www.cdc.gov/diabetestv/youth.html>

Education Development Center

<https://www.edc.org/>

Facts About Bullying

<http://www.stopbullying.gov/news/media/facts/>

Health Education Curriculum Analysis Tool (HECAT)

<http://www.cdc.gov/healthyyouth/HECAT/>

Health Education Curriculum Analysis Tool (HECAT) Online Course

https://www.cdc.gov/healthyschools/professional_development/e-learning/hecat.html

Healthy Schools Public Use Presentation Materials

<http://www.cdc.gov/healthyschools/npao/presentation.htm>

Healthy Weight

www.cdc.gov/HealthyWeight

High Blood Pressure

<http://www.cdc.gov/bloodpressure/>

High Cholesterol

<http://www.cdc.gov/cholesterol/>

Implementing Strong Nutrition Standards for Schools: Financial Implications [PDF 1.9 MB]

http://www.cdc.gov/healthyyouth/nutrition/pdf/financial_implications.pdf

Johns Hopkins University Center for Social Organization of Schools

<http://www.jhucsos.com/>

Leaning Forward: The Professional Learning Association

<http://learningforward.org/>

Let's Move! Create a School Health Advisory Council

<https://letsmove.obamawhitehouse.archives.gov/create-school-health-advisory-council>

National Association of School Nurses

<http://www.nasn.org/>

National Association of School Nurses Childhood Obesity

<https://www.nasn.org/nasn-resources/practice-topics/childhood-obesity>

National Health Education Standards

<http://www.cdc.gov/healthyschools/sher/standards/index.htm>

Parent Engagement in Schools

http://www.cdc.gov/healthyyouth/protective/parent_engagement.htm

Parents for Healthy Schools

<https://www.cdc.gov/healthyschools/parentengagement/parentsforhealthyschools.htm>

Parents for Healthy Schools Online Course

https://www.cdc.gov/healthyschools/professional_development/e-learning/p4hs.html

Physical Education Curriculum Analysis Tool (PECAT)
<http://www.cdc.gov/healthyschools/pecat/index.htm>

Presidential Youth Fitness Program
<http://www.pyfp.org>

Prevalence of Childhood Obesity, 2011-2012
<http://www.cdc.gov/obesity/data/childhood.html>

Professional Development for Healthy Schools
<http://www.rmc.org/>

Professional Standards for School Nutrition Professionals
<http://professionalstandards.nal.usda.gov/>

School Health Index
<http://www.cdc.gov/healthyschools/shi/index.htm>

School Health Index Online Course
https://www.cdc.gov/healthyschools/professional_development/e-learning/shi.html

School Health Policies and Practice Study
<http://www.cdc.gov/healthyyouth/shpps/>

School Health Profiles
<http://www.cdc.gov/healthyyouth/profiles/>

School Nutrition
<https://www.cdc.gov/healthyschools/nutrition/schoolnutrition.htm>

School Nutrition Success Stories
https://www.cdc.gov/healthyschools/stories/program_success_stories.htm

SHAPE America
<http://www.shapeamerica.org/>

SHG 3-2-1 Let's Go! Activity [PDF – 200 KB]
https://www.cdc.gov/healthyschools/professional_development/e-learning/SHG/assets/3-2-1LetsGoActivityForm.pdf

SHG Complete Guidelines [PDF – 973.4 KB]
<http://www.cdc.gov/mmwr/pdf/rr/rr6005.pdf>

SHG Executive Summary [PDF – 5.1 MB]
http://www.cdc.gov/healthyyouth/npao/pdf/PAN_Guidelines_Executive_Summary.pdf

SHG Tips for Teachers [PDF – 548 KB]
http://www.cdc.gov/healthyyouth/npao/pdf/Tips_for_Teachers_TAG508.pdf

Understanding Bullying Fact Sheet [PDF – 264 KB]
<https://www.cdc.gov/violenceprevention/pdf/bullying-factsheet.pdf>

USDA Local School Wellness Policy
<http://www.fns.usda.gov/tn/local-school-wellness-policy>

USDA Nutrition Standards for School Meals
<http://www.fns.usda.gov/school-meals/nutrition-standards-school-meals>

USDA School Nutrition Environment and Wellness Resources

<http://healthymeals.nal.usda.gov/local-wellness-policy-resources/school-nutrition-environment-and-wellness-resources-0>

USDA Smart Snacks in School Nutrition Standards

<http://www.fns.usda.gov/healthierschoolday/tools-schools-focusing-smart-snacks>

USDA Team Nutrition

<http://www.fns.usda.gov/tn/team-nutrition>

Wellness School Assessment Tool

<http://wellsat.org/>

Whole School, Whole Community, Whole Child, ASCD

<http://www.ascd.org/programs/learning-and-health/wsc-model.aspx>

Whole School, Whole Community, Whole Child, CDC

<http://www.cdc.gov/healthyyouth/wsc/>

Workplace Health Program

www.cdc.gov/workplacehealthpromotion

Worksite Health ScoreCard

<https://www.cdc.gov/workplacehealthpromotion/initiatives/healthscorecard/index.html>

Youth Physical Activity Guidelines Toolkit

<http://www.cdc.gov/healthyschools/physicalactivity/guidelines.htm>

Youth Risk Behavior Surveillance System

<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>