



SUCCESSFUL STUDENTS

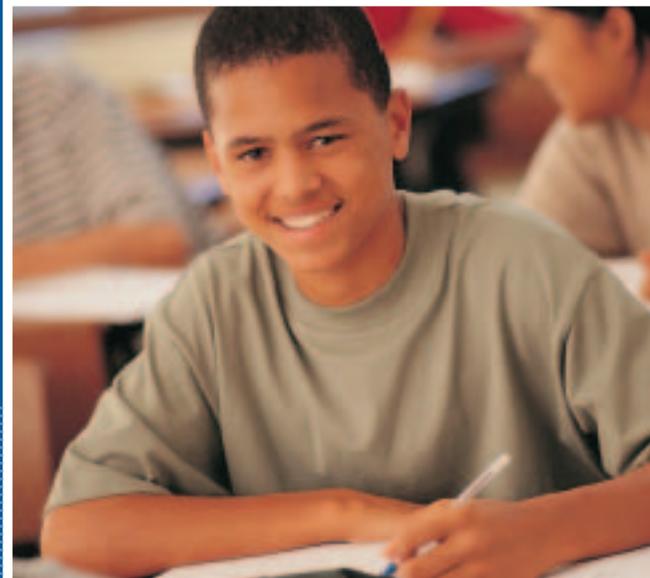
Through Healthy Food and Fitness Policies

ACT NOW FOR ACADEMIC EXCELLENCE



STUDENT WELLNESS:
A HEALTHY FOOD AND
PHYSICAL ACTIVITY
POLICY RESOURCE GUIDE

Includes local
wellness policy
resources



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I. Introduction

The primary responsibility of schools is to foster academic achievement. Schools do this by providing a high-quality instructional program, but also by paying attention to the needs of the whole child that influence academic achievement. Student health has a tremendous impact on student learning. This chapter provides evidence of the link between nutrition, physical activity and academic achievement; presents statistics on student health; and examines the implications of these findings for schools. It is clear that schools can better prepare students to learn by helping them develop and practice healthy eating and physical activity habits.

The Surgeon General’s 2001 “Call to Action to Prevent and Decrease Overweight and Obesity” encourages changing the school environment as a key to help address the national health challenge. The report recommends approaches in schools that extend beyond education to include school policy, the school physical and social environment, and links among schools, families and communities.

IMPACT OF NUTRITION ON ACADEMIC ACHIEVEMENT

“Even during difficult budget times, nutrition and fitness should be a priority for all schools and districts. Our schools have an exceptional opportunity to guide our children toward healthier lifestyles.”¹

— Jack O’Connell
State Superintendent of Public Instruction

Nutrition is an essential first step toward a student’s readiness to learn. Healthy, well-nourished children are more prepared to learn, more likely to attend school and class, and better able to take advantage of educational opportunities. Inadequate nutrition during childhood can have a detrimental effect on children’s cognitive development and on productivity in adulthood.² Recent research provides compelling evidence that:

- Chronically undernourished children attain lower scores on standardized achievement tests, are more irritable, have difficulty concentrating and have

lower energy levels. Undernourished students have less ability to resist infection and are more likely to become sick, and therefore miss school, resulting in reduced revenues to schools.³

- Undernourishment impacts the behavior of children, their school performance and their ability to concentrate and perform complex tasks.⁴
- Children’s brain function is diminished by short-term or periodic hunger or malnutrition caused by missing or skipping meals.⁵
- Inadequate consumption of key food groups deprives children of essential vitamins, minerals, fats and proteins that are necessary for optimal cognitive function.⁶
- Low protein intake has been associated with lower achievement scores.⁷
- Iron deficiency is one of the most prevalent nutritional problems of children in the United States. Iron deficiency can increase fatigue, shorten attention span, decrease work capacity, reduce resistance to infection, and impair intellectual performance. Consequently, anemic children tend to do poorly on vocabulary, reading and other tests.⁸

Furthermore, research shows a direct relationship between a nutritious breakfast and educational achievement. Studies have repeatedly demonstrated that breakfast at school not only enhances learning, but also reduces tardiness and improves daily attendance. Some important research findings indicate:

- Students who eat breakfast show a general increase in math grades and reading scores, increased attention, reduced nurse visits and improved behaviors.⁹
- Children who begin their school day without breakfast pay less attention in the late morning, have a negative attitude toward schoolwork and attain less in class.¹⁰
- Increases in participation in the School Breakfast Program are associated with increases in academic test scores, daily attendance, class participation and reductions in tardiness and absenteeism.¹¹
- When children eat a well-balanced meal, such as a school breakfast, they have higher sustained energy levels than children who select foods from only one or two food groups that are often high in sugar or fat.¹²

“The challenge now is to incorporate this new knowledge into programs and policies which improve the nutritional status and cognitive development of our youngsters.”

—Ernesto Pollitt, Ph.D., Professor of Pediatrics,
University of California, Davis

IMPACT OF PHYSICAL ACTIVITY ON ACADEMIC ACHIEVEMENT

Physical activity can also have a positive impact on student achievement. Physical activity is important because it plays a role in creating an optimal learning condition for the brain. Studies suggest a connection between physical activity and increased levels of alertness, mental function and learning. Research also indicates that physical activity increases blood flow to the brain, which allows more oxygen and glucose to flow through the brain, and releases endorphins, which have a positive impact on mood. A recent study found that California schools with high percentages of students who do not routinely engage in physical activity and healthy eating habits had smaller gains in test scores than did other schools.¹³ Some additional research indicates that:

- Schools that offer intense physical activity programs see positive effects on academic achievement. These include increased concentration, improved mathematics, reading and writing test scores, and reduced disruptive behavior, even when time for physical education classes reduces the time for academics.¹⁴
- Providing more opportunity for physical activity leads to increased test scores. In one program, redirecting 240 minutes per week from class time for academics to physical activity led to higher mathematics scores.¹⁵
- A review of results from nearly 200 studies including adults and children found that physical activity supports learning.¹⁶
- Students participating in daily physical education exhibit better attendance, a more positive attitude towards school and superior academic performance.¹⁷
- Moderate physical activity has a positive effect on immune function. Coupled with good nutrition, it can help prevent colds and the flu, two of the most common childhood ailments.¹⁸

- Higher achievement is associated with higher levels of fitness for fifth-, seventh- and ninth-graders. Females demonstrated higher achievement levels than males, particularly at higher fitness levels.¹⁹
- The relationship between academic achievement and fitness is greater in mathematics than in reading, particularly at higher fitness levels.²⁰

“Studies indicate important links between nutrition, physical activity and academic achievement. Healthy kids make better students. School board members are uniquely positioned to take powerful leadership roles in this effort.”

—William Potts-Datema, M.S., Director, Partnerships
for Children’s Health, Harvard School of Public Health

IMPACT ON PHYSICAL, SOCIAL AND EMOTIONAL HEALTH

Chronic Illnesses

“We like to think of ourselves as a youthful nation focused on healthy lifestyles, but behind this image is a troubling reality — a generation of young people that is in large measure inactive, unfit, eating poorly, and at an alarming rate, becoming obese. CDC is committed to working with health partners to foster healthy behaviors to help reduce the burden of obesity in our nation.”

—Dr. Julie Gerberding, M.D., M.P.H., Director
Centers for Disease Control and Prevention

The general health of children and youth is at risk, in part, due to poor nutrition and inadequate physical activity. For the first time in two centuries, the current generation of children in America may have shorter life expectancies than their parents due to the rapid rise in childhood obesity.²¹ Obesity is associated with 112,000 annual excess adult deaths in the United States.²² Two-thirds of all deaths in California result from four nutrition/fitness-related chronic diseases: heart disease, cancer, stroke and diabetes.

An increase in type 2 diabetes among children has paralleled the rising rates of obesity.²³ As many as 30,000

children have non-insulin-dependent diabetes that was once limited to adults.²⁴ One in three children born in 2000, and half of all children of color, are expected to develop type 2 diabetes during their lifetime.²⁵ Being overweight can trigger or exacerbate a variety of chronic medical conditions in school-aged children, including asthma, joint problems, type 2 diabetes, high blood pressure, high cholesterol, depression/anxiety and sleep apnea.²⁶

Risk factors for chronic diseases often are developed in childhood. For example, approximately 60 percent of obese children ages 5-10 years have at least one risk factor for cardiovascular disease, such as elevated total cholesterol, triglycerides, insulin or blood pressure; 25 percent have two or more risk factors.²⁷

Because chronic illnesses in adulthood result from habits acquired early in life, one of the most effective ways to prevent chronic diseases is to establish policies and programs that encourage children and adolescents to develop and sustain healthy eating and physical activity habits that they can maintain throughout their lives.

Increased Risk for Osteoporosis

When children and adolescents replace milk with soft drinks, they consume fewer valuable nutrients such as calcium and vitamin D, which are needed for bone development and can help to prevent osteoporosis (porous bones). According to the United States Department of Agriculture, per-capita soft drink consumption has increased almost 500 percent over the past 50 years.²⁸ This is important because by the age of 17, approximately 90 percent of children's bone mass has been established.²⁹ Weight-bearing exercise and the consumption of calcium-rich foods during childhood and adolescence are critical to ensure peak bone mass and reduce the risk of osteoporosis later in life. Since prevention occurs by reaching optimal bone mass during adolescence, it is not possible to make up any deficiencies later in life.

Dental Caries

More than 51 million hours of school time are lost every year because of dental-related illnesses.³⁰ If left untreated, dental disease in childhood can and does result

in acute infections, dental pain and tooth loss. This not only affects time in class, but also the ability to remain alert and engaged while in a learning environment. Poor oral health has been related to decreased school performance, poor social relationships and less success later in life.³¹

Dental caries affect over 50 percent of youth ages 5-17. Frequent exposure to sugar-sweetened soft drinks and candy increases risk for and severity of tooth decay, according to the American Dental Association. Americans consume the equivalent of 20 to 33 teaspoons of sugar per person per day; about 30 percent of it is in soft drinks. Dental caries are the single most common chronic childhood disease and are five times more common than asthma.³²

Social and Emotional Health

In addition to the health risks associated with overweight and obesity, research also indicates a higher than anticipated impact on self-esteem and quality of life. A recent study reported in the Journal of the American Medical Association found that emotional and social well-being decreases as soon as a child's weight rises above average; the results are not limited to severely obese children.³³

Effects of obesity on emotional health include lower self-esteem, negative body image and depression. Social health impacts include stigma, negative stereotyping, discrimination, teasing and bullying, and social marginalization.³⁴

The psychological stress of social stigmatization imposed on obese children may be just as damaging as the medical morbidities. Severely obese children exhibit a quality of life as bad as that of children undergoing chemotherapy.^{35,36}

EXTENT OF THE PROBLEM

Poor Nutrition

Today's students generally fail to meet the Dietary Guidelines for Americans which recommend that children two years and older eat a diet consisting of nutrient-dense foods. This includes eating foods that are low in fat, sugar and sodium, eating a variety of fruits, vegetables and whole grains, and consuming fat-free or low-fat milk or milk products. Alarming patterns that can harm

children’s health and deter their ability to successfully perform in school are:

- About 25 percent of the food that adolescents eat is considered to be junk food, such as deep-fried food, desserts, regular soft drinks, candy, cookies, pies and cakes.³⁷
- Females ages 9-19 do not meet the recommended intake for calcium, with only about one in 10 consuming the recommended number of daily servings of milk products.³⁸
- Fewer than half of California’s children and adolescents (47 and 40 percent, respectively) meet the California Department of Health Services’ goal of consuming five or more fruits or vegetables per day.³⁹
- A California study found that only 2 percent of teenagers met five key diet and physical activity recommendations.⁴⁰
- Soda consumption has almost doubled in the last 20 years.⁴¹

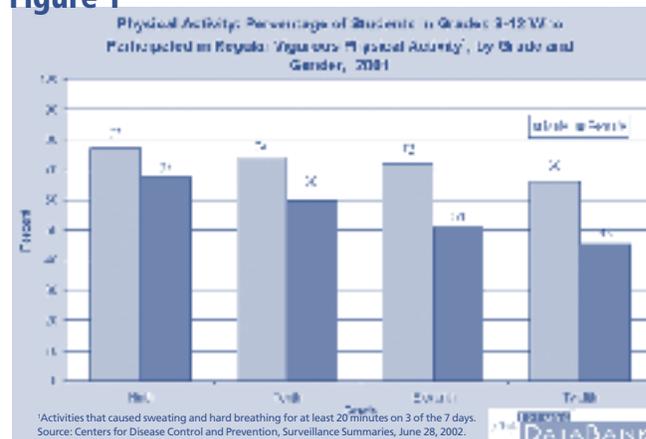
Declining Physical Activity

Physical inactivity among youth can cause short-term consequences such as high blood pressure, poor self-esteem, increased anxiety, stress and depression.⁴² It is also linked with long-term health consequences including obesity, cardiovascular disease, diabetes and colon cancer.

The 2005 Dietary Guidelines for Americans recommend that children two years and older be physically active at least one hour each day on most, but preferably all days of the week. However, children are less physically active than ever. Research indicates that:

- Only 29 percent of adolescents report getting the recommended minimum of one hour of physical activity per day.⁴³
- Children ages 9-11 spend an average of 152 minutes over 10 days engaged in physical education versus the California state-mandated 200 minutes.⁴⁴
- Participation in all types of physical activity declines as age or grade in school increases.⁴⁵ Also see Figure 1.
- Eight percent of elementary schools, 6 percent of middle/junior high schools and 6 percent of senior high schools across the nation provide daily physical education or its equivalent for the entire school year for students in all grades in the school.⁴⁶

Figure 1



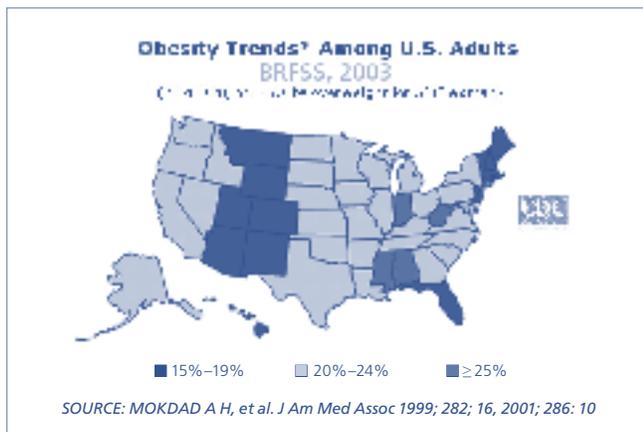
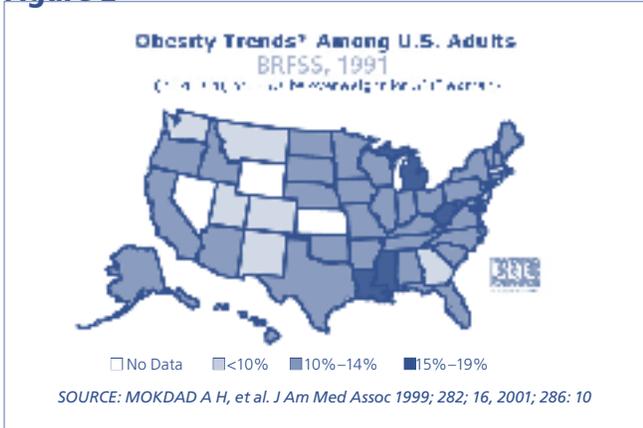
- Among California children in grades five, seven and nine who were tested with the state’s mandated physical fitness test in 2004, 73 percent failed to meet the state’s minimum fitness standards for all six areas of the test. Only about half met the minimum standard for aerobic capacity.⁴⁷
- Nearly 40 percent of California children are not physically fit.⁴⁸
- Only 63 percent of California adolescents report any vigorous activity in the previous month. Males participate in vigorous physical activities at higher levels than females (70 percent and 56 percent, respectively).⁴⁹

Overweight/Obesity

Figure 2 shows the obesity trends among U.S. adults in 1991 and 2003. In California, 10-14 percent of the population was obese in 1991. In 2003, California obesity rates had risen to 20-24 percent.⁵⁰ Physical inactivity, obesity, and overweight cost California more than \$21.7 billion in medical care.⁵¹

Continuing increases in the number of overweight children and adolescents are of public concern. Nationally, an estimated 16 percent of children and adolescents ages 6-19 years were classified as overweight in 1999-2002, a 45 percent increase over the previous reporting period (11 percent in 1988-1994); another 15 percent are at risk of becoming overweight based on their BMI.^{52,53} Over the past three decades, the childhood obesity rate has more than doubled for preschool children aged 2-5 years and adolescents aged 12-19 years, and it has more than tripled for children aged 6-11 years. Nine million

Figure 2



children over the age of 6 were considered obese.⁵⁴

The trend in California is similar. One 2002 study found that more than one quarter of California’s children are overweight.⁵⁵ California Department of Health Services’ surveys indicate that as many as 34 percent of children ages 9-11 years and 21 percent of 12-17 year olds are overweight or at risk for overweight (see Figures 3 and 4).⁵⁶ Other findings indicate:

- Latino adolescents were most likely to be overweight. More than one out of three Latino adolescents in California were overweight or at risk for overweight.⁵⁷
- Approximately one-third of overweight preschool children and about half of overweight school-aged children become overweight adults.⁵⁸
- Consumption of sugar-sweetened beverages, such as soda and fruit-flavored drinks, is associated with obesity in children.⁵⁹

Figure 3

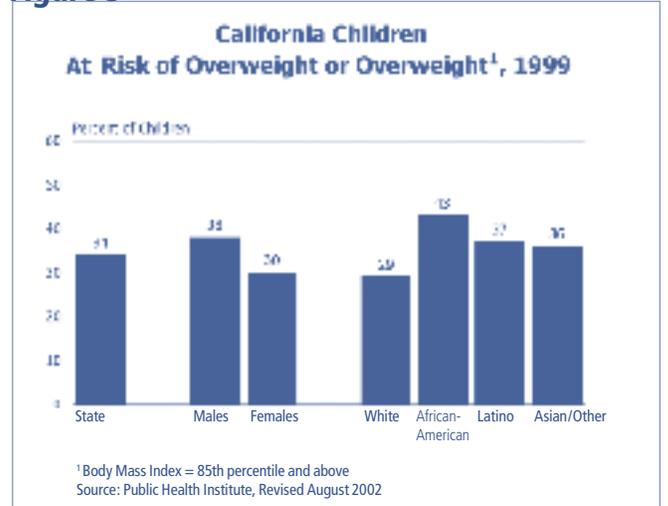
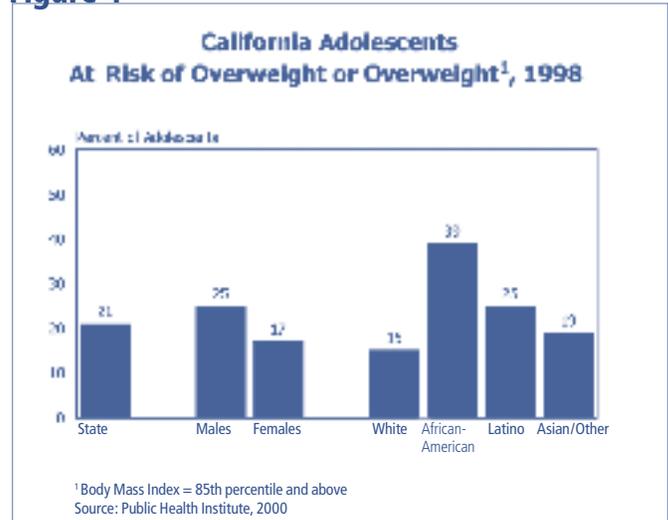


Figure 4



For a person already meeting his/her caloric need, one regular 20-ounce soda (250 calories) every day can translate into an extra 27 pounds of weight per year. For a 120-pound adolescent who has a healthy diet and exercises regularly, it would take two hours of moderate walking to burn off the extra calories for each soda consumed.

“Decreasing soda consumption is one of the most promising strategies for preventing obesity.”

—University California Berkeley, Center for Weight and Health⁶⁰

IMPLICATIONS FOR SCHOOLS

A Field Research Corporation study released in 2004 showed that nearly all Californians (92 percent) believe the problem of childhood obesity is serious. Two out of three Californians surveyed believe the best way to address the crisis is through a community approach, such as improvements in school health environments.⁶¹

A report from a national organization, Action for Healthy Kids, states that emerging research suggests an association between weight problems and lower academic achievement are likely due to increased absenteeism. If children miss just one day per month, an average size California school district could potentially lose \$160,000 per year.⁶² To better prepare students to learn, schools should provide education and an environment that give students the skills, opportunities and encouragement they need to adopt healthy lifestyles. This requires more than educating youth on the importance of eating healthy foods and being physically active. Students cannot practice what they learn if they are offered mostly foods and beverages high in fat and sugar, and little opportunity to be physically active. Schools also play a significant role in feeding children and thus contribute to the acquisition of lifetime dietary habits.⁶³

“The prevalence of high-fat and sugary foods in students’ lives outside of school doesn’t negate the positive effects schools can make. CATCH, Food on the Run, SPARK, and other school-based nutrition and physical activity programs have shown behavior and physiological improvement.”

—Howard Taras, M.D., Chair, Committee on School Health, American Academy of Pediatrics

School Meals

Schools can enhance the quality of students’ diets by offering and promoting a nutritious school breakfast. Research suggests that the availability of meal programs in public schools throughout the academic year increases the probability that children will eat breakfast and improve their educational standing.⁶⁴

In 2003-04, about 15 percent of California’s nearly 6.3 million school-age students ate a school breakfast. During

the 2003-04 school year, 83 percent of schools in California offered a school breakfast program. The 17 percent of schools that did not offer breakfast represent over 1,283 schools. This equates to 145,656 students who were eligible for free and reduced-price meals who attended schools that did not offer breakfast.⁶⁵

Many schools realize the relationship between breakfast and higher achievement on standardized tests and offer nutritious meals to students on test days. However, nutritious meals served daily can contribute to learning year-round.

Participation in school lunch programs is much higher: More than 2.8 million of California’s K-12 students (45 percent) participate in the National School Lunch Program.⁶⁶

The quality of these school meal programs is improving. According to the California Department of Education’s 1998-2003 survey on schools’ implementation of the United States Dietary Guidelines for Americans, about half of the school menus analyzed met the federal standard that lunches have no more than 30 percent of calories coming from fat.⁶⁷ More meals at school need to meet school meal nutritional standards. Students who eat lunches provided by their schools consume more fruits, vegetables and calcium, and less sugar and soda than other students. Girls from low-income families who consume a lunch provided by their school are less likely to be overweight than girls who do not eat school lunch.⁶⁸

A La Carte Foods and Beverages

Unfortunately, many students do not eat the school breakfast or lunch and purchase other a la carte foods and beverages, sometimes known as “competitive foods,” that are not part of the school meal program and are not required to meet nutrition standards. These competitive foods offered in school vending machines, snack bars, stores, and as fundraisers tend to be high in fat, added sugar and calories, while low in nutrients. These foods may be sold by the food service department, as well as by many different entities including the Associated Student Body, Parent Teacher Association, athletics department, or individuals and teachers.

These unhealthy foods compete with the school meal program, causing schools to lose potential revenues from

federal meal reimbursements as part of the National School Lunch and Breakfast Programs. A study from U.C. Berkeley showed that the greatest meal revenue increases were seen in sites that completely eliminated a la carte food sales, provided that the menu items meet a reasonable standard of quality and appeal.⁶⁹ Additional findings indicate that if reimbursable meals compete with non-food service sales, then food service can still improve revenues significantly provided that: (1) all non-food service venues are compliant with food standards in SB 19 (Chapter 913, Statutes of 2001), (2) a la carte sales are eliminated, (3) menu offerings are appealing, and (4) facilities and time are adequate to meet student meal needs.⁷⁰

Additionally, the readily available access of unhealthy foods conflicts with lessons taught in health and nutrition curricula. It is important to develop a school policy that sets nutrition standards for all foods sold on campus.

