



HEALTHY FOOD IN SCHOOL, AFTERSCHOOL, AND EARLY CARE AND EDUCATION ENVIRONMENTS

HEALTHY FOOD AND BEVERAGES STRATEGIES TO IMPROVE THE HEALTH OF CHILDREN MAY INCLUDE THE DEVELOPMENT AND IMPLEMENTATION OF POLICIES AND PRACTICES (E.G., WELLNESS POLICIES, NUTRITION STANDARDS FOR COMPETITIVE FOODS, WATER AVAILABILITY), IN SCHOOL, AFTERSCHOOL, AND EARLY CARE AND EDUCATION ENVIRONMENTS.

MAKE THE CASE:

Why Is This A Health Equity Issue?

The issues below highlight the need for healthy food and beverage strategies that advance health equity:

- **Low-Income Children May Be More Dependent on Foods Provided in School, Afterschool, and Childcare Settings:** Many children benefit from and rely on meals served in school, afterschool, and childcare settings for much of the food they consume per day.¹²⁸⁻¹³² Specifically, many children from low-income households qualify for free or reduced-price meals and participate in food programs such as the National School Lunch Program, the School Breakfast Program, and the Child and Adult Care Food Program.¹³²⁻¹³⁵ However, some barriers may keep children who qualify for free and reduced-price meal programs from enrolling and benefiting from these services.¹³⁶⁻¹³⁸ For instance, lack of information about the application process, language and literacy challenges, lack of cultural sensitivity and appropriateness of the food served, and stigma associated with participating in these programs^{138,139} may serve as barriers to enrollment and participation.
- **Settings May Differ in Their Capacity to Provide Healthy Food Environments:** The quality of food may vary substantially between and within different settings (e.g., school districts, public and private settings). Some settings may be more constrained by limited budgets, and others may have limited facilities in which to prepare and serve food. Additionally, some schools may rely on the revenues generated from competitive foods, including vending sales, to support various school functions and activities.^{140,141} These constraints may contribute to less healthy food environments for children in these settings.



Design and Implement with Health Equity in Mind

To maximize health impact and advance health equity, consider these factors and others when designing, implementing, and evaluating healthy food and beverage strategies:

KEY FACTORS	BARRIERS OR UNINTENDED CONSEQUENCES	OPPORTUNITIES TO MAXIMIZE IMPACT
<p>VARIABILITY IN IMPLEMENTATION</p> <p>Provide additional supports to under-resourced school, afterschool, and childcare settings</p>	<p>The resources available to institutions may affect their ability to improve their food environment.</p>	<ul style="list-style-type: none"> • Provide additional staff training or technical assistance in settings with fewer resources. This assistance may help maximize enrollment in meal programs and preparation of healthy foods. • Explore alternatives for institutions with limited facilities for the preparation and storage of foods/snacks (e.g., develop agreements with nearby institutions to use their facilities, use mobile vending carts).
<p>PARTICIPATION</p> <p>Reduce barriers to enrollment and increase overall participation in meal programs</p>	<p>Barriers may keep many eligible children from benefiting from these programs.^{136,137} Additionally, time constraints and lack of sensitivity to cultural and religious food preferences may limit participation in meal programs.</p>	<ul style="list-style-type: none"> • Make it easier for parents to enroll children by making them aware of eligibility and providing assistance with paperwork in multiple languages. • Take advantage of automatic or school-wide enrollment options, especially in low-income settings. • Adjust the time and length of meals to ensure children have time to get and eat lunch. • Train staff to be aware of the cultural backgrounds of students in preparation of a culturally appropriate food menu.
<p>STIGMA</p> <p>Take steps to reduce stigma associated with meal programs</p>	<p>Stigma may act as a barrier to participation in meal programs.^{138,139}</p>	<ul style="list-style-type: none"> • Work with stakeholders to identify efforts to prevent obvious identification of eligible students. • Consider avoiding separate lines for competitive foods and food programs. Provide the same food options to all students. • Explore a cashless point-of-sale system where all students have an account in a database.
<p>LACK OF EXPOSURE</p> <p>Increase exposure to healthy foods</p>	<p>Many children may have limited access to and familiarity with healthy foods, particularly children from underserved communities.</p>	<ul style="list-style-type: none"> • Find opportunities to increase students' exposure to healthy foods (e.g., farm-to-school partnerships, gardening programs). • Work with schools to serve as sites for farmers' markets on the weekends or during child pick-up hours to increase healthy food access. • Consider strategies to make healthy options more commonplace (e.g., discourage use of less healthy food as a reward, encourage fundraising activities that include healthy options, offer healthy competitive foods and vending).