The California Fast Food Survey and School Health Policies and Programs Survey found a high prevalence of fast foods versus healthy options offered to students at school outside of the child nutrition program. Ninety-five percent of responding districts reported selling fast food as a la carte items.⁷¹ Additionally, a study by the Public Health Institute found that district beverage contracts contain provisions that limit school district control over the beverages sold at school, directly affecting students' nutritional choices.⁷²

Physical Activity and Physical Education

Schools have a powerful role in influencing students' physical activity behaviors. When developing physical activity programs for youth, physical education curricula should be developmentally appropriate and give students the knowledge, motivation, skills and confidence needed for lifelong physical activity. Children and adolescents should be provided with enjoyable experiences that build self-efficacy; provide significant amounts of physical activity; and promote cognitive learning related to lifelong participation in physical activity. Depending on the intensity of physical activity, a minimum time per day ranges from 15 to 45 minutes, and increasing the frequency, intensity and time of the activity can bring even more health benefits.⁷³

Schools have a unique opportunity to teach students about the value of fitness, while providing them with adequate time, space and facilities to be physically active on a daily basis in physical education classes, recess periods and before- and after-school programs. Schools can provide multiple opportunities for students to practice physical activity through participation not only in physical education class, but through intramural programs, sports and recreation clubs, interscholastic athletics, and links with community-based sports and recreation programs.

Schools can also implement programs and policies to support walking or biking to school. Schools should provide a concrete plan to ensure students' needs for regular physical activity will be met throughout the school year. This plan should ensure that all students in designated grades will participate in the mandated health-related fitness test during the designated testing months.⁷⁴

What Do School Board Members Think?

A California survey found that a majority of school board members believe policies supporting good nutrition on school campuses can contribute to the reduction of student cancer and heart disease risks in the future (70 percent) and the reduction of the number of overweight and obese students (62 percent); while physical activity related policies can contribute to the reduction of student cancer (50 percent), diabetes (68 percent) and heart disease (71 percent) in the future. A majority (75 percent) believed physical activity on a daily basis can contribute to the reduction of overweight and obese students. The most frequently reported barriers to healthier eating at school were student preferences and impact of the food program on the budget, while barriers to physical activity at school were budgets and academic requirements.⁷⁵ School board members support providing healthy food options in schools (i.e., fruits, vegetables, low-fat milk), establishing minimum nutritional standards for fast foods sold in school, and limiting and monitoring food and soda advertisements in school. They were more supportive of banning a la carte food sales and fast food sales in 2004 than in 2001.⁷⁶

Tracking of school district policies in 2004 by California Project LEAN found that more than 10 percent of California school districts maintaining at least one high school have

developed or are developing healthier nutrition policies.⁷⁷ A 2004 national online survey found that schools had taken a number of actions to improve student nutrition, including changing lunch menus/choices (47 percent), changing vending machine selections (30 percent) and reducing access to vending machines (30 percent). Few had removed vending machines (8 percent) or established longer lunch periods (5 percent).⁷⁸ In the same study, schools most frequently reported that they were promoting walking or biking to school (35 percent), making changes in the physical education curriculum (31 percent), increasing sports teams or intramural activities (23 percent), increasing recess time (13 percent) and increasing physical education time (12 percent).⁷⁹

Summary and Recommendations

The Institute of Medicine's Committee on Comprehensive School Health recommends that school meal programs serve as a learning laboratory for developing healthful eating habits and not be placed in a profit-making or competitive situation with other food options in school.⁸⁰ Schools can model healthy eating by limiting the sale of fast foods and snack foods and encouraging greater consumption of fruits and vegetables. Healthy food choices should be made available to children in all school-related settings, including vending machines, school stores, snack bars, fundraising activities and other school events. School policy must provide adequate time for students to consume meals, pleasant dining room environments with minimal conflicting activities, and supervising adults who are trained in the basic knowledge of nutrition and how to sensitively assist children during mealtime.

IOM also recommends that schools improve the extent and nature of the physical activity opportunities that are offered so that students can attain the recommended amount of daily physical activity while in school. Schools should expand the physical activity opportunities available through school, including intramural and interscholastic sports programs and other physical activity clubs, programs and lessons that meet the needs and interests of all students. Additionally, schools should develop policies and programs that encourage active ways of getting between school and home, such as walking and biking.⁸¹

The American Academy of Pediatrics encourages school administrators to work with pediatricians and others in the community on ways to decrease the availability of foods and beverages with little nutritional value and to decrease the dependence on vending machines, snack bars, and school stores for school revenue. Additionally, AAP recommends a districtwide school policy that restricts the sale of soft drinks to safeguard against health problems as a result of overconsumption.⁸² Regarding physical activity, AAP recommends physical education programs that emphasize and model learning of daily activities for personal fitness (as opposed to physical education limited to a few team sports).⁸³

“Many schools are meeting the challenge. While remaining financially sound, schools are offering healthy, appealing foods for students. Many schools have also integrated unique physical activity opportunities for students, such as dancing and martial arts.”

— Peggy Agron, M.A., R.D., Chief, California Project LEAN, California Department of Health Services

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II. Providing a Comprehensive Program on Nutrition and Physical Activity

Schools alone cannot meet all the nutrition and physical activity-related needs of students. However, because the relationship between health, nutrition, physical activity and learning is so strong, and because young people spend so much of their time at school or at school-related activities, schools can be a vital part of the solution.

A comprehensive school nutrition and physical activity program can help students attain full academic potential and optimal health by providing the skills, social support and environmental reinforcement necessary to adopt lifelong healthy eating and physical activity behaviors. By adopting effective programs, districts and schools ensure that the health of students is a top priority.

This chapter presents eight successful ways to support a healthy school nutrition and physical activity environment. These recommendations have been adapted from the Surgeon General's Prescription for Change, the Centers for Disease Control and Prevention's School Health Index, the United States Department of Agriculture's Changing the Scene and the National Alliance for Nutrition and Activity's Model Local School Wellness Policies on Physical Activity and Nutrition. School districts are encouraged to establish and maintain a Coordinated School Health Program that addresses all components of school health, which are not addressed in this chapter. (See Appendix C: "Coordinated School Health Program.")

The subsequent section looks more closely at the role of school boards in promoting healthy eating and physical activity, and Chapter III provides information to help boards develop effective policies on nutrition and physical activity.

WHAT DISTRICTS CAN DO

To provide a comprehensive nutrition and physical activity program, districts should consider the following steps:

1. Emphasize proper nutrition and physical activity as a priority.

- Establish a vision and goals for the district's child nutrition and physical education programs.
- Adopt policies that ensure all foods and beverages available on school campuses and at school events and fundraisers contribute toward eating patterns that are, at a minimum, consistent with the school food standards in state and federal law. Extend nutrition standards to apply to middle and high schools where appropriate.
- Adopt policies that ensure students in grades K-12 have opportunities, support and encouragement to be physically active on a daily basis.
- Retain well-trained food service professionals and certified physical education instructors who reinforce students' adoption of healthy eating and physical activity habits.
- Ensure that nutrition and physical activity policies are implemented and evaluated annually.

2. Ensure quality school meals.

- Involve students in the selection, tasting and marketing of healthy foods and beverages that appeal to students.
- Provide a variety of food options, such as fruits, vegetables, whole grains and dairy foods, which are low in fat and added sugars.
- Offer a variety of healthy choices that appeal to students, including cultural and ethnic favorites.
- Commit all schools to participating in available child nutrition programs, including breakfast, lunch, after-school snacks, child care and summer food service.
- Work to eliminate any social stigma attached to, and prevent overidentification of, students who are eligible for free and reduced-price meals.

3. Monitor a la carte food sales.

- Restrict student access to unhealthy foods in vending machines, school stores and other venues that compete with healthy school meals in all grades, pre-kindergarten through grade 12.
- Ensure that healthy snacks and foods are provided in vending machines, school stores and other venues within the district's control. These options should cost the same or less than unhealthy alternatives.

4. Provide an environment conducive to good health.

- Allow an adequate amount of time and space for students to eat school meals, and schedule lunch periods at reasonable hours around midday. Ensure lunch lines are not too long and students have plenty of time to eat their food and socialize in a safe, comfortable and inviting place.
- Ensure that drinking fountains are operable, clean and convenient for students to use throughout the school day.
- Make available adequate and safe access to school physical activity facilities before, during and after school, on weekends, and during school vacations where feasible.
- Allow sufficient time during the day for supervised recess for elementary school students.
- Offer extracurricular physical activity programs, such as physical activity clubs, intramural programs, or interscholastic athletics.
- Assess and make needed improvements to make it easier and safer for students to walk and bike to school. Explore funding availability of the federal “safe routes to school” program.

5. Support nutrition education and physical education.

- Offer adequate time in the curriculum for nutrition education and daily physical education in all grades, pre-kindergarten through grade 12, as part of a sequential, comprehensive, standards-based program. At a minimum, 200 minutes/10 days of physical education are required for elementary students and 400 minutes/10 days are required for middle and high school students.
- Provide physical education that is consistent with California’s Physical Education Model Content Standards for California Public Schools.
- Ensure that qualified nutrition education and physical education specialists focus on knowledge and skill development so students are able to learn and adopt healthy eating and physical activity behaviors.

- Offer nutrition education in the school dining area, and in the classroom, with coordination between food service staff and teachers.
- Assess whether students are engaging in moderate to vigorous physical activity at least 50 percent of physical education class time.

6. Promote healthy eating and physical activity.

- Discourage the use of unhealthy foods (e.g., soda, candy or high-fat foods) as an incentive or reward for good behavior or academic performance the classroom, and instead encourage non-food alternatives (e.g., inexpensive stickers, pencils or erasers). (See Appendix C: “Constructive Classroom Rewards.”)
- Disallow the use of physical activity (e.g., running laps, pushups) or withholding of opportunities for physical activity (recess, physical education) as punishment.
- Serve healthy foods such as smoothies, fat-free or low-fat yogurt or salads for class parties.
- Use a variety of strategies to actively promote healthy eating and physical activity to students, parents, teachers, administrators and the community.
- Conduct promotional campaigns in the cafeteria and on campus that encourage healthy eating and do not promote less nutritious food choices.
- Discourage the promotion and advertising of unhealthy foods and beverages. (See Appendix C: “Commercial Activities in Schools.”)

7. Explore revenue-generating alternatives.

- Continually seek other sources of revenue for schools so food service programs, booster clubs, student clubs and Parent Teacher Associations do not have to support their activities through the sale of unhealthy foods in vending machines, snack bars, student stores and other food outlets. (See Appendix C: “Creative School Fundraising Ideas.”)
- Explore how some districts are able to be less reliant on the sale of unhealthy foods and beverages. (See Chapter V: Case Studies and visit CPL’s “Bright Ideas” at www.CaliforniaProjectLEAN.org.)

8. Assess the district's nutrition and physical activity program.

- Visit the school cafeteria for breakfast and lunch and spend time with students and staff to learn what students are eating and drinking.
- Involve students, parents, school staff, administrators, nutritionists and community leaders in assessing the school's eating and physical activity environment. Develop a shared vision and an action plan to achieve it. (See Chapter VI: Resources.)
- Review successful school-based models. (See Chapter V: Case Studies and visit CPL's "Bright Ideas" at www.CaliforniaProjectLEAN.org.)
- Access other resources to develop sound policies for other components of a Coordinated School Health program. (See Chapter VI: Resources.)

WHAT SCHOOL BOARDS CAN DO

School boards are elected to govern the community's schools. This involves setting a direction for the district, establishing a structure for action, providing support, holding the system accountable and providing leadership in the community. Thus, the board is in a powerful position to encourage and facilitate programs that enhance student health.

The school board, working closely with the superintendent as a governance team, can enhance good nutrition and physical well-being for students in the following ways:

1. Set a vision for good nutrition and good health.

In a district's vision statement or in its mission and goals statement, a board can emphasize its priority for supporting student health. Goals and objectives of the district can include specific desired outcomes related to healthy eating and physical activity.

2. Become advocates for good health and nutrition.

The board has the responsibility to provide leadership in the schools and the community. Boards can draw attention to the needs of the students and schools and help garner the support necessary to address

those needs. The district should consider having a plan to address the nutritional and physical well-being of its students. Because state and federal officials also make decisions that impact children's nutritional health, the board can seek opportunities to influence legislative and regulatory bodies on this issue as well.

3. Adopt policy.

The board sets expectations and provides direction through the adoption of policies on a variety of topics. The board is required to adopt a districtwide wellness policy in accordance with Section 204 of the Federal Child Nutrition and WIC Reauthorization Act of 2004, and can review the district's policy manual to look for other opportunities to promote healthier eating habits and physical activity. (See Chapter III: Policy Development.)

4. Adopt curriculum.

The board adopts guidelines for curricula, and thus can support efforts to teach students about healthy eating and physical activity.

5. Allocate resources to district programs.

The board adopts the district budget and, in so doing, must ensure that budget priorities reflect the goals and priorities set forth in its vision statement. If nutrition education, food programs and physical education are a priority, funds must be allocated to support those activities. These may include funds from foundations and government grants.

6. Ensure program accountability.

The board monitors program outcomes and holds the superintendent accountable. To fulfill this role, the board may want to request periodic information related to students' food choices, nutrition education and physical activity opportunities.

7. Encourage collaborative approaches.

The eating habits and activity patterns of children can be positively influenced by collaboration among agencies and community organizations. As public officials elected to represent the needs of students, school boards are in a powerful position to encourage a coordinated approach within the community.

III. Policy Development

Districts may already have a number of policies in place related to student health, nutrition and physical activity. These may or may not have been developed in a comprehensive manner based on relevant research and putting the needs of children and youth first. It is recommended that districts take a hard look at their existing policies, using the material in this chapter as a starting point, to ensure that district policies are up to date and reflect the board's and community's priority on student health and wellness.

The urgency of adopting a comprehensive approach to improving student health has been increased by a requirement under Section 204 of the Federal Child Nutrition and WIC Reauthorization Act of 2004 that school boards establish local wellness policies by the beginning of the 2006-07 school year. The district is required to include parents, students, school food service professionals, school administrators, board members and members of the public in the development of the policy. At a minimum, the policy must address:

- goals for nutrition education and physical activity that promote wellness in a manner that the district determines is appropriate;
- nutrition guidelines for all food sold on campus during the day, in efforts to promote health and reduce childhood obesity;
- assurance that nutrition guidelines for school meals will not be less restrictive than federal policy; and
- a plan for measuring the effectiveness of the wellness policy, including the designation of at least one person to oversee the activities and ensure that schools meet the local wellness policy.

The information below, and throughout this guide, can assist the board and its stakeholders in the review of these issues and the development of appropriate policy.

THE BOARD'S ROLE IN POLICY

One of the board's most effective tools for establishing its expectations and holding the system accountable is by setting policy. School boards adopt policies to ensure that actions taken by district staff support the district vision for

student learning. Policies are also adopted to communicate the expectations of the board and community regarding the overall climate in schools throughout the district.

Boards want to help, reach out, fix, anticipate and respond to issues present in the school community. To accomplish these goals, it is important to utilize a system that provides equal access, stability and democracy and recognizes the collective nature of a working board's legal authority and responsibility.

There are many reasons that it is important to work through policies:

- Voting on a policy provides clear direction to the superintendent. Board members may not all agree, but the policy development and adoption process ensures a majority of the board comes to agreement, making it possible to provide coherent rather than fragmented policy messages to the staff.
- By creating policies, boards can initiate action or respond to district stakeholders in an appropriate and systematic way.
- A policy manual provides a structural framework to guide and organize the district, and helps clarify district philosophy as well as the roles and responsibilities of the board, the superintendent and staff.
- Policy development, adoption and evaluation are the mechanisms by which district operations remain stable through changes in board members, superintendent or staff.
- Development of sound policies through an effective process increases public confidence by showing that the district is being governed and operated with a focus on student learning, within the parameters of law, and in accordance with sound business practices.
- Policies help ensure decisions are made thoughtfully, while keeping in mind the larger policy direction of the district. This process can help districts avoid setting a precedent with individual decisions which may be hastily made without taking into consideration the long-term implications.

The public entrusts school boards with responsibility for making sure the community's public schools do the best

possible job of providing a quality education. Setting policy direction and parameters can be done only by locally elected school boards, that are vested with the authority to make decisions in the public policy arena on behalf of the community.

The policies that are in a district policy manual are often developed and recommended to the board based on a directive from the board or superintendent, a mandate from a new law or a change in existing law. While district staff usually drafts the policy language, the board has the responsibility first to ensure the language clearly reflects the board's policy intent and then to adopt the policy.

Subsequently, the superintendent or assigned staff member drafts administrative regulations based on the policy. The superintendent knows the specific practical and enforceable steps that are needed to make the policy succeed. Regulations and policies are often adopted at the same time or located together so it is clear what actions will result from the adoption of the policy.

POLICY DEVELOPMENT PROCESS

The following Nutrition Policy Development Worksheet and Physical Activity Policy Development Worksheet provide a guide for school boards, superintendents, district staff and others to develop and review related board policies and administrative regulations.

Part I of each worksheet introduces the policy topic and provides a series of questions designed to facilitate the board's discussion and to develop an understanding of this issue and its relationship with student learning and achievement.

Part II uses a series of questions to help boards, administrators, staff and others assess existing board policies and administrative regulations related to nutrition and physical activity in order to determine the need for the development or revision of current policies or regulations.

Part III suggests a policy development process to help school boards, administrators, staff and others determine the necessary actions and responsibilities for collecting data and for making recommendations on the relevant board policies and administrative regulations.

Part IV provides a format for completing policy revisions and developing new board policies and administrative regulations.

A **Workplan and Timeline** form is also provided to assist in the planning of the policy work and to establish deadlines.

The policy review and development process described in this section is resource intensive. As such, it provides the greatest opportunity for a full understanding of the issue and its impact on student learning. However, it is recognized that it is very unlikely that any two districts will follow the same policy development process. What is important is for districts to find what works for them, and then to proceed accordingly.

NUTRITION POLICY DEVELOPMENT WORKSHEET

Part I: Initial Discussion of Topic

Relationship to student learning: The following questions are intended to focus your district's discussion on the relationship between nutrition and student learning.

1. Why is nutrition important to student learning?

2. What does your governance team see as the relationship between nutrition and student learning in your district?

3. How will policies on nutrition contribute to improved student learning?

Policy topic components: Below are the basic components that a board should understand and/or address in policy on student nutrition. Some components are directly related to student learning, and others reflect legal compliance issues that are also important to include in policy or administrative regulations. Component statements are not intended to be policy language. Each component statement is a key concept related to the topic, but not the policy language itself. Each component is intended to frame an issue or identify concerns and interests that your board would want to address in a policy on this topic. Under each component statement are questions that may help guide the board’s discussion of the component.

1. The board recognizes that proper nutrition is necessary for maximizing the opportunity for a child to learn.

- What does research show about the relationship between nutrition and student learning?

- What are your community’s and board’s expectations with regard to the nutritional value of all foods available on school grounds?

- Do the nutritional needs of children differ by student age group?

2. The district’s curriculum includes nutrition education at all grade levels.

- What are the district’s goals for nutrition education?

- What is currently taught in each grade level?

➤ What do your district collective bargaining agreements say about nutrition education/food service?

➤ How can the district ensure that other food sales do not impair student participation in the district's food service program?

4. Other food sales in district schools (e.g., fundraisers, vending machines) encourage healthy eating habits.

➤ What are the legal requirements regarding food and beverage sales for fundraisers and/or vending machines?

➤ Has the district established nutrition guidelines for all food sold on campus during the day? Do these guidelines promote student health?

➤ What are the community's and board's expectations regarding: (a) the availability of soda on campus? (b) the use of "junk foods" for fundraisers? Do these expectations vary depending on the age or grade level of students, or should they be consistent?

➤ By what process are specific food items approved for sale in fundraisers or vending machines?

➤ Does the district have contractual obligations that need to be taken into consideration (e.g., contracts with beverage companies)?

➤ What resources are generated by existing arrangements for competitive food/beverage sales? What percentage of the district's budget consists of private-sector contributions, specifically commercial activities pertaining to non-nutritious foods and beverages? What does research show about student purchases of healthier foods and beverages when these items are made available?

5. Advertisements and other commercial messages at schools do not undermine the district's efforts to promote healthy eating habits.

- What does research show about the susceptibility of children and youth to commercial persuasion?

- Do existing business partnerships or contracts require the district to advertise as a condition for receiving funds, products, materials or equipment?

- What criteria should be established regarding the content of advertisements aimed at students? Should the board ban or place any restrictions on advertisements of foods and beverages of minimal nutritional value (e.g., soft drinks, foods high in fat or sugar)? Should the criteria/restrictions vary depending on the grade levels of the students in the school?

- What is the district's current process for reviewing and approving specific requests for advertisements or other commercial activities? To what extent should individual school sites be allowed to make their own decisions regarding commercial activities? Under what circumstances, if any, should the superintendent's or board's approval be required?

- Do advertisements in schools imply an endorsement of the product by the district? What steps can be taken to clarify that the district is not endorsing a product?

- Does the district's educational program include instruction in media literacy which helps students to become critically aware consumers?

6. The district shall regularly evaluate the effectiveness of its nutrition policies and programs.

- Who has the superintendent assigned to oversee the implementation of the district's wellness policy?

- What indicators will be used to measure the effectiveness of the district's nutrition policies and programs?

- What type of reports does the board expect to receive, and how often?

7. What criteria will the governance team use to determine whether this policy achieves the desired results?

8. What provisions does the draft policy include for periodic review and evaluation?

Note: Following adoption of the policy by the board, the superintendent should develop a plan for communicating the policy to interested parties, as well as a plan to implement the policy. The plan could include agreement on the goals, community outreach, key messages to be communicated, the individuals, groups and media organizations to receive the communication, and, when appropriate, strategies that tailor the messages for each of these groups so people receive the information of most use to them. Once a policy has been adopted, it is the board's responsibility to support it by providing the necessary funding when a budget is adopted, considering the policy implications of collective bargaining decisions, and modeling the behavior called for in policy.

NUTRITION POLICY WORKPLAN AND TIMELINE

Activity	Person Responsible	Deadline
Part I: Introduction of topic and initial board discussion of broad issues		
Part II: Assessment of existing policy		
Part III: Data collection and analysis		
Professional staff analysis and recommendation		
District and community input		
Part IV: Board content directions		
Drafting of recommended policy		
Legal review		
First reading: board initial opportunity for public input		
Drafting of revised policy, if necessary		
Legal review of revised policy		
Second reading and adoption		
Communication of new policy		
Specifically: (list)		
Implementation by superintendent and staff		
Review and evaluation		
Modify policy based on review and evaluation		

PHYSICAL ACTIVITY POLICY DEVELOPMENT WORKSHEET

Part I: Initial Discussion of Topic

Relationship to student learning: The following questions are intended to focus your district’s discussions on the relationship between physical activity and student learning.

1. Why is physical activity important to student learning?

2. What does your governance team see as the relationship between physical activity and student learning in your district?

3. How will policies on physical activity contribute to improved student learning?

Policy topic components: The following are the basic components that a board should understand and/or address in policy on physical activity. Some components are directly related to student learning, and others reflect legal compliance issues that are also important to include in policies or regulations. Component statements are not intended to be policy language. Each component statement is a key

concept related to the topic, but not the policy language itself. Each component is intended to frame an issue or identify concerns and interests that your board would want to address in a policy on this topic. Under each component statement are questions that may help guide the board’s discussion of the component.

1. The board recognizes that physical activity is necessary for maximizing the opportunity for a child to learn.

➤ What does research show about the relationship between physical activity, health and student learning?

➤ What are your community’s and board’s expectations with regard to the schools’ responsibility to provide and promote physical activity?

➤ What are the district’s goals for physical activity?

➤ Are different strategies for promoting physical activity needed based on students’ ages, gender, socioeconomic status or availability of community resources?

➤ How will the district measure the impact of the physical activity program on student learning?

2. The district's curriculum includes physical education at all grade levels.

➤ What types of physical education are currently taught at each grade level? Do the students find it enjoyable? What does research show are the components of a successful physical education program?

➤ Is the district's curriculum aligned to the state's framework for physical education?

➤ How much time is spent on physical education at each grade level? Does this meet legal requirements? Is it sufficient? What percentage of class time are students spending on physical activity?

➤ Are the physical activities age and culturally appropriate?

➤ Do marching band classes and similar activities satisfy physical education requirements of the district? Should substitutions for physical education be permitted?

➤ Are some students temporarily or permanently excluded from physical education? Who and why?

➤ Are appropriate alternative activities provided for students with a physical disability that may restrict excessive physical exertion?

➤ What are the qualifications of staff teaching physical education? What is the student/teacher ratio? Is this adequate?

➤ How is students' physical performance assessed and graded? How are these evaluations, plus the results of the annual physical performance testing designated by the State Board of Education, used in program planning and in assisting individual students?

➤ Is the physical education curriculum linked to the district's nutrition and/or health curriculum to provide a comprehensive, coordinated approach to physical fitness topics?

➤ Do playgrounds, sports fields and other facilities for physical activities meet or exceed recommended safety standards?

3. Interscholastic athletic programs, if any, are integrated with the educational program and promote physical fitness and good sportsmanship.

➤ What are the legal requirements and California Interscholastic Federation principles and rules applicable to interscholastic athletic programs? Is the district’s program consistent with those laws, principles and rules?

➤ How is eligibility for participation in interscholastic athletic programs determined? Are requirements for academic eligibility the same as for other extracurricular/co-curricular activities?

➤ Is the district’s program free from discrimination? Does it provide equivalent opportunities for both males and females? What does “gender equity” mean in terms of athletic programs?

➤ What are the qualifications of coaches in the district?

➤ What provisions are necessary to maximize the health and safety of student athletes? Is protective equipment available as necessary?

4. The district engages in a collaborative effort to promote students’ physical activity beyond the school day.

➤ To what extent is physical activity incorporated into any district-operated, after-school programs or child care programs?

➤ What opportunities are available for schools to promote parent and community involvement in reducing children’s sedentary behavior, such as by reducing television viewing? How are parents involved in the physical education programs offered at the various school sites?

➤ Is the district currently involved in local partnerships working to provide opportunities for physical activity for children and youth in the community? What other local agencies, organizations, businesses or community leaders might be approached to initiate or expand collaboratives focused on children’s health and fitness?

➤ What types of state and/or federal resources are available? In which federal and/or state programs does the district current participate?

Part III: Policy Development Process

As part of the policy development process, your governance team should determine the data needed to effectively address this policy topic. This includes determining where the data may be available, the appropriate allocation of resources for data collection and analysis, and the assignment of responsibility for data collection, analysis and recommendations. The process also should include opportunities for input from affected parties in the district and the community.

1. What data do you need in order to develop policy related to physical activity?

a. Internal data sources:

b. External data sources:

2. Who beyond the governance team should be involved in the policy development process (e.g., physical education and health teachers, health department, public health and health care professionals, parents, students, county/city parks and recreation representatives, other interested community members)?

3. What are the recommendations from the stakeholders listed above?

4. What are the recommendations of staff, based on an analysis of the data?

Part IV: Board Policy Content Directions

Content directions: Your board should identify the content components of new or revised policy based on the discussion, assessment, analysis and input in Parts I through III and a review of the following questions.

1. Which of the policy components listed in Part I and those recommended by key stakeholders (identified in Part III) does the board want included in a new or revised policy?

2. Does the assessment of existing policy completed in Part II identify any additional content components the board wants in new or revised policy?

3. Has the board identified any content in existing policy that should not be included in new or revised policy?

4. Do the data and input developed in Part III reveal any additional (or new) content components the board wants in new or revised policy?

Review of draft policy: After the board has completed the process described above, the superintendent, policy committee and/or other appropriate designees should prepare a draft policy, arrange for legal review of the policy, and bring it to the board for consideration at a public board meeting. The following questions should be used to guide the board’s review of draft policy. If any significant revisions are required, some or all of the questions in Parts I through IV may need to be revisited before the policy is formally adopted.

5. Does the draft policy accurately reflect the board's intent? In what ways, if any, should the policy be revised to better communicate the board's direction?

6. Does public or staff input add any new issues that need to be addressed?

7. What criteria will the governance team use to determine whether this policy achieves the desired results?

8. What provisions does the draft policy include for periodic review and evaluation?

Note: Following adoption of the policy by the board, the superintendent should develop a plan for communicating the policy to interested parties, as well as a plan to implement the policy. The plan could include agreement on the goals; community outreach; key messages to be communicated; the individuals, groups and media organizations to receive the communication; and, when appropriate, strategies that tailor the messages to each of these groups so people receive the information of most use to them.

Once a policy has been adopted, it's the board's responsibility to support it by providing the necessary funding when a budget is adopted, considering the policy implications of collective bargaining decisions, and modeling the behavior called for in the policy.

PHYSICAL ACTIVITY POLICY WORKPLAN AND TIMELINE

Activity	Person Responsible	Deadline
Part I: Introduction of topic and initial board discussion of broad issues		
Part II: Assessment of existing policy		
Part III: Data collection and analysis		
Professional staff analysis and recommendation		
District and community input		
Part IV: Board content directions		
Drafting of recommended policy		
Legal review		
First reading: board initial consideration of draft policy, opportunity for public input		
Drafting of revised policy, if necessary		
Legal review of revised policy		
Second reading and adoption		
Communication of new policy Specifically: (list)		
Implementation by superintendent and staff		
Review and evaluation		
Modify policy based on review and evaluation		

IV. Sample Board Policies

More than 80 percent of the school districts in California rely on CSBA's Policy Services to meet their policy needs. CSBA develops sample policies using the following process:

- CSBA's Policy Review Committee identifies policies for development or revision as a result of new legislation, regulatory changes, judicial or attorney general opinions, education research or best practices, and/or CSBA's philosophy on effective governance and other current topics.
- Background materials are gathered and experts are consulted.
- Drafts are produced and reviewed by CSBA policy staff.
- Final drafts are reviewed by CSBA's legal counsel.
- Samples are distributed to client districts for their consideration.

CSBA's materials are samples. Districts are encouraged to tailor the policies to fit their own needs and circumstances. CSBA strongly recommends that district staff reflect on the need for each sample policy provided, gather additional research if necessary, make any necessary changes to the samples in order to reflect local circumstances, and, finally, take the draft policies to the board for consideration, deliberation and adoption.

The following sample board policies and administrative regulations relating to student health and nutrition are included in this guide:

BP 0200	Goals for the School District
BP/AR 3550	Food Service/Child Nutrition Program
BP/AR 3553	Free and Reduced-price Meals
BP/AR 3554	Other Food Sales
BP 5030	Student Wellness
BP/AR 6142.7	Physical Education
BP 6142.8	Comprehensive Health Education

Note: CSBA's sample policies and administrative regulations are regularly reviewed and revised. Please check with CSBA's Policy Services to ensure you have the most recent version by calling (800) 266-3382. Revisions to the above-referenced policies and administrative regulations will be posted at www.csba.org/ps/hf.htm.

To learn more about CSBA's Policy Services visit us at www.CSBA.org/ps.

CSBA Sample Board Policy

Philosophy-Goals-Objectives and Comprehensive Plans BP 0200

GOALS FOR THE SCHOOL DISTRICT

The Governing Board shall adopt long-term goals for achieving the district's overall vision for its schools as well as clear performance standards and benchmarks which can be used to determine if the district is meeting these goals. Goals shall be limited in number so as to be reasonably achievable within established timelines.

(cf. 0000 - Vision)
(cf. 0100 - Philosophy)
(cf. 0500 - Accountability)
(cf. 6010 - Goals and Objectives)
(cf. 9000 - Role of the Board)

The Superintendent or designee may establish short-term, interim objectives and comprehensive plans to ensure adequate, regular progress toward the district's long-term goals.

(cf. 0400 - Comprehensive Plans)

Note: Districts are encouraged to replace the list of goals below with their own locally developed goals.

The district's goals are to:

1. Maintain safe and orderly campuses which promote learning
(cf. 0450 - Comprehensive Safety Plan)
(cf. 5144 - Discipline)
2. Provide appropriate instruction to meet the varied academic and career goals of students by identifying and responding to individual student needs
(cf. 6000 - Concepts and Roles)
(cf. 6030 - Integrated Academic and Vocational Instruction)
3. Ensure that all students achieve academic proficiency in essential areas of skill and knowledge
(cf. 6011 - Academic Standards)
(cf. 6146.1 - High School Graduation Requirements)
(cf. 6146.5 - Elementary/Middle School Graduation Requirements)

4. Provide for the specialized needs of identified groups of students

(cf. 6164.4 - Identification of Individuals for Special Education)
(cf. 6164.6 - Identification and Education under Section 504)
(cf. 6171 - Title I Programs)
(cf. 6172 - Gifted and Talented Student Program)
(cf. 6174 - Education for English Language Learners)
(cf. 6175 - Migrant Education Program)

5. Promote student health and nutrition in order to enhance readiness for learning

(cf. 3550 - Food Service/Child Nutrition Program)
(cf. 3553 - Free and Reduced-price Meals)
(cf. 3554 - Other Food Sales)
(cf. 6142.7 - Physical Education)
(cf. 6142.8 - Comprehensive Health Education)
(cf. 6145.2 - Athletic Competition)

6. Develop each student's self-respect, respect for others, appreciation for diversity and sense of personal responsibility

(cf. 5137 - Positive School Climate)
(cf. 6141.6 - Multicultural Education)

7. Provide time and resources for collaboration, planning and professional development for all staff

(cf. 4131 - Staff Development)
(cf. 4231 - Staff Development)
(cf. 4331 - Staff Development)

8. Maintain fiscal integrity for the district

(cf. 3100 - Budget)
(cf. 3400 - Management of District Assets/Accounts)
(cf. 3460 - Financial Reports and Accountability)

9. Improve the organization, management and decision-making structure and capabilities of the district to better support the education of students

(cf. 0420.5 - School-Based Decision Making)
(cf. 2000 - Concepts and Roles)

10. Employ technology in ways that enhance learning, teaching and noninstructional operations

(cf. 0440 - District Technology Plan)
(cf. 4040 - Employee Use of Technology)
(cf. 6162.7 - Use of Technology in Instruction)
(cf. 6163.4 - Student Use of Technology)

11. Provide and maintain facilities to meet the needs of present and future students
- (cf. 7000 - Concepts and Roles)*
(cf. 7110 - Facilities Master Plan)
12. Maintain positive relations with parents/guardians and the community, emphasizing communication and inviting participation in the schools
- (cf. 1220 - Citizen Advisory Committees)*
(cf. 1240 - Volunteer Assistance)
(cf. 1700 - Relations between Private Industry and the Schools)
(cf. 6020 - Parent Involvement)
13. Collaborate with other public agencies and private organizations to ensure that children’s physical, social and emotional needs are met
- (cf. 1020 - Youth Services)*
(cf. 1400 - Relations between Other Governmental Agencies and the Schools)
14. Provide a system of shared accountability for student achievement with clear performance standards and consequences
- (cf. 0500 - Accountability)*
(cf. 0510 - School Accountability Report Card)
(cf. 2140 - Evaluation of the Superintendent)
(cf. 4115 - Evaluation/Supervision)
(cf. 4215 - Evaluation/Supervision)
(cf. 4315 - Evaluation/Supervision)
(cf. 6162.5 - Student Assessment)
(cf. 9400 - Board Self-Evaluation)

Legal Reference:

EDUCATION CODE

- 51002 Local development of programs based on stated philosophy and goals*
51020 Definition of goal
51021 Definition of objective

Management Resources:

CSBA PUBLICATIONS

- Healthy Food Policy Resource Guide, 2003*
Maximizing School Board Leadership: Vision, 1996

WEB SITES

- CSBA: <http://www.csba.org>*

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CSBA Sample Board Policy

Business and Noninstructional Operations BP 3550

FOOD SERVICE/CHILD NUTRITION PROGRAM

Note: The following optional policy addressing the district's food services program and cafeteria may be revised as desired to reflect district practice. For food sales outside the district's food services program (e.g., by student and adult organizations, through vending machines and at student stores), see BP/AR 3554 - Other Food Sales.

The Governing Board recognizes that students need adequate, nourishing food in order to grow, learn and maintain good health. The Board desires to provide students with adequate space and time to eat meals. To reinforce the district's nutrition education program, foods available on school premises shall:

1. Be carefully selected so as to contribute to students' nutritional well-being and the prevention of disease

Note: Information about nutritional standards is presented in the accompanying administrative regulation.

2. Meet nutritional standards specified in law and administrative regulation
3. Be prepared in ways that will appeal to students, retain nutritive quality and foster lifelong healthful eating habits
4. Be served in age-appropriate quantities and at reasonable prices

(cf. 3312 - Contracts)

(cf. 3551 - Food Service Operations/Cafeteria Fund)

(cf. 3553 - Free and Reduced-price Meals)

(cf. 3554 - Other Food Sales)

(cf. 5141.32 - Child Health and Disability Prevention Program)

(cf. 6142.8 - Comprehensive Health Education)

Note: Pursuant to 7 CFR 210.12, districts participating in the National School Lunch Program are encouraged to promote activities to involve students and parents/guardians in the program. The following optional paragraph reflects this intent and should be revised to reflect district practice.

The Superintendent or designee shall develop strategies designed to encourage the participation of students and parents/guardians in the selection of foods of good nutritional quality for school menus. Parents/guardians are encouraged to support the district's nutrition education efforts by considering nutritional quality when selecting any snacks which they may donate for occasional class parties.

School cafeterias shall comply with the sanitation and safety requirements of the California Uniform Retail Food Facilities Law as set forth in Health and Safety Code 113700-114455.

Child Nutrition and Physical Activity Advisory Committee

Note: The following optional section is for use by districts that choose to establish a Child Nutrition and Physical Activity Advisory Committee pursuant to Education Code 49433. Education Code 49433 authorizes districts that maintain at least one elementary or middle school, or a high school participating in a pilot program pursuant to Education Code 49433.7, to convene a Child Nutrition and Physical Activity Advisory Committee to develop district policies on nutrition and physical activity for recommendation to the Board.

The Board may establish a Child Nutrition and Physical Activity Advisory Committee to develop school district policies on nutrition and physical activity for recommendation to and approval by the Board. (Education Code 49433)

The membership of the Child Nutrition and Physical Activity Advisory Committee shall include, but need not be limited to, Board members, school administrators, food service directors, food service staff, other staff, parents/guardians, students, physical and health education teachers, dietitians, health care professionals and interested community members. (Education Code 49433)

In developing such policies on nutrition and physical activity, the Committee shall hold at least one public hearing and shall ensure that the policies address all the issues and goals specified in Education Code 49433. (Education Code 49433)

(cf. 1220 - Citizen Advisory Committees)

(cf. 6142.7 - Physical Education)

Legal Reference:

EDUCATION CODE

- 38080-38103 Cafeteria, establishment and use
- 45103.5 Contracts for management consulting services; restrictions
- 49430-49436 Pupil Nutrition, Health, and Achievement Act of 2001
- 49490-49493 School breakfast and lunch programs
- 49500-49505 School meals
- 49510-49520 Nutrition
- 49530-49536 Child Nutrition Act
- 49540-49546 Child care food program
- 49547-49548.3 Comprehensive nutrition services
- 49550-49560 Meals for needy students
- 49570 National School Lunch Act

HEALTH AND SAFETY CODE

- 113700-114455 California Uniform Retail Food Facilities Law

CODE OF REGULATIONS, TITLE 5

- 15500-15501 Food sales by student organizations
- 15510 Mandatory meals for needy students
- 15530-15535 Nutrition education
- 15550-15565 School lunch and breakfast programs

UNITED STATES CODE, TITLE 42

- 1751-1769 School lunch programs
- 1771-1791 Child nutrition, especially:
- 1773 School breakfast program

CODE OF FEDERAL REGULATIONS, TITLE 7

- 210.1-210.31 National School Lunch Program
- 220.1-220.21 National School Breakfast Program

Management Resources:

CSBA PUBLICATIONS

"Healthy Food Policy Resource Guide," 2003

CDC PUBLICATIONS

"School Health Index for Physical Activity and Healthy Eating: A Self-Assessment and Planning Guide for Elementary and Middle/High Schools," 2000

NASBE PUBLICATIONS

"Fit, Healthy and Ready to Learn," 2000

USDA PUBLICATIONS

"Team Nutrition, Food and Nutrition Services, Changing the Scene, Improving the School Nutrition Environment: A Guide to Local Action," 2000

WEB SITES

CSBA: <http://www.csba.org>

American School Food Service Association (ASFSA):
<http://www.asfsa.org>

CDE, Nutrition Services Division/ SHAPE California:
<http://www.cde.ca.gov/nsd>

California Department of Health Services, School Health Connections: <http://www.dhs.ca.gov/schoolhealth>

California Project LEAN (Leaders Encouraging Activity and Nutrition): <http://www.CaliforniaProjectLEAN.org>

California Healthy Kids Resource Center: <http://www.californiahealthykids.org>

National School Boards Association: <http://www.schoolhealth@nsba.org>

National Association of State Boards of Education (NASBE): <http://www.boards@nasbe.org>

U.S. Dept. of Agriculture, Food and Nutrition Information Center (FNIC): <http://www.nal.usda.gov/fnic>

Centers for Disease Control and Prevention:
<http://www.cdc.gov>

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CSBA Sample Administrative Regulation

Business and Noninstructional Operations AR 3550

FOOD SERVICE/CHILD NUTRITION PROGRAM

Posting Requirements

Note: Pursuant to Education Code 49432, the following posting requirement must be implemented by January 1, 2004.

Each school shall post the district's policies and regulations on nutrition and physical activity in public view within all school cafeterias or in other central eating areas. (Education Code 49432)

(cf. 6142.7 - Physical Education)

Note: Education Code 49432 also authorizes but does not require public schools to post a summary of nutrition and physical activity laws and regulations. The following paragraph is optional.

Each school also may post a summary of nutrition and physical activity laws and regulations prepared by the California Department of Education. (Education Code 49432)

Nutritional Standards

A minimum of 50 percent of the food sold by the district on school grounds during regular school hours shall be from the list of nutritious foods provided in Education Code 38085. (Education Code 38085)

(cf. 3554 - Other Food Sales)

Note: Items #1-2 below are for use by districts maintaining elementary schools. For these schools, Education Code 49431, as amended by SB 677 (Ch. 415, Statutes of 2003), will supercede the requirements of Education Code 38085 when the California Department of Education reports that state funding has been appropriated for the following purposes: (1) nutrition policy development grants pursuant to Education Code 49433, (2) support and technical assistance to school districts pursuant to Education Code 49433.5, and (3) increased meal reimbursements pursuant to Education Code 49430.5. When funding is not available, districts may choose to adopt these new standards at their discretion. Districts should check with legal counsel before modifying or terminating any contractual arrangements.

The following paragraph may be modified to indicate the position(s) responsible for approving food selections for compliance with Education Code 49431. In addition, districts with middle or high schools participating in a pilot program

pursuant to Education Code 49433.7, which are also subject to the nutritional standards of Education Code 49431, should modify the following paragraph to reflect the grade levels and circumstances of the district.

However, when the California Department of Education determines that funds are appropriated pursuant to Education Code 49431, the Superintendent or designee shall ensure that elementary schools instead comply with the following nutritional standards: (Education Code 49431)

1. The only food that may be sold to students during breakfast and lunch periods is food that is sold as a full meal. However, fruits, non-fried vegetables, legumes, beverages, dairy products or grain products may be sold as individual food items if:
 - a. Not more than 35 percent of the total calories of the food item, excluding nuts or seeds, is from fat.
 - b. Not more than 10 percent of the food item's total calories is from saturated fat.
 - c. Not more than 35 percent of the total weight of the food item, excluding fruits or vegetables, is composed of sugar.
2. Any individual food item sold to students during morning or afternoon breaks shall meet the standards in item #1a-c above.

Note: SB 677 (Ch. 415, Statutes of 2003) added Education Code 49431.5 to make the following requirements for beverages, effective July 1, 2004. Districts should select the items that apply to grade levels offered by the district.

Beginning July 1, 2004, the following nutritional standards shall apply to all beverages provided in the district's food services program: (Education Code 49431.5)

1. Regardless of the time of day, the only beverages that may be sold to elementary students are water, milk, 100 percent fruit juices, or fruit-based drinks that are composed of no less than 50 percent fruit juice and that have no added sweeteners.
2. The only beverages that may be sold to middle school students from one-half hour before the start of the school day until after the end of the last lunch period are:
 - a. Fruit-based drinks that are composed of no less than 50 percent fruit juice and that have no added sweeteners

- b. Drinking water
- c. Milk, including but not limited to chocolate milk, soy milk, rice milk and other similar dairy or nondairy milk
- d. An electrolyte replacement beverage that contains no more than 42 grams of added sweetener per 20-ounce serving

Note: The following paragraph is for use by districts that participate in the National School Lunch and School Breakfast Programs pursuant to 42 USC 1757 and 1773. If desired, such districts may choose to revise the following paragraph to apply equally to all district schools, even if some schools do not participate in the program.

For schools participating in the National School Lunch and School Breakfast Programs, meals shall also meet the nutritional standards, as well as the nutrient and calorie levels for students of each age or grade group, required by 7 CFR 210.10 and 220.8.

(cf. 3533 - Free and Reduced-price Meals)

Note: Pursuant to 7 CFR 210.10 and 220.8, meals offered through the National School Lunch and School Breakfast Programs will qualify for reimbursement even if high school students are allowed to decline up to two lunch items (provided they accept the entree) and one breakfast item as provided in Option 1 below. At the district's discretion, this "offer versus serve" option may be extended to students at all grade levels as provided in Option 2 below.

OPTION 1: High school students may decline a maximum of two menu items at lunch, provided they accept the entree, and may decline one menu item at breakfast. (7 CFR 210.10, 220.8)

OPTION 2: Students in all grades may decline a maximum of two menu items at lunch, provided they accept the entree, and may decline one menu item at breakfast.

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CSBA Sample Board Policy

Business and Noninstructional Operations BP 3553

FREE AND REDUCED-PRICE MEALS

Note: Education Code 49550-49560 require the district to provide at least one nutritionally adequate meal during each school day to students who meet federal eligibility criteria for free and reduced-price meals. The district may seek state reimbursement pursuant to Education Code 49490-49494 and federal reimbursement via the National School Lunch or School Breakfast Programs pursuant to 42 USC 1757.

The Governing Board recognizes that adequate nutrition is essential to child development and learning and that some families may be unable to provide breakfast and lunch for their children. In accordance with law, the district shall provide nutritionally adequate free and reduced-price meals for students whose families meet federal eligibility criteria.

The Superintendent or designee shall recommend for Board approval a plan that ensures that students eligible to receive free or reduced-price meals and milk are not treated differently from other students or easily identified by their peers.

(cf. 0410 - Nondiscrimination in District Programs and Activities)
(cf. 5145.3 - Nondiscrimination/Harassment)

Upon approval of the Board, this plan shall be submitted to the California Department of Education for approval. (Education Code 49557)

All applications and records related to eligibility for the free or reduced-price meal program shall be confidential except as provided by law. (Education Code 49558)

Note: Education Code 49558 authorizes Boards to allow district employees to use the name and eligibility status of students participating in the free and reduced-price meal program for the purpose of disaggregation of academic achievement data. However, in accordance with federal guidelines, free and reduced-price meal records may be shared for this purpose only when it is in connection with either Title I, including elements of the No Child Left Behind Act (NCLB), or the National Assessment of Educational Progress (NAEP). As amended by AB 1636 (Ch. 321, Statutes of 2004), Education Code 49558 also allows districts with schools in program improvement, pursuant to 20 USC 6316 (No Child Left Behind Act), to use this information to identify students eligible for school choice and supplemental educational services. See BP/AR 0520.2 - Title I Program Improvement Schools. Only the name and meal eligibility status of a student may be shared for this purpose. Information regarding a student's participation in the program (e.g., household size and income, the record of meals served to that student) is confidential.