Build the Team: Partnership for Success

Successful efforts to implement healthy food and beverages strategies in school, after-school, and childcare environments depend on bringing a diverse set of partners to the table early, consistently, and authentically. These partners may include the following:

- Board of Education members
- Childcare licensing agencies
- Childcare staff
- Community-based organizations such as YMCA, Boys and Girls Club, sports associations, Boy Scouts, Girl Scouts
- Community members (of diverse abilities, ages, cultures, gender, income levels, race/ethnicity, and sexual orientation)
- Food service managers and staff
- Local chefs
- Leaders and community champions from multiple sectors
- Local food organizations
- Parents and students
- Parks and recreation agencies (for afterschool and summer programs)
- Principals
- Public health agencies
- School district administrators
- School Health Councils
- Teachers
- Vendors



Tailored Institutional Practices to Increase Access to Healthy Foods in Childcare Centers

Southern Nevada

Many Southern Nevada children lack access to healthful food and opportunities for physical activity.¹⁴² This fact, as well as the childhood obesity rates,¹⁴³ prompted the Southern Nevada Health District (SNHD) to support childcare centers in implementing institutional health-promoting practices and policies. Budgetary constraints spurred the district to explore no- to low-cost sustainable solutions.

With support from CDC's *Communities Putting Prevention to Work* program, the SNHD Community Health Division worked with the district's Division of Nursing to provide training to childcare center staff and one-on-one guidance in developing healthy food and physical activity practices and institutional policies. To ensure these efforts reached the children most in need, the district targeted high-need childcare centers, including casinos and other places with high rates of unemployment and participation in need-based programs.

By March 2012, more than 65 centers had implemented institutional nutrition and physical activity policies

informed by a best practice policy drafted by the Health District. Each center was able to craft an institutional policy that was most appropriate for it and most feasible for implementation. This flexibility gave each center ownership over its institutional practices instead of requiring a standardized approach that might not have accounted for each center's unique level of resources and needs.

Each participating center received a curriculum designed specifically for childcare centers and used it to help establish staff development opportunities. Worth at least four continuing education units (CEUs), the curriculum and related training provided an incentive to each center's support staff to learn how to promote healthy behaviors. Staff can work toward fulfilling a state law that requires licensed childcare professionals to attain 15 CEUs per year, with at least two of those hours in the areas of childhood obesity, physical activity, nutrition, or wellness. Childcare center staff now have the training, resources, and the incentive to have an impact on childhood obesity in Southern Nevada.



Centralized Kitchen Facilitates Healthy Meals for All Schools

Bibb County, GA

Helping students learn is part of the mission of the Bibb County School Nutrition program.¹⁴⁴ The program helps keep students focused and alert by ensuring every student has access to nutritious food. Through collaborative efforts with school nutrition, school administrators, and Title I Home-School Facilitators providing in-kind and other support, Bibb County, GA wanted to remove barriers to healthy food access in schools by encouraging all families to apply for free and reduced-price meals. They also implemented a meal accounting system for *all* students. The system is intended to reduce stigma and prevent obvious identification of students enrolled in the meal program.

Bibb County also built a centralized kitchen for basic prep work and cooking to ensure that each of the county's 41 schools could serve healthy meals. The kitchen provides meals made from basic healthy ingredients, using little sugar, salt, and fat and no preservatives. The centralized kitchen has allowed each school to implement healthier food options without investing in significant kitchen equipment or staffing changes.

For example, schools can phase out fryers without purchasing new equipment.

Bibb County already had finishing kitchens in each school, and efforts focused on ensuring that equipment to prepare healthy meals was equitably available across the district. The district intentionally created a standardized menu to ensure that all schools serve healthy options without sacrificing taste, diversity, or appeal. Menu options have included “harvest of the month” items such as fresh beets, sweet potatoes, brussels sprouts, and locally grown strawberries.



Daily vegetarian options feature choices such as black bean empanadas or veggie burgers. For districts that cannot afford a centralized kitchen, Dr. Clela Long, Director of the Bibb County School Nutrition Program, suggests: “Centralize specific preparation within different schools... one school handles entrees, one school is a bakery, one makes sauce.” By creating a parallel distribution system, districts can still serve fresh, healthy food in every school even when kitchen equipment and staff are limited.