Districts wishing to use free and reduced-price meal records for these purposes are mandated to adopt a policy authorizing employee access. See the accompanying administrative regulation for additional language implementing this mandate.

In accordance with law, the Board authorizes designated employees to use individual records pertaining to student eligibility for any free and reduced-price meal program for the purpose of: (Education Code 49558)

1. Disaggregation of academic achievement data
2. Identification of students eligible for school choice and supplemental educational services in any school identified for program improvement

(cf. 0520.2 - Title I Program Improvement Schools)
(cf. 5125 - Student Records)
(cf. 6162.51 - Standardized Testing and Reporting Program)
(cf. 6171 - Title I Programs)
(cf. 6190 - Evaluation of the Instructional Program)

Note: Pursuant to Education Code 49558, districts may release information on the School Lunch Program application to the local agency that determines eligibility under the Medi-Cal program under the conditions described below.

The Board further authorizes the release of information on the school lunch program application to the local agency that determines Medi-Cal program eligibility, provided that the student is approved for free meals and the parent/guardian consents to the sharing of information as provided by Education Code 49557.2.

(cf. 5141.6 - Student Health and Social Services)

Legal Reference:

EDUCATION CODE

- 48980 Notice at beginning of term
- 49490-49494 School breakfast and lunch programs
- 49500-49505 School meals
- 49510-49520 Nutrition
- 49530-49536 Child Nutrition Act of 1974
- 49547-49548.3 Comprehensive nutrition service
- 49550-49560 Meals for needy students

CODE OF REGULATIONS, TITLE 5

- 15510 Mandatory meals for needy students
- 15530-15535 Nutrition education
- 15550-15565 School lunch and breakfast programs

UNITED STATES CODE, TITLE 20

- 1232g Federal Educational Rights and Privacy Act
- 6301-6514 Title I programs

UNITED STATES CODE, TITLE 42

- 1751-1769 National lunch programs
- 1771-1791 Child nutrition

CODE OF FEDERAL REGULATIONS, TITLE 7

- 245.1-245.13 Determination of eligibility for free and reduced-price meals

Management Resources:

CDE LEGAL ADVISORIES

- 0325.98 Education Code Section 49558 LO: 1-98

CSBA PUBLICATIONS

- "Healthy Food Policy Resource Guide," 2003

USDA PUBLICATIONS

- "Team Nutrition, Food and Nutrition Services, Changing the Scene, Improving the School Nutrition Environment: A Guide to Local Action" 2000

WEB SITES

- CSBA: <http://www.csba.org>
- California Department of Education, Nutrition Division: <http://www.cde.ca.gov/ls/nu>
- California Healthy Kids Resource Center: <http://www.californiahealthykids.org>
- California Project LEAN: <http://www.CaliforniaProjectLEAN.org>
- U.S. Department of Agriculture, Food and Nutrition Service: <http://www.fns.usda.gov/cnd>

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CSBA Sample Administrative Regulation

Business and Noninstructional Operations AR 3553

FREE AND REDUCED-PRICE MEALS

The district's plan for students receiving free or reduced-price meals shall ensure the following: (Education Code 49557)

1. The names of the students shall not be published, posted, or announced in any manner, or used for any purpose other than the National School Lunch and School Breakfast Programs, unless otherwise provided by law.
2. There shall be no overt identification of any of the students by the use of special tokens or tickets or by any other means.
3. The students shall not be required to work for their meals or for milk.
4. The students shall not be required to use a separate dining area, go through a separate entrance, or consume their meals or milk at a different time.

When more than one lunch, breakfast, or type of milk is offered, the students shall have the same choice of meals or milk as is available to those students who pay the full price. (Education Code 49557; 7 CFR 245.8)

(cf. 0410 - Nondiscrimination in District Programs and Activities)
(cf. 5145.3 - Nondiscrimination/Harassment)

Applications

An application form for free or reduced-price meals shall be distributed to all parents/guardians at the beginning of each school year, together with information about eligibility standards, application procedures, and appeal procedures. This form and information shall also be provided whenever a new student is enrolled. (Education Code 49520, 48980; 7 CFR 245.5)

(cf. 5145.6 - Parental Notifications)

Applications for free or reduced-price meal programs shall be available to students at all times during the regular school day and shall contain the following statements: (Education Code 49557; 7 CFR 245.5)

1. Applications for free or reduced-price meals may be submitted at any time during a school day.
2. Students participating in the National School Lunch and School Breakfast Programs will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means.

Note: Items #1-6 below are optional and should be deleted or revised to reflect district practice. Education Code 49557.2 authorizes, but does not require, districts to incorporate the following information into the School Lunch Program application packet or notification of eligibility.

The application packet also shall contain:

1. A notification that, if a student qualifies for free or reduced-price meals, then he/she may qualify for free or reduced-cost health insurance coverage
2. A request for the applicant's consent for the student, if eligible for free school lunches, to participate in the Medi-Cal program and to have the information on the school lunch application shared with the local agency that determines eligibility under the Medi-Cal program
3. A notification that the district will not forward the application to the agency that determines Medi-Cal eligibility without the parent/guardian's consent
4. A notification that the application is confidential and, with the exception of forwarding the information for use in health program enrollment, will not be shared with any other governmental agency for any purpose other than the administration of the Medi-Cal program
5. A notification that the application information will be used only by the state and local agencies that administer the Medi-Cal program and will not be shared with other government agencies, including the federal Department of Homeland Security and the Social Security Administration, except as necessary to verify information provided by the applicant
6. Information regarding the Medi-Cal program, including available services, program requirements, rights and responsibilities, and privacy and confidentiality requirements

(cf. 5141.6 - Student Health and Social Services)

Confidentiality/Release of Records

Note: The following section is for use by districts that have adopted a policy, pursuant to Education Code 49558, allowing district employees to use individual records of students eligible for the free and reduced-price meal program for the purpose of disaggregation of academic achievement data and, as amended by AB 1636 (Ch. 321, Statutes of 2004), for the identification of students eligible for public school choice and supplemental educational services, as required for districts with schools in program improvement pursuant to 20 USC 6316, the No Child Left Behind Act. See the accompanying Board policy and BP/AR 0520.2 - Title I Program Improvement Schools. In Legal Advisory LO: 1-98 (0325.98), the California Department of Education recommends that the Board designate by name or job title the employee(s) authorized to use records for these purposes. Districts should identify the specific title of the designated employee(s) in the space provided below, such as Test Site Coordinator or Title I Coordinator.

The Governing Board designates the following district employee to use individual records pertaining to student participation in the free or reduced-price meal program for the purpose of disaggregation of academic achievement data or for the identification of students in any program improvement school eligible for school choice and supplemental educational services pursuant to 20 USC 6316:

(title or position)

In using the records for such purposes, the following conditions shall be satisfied: (Education Code 49558)

1. No individual indicators of participation in the free or reduced-price meal program shall be maintained in the permanent records of any student if not otherwise allowed by law.

(cf. 5125 - Student Records)

2. Information regarding individual student participation in the free or reduced-price meal program shall not be publicly released.

(cf. 4119.23/4219.23/4319.23 - Unauthorized Release of Confidential/Privileged Information)

3. All other confidentiality provisions required by law shall be met.

Note: AB 1636 (Ch. 321, Statutes of 2004) amended Education Code 49558 to require the following additional confidentiality provision.

4. Information collected regarding individual students certified to participate in the free or reduced-price meal program shall be destroyed when no longer needed for its intended purpose.

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CSBA Sample Board Policy

Business and Noninstructional Operations BP 3554

OTHER FOOD SALES

Note: The following policy addresses food and beverage sales outside of the district's food service/cafeteria program), including the use of vending machines and student stores as well as food sales on school premises by student and/or adult organizations. Pursuant to 7 CFR 210.11 and 220.12, districts participating in the National School Lunch and School Breakfast Programs are mandated to establish rules or regulations to control the sale of food in competition with the breakfast and lunch programs. For policy addressing sales by food service or cafeteria programs, see BP/AR 3550 - Food Service/Child Nutrition Program.

5 CCR 15500 and 15501 require the Board to approve the sale of food items by student organizations. The Board may delegate this authority to the Superintendent or designee as provided in the following paragraph. Other conditions regarding the nutritional quality of foods and beverages, the number of items sold and the preparation of the food must also be satisfied; see the accompanying administrative regulation.

The Governing Board authorizes the Superintendent or designee to approve the sale of food items and beverages outside the district's food services program, including sales by student or adult organizations, sales through vending machines and/or sales at secondary school student stores for fundraising purposes.

Any food sales conducted outside the district's food services program shall meet nutritional standards specified in law, Board policy and administrative regulations and shall not impair student participation in the district's food service program.

(cf. 3550 - Food Service/Child Nutrition Program)

(cf. 3551 - Food Service Operations/Cafeteria Fund)

(cf. 3553 - Free and Reduced-price Meals)

Food sales are prohibited during school hours, and within one hour before or after school hours, unless the organization is legally organized as a nonpartisan, charitable organization, the purpose of the solicitation is nonpartisan and charitable, and the solicitation has been approved in accordance with Board policy. (Education Code 51520)

(cf. 1230 - School-Connected Organizations)

(cf. 1321 - Solicitations of Funds from and by Students)

When vending machines are sponsored by the district or a student or adult organization, the Superintendent or designee shall determine how and where vending machines may be placed at school sites, district offices or other school facilities.

(cf. 3312 - Contracts)

Legal Reference:

EDUCATION CODE

38085 Sale of specified food items

48931 Authorization and sale of food

49430-49436 Pupil Nutrition, Health, and Achievement Act of 2001

51520 School premises; prohibited solicitations

CODE OF REGULATIONS, TITLE 5

15500 Food sales in elementary schools

15501 Sales in high schools and junior high schools

HEALTH AND SAFETY CODE

113700-114455 California Uniform Retail Food Facilities Law, including:

114200-114245 Vending machines

UNITED STATES CODE, TITLE 42

1751-1769h National School Lunch Act

1771-1791 Child Nutrition

CODE OF FEDERAL REGULATIONS, TITLE 7

210.1-210.31 National School Lunch Program

220.1-220.21 National School Breakfast Program

Management Resources:

CSBA PUBLICATIONS

"Healthy Food Policy Resource Guide," 2003

CDC PUBLICATIONS

"School Health Index for Physical Activity and Healthy Eating: A Self-Assessment and Planning Guide for Elementary and Middle/High Schools," 2000

NASBE PUBLICATIONS

"Fit, Healthy and Ready to Learn", 2000

USDA PUBLICATIONS

"Team Nutrition, Food and Nutrition Services, Changing the Scene, Improving the School Nutrition Environment: A Guide to Local Action", 2000

FCMAT PUBLICATIONS

Associated Student Body Accounting Manual and Desk Reference, 2002

WEB SITES

CSBA: <http://www.csba.org>

CDE, Nutrition Services Division/SHAPE California:
<http://www.cde.ca.gov/nsd>

California Project LEAN (Leaders Encouraging Activity
and Nutrition): <http://www.CaliforniaProjectLEAN.org>

California Healthy Kids Resource Center: <http://www.californiahealthykids.org>

Fiscal and Crisis Management Assistance Team: <http://www.fcmat.org>

California Association of School Business Officials: <http://www.casbo.org>

National School Boards Association: <http://www.schoolhealth@nsba.org>

National Association of State Boards of Education (NAS-
BE): <http://www.boards@nasbe.org>

US Dept. of Agriculture, Food and Nutrition Information
Center (FNIC): <http://www.nal.usda.gov/fnic>

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Business and Noninstructional Operations AR 3554

OTHER FOOD SALES

Nutritional Standards

A minimum of 50 percent of the food sold by any entity on school grounds during regular school hours shall be from the list of nutritious foods provided in Education Code 38085. (Education Code 38085)

(cf. 1230 - School-Connected Organizations)

(cf. 1321 - Solicitations of Funds from and by Students)

(cf. 3550 - Food Service/Child Nutrition Program)

Note: The following paragraph is for use by districts that maintain elementary schools. For these schools, Education Code 49431, as amended by SB 677 (Ch. 415, Statutes of 2003), will supercede the requirements of Education Code 38085 when the California Department of Education reports that state funding has been appropriated for the following purposes: (1) nutrition policy development grants pursuant to Education Code 49433, (2) support and technical assistance to school districts pursuant to Education Code 49433.5, and (3) increased meal reimbursements pursuant to Education Code 49430.5. When funding is not available, districts may choose to adopt these new standards at their discretion. See AR 3550 - Food Service/Child Nutrition Program for details regarding the nutritional standards specified in Education Code 49431.

The following paragraph may be modified to indicate the position(s) responsible for approving food selections for compliance with Education Code 49431. In addition, districts with middle or high schools participating in a pilot program pursuant to Education Code 49433.7, which are also subject to the nutritional standards of Education Code 49431, should modify the following paragraph to reflect the grade levels and circumstances of the district.

However, when the California Department of Education determines that funds are appropriated pursuant to Education Code 49431, the Superintendent or designee shall ensure that elementary schools instead comply with the nutritional standards of Education Code 49431. Under these circumstances, an elementary school may permit the sale of food items that do not meet the standards of Education Code 49431 only if the items are sold by students of the school and the sale of food items takes place off school premises or takes place at least one-half hour after the end of the school day. (Education Code 49431)

Note: SB 677 (Ch. 415, Statutes of 2003) added Education Code 49431.5 to make the following requirements for beverage sales effective July 1, 2004. The district should select the items below that apply to the grade levels offered by the district.

Beginning July 1, 2004, the sale of beverages shall comply with the nutritional standards of Education Code 49431.5, except that sales not meeting these standards may be permitted when: (Education Code 49431.5)

1. For a school fundraising event conducted by students at an elementary school, the sale of beverages takes place off school premises or takes place at least one-half hour after the end of the school day.
2. For a middle or junior high school, the sale occurs during a school-sponsored event and takes place at the location of the event after the end of the school day.
3. Vending machines, student stores and cafeterias at a middle or junior high school are not used sooner than one-half hour after the end of the school day.

Additional Requirements for Schools Participating in the National School Lunch or Breakfast Program

Note: In addition to the requirements in the previous section, schools participating in the National School Lunch and Breakfast Programs pursuant to 42 USC 1757 and 1773 are subject to the requirements described below. This section may be adapted for use by other districts at their discretion.

The sale of foods during meal periods in food service areas shall be allowed only if all income from the sale, including the sale of approved foods or drinks from vending machines, accrues to the benefit of the school, the school food service program, or the student organization(s) sponsoring the sale. (7 CFR 210.11, 220.12)

Note: 7 CFR 210.11 and 7 CFR 220.12 mandate that district rules and regulations prohibit the sale of foods of minimal nutritional value, as listed in Appendix B, Part 210, or Appendix B, Part 220, of the Code of Federal Regulations, in food service areas during breakfast and lunch periods.

No foods of minimal nutritional value, as listed in 7 CFR 210, Appendix B, and 7 CFR 220, Appendix B, shall be sold in food service areas during breakfast and lunch periods. (7 CFR 210.11, 220.12)

Note: Item #1-7 below are for use by districts that maintain any of grades K-8.

The Superintendent or designee shall not permit the sale of food by student organizations in a school with any of grades K-8 that is participating in the National School Breakfast or Lunch Program, except when all of the following conditions are met: (5 CCR 15500)

1. The student organization may sell one food item per sale.
2. The specific nutritious food item is approved by the Superintendent or designee.
3. The food sales do not begin until after the close of the regularly scheduled midday food service period.
4. The sales during the regular school day are not of food items prepared on the premises.
5. There are no more than four such sales per year per school.
6. The food sold is a dessert-type food, such as pastry, ice cream or fruit.
7. The food sold is not one sold in the district's food service program at that school during that school day.

(cf. 3553 - Free and Reduced-price Meals)

Note: Items #1-4 below are for use by districts that maintain high schools or junior high schools.

In high schools and junior high schools, a student organization may be approved to sell food items during or after the school day if all of the following conditions are met: (5 CCR 15501)

1. Only one student organization conducts food sales on a given school day and the organization sells no more than three types of food or beverage items, except that up to four days during the school year may be designated on which any number of organizations may conduct the sale of any food items.
2. The specific nutritious food items are approved by the Superintendent or designee.
3. The sales during the regular school day are not of food items prepared on the premises.
4. The food items sold are not those sold in the district's food service program at that school during that school day.

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CSBA Sample Board Policy

Students BP 5030

STUDENT WELLNESS

Note: The Federal Child Nutrition and Women, Infants and Children (WIC) Reauthorization Act of 2004 (42 USC 1751 Note, added by P.L. 108-265, Section 204) mandates each district participating in the National School Lunch program (42 USC 1751-1769) or the Child Nutrition Act of 1966 (42 USC 1771-1791, including the School Breakfast Program) to adopt a district-wide school wellness policy by the beginning of the school year after July 2006. If the Governing Board has already adopted policies promoting healthy eating and physical activity, it should use the process described below to review its existing policies to ensure that they meet the requirements of federal law.

The following optional policy describes the process for developing the district wellness policy but does not yet include the content that will fulfill the mandate. It is expected that districts will, before the first day of the 2006-07 school year, replace the following policy with a policy developed through the required process. Additional district policies may be affected, such as BP/AR 3550 - Food Service/Child Nutrition Program, BP/AR 3553 - Free and Reduced-price Meals, BP/AR 3554 - Other Food Sales, and BP/AR 6142.7 - Physical Education.

The Governing Board recognizes the link between student health and learning and desires to provide a comprehensive program promoting healthy eating and physical activity in district students.

By the beginning of the 2006-07 school year, the Board shall adopt a wellness policy that, at a minimum, shall: (42 USC 1751 Note)

1. Include goals for nutrition education, physical activity, and other school-based activities that are designed to promote student wellness in a manner that the district determines is appropriate

(cf. 0000 - Vision)

(cf. 0100 - Philosophy)

(cf. 0200 - Goals for the School District)

(cf. 1325 - Advertising and Promotion)

(cf. 3312 - Contracts)

(cf. 5141.6 - Student Health and Social Services)

(cf. 6010 - Goals and Objectives)

(cf. 6142.7 - Physical Education)

(cf. 6142.8 - Comprehensive Health Education)

2. Include nutrition guidelines selected by the district for all foods available on each campus during the school day, with the objectives of promoting student health and reducing childhood obesity

(cf. 3550 - Food Service/Child Nutrition Program)

(cf. 3554 - Other Food Sales)

(cf. 5148 - Child Care and Development)

(cf. 6300 - Preschool/Early Childhood Education)

3. Provide an assurance that the district's guidelines for reimbursable school meals will not be less restrictive than federal regulations and guidance issued pursuant to 42 USC 1758(f)(1), 1766(a) and 1779(a) and (b), as they apply to schools

(cf. 3553 - Free and Reduced-price Meals)

4. Establish a plan for measuring implementation of the policy, including the designation of one or more persons in the district or at each school charged with operational responsibility for ensuring that this policy is implemented

(cf. 0500 - Accountability)

Note: The Note in 42 USC 1751 (added in 2004 by P.L. 108-265, Section 204) requires involvement of specified persons in the development of the wellness policy. If desired, the Board may expand the categories of persons to be involved to include teachers, classified staff, school nurses, coaches and/or other appropriate school representatives. Members of the public could be specified to include health professionals, representatives of city and county agencies, representatives of community organizations, food vendors and/or others. The Board representative(s) should be appointed by the Board; see BB 9140 - Board Representatives.

The Board shall involve parents/guardians, students, school food service professionals, school administrators, Board representatives and members of the public in the process of developing the districtwide wellness policy. (42 USC 1751)

(cf. 9140 - Board Representatives)

Note: The following optional paragraphs may be revised to reflect district practice. The Board may use an existing school health council or other committee as long as representatives of the groups listed above are involved.

The Board may utilize existing school health councils or other committees, or may establish an advisory committee or working groups including representatives of the above groups, to develop policy recommendations.

(cf. 1220 - Citizen Advisory Committees)

The council or committee shall examine related research and laws, assess student needs and the current school environment, review current Board policies and administrative regulations, and raise awareness about student health issues. The council or committee may survey parents/guardians and/or students, conduct community forums or focus groups, collaborate with appropriate community agencies and organizations, or engage in similar activities within the budget established for these purposes.

The council or committee shall provide periodic reports to the Superintendent or designee regarding the status of its work.

Note: The following optional paragraph and items #1-12 below should be revised to reflect the issues that the Board wants the council or committee to address and to set a timeline for presenting recommendations to the Board which will allow the policy to be fully developed and adopted by the start of the 2006-07 school year.

CSBA's "Student Wellness: A Healthy Food and Physical Activity Policy Resource Guide" summarizes research on the link between nutrition/physical activity and student achievement, presents a worksheet for policy development, and contains a list of resources that may be useful to councils or committees in the development of recommendations for the wellness policy. In addition, the Note in 42 USC 1751 (added in 2004 by P.L. 108-265, Section 204) requires the U.S. Secretary of Agriculture to provide information and technical assistance through the Centers for Disease Control and Prevention (CDC).

By March 1, 2006, the council or committee shall present policy recommendations to the Board which include, but are not necessarily limited to, the following topics:

1. Goals and strategies for increasing student participation in the school breakfast and lunch programs
2. Nutritional standards for the school breakfast and lunch programs that meet or exceed state and federal standards
3. The amount of time allowed for students to eat and the adequacy of lunchroom facilities

4. Guidelines and standards for foods and beverages sold outside of the district's meal programs, such as through vending machines, school stores, school-sponsored events, school fundraisers and other venues on campus, as well as foods and beverages offered as rewards for academic performance or good behavior
5. Foods and beverages donated for class parties or other school events
6. School-based marketing of foods and beverages, such as through advertisements in school publications, school buildings, athletic fields and/or other areas accessible to students, and activities such as coupon or incentive programs
7. Age-appropriate, skill-building nutrition education at each grade level that is focused on behavior change
8. Opportunities for all students to be physically active, including the amount of time devoted to physical education, the quality of the physical education program, and additional opportunities such as recess and before- and after-school programs
9. Outreach strategies to encourage families to reinforce and support healthy eating and physical activity
10. Cost estimates of implementing the recommended strategies and potential funding sources
11. Priorities for implementing the recommended strategies in the wellness policy
12. Processes for evaluating the Board's wellness policy, including evaluation methods, indicators that will be used to measure success, and frequency of reports

Note: The following paragraph is optional. The CDC and the California Department of Education encourage a coordinated school health program that addresses eight components: health education; physical education; health services; nutrition services; counseling, psychological and social services; health school environment; health promotion for staff; and family/community involvement. If desired, the Board may incorporate all these issues in its wellness policy.

As it deems appropriate, the council or committee may make policy recommendations related to other health issues that are necessary to promote student and staff health.

- (cf. 4112.4/4212.4/4312.4 - Health Examinations)
 (cf. 5131.6 - Alcohol and Other Drugs)
 (cf. 5131.61 - Drug Testing)
 (cf. 5131.62 - Tobacco)
 (cf. 5131.63 - Anabolic Steroids)
 (cf. 5141 - Health Care and Emergencies)
 (cf. 5141.3 - Health Examinations)
 (cf. 5141.31 - Immunizations)
 (cf. 5141.32 - Health Screening for School Entry)

Legal Reference:

EDUCATION CODE

- 49430-49436 Pupil Nutrition, Health, and Achievement Act of 2001
 49490-49493 School breakfast and lunch programs
 49500-49505 School meals
 49510-49520 Nutrition
 49530-49536 Child Nutrition Act
 49540-49546 Child care food program
 49547-49548.3 Comprehensive nutrition services
 49550-49560 Meals for needy students
 49570 National School Lunch Act
 51222 Physical education
 51223 Physical education, elementary schools

CODE OF REGULATIONS, TITLE 5

- 15500-15501 Food sales by student organizations
 15510 Mandatory meals for needy students

CODE OF REGULATIONS, TITLE 5

- 15530-15535 Nutrition education
 15550-15565 School lunch and breakfast programs

UNITED STATES CODE, TITLE 42

- 1751-1769 National School Lunch Program, especially:
 1751 Note Local wellness policy
 1771-1791 Child Nutrition Act, including:
 1773 School Breakfast Program
 1779 Rules and regulations, Child Nutrition Act

CODE OF FEDERAL REGULATIONS, TITLE 7

- 210.1-210.31 National School Lunch Program
 220.1-220.21 National School Breakfast Program

Management Resources:

CSBA PUBLICATIONS

“Healthy Food Policy Resource Guide”, rev. 2005

CDE PUBLICATIONS

“Health Framework for California Public School, Kindergarten Through Grade Twelve.”2003

CDC PUBLICATIONS

“School Health Index for Physical Activity and Healthy Eating: A Self-Assessment and Planning Guide for Elementary and Middle/High Schools,”2004

NATIONAL ASSOCIATION OF STATE BOARDS OF EDUCATION (NASBE) PUBLICATIONS

“Fit, Healthy and Ready to Learn,” 2000

USDA PUBLICATIONS

“Changing the Scene, Improving the School Nutrition Environment: A Guide to Local Action”, Team Nutrition, Food and Nutrition Services, 2000

WEB SITES

CSBA: <http://www.csba.org>
 California Department of Education, Nutrition Services Division: <http://www.cde.ca.gov/ls/nu>
 California Department of Health Services, School Health Connections: <http://www.dhs.ca.gov/schoolhealth>
 California Healthy Kids Resource Center: <http://www.californiahealthykids.org>
 California Project LEAN (Leaders Encouraging Activity and Nutrition): <http://www.CaliforniaProjectLEAN.org>
 Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov>
 National Alliance for Nutrition and Activity: <http://www.cspinet.org/nutritionpolicy/nana.html>
 National Association of State Boards of Education: <http://www.boards@nasbe.org>
 National School Boards Association: <http://www.schoolhealth@nsba.org>
 School Nutrition Association: <http://www.asfsa.org>
 Society for Nutrition Education: <http://www.sne.org>
 U.S. Department of Agriculture: http://www.fns.usda.gov/tn/Healthy/wellnesspolicy_steps.html

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CSBA Sample Board Policy

Instruction **BP 6142.7**

PHYSICAL EDUCATION

The Governing Board recognizes the positive benefits of physical activity for student health and academic achievement. The Board desires to provide a physical education program that builds interest and proficiency in movement skills and encourages students' lifelong fitness through physical activity. Besides promoting high levels of personal achievement and a positive self-image, physical education activities should teach students how to cooperate in the achievement of common goals.

(cf. 5121 - Grades/Evaluation of Student Achievement)

(cf. 6142.8 - Comprehensive Health Education)

(cf. 6145.2 - Athletic Competition)

(cf. 6146.1 - High School Graduation Requirements)

(cf. 6190 - Evaluation of the Instructional Program)

Note: The California Department of Education's Physical Education Framework describes components of a comprehensive physical education program. An Attorney General opinion (53 Ops.Cal.Atty.Gen. 230 (1970)) allows marching band classes to be included as part of the physical education program provided that the entire program substantially meets the objectives and criteria of Education Code 51220, adequately prepares students for state physical education performance tests, and is taught by a teacher holding a physical education credential. In its memorandum of April 18, 1989, the CDE did not concur with this opinion, which has not been tested in court. If the district classifies marching band or similar activities as part of the physical education program, the Board should ensure that the program in its entirety meets legally required objectives and criteria.

The Board shall approve the components of the physical education program. The district's program shall include a variety of kinesthetic activities, including team and individual sports, as well as aesthetic movement forms, such as dance.

(cf. 6143 - Courses of Study)

An appropriate alternative activity shall be provided for students with a physical disability that may restrict excessive physical exertion.

(cf. 6164.6 - Identification and Education Under Section 504)

Physical education staff shall appropriately limit the amount or type of physical exercise required of students

during air pollution episodes, hot weather or other inclement conditions.

(cf. 3516 - Emergencies and Disaster Preparedness Plan)

Exemptions

Note: State law authorizes the Board to grant temporary or permanent exemptions from physical education to students who meet specified criteria. The Board may delete the following section or may select the paragraphs below that reflect the grade levels offered by the district and the exemptions the Board wishes to grant.

The Superintendent or designee may grant temporary exemption from physical education under any of the following conditions:

1. The student is ill or injured and a modified program to meet his/her needs cannot be provided. (Education Code 51241)
2. The student is enrolled for one-half time or less. (Education Code 51241)
3. The student in grades 10-12 is excused for up to 24 clock hours in order to participate in automobile driver training. (Education Code 51222)

Note: SB 78 (Ch. 459, Statutes of 2003) amended Education Code 51241 to delay until July 1, 2007 a requirement that a student in grades 10-12 pass the ninth-grade physical performance test as a condition of receiving the exemption described in the following paragraph.

The Superintendent or designee may exempt students, with their consent, from any two years of physical education courses during grades 10-12. (Education Code 51241)

The Superintendent or designee may excuse any student in grades 10-12 who attends a regional occupational center or program from attending physical education courses if such attendance results in hardship because of the travel time involved. (Education Code 52316)

The Superintendent or designee may exempt a high school student from physical education if he/she is engaged in a regular school-sponsored interscholastic athletic program carried on wholly or partially after regular school hours. (Education Code 51242)

(cf. 6145.2 - Athletic Competition)

(cf. 6146.11 - Alternative Credits Toward Graduation)

The Superintendent or designee may grant permanent exemptions from physical education to a student who is either: (Education Code 51241)

1. Age 16 years or older and has been enrolled in grade 10 for one or more academic years
2. Enrolled as a postgraduate student
3. Enrolled in a juvenile home, ranch, camp or forestry camp school with scheduled recreation and exercise

Legal Reference:

EDUCATION CODE

33350 CDE responsibilities re: physical education
 49066 Grades; physical education class
 51210 Course of study, grades 1-6
 51220 Course of study, grades 7-12
 51222 Physical education
 51223 Physical education, elementary schools
 51241 Temporary or permanent exemption from physical education
 51242 Exemption from physical education for athletic program participants

52316 Excuse from attending physical education classes
 60800 Physical performance test

CODE OF REGULATIONS, TITLE 5

1041-1046 Physical performance test
 3051.5 Adapted physical education for individuals with exceptional needs
 10060 Criteria for high school physical education programs

UNITED STATES CODE, TITLE 29

794 Rehabilitation Act of 1973, Section 504

ATTORNEY GENERAL OPINIONS

53 Ops.Cal.Atty.Gen. 230 (1970)

Management Resources:

CSBA PUBLICATIONS

"Healthy Food Policy Resource Guide," 2003

CDE PUBLICATIONS

"Physical Education Framework for California Public Schools: Kindergarten Through Grade 12," 1996

CDE PROGRAM ADVISORIES

0418.89 Physical Education, April 18, 1989

CDHS PUBLICATIONS

"Jump Start Teens," 1997
 "Playing the Policy Game," 1999

School Idea and Resource Mini Kit, 2000

CDC PUBLICATIONS

"School Health Index for Physical Activity and Healthy Eating: A Self-Assessment and Planning Guide for Elementary and Middle/High Schools", 2000

NASBE PUBLICATIONS

"Fit, Healthy and Ready to Learn," 2000

WEB SITES

CSBA: <http://www.csba.org>

CDE, Nutrition Services Division/SHAPE California:
<http://www.cde.ca.gov/nsd>

California Department of Health Services, School Health Connections: <http://www.dhs.ca.gov/schoolhealth>

California Project LEAN (Leaders Encouraging Activity and Nutrition): <http://www.CaliforniaProjectLEAN.org>

California Healthy Kids Resource Center: <http://www.californiahealthykids.org>

National School Boards Association: <http://www.schoolhealth@nsba.org>

National Association of State Boards of Education (NASBE): <http://www.boards@nasbe.org>

Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov>

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CSBA Sample Administrative Regulation

Instruction AR 6142.7

PHYSICAL EDUCATION

Note: Education Code 51210 requires the adopted course of study for grades 1-6 to include instruction in physical education for at least 200 minutes each 10 school days, exclusive of recesses and the lunch period. For grades 7-12, Education Code 51222 provides that all students, except students excused or exempted pursuant to Education Code 51241, be required to attend courses of physical education for at least 400 minutes each 10 school days. However, pursuant to Education Code 51223, elementary school districts maintaining grades 1-8 shall provide instruction in physical education for students in grades 7-8 that matches the requirement for other elementary schools of not less than 200 minutes each 10 school days, exclusive of recesses and the lunch period.

The following options should be modified to reflect grade levels offered by the district.

OPTION 1: (Elementary Districts with Any of Grades 1-8)

Instruction in physical education shall be provided for a total period of time of not less than 200 minutes each 10 school days. (Education Code 51210, 51223)

OPTION 2: (High School Districts)

Instruction in physical education shall be provided for a total period of time of not less than 400 minutes each 10 school days. (Education Code 51222)

OPTION 3: (Unified School Districts)

Instruction in physical education shall be provided for a total period of time of not less than 200 minutes each 10 school days for students in grades 1-6 and not less than 400 minutes each 10 school days for students in grades 7-12. (Education Code 51210, 51222)

Note: The remainder of this section is for use by districts that maintain high schools.

Students in grades 10-12 who are exempted from physical education pursuant to Education Code 51241(b)(1) or (c) shall not be permitted to attend fewer total hours of courses and classes than they would have attended if enrolled in a physical education course. Students in a regional occupational program or center who are exempted from physical education pursuant to Education Code 52316 shall have a minimum school day of 180 minutes. (Education Code 51241, 52316)

Physical Performance Testing

Note: The following paragraph should be modified to reflect grade levels offered by the district. Pursuant to Education Code 51241, the district may also choose to administer the ninth-grade physical performance test to students in grades 10-12. Districts that choose to do so should modify the following paragraph accordingly.

During the month of February, March, April or May, students in grades 5, 7 and 9 shall undergo the physical performance testing designated by the State Board of Education. Students with a physical disability and students who are physically unable to take all of the test shall undergo as much of the test as their physical condition will permit. (Education Code 60800)

(cf. 6162.5 - Student Assessment)

Note: Education Code 60800, as amended by SB 78 (Ch. 459, Statutes of 2003), authorizes districts to provide students with their test results orally as students complete the testing.

Students shall be provided with their individual results after completing the physical performance testing. The test results may be provided orally as the student completes the testing. (Education Code 60800)

Each student's scores on the physical performance test shall be included in his/her cumulative record. (5 CCR 1044)

(cf. 5125 - Student Records)

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CSBA Sample Board Policy

Instruction BP 6142.8

COMPREHENSIVE HEALTH EDUCATION

Note: The following optional paragraph reflects four “unifying ideas of health literacy” that should be emphasized throughout the health curriculum according to the California Department of Education’s Health Framework for California Public Schools.

The Governing Board believes that health education should foster the knowledge, skills and behaviors that students need in order to lead healthy, productive lives. The district’s health education program shall teach personal responsibility for one’s own lifelong health, respect for and promotion of the health of others, the process of growth and development, and informed use of health-related information, products and services.

Note: Topics to be addressed in a comprehensive health education program are detailed in both Education Code 51890 and the CDE’s Health Framework; see the accompanying administrative regulation.

The district shall provide a planned, sequential health education curriculum for students in grades K-12 that is research based and age appropriate. The content of health instruction shall be offered in accordance with law, Board policy, administrative regulation and state curriculum frameworks.

(cf. 6143 - Courses of Study)

The Board intends for health education to be part of a comprehensive district program to promote the health and well-being of students and staff. Instruction in health-related topics shall be supported by physical education, health services, nutrition services, psychological and counseling services, and a safe and healthy school environment.

(cf. 3513.3 - Tobacco-Free Schools)

(cf. 3514 - Environmental Safety)

(cf. 3550 - Food Service/Child Nutrition Program)

(cf. 4020 - Drug and Alcohol-Free Workplace)

(cf. 4119.43/4219.23/4319.23 - Universal Precautions)

(cf. 5141.23 - Infectious Disease Prevention)

(cf. 5141.3 - Health Examinations)

(cf. 5141.6 - Student Health and Social Services)

(cf. 5142 - Safety)

(cf. 5146 - Married/Pregnant/Parenting Students)

(cf. 6142.1 - Sexual Health and HIV/AIDS Prevention Education)

(cf. 6142.7 - Physical Education)

(cf. 6164.2 - Guidance/Counseling Services)

Legal Reference:

EDUCATION CODE

233.5 Duty concerning instruction of students

8850.5 Family relationships and parenting education

35183.5 Sun protection

49413 First aid training

49430-49436 Pupil Nutrition, Health and Achievement Act of 2001

49490-49493 School breakfast and lunch programs

49500-49505 School meals

51202 Instruction in personal and public health and safety

51203 Instruction on alcohol, narcotics and dangerous drugs

51210 Areas of study

51220.5 Parenting skills; areas of instruction

51260-51269 Drug education

51265 Gang violence and drug and alcohol abuse prevention inservice

51513 Personal beliefs

51890-51891 Comprehensive health education programs

51913 District health education plan

51920 Inservice training, health education

51930-51939 Comprehensive sexual health and HIV/AIDS prevention education

CALIFORNIA CODE OF REGULATIONS, TITLE 5

11800-11801 District health education plan

Management Resources:

CSBA PUBLICATIONS

« Healthy Food Policy Resource Guide, » 2003

CDE PUBLICATIONS

“Health Framework for California Public Schools: Kindergarten Through Grade Twelve,” 2003

CDHS PUBLICATIONS

“Jump Start Teens, “1997

“Playing the Policy Game, “1999

“School Idea and Resource Mini Kit, “2000

WEB SITES

CSBA: <http://www.csba.org>

CDE: <http://www.cde.ca.gov>

California Department of Health Services, School Health
Connections: <http://www.dhs.ca.gov/schoolhealth>

California Project LEAN (Leaders Encouraging Activity
and Nutrition): <http://www.CaliforniaProjectLEAN.org>

California Healthy Kids Resource Center:

<http://www.californiahealthykids.org>

Centers for Disease Control and Prevention:

<http://www.cdc.gov>

National Hearing Conservation Association:

<http://www.hearingconservation.org>

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V. Case Studies

CAPISTRANO UNIFIED SCHOOL DISTRICT: BAN ON SOFT DRINKS AND JUNK FOOD



Region: Orange County

Demographics:

- Third largest school district in Orange County with more than 49,745 students enrolled
- 16 percent of students qualify for free and reduced-price meals
- Student ethnicity: 73 percent Caucasian; 18 percent Hispanic; 5 percent Asian; 2 percent African American; 1 percent Filipino; 1 percent Multiple, American Indian/Alaska Native or Pacific Islander
- Closed campus

Background

Capistrano Unified School District’s beverage contract with Pepsi Bottling Company was expiring and the district was preparing to go out to bid again when the school food service directors started talking with the purchasing department about offering only healthy foods in vending machines per food standards in SB 19 (Chapter 913, Statutes of 2001).

“We knew about the law and of the obesity problem in our nation, so we met with the secondary education representative and provided him with statistics and information on these topics,” said Dawn Davey, co-coordinator of Food and Nutrition Services.

Davey said she and her co-coordinator, Christina Sangster, both have the same philosophy that “we’re educators, part of an education system, and we need to set an example of what a healthy, balanced meal is.”

Because the vending machines at CUSD were only at secondary schools, the food service coordinators met with high school representatives, who then met with high school principals who used the school vending machines as a fundraiser for extracurricular activities. The principals were supportive of the idea. The food service coordinators, in conjunction with the purchasing director, then presented their intent and justification to the school board, which was receptive and unanimously approved the resolution. That resolution banned all soda in vending machines, which now offer only water, juices, fruit drinks and sports drinks that meet food and beverage standards in SB 19 (Chapter 913, Statutes of 2001). This resolution was passed prior to SB 677 (Ch. 415, Statutes of 2003), and was stricter than the law in that it banned soda in middle and high schools during the entire school day.

Additionally, as of August 2004, the only snacks available in the school vending machines are those that meet the SB 19 food standards (Chapter 913, Statutes of 2001).

Challenges and Solutions

Davey, who characterizes CUSD as “very progressive in its thinking,” said, “We thought this would be more of a challenge than it really was. We were pleasantly surprised.”

“I think the lesson to be learned is that when you feel strong about an issue and share your feelings, you will be surprised to find how many people agree with you,” said Davey. “When you are going out on a limb, be armed with information and statistics that support your position.”

“We’re not perfect yet, but pretty darn close,” said Davey.

Results

“The students have been very positive about the changes that have occurred,” Davey said. “I think they are thirsty and they will buy whatever is in the vending machines,” she said. “Water has become very popular now. Our district has closed campuses so this may have been easier to implement than other districts with open campuses.”

There was an initial decrease in revenues, but now vending commissions are equal to what they were before the changes were made.

CUSD’s efforts to promote healthy foods go beyond the vending machines.

“We’re looking at all foods sold through the district. We’re working on the Parent Teacher Association. We’re trying to provide the PTA with different alternatives to fundraising. When we hear about them wanting to sell Krispy Kremes, we talk to them about what we’re trying to do and make suggestions about other alternatives that could raise money.”

— Dawn Davey

*Co-Coordinator of Food and Nutrition Services
Capistrano Unified School District*

For more information, contact:

Dawn Davey, Co-Coordinator of Food and
Nutrition Services
Capistrano Unified School District
(949) 489-7375
ddavey@capousd.org
www.capousd.k12.ca.us

EASTSIDE UNION HIGH SCHOOL DISTRICT: COMPETITIVE FOOD SALES AND PHYSICAL ACTIVITY OPPORTUNITIES



Region: Santa Clara County

Demographics:

- More than 24,000 students enrolled in grades 9-12
- 26 percent of students qualify for free or reduced-priced meals
- Student ethnicity: 42.2 percent Hispanic; 26.8 percent Asian; 15.2 percent Caucasian; 9.7 percent Filipino; 4.6 percent African American; 1 percent Pacific Islander; and 0.4 percent American Indian.
- Closed campus

Background

Driven by a grass-roots effort that was championed by board member Patricia Martinez-Roach, and involved students, parents, staff, health partners and Child Nutrition Services staff, the Eastside Union High School District passed a policy during the 2003-2004 academic year that limited competitive food sales and decreased the amount of junk food sold at fundraising activities.

Working with Martinez-Roach, the district's Student Board Relations Committee (Committee) conducted and reviewed surveys of students, staff and parents. A draft policy was

developed, reviewed, and modified by school site councils, district advisory committees, staff, student councils, PTA and student groups and health partners. ESUHSD also set policy for the school breakfast and free and reduced-price lunch programs to be prepared according to state and federal nutrition guidelines. To alleviate the stigma of receiving free or reduced-priced meals, the Committee implemented an electronic meal card system. The district then offered free lunches for one week, and thereafter priced them competitively at \$2.50.

Besides addressing nutrition policy, the district also drafted a physical activity policy that integrates innovative and self-competitive concepts into the Physical Education program to provide opportunities for students to be physically active outside of P.E. classes. It requires students to maintain lifetime physical fitness plans and record their progress toward realizing their physical fitness goals. The district also developed a P.E. curriculum that incorporated all of the state's standards for P.E. instruction.

Challenges and Solutions

"Addressing nutrition and physical activity within a context of so many other issues that school districts face can pose a big challenge," said Martinez-Roach. "Competing issues include limited resources, crime, drugs, alcohol, mental health, teen pregnancy, abuse and poverty." Martinez-Roach said it's important to have the support of the community when trying to pass policy that addresses issues such as nutrition and physical activity.

Results

Because of its efforts to improve the nutrition and physical activity environment in its school district, the ESUHSD was named a Superintendent Challenge Winner in 2004. Below are some of the results of the new policies that came from the work of the Committee:

- After the district revamped its a la carte menu, healthier food offerings like yogurt, bagels and fresh fruit increased by 76 percent and foods of minimal nutritional value were eliminated.
- The healthy foods offered in district vending machines increased by 65 percent as the district added items like pretzels and granola bars to the machines.

- The average number of school lunches sold grew by 47 percent.
- Soda availability was reduced by 40 percent in spite of a contract with Pepsi that was approved under a previous administration. Soda has been replaced with drinks that meet the standards in SB 19 (Chapter 913, Statutes of 2001) (e.g., water, juices, fruit drinks and sports drinks).
- Students' Fitnessgram scores increased.
- ESUHSU applied for and received a Carol M. White Physical Education Grant and piloted a Physical Activity/Education Policy in five of its 11 comprehensive high schools.

“As a policymaker, it is my job to ensure students’ rights and needs are met. We must include policies which address our cultural diversity and language. These policies should include healthy food, safer campuses and most importantly, equal access for student learning.”

— *Patricia Martinez-Roach,*
School Board Member
Eastside Union High School District

For more information, contact:

David Brown, Grant Coordinator
Physical Education Coordinator
East Side Union High School District
(408) 347-5068
brownd@esuhsd.org
www.eastside.k12.ca.us

EUREKA CITY UNIFIED SCHOOL DISTRICT: NUTRITIONAL STANDARDS FOR ALL FOODS SOLD ON CAMPUS



Region: Humboldt County

Demographics:

- Largest school district in Humboldt County with approximately 5,000 students
- 54 percent of students qualify for free or reduced-priced meals
- Student ethnicity: 3 percent African American; 14 percent American Indian/Alaska Native; 7 percent Asian; 63 percent Caucasian; 1 percent Filipino; 10 percent Hispanic; 1 percent Other; 1 percent Pacific Islander.
- Open campuses

Background

With awareness of the growing obesity problem at an all-time high and a dramatic increase in vending machine junk food, soda and candy sales on its school campuses, the Eureka City Unified School District appointed a districtwide School Nutrition Committee (Committee) to develop a nutrition policy that was adopted in July 2003.

“We’d been lamenting the fact that we hadn’t acted on improving food services and the nutritional value of

lunches and breakfast,” said Superintendent James Scott. “We finally decided enough talking, let’s start doing.”

The nutrition policy moved forward after students and nutrition advocates presented an assessment of the school nutrition environment at ECUSD. The students presented their findings to the school board and requested that healthier food options be sold on all campuses.

“Current research is clear that improving students’ nutritional status has a positive and immediate impact on academic performance,” said Trustee Joyce Hayes, R.D. “Students who are well nourished are more likely to attend school and more prepared and motivated to learn. As a board member and member of the Committee, these statistics were the driving force behind the desire to create change in our district food service system.”

Superintendent Scott said the district really wanted to serve as a good nutritional role model. “It’s not that much different from modeling the no-smoking curriculum or wanting to be a good role model in terms of recycling,” he added.

ECUSD’s nutrition policy incorporated SB 19 nutrition standards for all foods sold at schools. The policy also established a nutrition advisory committee comprised of students, parents, community members and school staff to ensure that the new policy was being implemented.

“Having an evaluation component written into our policy is really an important part to ensure things are being implemented as planned,” said Melissa Martin, co-chair of the Eureka City School Nutrition Committee. “We have a very progressive and open-minded school district. They understand the link between nutrition and academic success.”

The ECUSD policy calls for only healthy beverages to be sold on campus during school hours: water, milk, 100 percent fruit juices, and sport drinks or fruit-based drinks that are composed of no less than 50 percent fruit juice (or 35 percent for nectars) and have no added sweeteners. Additionally, the policy requires that students be involved in the selection of the foods sold at schools and specifically notes that students’ ethnic and cultural favorites should be offered.

Recently, the district received bond money which it used to hire a consultant to help determine how to prepare more foods from scratch and reduce dependence on processed foods. “They’ve decided to go with a centralized kitchen that is a state-of-the-art facility,” Martin said. “It’s just being completed and utilized. Now, food service is making most of their food from scratch.”

Challenges and Solutions

While the policy was adopted without much controversy, Martin said the soda industry went on record opposing the policy. “The soda companies came to testify against the policy, but it had no impact on the board’s decision,” Martin said. Student groups that raised funds also voiced concerns about the policy.

While the school board is concerned about fundraising challenges, it believes there are alternative fundraisers that do not involve the sale of junk food and soda to students. For example, one business class that has historically run a student store that had the “best selection of candy in Eureka” no longer sells food and is exploring alternative fundraisers.

“The service clubs that relied on the sale of those products are only limited by their own creativity in regard to fundraising,” said Superintendent Scott. “The entrepreneurial spirit of Americans always finds a new way to do things.”

Martin said that one of the district’s biggest challenges is the need for ongoing communication about the policy — especially at the high school level as student clubs are so used to selling food to raise money. Martin said the Committee has discussed how best to work with the student groups to bring the high schools into total compliance with the policy. “There just need to be more ongoing conversations with the clubs about the policy,” she added.

Results

Trustee Hayes said the policy has provided the direction and united the district around the issues of vending machine sales, quality of food served to students, access to food choices, and the inclusion of a nutrition curriculum throughout all grade levels.

Another welcome result is that the school food service department has increased its sales dramatically since it began selling only foods that meet SB 19 standards (*Chapter 913, Statutes of 2001*).

“Everyone is feeling so good about what’s going on,” said Martin, who, with the rest of the Committee, recently completed its evaluation of how the policy has been implemented. Superintendent Scott said the district’s next steps are to fine-tune the policy, incorporate nutrition throughout the curriculum, and address physical education with a “renewed commitment.”

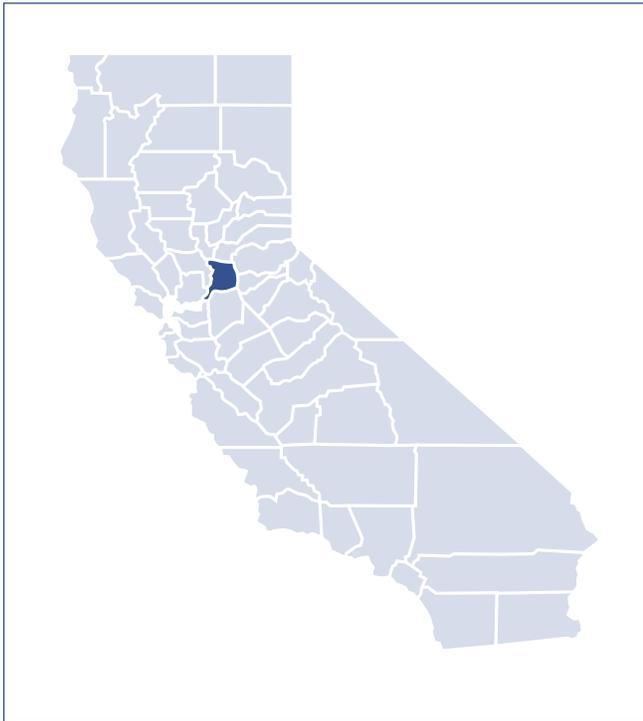
“How can you argue against what are good nutritional practices and the fact that obesity is a national crisis? I’m pretty proud of the people who have worked so hard on this.”

— Dr. James Scott, Superintendent
Eureka City Unified School District

For more information, contact:

Melissa Martin
Co-Chair
Eureka City School Nutrition Committee
(707) 441-4653
mmartin@co.humboldt.ca.us
www.eurekacityschools.org

FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT: HEALTHIER SCHOOL MEALS



Region: Sacramento County

Demographics:

- Suburban school district with over 19,000 students enrolled
- 33 percent of students qualify for free or reduced-price meals
- Student ethnicity: 70 percent Caucasian; 11 percent Hispanic; 9 percent African American; 7 percent Asian; 2 percent Filipino; 1 percent Other
- Closed campus

Background

For several years, the Folsom Cordova Unified School District Food Service Department (FSD) was relying on high-fat and sugar-laden fast foods, frozen foods, snack items and vending machine contracts to feed students in the district. The department was operating in the red and failing to provide students with nutritious foods. A new food service director, Al Schieder, stepped in and made the most radical changes in the department's history. Determined to steer school nutrition programs through changes necessary to promote the health of children in the district, the department adopted a new philosophy, adapted to cultural changes and sought to maintain nutritional integrity and fiscal viability.

Challenges and Solutions

Prior to the changes, students eligible for free or reduced-price lunch stood in one line to receive their meal while others lined up separately to choose among items such as burgers, fries and pizza. At Cordova High, one of the lower-income high schools in the district, only 125 of the 500 students eligible for free or reduced-price lunch were eating it because it was demeaning to stand in the line, clearly identified for the needy.

"When schools make needy students stand in a separate line or sell Domino's pizza that they can't afford, they discriminate against poor kids," said Schieder. "I believe if we humiliate a teenager on school grounds, the child is scarred for life."

The FSD eliminated junk food, soda and a la carte sales in the cafeteria. A variety of fresh school meals were provided that met USDA nutrition standards, including a variety of lunch salads, lower fat pepperoni and cheese pizza, sandwiches, homemade pasta, wraps, teriyaki chicken rice bowls, sushi rolls and noodle bowls.

One of the older high school cafeterias was renovated to create food stations by investing in stainless steel carts with red awnings at a cost of \$50,000. The business department gave the FSD a loan that was paid back in five years. Palm-sized computerized keypads were installed where students could punch in their ID numbers and pay for their lunch. Some students prepaid for their lunch and it was deducted out of their account, while others got a free lunch anonymously. Students have a choice of an entree, a piece of fruit, and low-fat or non-fat flavored milk for \$2.50.

Results

Cordova High School used to sell 125 entrees daily to its 1,850 students and now sells 800. Folsom High School used to sell 85 entrees to its 2,100 students and now sells 700. Point of sale locations have been increased and offer only reimbursable school meals to make sure students can eat lunch without having to wait in long lines.

Prior to the changes, the FSD was losing \$200,000 annually. Currently, the FSD has a \$400,000 reserve, and the annual budget has gone from \$1.75 million in 1995 to \$3.5 million in 2002 due to increased revenues.

“We see kids as our customers. They will always complain but I try to apply their criticism constructively, by giving them healthy, tasty foods that they will eat.”

“Sometimes we close our eyes to the simple and obvious solutions. We need to learn how to put food back into the center of our operation.”

— *Al Schieder, Food Service Director
Folsom Cordova Unified School District*

For more information, contact:

Al Schieder, Food Service Director
Folsom Cordova Unified School District
(916) 355-1180
aschiede@fcusd.k12.ca.us
www.fcusd.k12.ca.us

LOS ANGELES UNIFIED SCHOOL DISTRICT: BAN ON SOFT DRINK AND JUNK FOOD SALES, IMPROVING PHYSICAL EDUCATION



Region: Los Angeles County

Demographics:

- Second largest school district in the nation with more than 735,000 students enrolled
- 75 percent of students are eligible for free or reduced-price meals
- Student ethnicity: 71 percent Hispanic, 12 percent African American, 10 percent Caucasian, 4 percent Asian, 2 percent Filipino, 1 percent Pacific Islander, American Indian/Alaskan Native
- Closed campus

Background

Principals in the Los Angeles Unified School District were entering into contracts with soft drink companies to provide beverages for sale in vending machines in an effort to raise money for their schools. Health advocates, including students and parents, voiced strong concern over this practice and met one-on-one with school board members and testified at school board meetings to outline their concerns. School board members authored a motion to ban sodas and other sugary drinks from all

LAUSD campuses. After a lengthy discussion on the pros and cons of the soda ban, the school board unanimously voted to ban all soda and sugary drink sales from all LAUSD campuses before, during and until one-half hour after the end of the school day starting in January 2004.

In 2003, an Obesity Prevention Motion was passed which banned the sale of junk food on campus and called for the expansion of salad bars to all schools, phasing out all contracts with branded fast food companies. The motion also called for unlimited fruit and vegetable offerings and whole grain bread in the cafeteria, a soy milk pilot, and an increased emphasis on nutrition education and physical education. The policy called for the creation of an enforcement mechanism to monitor compliance and alternative fundraising information for schools to counteract an anticipated drop in revenue.

Challenges and Issues

Some school officials and parents feared losing needed funding for schools if soda was banned. Schools received larger commissions from soft drink sales. The soda motion's authors countered this by reassuring concerned individuals that schools would make money selling healthier drinks such as water, milk and no less than 50 percent fruit juices with no added sweeteners.

"If people are thirsty at a football game, they'll buy what you have," said board member Genethia Hayes. "They're not going to sit at a game and be thirsty. Mainly, people were worried about a loss of revenue without understanding that people will buy what's available."

Board member Marlene Canter said she also argued that the issue of soda sales in schools was a health, not an economics, issue. "Otherwise, we'd be saying that it's OK to sell unhealthy things as long as they made money for our schools."

With regards to the Obesity Prevention Motion, there are challenges to effectively communicating the policy to all school community members including parents and student clubs who fundraise through the sale of unhealthy foods and beverages. An additional challenge has been the development of a "black market" with the unauthorized sale of banned food items at school.

A final challenge has been the dip in sales and revenue. The dip has been greater for snacks than beverages, but as anticipated, sales are slowly bouncing back. However, an innovative partnership was formed with the business manager and Associated Student Body to issue a request for proposal for a districtwide central healthy beverage contract. This central contract will leverage power in numbers and negotiate to lower prices and increase profit margins for schools in the district. It will bring in a sizeable signing bonus that may cover all revenues lost since the implementation of the policies. To increase revenues and access to fresh healthy foods in all communities, farmers' markets are being piloted on eight high school campuses.

Results

The board established a work group to review current food policies and enforcement of such policies, develop procedures for competitive food sales, and develop programs in the areas of physical education and nutrition education for both students and parents. This work group will also provide a plan to address any revenue issues.

A central physical education advisor has been hired to develop an instructional guide. The advisor is working to increase professional development for physical activity educators, improve the administration and passage rate of the Fitnessgram and lower class size for physical education classes.

The district is looking for ways to ensure all students have sufficient time to eat and to increase participation in the school meal program; this is especially challenging in large, overcrowded high schools. Participation in the school meal program has more than doubled at the secondary level in recent years. Food Service is working to get healthier food in the cafeteria. Lastly, the district is partnering with local business schools and engaging student body leaders and health classes in selecting and promoting healthy foods.

“Los Angeles is on the cutting edge in terms of our progressive nutrition policies — ensuring only healthy food is sold on campus and promoting nutrition and physical education were the first steps — partnering with the state and federal governments to improve the nutritional quality of the cafeteria food and expanding access to healthy food for all communities are the next frontier.”

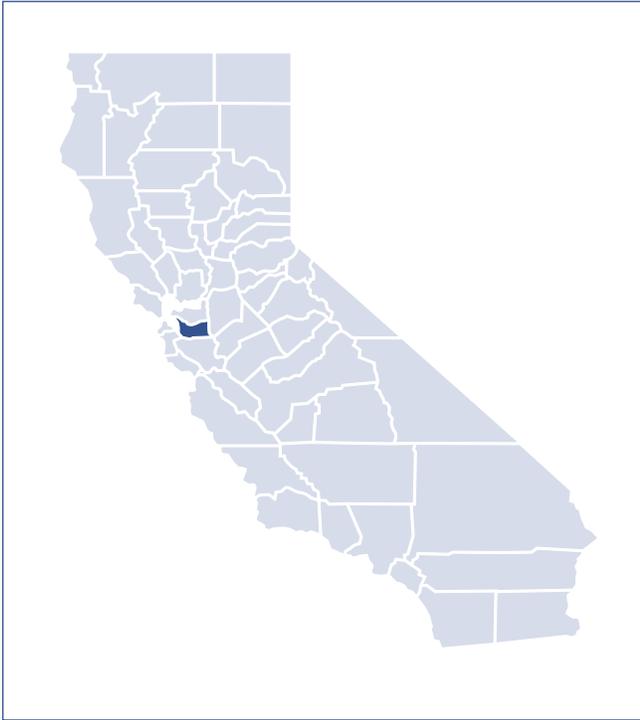
— *Marlene Canter, School Board Member
Los Angeles Unified School District*

For more information, contact:

Marlene Canter, School Board Member
Los Angeles Unified School District
Marlene.canter@lausd.net
www.lausd.k12.ca.us

For LAUSD Healthy Beverage Resolution and Obesity Prevention Motion visit www.csba.org

OAKLAND UNIFIED SCHOOL DISTRICT: BAN ON SOFT DRINKS AND JUNK FOOD SALES



Region: Alameda County

Demographics:

- Sixth largest school district in California, with more than 53,000 students enrolled
- 51 percent of students qualify for free or reduced-price meals
- Student ethnicity: 45 percent African American, 30 percent Hispanic, 16 percent Asian, 6 percent Caucasian, 2 percent Pacific Islander, 1 percent Native American
- Open campus

Background

Oakland Unified School District's business services deputy superintendent introduced the concept of consolidating beverage sales at the district level to have more control and hopefully generate more revenue for the district. It was unclear how many vending machines were on school campuses, who owned these machines, and what revenue they generated. It appeared that a districtwide contract was going to be signed until a small but vocal group of parents, community leaders and local health advocates raised concerns about how soda sales on campus were contribut-

ing to poor student health, including childhood obesity, type 2 diabetes and tooth decay. Community outcry led to the creation of an official task force, the Nutrition Advisory Board (NAB), which included school board members, health specialists, community activists and educators.

After more than a year of public discussion, meetings and intensive research by the NAB, the school board decided to reject Pepsi's \$3.2 million offer and instead approved a comprehensive nutrition policy that banned the sale of carbonated soft drinks (including soda) and high-sugar beverages, candy and "similar products" in cafeterias, in vending machines, at athletic events and for on-site school fundraisers. The nutrition policy adopted by the board contains six goals and principles: (1) insure that no OUSD student goes hungry; (2) improve the nutritional quality of all food served to OUSD students; (3) serve enjoyable foods from diverse cultures; (4) improve the quality of food service jobs; (5) integrate nutrition into the district's education program; and (6) establish a Nutrition Advisory Board.

Challenges and Issues

With the sheer number of schools and groups affected, the biggest challenge is developing a procedure to put this policy into action. The NAB is discussing how to determine which schools are following the policy and how to approach those in violation of the policy. The advisory board will continue to seek community and staff input, and report back to the school board as the policy is implemented.

Funding also continues to be a major factor, especially in a district that is in a deficit and cannot subsidize food service if it continues to lose money. Opponents of the school board's decision fear that school programs will lose money under the new policy. However, school groups are seeking revenue-generating alternatives so they don't have to rely on the sale of unhealthy foods to support school activities.

In an effort to continue offering a healthier selection of foods, the OUSD has tried to implement salad bars at elementary schools; however, funding and lack of proper facilities have been obstacles. Food Services does not have the necessary equipment or funding to purchase

new equipment. Various options are being explored in order to obtain the needed funds, including local business sponsorships or other general funds. Labor is also an issue so initially the salad bars will be operated by students and parents until sales can support labor costs.

Results

Adopted in December 2001, this policy is the first of its kind in the state and among the strictest in the nation. Unlike some school regulations that allow sales of unhealthy foods and beverages after school, this policy completely bans caffeinated drinks and some high-sugar sports drinks. OUSD's policy expands nutritional standards to apply to all foods served on campus and extends the policy to middle and high schools.

The district is beginning to add healthier foods to the a la carte program and will continue to identify vendors that offer healthier options. The first step was to eliminate carbonated beverages and reduce portion sizes of products such as chips. Healthy foods offered as a la carte foods include fruit, shaker salads, 1 percent flavored milk and drinks with 50 percent or more juice. In 2003, all fryers were removed from the schools. Now all traditionally fried items are baked, such as french fries and chicken nuggets. Also, all Hostess products were eliminated from a la carte sales. A vegetarian option is available daily on the K-12 lunch menu and at least one fruit and/or vegetable is available on the lunch menu daily. During the next four years, the OUSD will be piloting the SB 19 (Chapter 913, Statutes 2001) compliant food sales in nine schools as part of a grant awarded by the California Endowment.

“Adopting a nutrition policy furthers our goals of improving the health of our students. Students experience life through adult hypocrisy. Everything we do teaches. If we tell them that we are concerned about their health and at the same time we make money by selling unhealthy foods, then the message is clear that we care more about making money than good health.”

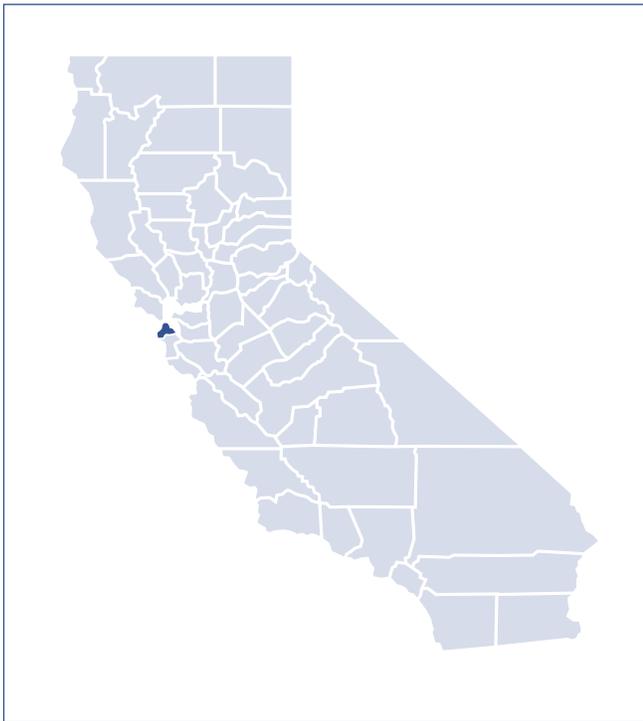
— Dan Siegel, School Board Member
Oakland Unified School District

For more information, contact:

Jennifer LeBarre, Food Service Director
Oakland Unified School District
(510) 879-8344
jennifer.lebarre@ousd.k12.ca.us
www.ousd.k12.ca.us

For OUSD Nutrition Policy visit www.csba.org

SAN FRANCISCO UNIFIED SCHOOL DISTRICT: COMPREHENSIVE NUTRITION POLICY



Region: San Francisco County

Demographics:

- More than 58,000 students enrolled
- 52 percent of students qualify for free or reduced-priced meals
- Student ethnicity: 31 percent Chinese; 24 percent Latino; 15 percent African American; 12 percent Other Non-white/Asian; 10 percent Caucasian; 6.6 percent Filipino; 0.9 percent Japanese; 0.9 percent Korean; 0.6 percent American Indian
- The district has some closed and some open high school campuses. The decision to be an open or closed campus is left to each school to decide.

Background

With a motto of “No Empty Calories,” the San Francisco Unified School District’s Board of Education unanimously approved a districtwide policy that set a bold new standard for foods served at school. The policy, passed in 2003, also serves as an impetus for expanding and improving opportunities for physical activity in SFUSD schools.

“We believe it is our role to set a standard,” said Board of Education Commissioner Jill Wynns. “A school should never send the message that eating unhealthy foods is good.”

SFUSD’s nutrition standards are more stringent than nutrition standards outlined in SB 19 (*Chapter 913, Statutes 2001*). SFUSD’s nutrition standards not only set maximum levels for fat and sugar but also require minimum levels of nutrients in all foods sold at every school – elementary through high school.

Baked chips, for example, have less fat than regular chips, but contain no more vitamins or minerals than their high-calorie counterparts so they are not sold in SFUSD schools. “It was not enough that the foods not be bad for kids,” said Dana Woldow, a parent who helped write SFUSD’s nutrition policy. “We wanted all of the food to actually be good for them. Our schools will not profit from selling nutritionally empty foods.”

School board members Wynns and Dr. Dan Kelly co-sponsored the policy resolution to address childhood obesity and lack of physical fitness among youth. Besides addressing the nutritional content of foods, the policy also reduces portion sizes and limits the types of beverages that can be sold to water, milk, and 100 percent fruit juice. No beverages containing sweeteners – natural or artificial – may be sold. This rules out sports drinks, most flavored and “vitamin” waters, and soft-drink companies’ lines of milk blends.

While schools may keep vending machines on campuses, the machines must be stocked with foods that meet the new standards. Vended snacks include cold cereal, yogurt, tuna or chicken salad kits, bags of cashews or almonds, soy crisps, boxes of dried cherries, fruit and grain bars, beef jerky, pretzels and animal crackers, which meet district standards.

Wynns said that prior to the passage of the nutrition policy, junk foods sold as a la carte items and in school vending machines accounted for half of the food sold throughout the district. Since the policy passed, the food service department saw a slight dip in revenue for the first couple of months, and then sales went back

up, Wynns said. Additionally, participation in the school lunch program has increased. School officials note that this is a positive change as the school lunch program has decreased the amount of fat, sugar, and salt in its foods.

“We stopped super-sizing our products,” said Wynns. “For instance, the hamburger products were getting bigger and bigger and we set limits on them. We also banned French fries and instead serve baked potato ‘coins,’ which are little rounds of potato. The kids in our schools are now saying, ‘I like our food. I want to eat it.’”

Challenges and Solutions

One major challenge SFUSD faces is a growing food service deficit. “But it’s not because we’re serving healthy foods,” said Wynns. “It’s because food costs, in general, have increased and we have one of the highest-paid food service work forces in the state. We’re in the process of figuring out how to deal with that, but we’re not looking at serving less healthy foods. We’re not going to start violating our policy.”

Another challenge SFUSD must address is the school clubs’ reliance on selling junk food to fund their activities.

“We do have some push back from students on this issue,” said Wynns. “It’s not that they want junk food put back in the schools, but it’s the issue of school clubs that are in the habit of selling foods to fund their activities.” She added that the district has established an advisory committee that has developed a list of ideas for fundraisers that do not involve the sale of unhealthy foods or beverages.

“Through investigation, we found out that most of these clubs were selling foods so they could have a banquet at the end of the year,” Wynns said. “Our experience is you have to look deeply into these issues. It’s not that they weren’t able to pay for the choir. The funds raised went toward an end-of-the-year banquet.”

Wynns said that even coaches who were funding their teams by selling sodas are pretty much on board with the nutrition policy.

“I think we’ve changed the culture of our schools by selling healthy foods,” she said. “Now, coaches are selling other things and they’re going to the school site councils seeking

other funds. People had been convinced that the only way they could get money was to sell junk food and now we’ve gone a long way to prove that it’s not true.”

Results

“I think the most important thing is that the nutrition policy is a key part of our educational plan,” said Wynns. “We think making healthier kids makes smarter kids.”

And, indeed, the district has seen the largest gains in student test scores in schools that piloted the nutrition policy first within the district. “We’ve got some great statistics,” she added.

Physical activity is another topic that the district will soon address. “There have been no P.E. teachers in our elementary schools for 30 years,” Wynns said. But that will change with the passage of Proposition H, which provides \$20 million in city funding for enrichment of San Francisco’s public schools – including sports, libraries, preschool and the arts. “We’ll have P.E. teachers back in our elementary schools,” Wynns said. “This is how we save the future.”

“If selling junk food to kids is a way to support our budget goals, then we have to balance this against the harm we’re doing to kids in terms of health risks. The fundamental issue is that we want kids to be healthy and develop in healthy environments, so nutrition needs to be a part of the learning environment. It used to be that teachers helped provide basic lessons to kids — like learning about the importance of good dental hygiene in school. Now, we undermine their ability to do this with vending machines that sell junk food and other commercial messages.”

— Dr. Dan Kelly, Member,
SFUSD Board of Education

For more information contact:

Jill Wynns, Board Member
San Francisco Unified School District
415-241-6427
jwynns@muse.sfusd.edu
<http://portal.sfusd.edu>

VISTA UNIFIED SCHOOL DISTRICT: HEALTHIER FOODS AND BEVERAGES IN VENDING MACHINES



Region: San Diego County

Demographics:

- Large school district with 25,000 students enrolled
- 49 percent of students qualify for free or reduced-price meals
- Student ethnicity: 43 percent Hispanic, 42 percent Caucasian, 7 percent African American, 3 percent Asian, 2 percent Filipino, 1 percent Pacific Islander, 2 percent Other
- The district has some closed and some open high school campuses.

Background

High-fat and sugar-laden foods such as candy, chips and soda were being sold to students outside of the reimbursable school meal program in the Vista Unified School District. The Child Nutrition Services (CNS) program was trying to compete with these foods, while keeping fiscally sound and striving to become the first “junk food-free” school district in the San Diego area. The assistant superintendent of business services and the director of CNS consolidated district vending sales and began to manage

the contracts from other school groups. Contracts were taken over by CNS as they expired. Student interviews, taste tests and market availability determined what new, healthier products were offered.

CNS piloted the program at Vista High School by purchasing and placing 17 vending machines on campus to serve the 3,500 students during one 33-minute lunch period. This helped feed those students who could not get through the long lunch lines.

When CNS had control over the foods sold, they offered healthier options, such as bagels and cream cheese, yogurt and granola, salads, fresh fruit, trail mix, cheese and crackers, nuts, dried fruit, lower fat ice cream bars and fruit bars. Sodas were still offered but only in about 20 percent of the vending slots compared to 66 percent previously. This resulted in a decrease in soda sales. Water and sport drinks accounted for 68 percent of the beverage sales; 100 percent juice, milk and smoothies were 20 percent; and sodas were only 12 percent.

The school was offered a contract with CNS that included many of the perks and a commission similar to what it previously received with private vendors. The first year the school generated \$200,000 more in sales than the previous year. The school received nearly \$15,000 in commissions versus \$9,000 under the old contract.

Recently, CNS started the vending program at the district’s second comprehensive high school. It is experiencing the same success as the vending program at Vista High School.

Challenges and Issues

The main challenge has been overcoming concern from school officials who fear losing money for school programs as a result of the changes. However, the pilot school provided evidence that more funds can be generated while selling healthier options. Owning the vending machines did become expensive and required a fair amount of maintenance. To make the operation even more efficient, machines are now being supplied by an independent vending company which allows CNS to control the types of food and beverages offered. The vendor provides the security enclosures and the vending machines from preferred manufacturers. This allows a

district that wants to “self operate” a vending program to get started without the huge initial capital outlay.

Another challenge was the initial opposition by students who fought to keep sodas on campus. However, the reduction in soft drink sales indicates that students will buy healthier options.

Results

One of the keys to this success was keeping prices lower than the local stores. Food items cost between 75 cents and \$1.50, ice cream products cost 50-55 cents, and all beverages sell for \$1.00. This success prompted support for CNS to operate the student store, which went from losing money when it was managed by the students to making a profit of \$700 a day with the new, healthier options.

The new vending partnerships have improved the services offered, pricing and selections available. Now the CNS department fills the machines and has complete control over product selection and price. The vendor can be used to secure mobile food service equipment which eliminates injuries associated with transporting heavy carts around campus and it gives CNS more service stations.

“The arrangement has been rewarding for all parties — the schools and vending company are making more money, the students are eating and drinking healthier foods, and food services is able to instill healthy eating habits that will last a lifetime.”

— Enid Hohn, R.D., Director, Child Nutrition Services
Vista Unified School District

For more information, contact:

Enid Hohn, R.D., Director of Child Nutrition Services
Vista Unified School District
(760) 726-2170 ext. 2217
ehohn@vusd.k12.ca.us
www.vusd.k12.ca.us/cns

VI. Resources

Following are a variety of resources for information on nutrition, physical activity and student learning. Readers are encouraged to visit CSBA's Web site at www.csba.org for updates on this resource list.

Action for Healthy Kids

Headquarters
Action for Healthy Kids
4711 West Golf Road Ste.806
Skokie, IL 60076
(800)-416-5136

Action for Healthy Kids

Washington, DC Office
One Massachusetts Ave., NW Ste. 800
Washington, D.C. 20001
www.actionforhealthykids.org

“The Learning Connection: The Value of Improving Nutrition and Physical Activity in Our Schools” examines the impact of the root causes of childhood obesity.

American Association for the Child's Right to Play

220 Hofstra University
Hempstead, NY 11549
(516) 463-5176
Fax: (516) 463-6275
www.ipausa.org

American Association for Health Education

1900 Association Dr.
Reston, VA 20191-1598
(800) 213-7193 ext 437
Fax: (703) 476-6638
www.aahperd.org/aahe

American Cancer Society

National Office
1599 Clifton Rd., NE
Atlanta, GA 30329
(800) 227-2345 or (404) 320-3333
www.cancer.org

American Cancer Society California Division Office

1710 Webster St
Oakland, CA 94612
(800) 227-2345 or (510) 893-7900
Fax: (510) 835-8656
www.cancer.org

American Diabetes Association

National Service Center
1701 North Beauregard St
Alexandria, VA 22311
(800) 342-2383 or (703) 549-1500
Fax: (703) 549-6995
www.diabetes.org

American Diabetes Association

Western Division
2720 Gateway Oaks Dr., Ste. 110
Sacramento, CA 95833-4304
(800) DIABETES or (916) 924-3232
Fax: (916) 924-0529
www.diabetes.org

American Dietetic Association

Headquarters
120 South Riverside Plaza, Ste. 2000
Chicago, IL 60606-6995
(800) 877-1600
Fax: (312) 899-4739
(800) 366-1655 (Consumer Nutrition Hotline)

Washington, DC Office

1120 Connecticut Ave., NW, Ste. 480
Washington, DC 20036
(800) 877-0877
Fax: (202) 775-8284
www.eatright.org

American Heart Association National Center

7272 Greenville Ave.
Dallas, TX 75231-4596
(800) 242-8721
Fax: (650) 259-6891
www.americanheart.org

American School Health Association

7263 State Route 43
 P.O. Box 708
 Kent, OH 44240
 (330) 678-1601
 Fax: (330) 678-4526
www.ashaweb.org

California Adolescent Nutrition and Fitness Program

2140 Shattuck Ave., Ste. 610
 Berkeley, CA 94704
 (510) 644-1533
 Fax: (510) 644-1535
www.canfit.org

“Recipes for Success: Nutrition and Physical Activity Programs for Youth” provides case studies of nutrition and physical activity outreach programs in schools and communities.

California Association for Health, Physical Education, Recreation and Dance

1501 El Camino Ave., Ste. 3
 Sacramento, CA 95815-2748
 (916) 922-3596
 Fax: (916) 922-0133
www.cahperd.org

California Center for Public Health Advocacy

P.O. Box 2309
 Davis, CA 95617
 (530) 297-6000
 Fax: (530) 297-6200
www.publichealthadvocacy.org

“School Food Standards,” (1999) provides recommendations for competitive food standards.

“An Epidemic: Overweight and Unfit Children in California Assembly Districts,” (2002) provides data on overweight and unfit children.

California Department of Education

1430 N St
 Sacramento, CA 95814
 (916) 319-0791
 Fax: (916) 319-0100
www.cde.ca.gov

“California’s Physical Education Model Content Standards for California Public Schools”

provides a framework for programs that a school may offer in the instruction of physical education. Sets forth key skills and knowledge at each grade level.

Nutrition Services Division

1430 N St., Rm. 1500
 Sacramento, CA 95814
 (800) 952-5609
 Fax: (916) 327-0503
www.cde.ca.gov/ls/nu/

SHAPE California (Shaping Health As Partners in Education)

Nutrition Services Division
 560 J St., Rm. 270
 Sacramento, CA 95814
 (916) 323-7311 or (800) 952-5609
 Fax: (916) 327-0503
www.cde.ca.gov/nsd/ls/nu/he/shape.asp

“Strategies For Success, Parts I and II” showcase sustainable strategies to improve the health and academic success of California children by providing consistent nutrition messages in child nutrition programs, classrooms, and throughout the school environment

“Eat Well, Learn Well” provides practical ideas, resources, and specific actions for integrating nutrition services into a coordinated school health system.

“Better Breakfast Better Learning” provides specific actions school board members, superintendents, and site administrators can take to offer a successful school breakfast program.

School Health Connections

1430 N St., Ste. 6408
Sacramento, CA 95814
(916) 319-0914
Fax: (916) 445-7367
www.cde.ca.gov/cyfsbranch/isp/health

“The Health Framework for California’s Public Schools” (2004), “The Health Framework Addendum” (2002) and “The Physical Education Framework for California’s Public Schools” (1994), adopted by the State Board of Education, provide content recommendations used by districts in the development of curriculum and programs.

California Healthy Kids Resource Center

313 W. Winton Ave.
Hayward, CA 94544
(510) 670-4583
Fax: (510) 670-4582
www.californiahealthykids.org

California Department of Health Services

P.O. Box 997413
Sacramento, CA 95899-7413
(916) 440-7400
www.dhs.ca.gov

California Diabetes Prevention and Control Program

P.O. Box 997413, MS 7211
Sacramento, CA 95899-7413
(916) 552-9888
Fax: (916) 552-9988
www.caldiabetes.org

California Nutrition Network and California 5-a-Day-Power Play!

Cancer Prevention and Nutrition Section
P.O. Box 997413, MS 7204
Sacramento, CA 94234-7320
(916) 449-5400
Fax: (916) 449-5414
www.dhs.ca.gov/ps/cdic/cpns

“School Idea and Resource Mini Kit” is a tested curriculum to increase fruit and vegetable consumption and physical activity levels among fourth- and fifth-grade children.

“California Teen Eating, Exercise and Nutrition Survey” (CaITEENS) and the “California Children’s Healthy Eating and Exercise Practices Survey” (CaICHEEPS)” provide data on California children’s eating and physical activity habits.

California Obesity Prevention Initiative

P.O. Box 997413, MS. 7211
Sacramento, CA 95899-7413
(916) 552-9889
Fax: (916) 552-9912
www.dhs.ca.gov/ps/cdic/copi/

California Project LEAN (Leaders Encouraging Activity and Nutrition)

P.O. Box 997413, MS. 7211
Sacramento, CA 95899-7413
(916) 552-9907
Fax: (916) 552-9909
www.CaliforniaProjectLEAN.org

“Jump Start Teens” provides interactive and crosscurricular lessons encouraging students to eat healthy, keep moving and take action.

“Playing the Policy Game” is a booklet that highlights nutrition and physical activity policies that teens can pursue with adult guidance.

“Food on the Run Parent Brochure” provides information on healthy eating and physical activity for teenagers.

“California High School Fast Food Survey: Findings and Recommendations” examines the prevalence of fast foods on California high school campuses and student access to healthy foods at school.

“2001 Prevalence and Specifics of Districtwide Beverage Contracts in California’s Largest School Districts: Findings & Recommendations” presents an analysis of exclusive beverage contracts in California schools.

“Taking the Fizz Out of Soda Contracts” provides resources that can be utilized when discussing school district policy on soda and other sugary drinks with parents, students, community members and school decision-makers.

“California’s Obesity Crisis: Focus on Solutions, What Schools Can Do,” Policy Briefs provide a quick reference for high-profile subjects in the school nutrition/physical activity environment.

“Student Wellness: A Healthy Food and Physical Activity Policy Resource Guide” provides school governance leaders with a step-by-step approach to enhance the school environment so students can develop and practice healthy eating habits. The Guide outlines the link between nutrition, physical activity and learning; addresses the health status of children and youth; highlights school districts that successfully offer healthy foods and beverages; offers recommendations for a comprehensive nutrition and physical activity policy; and provides sample policies and resources.

California Center for Physical Activity - Safe Routes to School Initiative

P.O. Box 997413, MS. 7211
Sacramento, CA 95899-7413
(916) 324-2233 or (888) 393-0353
Fax: (916) 552-9939
www.caphysicalactivity.org
www.dhs.ca.gov/epic/sr2s/

School Health Connections

Maternal and Child Health Branch
714 P St., Rm. 750
Sacramento, CA 95814
(916) 653-7746 or 657-1347
Fax: (916) 651-9709 www.mch.dhs.ca.gov/schoolhealth

California Dietetic Association

7740 W. Manchester Ave., Ste. 102
Playa Del Rey, CA 90293-8499
(310) 822-0177
Fax: (310) 823-0264
www.dietician.org

California Elected Women’s Association for Education and Research

6000 J St., Foley Hall #205
Sacramento, CA 95819-6100
(916) 278-3870
Fax: (916) 278-3872
www.caelectedwomen.org

“Healthy Education Alternatives” is a tool for building innovative and cost-effective nutrition and physical activity programs.

California Food Policy Advocates

116 New Montgomery St., Ste. 530
San Francisco, CA 94105
(415) 777-4422
Fax: (415) 777-4466
www.cfpa.net

“Improving Meal Quality in California’s Schools: A Best Practices Guide for Healthy School Food Service”

highlights a few of the innovative approaches used by food service directors to provide healthy and appealing food choices.

“The State of the Plate - A School Meal Primer for California” provides information on all aspects of school meals--from nutrition to funding to paperwork.

California Parent Teacher Association

930 Georgia St.
Los Angeles, CA 90015
(213) 620-1100
Fax: (213) 620-1411
www.capta.org

California Research Bureau

Library and Courts Building II
900 N St., Rm. 300
Sacramento, CA 95814
(916) 653-7843
Fax: (916) 654-5829
www.library.ca.gov

“Overweight Kids: Why Should We Care?”

describes the underlying factors that contribute to weight problems among children and adolescents, and examines the effects that being overweight and obese have on child and adolescent health and on healthcare costs.

California School Boards Association

3100 Beacon Blvd.
West Sacramento, CA 95691
(916) 371-4691
Fax: (916) 669-3351
www.csba.org

“Maximizing School Board Governance: Policy Development and Adoption” explores the core roles and responsibilities of the board.

“Collaborations for Kids: The School Board’s Role”

looks at the board’s role in encouraging and facilitating collaborations among children’s services providers in the community.

“Student Wellness: A Healthy Food & Physical Activity Policy Resource Guide”

provides school governance leaders with a step-by-step approach to enhance the school environment so students can develop and practice healthy eating habits. The Guide outlines the link between nutrition, physical activity and learning; addresses the health status of children and youth; highlights school districts that successfully offer healthy foods and beverages; offers recommendations for a comprehensive nutrition and physical activity policy; and provides sample policies and resources.

California School Nutrition Association

1804 W. Burbank Blvd.
Burbank, CA 91506
(818) 842-3040
Fax: (818) 843-7423
www.csfsa.org

California State Parks and Recreation Society

7971 Freeport Blvd.
Sacramento, CA 95832-9701
(916) 665-2777
Fax: (916) 655-9149

Center for Health Improvement Policy Matters

1330 21st St., Ste. 100
Sacramento, CA 95814
(916) 930-9200
Fax: (916) 930-9010
www.healthpolicycoach.org

Center for Science in the Public Interest

1875 Connecticut Ave., NW., Ste. 300
Washington, D.C. 20009-5728
(202) 332-9110
Fax: (202) 265-4954
www.cspinet.org

“Pestering Parents: How Food Companies Market Obesity to Children”

outlines children’s exposure to food marketing, the types of venues and techniques used to market food to children, the effect of that marketing on children’s food choices, and recommendations for schools to reduce the marketing of low-nutrition foods to children.

National Alliance for Nutrition and Activity, “Model Local School Wellness Policies on Physical Activity and Nutrition”

provides model policies to meet the Child Nutrition and WIC Reauthorization Act of 2004.

Center for Weight and Health

University of California Berkeley College of
Natural Resources
3 Giannini Hall, #3100
Berkeley, CA 94720-3100
(510) 642-2915
Fax: (510) 642-4612
www.cnr.berkeley.edu/cwh

“Children and Weight: What Schools and Communities Can Do About It” is a “how-to” kit designed to facilitate local-level action by empowering and mobilizing communities to create opportunities for young people to eat healthy and be physically active.

“Linking Education, Activity and Food: Fiscal Impact Report” provides an evaluation of the fiscal impacts of the implementation of SB 19 (Chapter 913, Statutes of 2001) standards in piloted middle and high schools.

Centers for Disease Control and Prevention

Division of Adolescent and School Health
1600 Clifton Road
Atlanta, GA 30333
(404) 639-3311
Fax: (404) 639-3111
www.cdc.gov/nccdphp/dash

“School Health Index for Physical Activity and Healthy Eating: A Self-Assessment and Planning Guide,” enables schools to identify the strengths and weaknesses of their physical activity and nutrition policies and programs, develop an action plan and involve teachers, parents, students and the community in improving school services.

“Guidelines for School Health Programs to Promote Lifelong Healthy Eating and Physical Activity” provides recommendations for strategies most likely to be effective in promoting healthy eating and physical activity among youth.

Council of Chief State School Officers

One Massachusetts Ave., NW, Ste. 700
Washington, DC 20001-1431
(202) 408-5505
Fax: (202) 408-8072
www.ccsso.org

Dairy Council of California

Main Office
1101 National Dr., Ste. B
Sacramento CA 95834-1901
(916) 263-3560 or (866) 572-1359
Fax: (916) 263-3566
www.dairycouncilofca.org

Food Research and Action Center

1875 Connecticut Ave., NW, Ste. 540
Washington, DC 20009
(202) 986-2200
Fax: (202) 986-2525
www.frac.org

Institute of Medicine

500 Fifth Street, NW
Washington DC, 2001
(202) 334-2352
Fax: (202) 334-1412
www.iom.edu

“Preventing Childhood Obesity: Health in the Balance,” 2005, responds to Congress’ charge to the IOM to present an action plan to decrease the number of obese children and youth in the United States.

National Association of State Boards of Education

277 South Washington St, Ste. 100
Alexandria, VA 22314
(703) 684-4000
Fax: (703) 836-2313
www.nasbe.org

“Fit, Healthy and Ready to Learn” provides an excellent tool for the development of school policies in the areas of physical activity, healthy eating and tobacco use prevention.

National Coalition for Parent Involvement in Education

3929 Old Lee Highway, Ste. 91A
Fairfax, VA, 22030
(703) 359-8973
Fax: (703) 359-0972
www.ncpie.org

National 5-A-Day Program

National Cancer Institute
6130 Executive Blvd. EPN 4050, MSC 7332
Bethesda, MD 20892-7332
(301) 496-8520
Fax: (301) 496-6637
www.5aday.gov

National Food Service Management Institute

The University of Mississippi
6 Jeanette Phillips Drive
P.O. Drawer 188
University, MS 38677-0188
(800) 321-3054
Fax: (800) 321-3061
www.olemiss.edu/depts/nfsmi or www.nfsmi.org

National Heart, Lung, and Blood Institute

Information Center
P.O. Box 30105
Bethesda, MD 208-24-0105
(240) 629-3255
Fax: (240) 629-3246
www.nhlbi.nih.gov

National School Boards Association

1680 Duke St.
Alexandria, VA 22314
(703) 838-6722
Fax: (703) 683-7590
www.nsba.org

Nutrition.gov

Nutrition.gov is a portal to nutrition information across the federal government agencies. It allows for online access to federal government information on nutrition.
www.nutrition.gov

President's Council on Physical Fitness and Sports

200 Independence Ave., SW, Rm. 738H
Washington, DC 20201-0004
(202) 690-9000
Fax: (202) 690-5211
www.fitness.gov

Public Health Institute

555 - 12th Street, 10th Floor
Oakland, CA 94607
(510) 285-5500
Fax: (510) 285-5501
www.phi.org

School Nutrition Association

700 South Washington St., Ste. 30
Alexandria, VA 22314
(703) 739-3900
Fax: (703) 739-3915
www.schoolnutrition.org

Society for Nutrition Education

7150 Winton Drive, Ste. 300
Indianapolis, IN 46268
(317) 328-4627 or (800) 235-6690
Fax: (317) 280-8527
www.sne.org

Society of State Directors of Health, Physical Education and Recreation

1900 Association Dr., Ste. 100
Reston, VA 20191-1599
(703) 390-4599
Fax: (703) 476-0988
www.thesociety.org

Strategic Alliance for Healthy Food and Activity Environments

c/o Prevention Institute
265 29th St.
Oakland, CA 94611
(510) 444-7738
Fax: (510) 663-1280
www.preventioninstitute.org/strategic.html

“Environmental Nutrition and Activity Strategies Tool” (ENACT) provides a menu of strategies designed to improve nutrition and activity environments on a local level.

Tufts University Nutrition Navigator

Gerald J. and Dorothy R. Friedman School of Nutrition
Science and Policy
150 Harrison Ave.
Boston, MA 02111
(617) 636-3223
Fax: (617) 636-3737
www.nutrition.tufts.edu

United States Department of Agriculture

Food and Nutrition Services
14th and Independence Ave., SW
Washington, DC 20250
(202) 720-8732
Fax: (703) 305-2276
www.usda.gov

Center for Nutrition Policy and Promotion

1120 20th St. NW
Ste. 200, North Lobby
Washington, DC 20036
(202) 418-2312
Fax: (202) 208-2322
www.usda.gov/cnpp

Food and Nutrition Information Center

Agricultural Research Service, USDA
National Agricultural Library, Room 105
10301 Baltimore Ave.
Beltsville, MD 20705-2351
(301) 504-5719
Fax: (301) 504-6409
www.nal.usda.gov/fnic

Team Nutrition, Food and Nutrition Services

3101 Park Center Dr., Rm. 632
Alexandria, VA 22302
(703) 305-1624
Fax (703) 305-2549
www.fns.usda.gov/tn

For information on local wellness policies on physical activity and nutrition to meet the Child Nutrition and WIC Reauthorization Act of 2004, visit www.fns.usda.gov/tn/Healthy/wellnesspolicy.html.

“Changing the Scene, Improving the School Nutrition Environment: A Guide to Local Action”

is an action kit to help parents, teachers, school administrators, school food service professionals and the community look at their school nutrition environment and identify areas needing improvement. The kit can be ordered online at www.fns.usda.gov/tn

“Making it Happen: School Nutrition Success Stories”

tells the stories of 32 schools and school districts across the United States to implement innovative strategies to improve the nutritional quality of foods and beverages sold outside of federal meal programs.

VII. Appendix

APPENDIX A: SPECIAL RECOGNITION

CSBA and California Project LEAN extend their appreciation to the following partners for extensive collaboration, review and feedback in the development of the “Healthy Food Policy Resource Guide” as well as this Guide:

Jim Bogden, MPH

Safe and Healthy Schools Project Director
National Association of State Boards of Education

Teri Burns

Deputy Superintendent
California Department of Education
School Board Member
Natomas Unified School District

Marlene Canter

School Board Member
Los Angeles Unified School District

Kathleen Corrigan M.B.A., R.D.

Director, Food and Nutrition Services
Mt. Diablo Unified School District

Priscilla Cox

School Board Member
Elk Grove Unified School District

Dawn Davey

Co-coordinator, Food Service
Capistrano Unified School District

Nancy Gelbard, M.S., R.D.

California Obesity Prevention Initiative
School Health Connections
California Department of Health Services

Thomaysa Glover

School Board Member
San Juan Unified School District

Harold Goldstein, Dr.P.H.

Executive Director
California Center for Public Health Advocacy

Wanda Grant

Food Service Director
El Monte Unified School District

Paul Green, Jr.

Former School Board Member
Grant Joint Unified School District

Brenda Z. Greene

Director, School Health Programs
National School Boards Association

Lynnelle Grumbles, R.D., SFNS

Food Service Director
Kingsburg Charter School District

Genethia Hayes

School Board Member
Los Angeles Unified School District

Enid Hohn, R.D.

Director, Child Nutrition Services
Vista Unified School District

LeConté, J. Dill, M.P.H.

Food Access Policy Coordinator
California Food Policy Advocates

Jan Lewis, M.A., R.D.

Nutrition Education Consultant,
Nutrition Services Division
California Department of Education

Therese Llanes, M.S., R.D.

Public Health Nutrition Consultant
Cancer Prevention and Nutrition Section
California Department of Health Services

Helen Magnusson, MPH, R.D.

Nutrition Education Consultant
Cancer Prevention and Nutrition Section
California Department of Health Services

Letha McWey

School Board Member
Vista Unified School District

Bill Potts-Datema, MS

Director, Partnerships for Children's Health
Harvard School of Public Health

Katy Roberson

School Board Member
Coronado Unified School District

Caroline Roberts, MPH, R.D.

Administrator
School Health Connections
California Department of Education

Barbara Ryan

School Board Member
Santee Unified School District

Al Schieder

Food Service Director
Folsom Cordova Unified School District

Dan Siegel, ESQ.

School Board Member
Oakland Unified School District

Terri Soares, R.D.

Nutrition Education Coordinator,
California Nutrition Network
California Department of Health Services

Nancy Spradling

Executive Director
California School Nurses Organization

Julie Stauss, MPH, R.D.

Nutritionist Team Nutrition/CND/FNS
United States Department of Agriculture

Estelle Werve

School Board Member
San Juan Unified School District

Cindy Wong

Vice President, Health Commission
California State Parent Teacher Association

California Project LEAN Regions

Gold Country: Melissa Guajardo
Bay Area: Holly Weber

Sierra-Cascade: Karen Bellacera

Southern Coast: Naomi Butler and Joan Rupp

North Central Coast: Janine Nunez-Robinette

Great South: Jeanne Silberstein and Elaine McFadden

Gold Coast: Susan Klucker and Susan Horne

Los Angeles: Johanna Asarian-Anderson, Shirley
Thornton and Andrea Giancoli

Central Valley: Patty Minami

North Coast: Joyce Houston and Melissa Martin

APPENDIX B: GLOSSARY

A la carte - the sale of individual food items in snack bars, school stores and vending machines that compete with school meals for students' appetites, time and money.

Anemia - a condition in which the blood is deficient in red blood cells, in hemoglobin or in total volume.

Bone Mass - the amount of calcium in a given amount of bone.

Body Mass Index (BMI) - a ratio of children's heights and weights plotted for age and sex, and compared against historic population references. Children are defined as overweight with a BMI for age at or above the 95th percentile of the Centers for Disease Control Growth Charts, and are considered at risk if they are between the 85th and 95th percentiles.

Cardiovascular Disease - a disease of the heart or blood vessels.

Cholesterol - a waxy substance made by the liver and also supplied in the diet through animal products such as meats, poultry, fish and dairy products. High cholesterol is a leading risk factor for coronary heart disease. Excess cholesterol in the bloodstream can form plaque (a thick, hard deposit) in artery walls. The cholesterol or plaque build-up causes arteries to become thicker, harder and less flexible, slowing down and sometimes blocking blood flow to the heart.

Cognitive Development - the development of intelligence, conscious thought and problem-solving ability that begins in infancy.

Competitive Foods - foods sold in competition with the National School Lunch Program and the School Breakfast Program during the school's designated lunch or breakfast periods, including foods of minimal nutritional value (FMNV) such as soda and certain candy.

Coordinated School Health - Centers for Disease Control model in which schools provide a critical facility where many agencies work together to maintain the well-being of young people. The following are the eight components of a coordinated school health program: 1) health education; 2) physical education; 3) health services; 4) nutrition services; 5) health

promotion for staff; 6) counseling and psychological services; 7) health school environment; and 8) parent/community involvement.

Dental Caries - formation of cavities in the teeth by the action of bacteria; tooth decay.

Dietary Guidelines for Americans - describe a healthy diet as one that:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products;
- Includes lean meats, poultry, fish, beans, eggs and nuts; and
- Is low in saturated fats, trans fats, cholesterol, salt (sodium) and added sugars.

Extracurricular activities – refers to school-sponsored voluntary programs that supplement regular education and contribute to the educational objectives of the school.

Food Guide Pyramid – revised by the U.S. Department of Agriculture in 2005, the Food Guide Pyramid renamed "My Pyramid, Steps to a Healthier You," includes dietary recommendations for the general public over 2 years of age. It includes the recommended daily servings of grains, fruits, vegetables, milk, meats, beans, fats, sugars, salt and physical activity.

Intramurals – refers to physical activity programs that provide opportunities for all students to participate in sport, fitness and recreational activities within their own school.

Interscholastic athletics – refers to organized individual and team sports that involve more than one school.

Junk Food - foods that provide calories primarily through fats or added sugars and have minimal amounts of vitamins and minerals.

Foods of Minimal Nutritional Value (FMNV) - food items providing less than 5 percent of the U.S. Recommended Daily Allowances for eight specified nutrients per serving. Regulations prohibit the sale of these items (such as carbonated beverages, chewing gum, water ices and most hard candies) in the food service area while school meals are being served. These regulations do not restrict the sale of chips, noncarbonated drinks and most candy bars in the food service area

or the sale of any food in other areas of the school building or campus at any time. USDA requires schools to set policies, that at a minimum, prohibit the sale of FMNV in the food service area during meal time.

National School Lunch Program/School Meal Program

- designed “to help safeguard the health and well-being of the nation’s children by assisting the states in providing an adequate supply of foods” (P.L. 79-396, the National School Lunch Act of 1946) for all children at moderate cost. Additional assistance is provided for children determined by local school officials to be unable to pay the “full established” price for lunches. Like the Food Stamp program, the National School Lunch Program is administered by the Food and Nutrition Service of the U.S. Department of Agriculture through state educational agencies or through regional USDA nutrition services for some nonprofit private schools.

Nutrition Standards – federal, state or local guidelines for the nutritional content of foods and beverages. Nutrition standards for the National School Lunch Program were enhanced in 1995. In accordance with the U.S. Dietary Guidelines, schools began offering healthier meals that were lower in fat and sodium and offered more fruits and vegetables. (Guidelines for fat limit it to providing no more than 30 percent of the total calories with saturated fat providing less than 10 percent of the total calories.) School breakfasts and lunches must be planned to provide one fourth and one third of the RDAs, respectively, for protein, vitamins A and C, iron, calcium and energy when analyzed over one week. State law limits food that may be sold outside of the federal nutrition program by requiring that 50 percent of any food sold must come from a list of nutritious options, however, there are no nutrition standards for the foods on the list. Additionally, state law bans soda and other non-nutritious beverages from being sold anywhere on elementary school campuses at any time and anywhere on middle school campuses during the school day.

Obesity – a high amount of body fat. A person is considered obese if he or she has a body mass index (BMI) of 30 kg/m² or greater.

Osteoporosis – porous bones. Weight-bearing exercise and the consumption of calcium-rich foods during childhood

and adolescence are critical to ensure peak bone mass and reduce the risk of osteoporosis later in life. Since prevention occurs by reaching optimal bone mass during adolescence, it is not possible to make up any deficiencies later in life.

Overweight – condition of being too heavy for one’s height. It is defined as a body mass index of 25 to 30 kg/m². Body weight comes from fat, muscle, bone and body water. Overweight does not always mean over-fat.

Sleep Apnea - Literally means “without breath.” People with untreated sleep apnea stop breathing repeatedly during their sleep, sometimes hundreds of times during the night and often for a minute or longer. Untreated, sleep apnea can cause high blood pressure and other cardiovascular disease, memory problems, weight gain, impotency, and headaches.

Soft Drink – includes soda, fruit-flavored and part-juice drinks and sports drinks.

Type 2 Diabetes – previously known as “noninsulin-dependent diabetes mellitus” or “adult-onset diabetes.” Type 2 diabetes is the most common form of diabetes mellitus. About 90 to 95 percent of people who have diabetes have type 2 diabetes. People with type 2 diabetes produce insulin, but either do not make enough insulin or their bodies do not use the insulin they make. Most of the people who have this type of diabetes are overweight. Therefore, people with type 2 diabetes may be able to control their condition by losing weight through diet and exercise. They may also need to inject insulin or take medicine along with continuing to follow a healthy program of diet and exercise. Although type 2 diabetes commonly occurs in adults, an increasing number of children and adolescents who are overweight are also developing type 2 diabetes.

Undernourishment – the state of inadequate nutrition resulting from lack of food or failure of the body to absorb or assimilate nutrients properly. Under-nutrition can result in delays in cognitive development and problem-solving abilities.

Vigorous Physical Activity – activities that bring about sweating and hard breathing.

Well Nourished – being properly nourished.



SUCCESSFUL STUDENTS
Through Healthy Food and Fitness Policies
ACT NOW FOR ACADEMIC EXCELLENCE

Nutrition, Physical Activity and Academic Achievement

Nutrition

Improved nutritional status has a positive and direct impact on academic achievement. When children's basic nutritional and fitness needs are met, they have the cognitive energy to learn and achieve. Schools continue to be a core place for students to learn and practice healthy eating habits.¹

Research shows that healthy, well-nourished children are more prepared to learn, more likely to attend school and class, and able to take advantage of educational opportunities. Studies demonstrate:

- Chronically undernourished children attain lower scores on standardized achievement tests, are more irritable, have difficulty concentrating, and have lower energy levels. Undernourished students have less ability to resist infection and are more likely to become sick, and therefore miss school, resulting in reduced revenues to schools.²
- Undernourishment impacts the behavior of children, their school performance and their ability to concentrate and perform complex tasks.³
- Children's brain function is diminished by short-term or periodic hunger or malnutrition caused by missing or skipping meals.⁴
- Inadequate consumption of key food groups deprives children of essential vitamins, minerals, fats and proteins that are necessary for optimal cognitive function.⁵
- Iron deficiency is one of the most prevalent nutritional problems of children in the United States. Iron deficiency can increase fatigue, shorten attention span, decrease work capacity, reduce resistance to infection, and impair intellectual performance. Consequently, anemic children tend to do poorly on vocabulary, reading and other tests.⁶

School Breakfast

Research shows a direct relationship between a nutritious breakfast and educational achievement.

- Students who eat breakfast show a general increase in math grades and reading scores, increased attention,

reduced nurse visits and improved behaviors.⁷

- Children who begin their school day without breakfast pay less attention in the late morning, have a negative attitude toward schoolwork, and attain less in class.⁸
- Increases in participation in the School Breakfast Program is associated with increases in academic test scores, daily attendance and class participation, and reductions in absenteeism and tardiness.⁹

Physical Activity

Studies suggest a connection between physical activity and increased levels of alertness, mental function and learning.

Research indicates that:

- Schools that offer intense physical activity programs see positive effects on academic achievement. These include increased concentration, improved mathematics, reading and writing test scores, and reduced disruptive behavior, even when time for physical education classes reduces the time for academics.¹⁰
- A review of results from nearly 200 studies including adults and children found that physical activity supports learning.¹¹
- Students participating in daily physical education exhibit better attendance, a more positive attitude towards school, and superior academic performance.¹²
- Moderate physical activity has a positive effect on immune function. Coupled with good nutrition, it can help prevent colds and the flu, two of the most common childhood ailments.¹³
- Higher achievement is associated with higher levels of fitness for fifth-, seventh- and ninth-graders. Females demonstrated higher achievement levels than males, particularly at higher fitness levels.¹⁴

**For more information, contact
California Project LEAN
www.CaliforniaProjectLEAN.org**

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Nutrition and Youth Health Statistics

Consumption Habits

- American children obtain 50 percent of their calories from added fat and sugar (35 percent and 15 percent, respectively), and only 1 percent eat diets that resemble the Food Guide Pyramid.¹
- About 25 percent of what adolescents eat is considered junk food, such as deep-fried foods, desserts, regular soft drinks, candy, cookies, pies and cakes.²
- Only 2 percent of teenagers in California met five key diet and physical activity recommendations.³

Overweight and Obesity

- Physical inactivity, obesity, and overweight costs California more than \$21.7 billion in medical care.⁴
- Obesity is associated with 112,000 annual excess adult deaths in the United States.⁵
- Nationally, an estimated 16 percent of children and adolescents ages 6-19 years were classified as overweight in 1999-2002, a 45 percent increase over the previous reporting period (11 percent in 1988-1994); another 15 percent are at risk of becoming overweight based on their BMI.^{6,7}
- Over the past three decades, the childhood obesity rate has more than doubled for preschool children aged 2-5 years and adolescents aged 12-19, and it has more than tripled for children aged 6-11 years.⁸
- More than one quarter of California's children are overweight.⁹
- Latino adolescents were most likely to be overweight. More than one out of three Latino adolescents in California were overweight or at risk for overweight.¹⁰
- Approximately one-third of overweight preschool children and about half of overweight school-aged children become overweight adults.¹¹
- Consumption of sugar-sweetened beverages, such as soda and fruit-flavored drinks, is associated with obesity in children.¹²

Diabetes

- An increase in type 2 diabetes among children has paralleled the rising rates of obesity.¹³ As many as 30,000 children have non-insulin-dependent diabetes that was once limited to adults.¹⁴
- One in three children born in 2000, and half of all children of color, are expected to develop type 2 diabetes during their lifetime.¹⁵

Osteoporosis

- Female adolescents and young adult women (ages 9-19) do not meet the recommended intake for calcium, with only about 1 in 10 consuming the recommended number of daily servings of milk products.¹⁶
- Soda consumption has almost doubled in the last 20 years.¹⁷ When children and adolescents replace milk with soft drinks, they consume fewer valuable nutrients such as calcium and vitamin D, which are needed for bone development and can help to prevent osteoporosis (porous bones). Since prevention occurs by reaching optimal bone mass during adolescence, it is not possible to make up any deficiencies later in life.

Dental Caries

- Dental caries affect over 50 percent of youths ages 5-17. More than 51 million hours of school time are lost every year because of dental-related illnesses.¹⁸
- Frequent exposure to sugar-sweetened soft drinks and candy increases risk for and severity of tooth decay.¹⁹
- Poor oral health has been related to decreased school performance, poor social relationships and less success later in life.²⁰

**For more information, contact
California Project LEAN
www.CaliforniaProjectLEAN.org**

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Physical Activity and Youth Health Statistics

Physical Fitness

- Nearly 40 percent of California children are not physically fit.¹
- Among California children in grades five, seven and nine who were tested with the state's mandated physical fitness test in 2004, 73 percent failed to meet the state's minimum fitness standards for all six areas of the test. Only about half met the minimum standard for aerobic capacity.²

Physical Activity Rates

- Only 29 percent of adolescents report getting the recommended minimum of one hour of physical activity per day.³
- Children ages 9-11 spend an average of 152 minutes over 10 days engaged in physical education versus the California state-mandated 200 minutes.⁴
- Participation in all types of physical activity declines as age or grade in school increases.⁵
- Only 63 percent of California adolescents report any vigorous activity in the previous month. Males participate in vigorous physical activities at higher levels than females (70 percent and 56 percent, respectively).⁶

Overweight/Obesity

- Physical inactivity, obesity, and overweight cost California more than \$21.7 billion in medical care.⁷
- Obesity is associated with 112,000 annual excess adult deaths in the United States.⁸
- Nationally, an estimated 16 percent of children and adolescents ages 6-19 years were classified as overweight in 1999-2002, a 45 percent increase over the previous reporting period (11 percent in 1988-1994); another 15 percent are at risk of becoming overweight based on their BMI.⁹

- Over the past three decades, the childhood obesity rate has more than doubled for preschool children aged 2-5 years and adolescents aged 12-19, and it has more than tripled for children aged 6-11 years.¹⁰
- More than one quarter of California's children are overweight.¹¹
- Latino adolescents were most likely to be overweight. More than one out of three Latino adolescents in California were overweight or at risk for overweight.¹²
- Approximately one-third of overweight preschool children and about half of overweight school-aged children become overweight adults.¹³

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California Project LEAN
www.CaliforniaProjectLEAN.org**

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Commercial Activities in Schools

Research has shown that children and youth are vulnerable to the persuasive influence of advertising.¹ Marketing through schools — through product sales, direct advertising or indirect advertising — adds credibility to marketing activities by associating the company’s name and product with trusted schools or teachers.²

Commercial activities in schools has increased in visibility in the previous decade.³ Most commercial activities occur in high schools (e.g., vending machines, display of corporate advertising), although coupon redemption programs are largely an elementary school enterprise.⁴

Product Sales: Competitive Foods and Beverages

Foods and beverages served or sold outside the school’s meal programs represent a significant share of the available foods that students purchase and consume. Approximately 98 percent of senior high schools, 73.9 percent of middle/junior high schools and 43.0 percent of elementary schools have either a vending machine or a school store, canteen or snack bar. Most commonly these include soft drinks, sports drinks, fruit juices that are not 100 percent juice, and salty snacks or baked goods that are not low in fat.⁵

Of all product sales in schools, exclusive soft drink contracts are the fastest growing venture.⁶ A national survey found that 71.9 percent of high schools, 50.4 percent of middle/junior high schools, and 38.2 percent of elementary schools have a contract with a company to sell soft drinks.⁷ Of those schools with soft drink contracts:

- 91.7 percent receive a specific percentage of soft drink sales receipts
- 37.6 percent allow advertising by the company in the school building
- 27.7 percent allow advertising by the company on school grounds
- 2.2 percent allow advertising by the company on school buses

In a survey of California school board members and superintendents, 32 percent of responding board members and 41 percent of superintendents reported that

beverage vendors had an exclusive contract with their district; 48 percent of board members and 64 percent of superintendents reported that vendors had an exclusive contract with at least one school in their district.⁸

Advertising

Among California high schools:⁹

- Nearly 72 percent allow advertising for fast food and beverages on campus, while only 13 percent prohibit such advertising.
- The most common fast food or beverage advertisements are on vending machines (48 percent), scoreboards or signs (31 percent), and posters (23 percent).

Among schools in a national survey:¹⁰

- 23.3 percent allow promotion of candy, meals from fast food restaurants, and soft drinks through coupons
- 14.3 percent allow promotion of these products through sponsorship of school events
- 7.7 percent allow promotion of these products through school publications
- 24.8 percent prohibit or discourage faculty and staff from using these items as rewards

These findings are significant because a study of primary school children found that exposure to advertising influenced which foods children claimed to like.¹¹ Another study showed that labeling and signage on a vending machine had an effect on what was bought by secondary school students.¹²

Board Member and Superintendent Attitudes

A minority of California board members (26 percent) and superintendents (44 percent) responding to a survey agree with the practice of having exclusive beverage vendors. In addition, the large majority of board members (80 percent) support limiting and monitoring food and soda advertisements in schools, and significant percentages (57 percent of board members) would even go so far as to ban such advertisements.

For further information, see “School-Based Marketing of Foods and Beverages: Policy Implications for School Boards,” California School Boards Association, 2005, www.csba.org.

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California High School Fast Food Survey

Research and Methods:

The Public Health Institute commissioned Samuels & Associates to work with California Project LEAN (Leaders Encouraging Activity and Nutrition) on both the 2000 and 2003 “California High School Fast Food Surveys.” The purpose of the 2003 survey was to gather information that described the forces that shape the environment in which California high school students make food choices. The primary research objectives were to (1) determine the extent of fast food sales on high school campuses, and (2) identify new issues that were not described by the initial “2000 California High School Fast Food Survey.” The following findings and recommendations are based on responses from both of the surveys.

Findings:

- 95 percent of responding school districts reported selling fast foods as a la carte items.
- The two primary reasons that school districts report selling fast foods are: 1) students like fast foods (65 percent) and 2) fast foods keep food service out of the red (29 percent).
- 63 percent reported that a la carte items such as pizza, chips, and soda generated up to 60 percent of their food service operating budgets.
- Fast food profits are used to support a variety of school operations including food service (70 percent), facilities and equipment improvements (30 percent), extracurricular activities (20 percent), and athletic programs (17 percent).
- The most frequent a la carte items sold on high school campuses were chips (75 percent), pizza (73 percent), cookies (72 percent), burritos (71 percent), and soda (71 percent).
- The most frequently reported brands of foods and beverages sold through food service were Coke (36 percent), Pepsi (32 percent), Taco Bell (26 percent), Domino’s Pizza (25 percent), and school district brands (24 percent).
- 18 percent reported contracting promotion rights to fast food or beverage companies.

- 67 percent reported that overall student participation rates in the National School Lunch Program are below 50 percent.

Recommendations:

- Explore new opportunities to generate support and revenue that are not based on the sale of unhealthy foods.
- Eliminate the sale of foods and beverages that do not meet state nutrient standards.
- Examine the use of schools as a channel for food and beverage company promotions.
- Eliminate exclusive contracts with food and beverage vendors in order to decrease unhealthy food and beverage advertising at school, which will in turn give school districts more control over the types of foods and beverages they can sell.
- Give food service control over all food sales on campus to decrease competition.

Full Reports:

Visit www.CaliforniaProjectLEAN.org and search for Fast Food Survey.

**For more information, contact
California Project LEAN.**

Prevalence and Specifics of Districtwide Beverage Contracts in California’s Largest School Districts

Research and Method

The California Endowment commissioned the Public Health Institute and Samuels & Associates to work with California Project LEAN (Leaders Encouraging Activity and Nutrition) to conduct a comprehensive study to better understand how soda consumption and sales are affecting the landscape of California’s public school system and children’s health. The study, conducted in 2001, surveyed the state’s 25 largest school districts with a combined enrollment representing one-third of the state’s 6 million student population.

Of the 25 districts, 20 completed the questionnaire for an 80 percent response rate. All districts indicated that soda was available to students within the district through various mechanisms, such as districtwide contracts, school-controlled contracts and soda sales agreements. In 15 cases, school districts delegate responsibility for soda availability to individual school site administrators. Five districts utilize districtwide contracts to manage soda sales to students. Because of the high-profile nature of and the large dollar sums involved in districtwide contracts, this report looks closely at the five districtwide contracts and seeks to explain provisions that could have ramifications for children’s health.

Findings

- Soda is available to students in all of the school districts that responded through district-level and school-level contracting.
- Soft drink companies use a variety of tactics to incorporate soda sales onto the school setting.
- Although the study found the same soda company holds four of the five districtwide contracts, the contracts varied in terms of sales and advertising characteristics. These contracts are not governed by comprehensive statewide policies or by a general consensus among district administrators.
- The district beverage contracts examined in this report contain provisions that limit school district

control over the beverages sold at school, directly affecting students’ nutritional choices.

- Only one of the five contracts examined included a nutrient analysis of the products available to students.
- Soda companies advertise to students through various mediums dictated by contracts including, but not limited to, product donations, software programs, scoreboards and marquees, signage, clothing, and school supplies.
- Some soda companies mandate, through their contracts, the number of vending machines required per student population, the location, hours of operation and inventory to be stocked at all times. Some contracts contain language that can limit the amount of information that can be legally disclosed to the public.
- Because both the school district and soda company income are tied directly to the volume of beverages sold on campus, the more beverages sold, the greater the revenue for the district and the soda company.

Recommendations

Financial Factors

- Fund schools and student activities adequately so they do not have to rely on children’s soft drink consumption to fund educational and extracurricular needs.
- Set lower prices for healthy beverages like 100 percent fruit juice, water and low-fat milk.
- When fundraisers are utilized, ensure that the money provided by students, families and community members overwhelmingly goes to the school. Minimize the amount given back to outside businesses and organizations.

Advertising and Promotion

- Set school district policies that ensure students have more access to healthy beverages than to unhealthy ones.

- Eliminate school advertising and promotional events that promote unhealthy beverages.
- Educate school personnel and students that water provides adequate re-hydration for most student athletes.

School District Control

- Establish autonomous school district control, not soda company control, over all aspects of beverage sales and advertising at school.
- Widely publicize and solicit public comment before entering into a beverage contract at individual schools and school districts.
- Eliminate confidentiality clauses that prohibit school districts from sharing with the general public all facts associated with their beverage contracts.
- Set contract provisions that allow for yearly public review of the contract, including changes or cancellation of the contract to meet student health needs.

Beverage Contract Administration

- Establish a committee of school personnel, students, parents and community health professionals to evaluate and improve school district beverage policy.
- Administer beverage contracts as a part of the school district's overall child nutrition program

Full Reports:

Visit www.CaliforniaProjectLEAN.org and search for soda study.

**For more information, contact
California Project LEAN**

School Health Policies and Program Study

Research

SHPPS is a national survey periodically conducted to assess the school health policies and programs at the state, district, school and classroom levels. Following are results from the SHPPS conducted in 2000.

Food Services

- Among schools in which food is ordered at the school level, on average 62.8 percent of all milk ordered by these schools in a typical week is either 2 percent or whole milk.
- The foods and beverages most commonly offered a la carte are fruits or vegetables (73.6 percent of schools); 100 percent fruit or vegetable juice (62.9 percent); baked goods that are not low in fat (59.2 percent); and pizza, hamburgers, or sandwiches (56.2 percent).
- 19.7 percent of schools usually give students less than 20 minutes to eat lunch once they are seated.
- During the 12 months preceding the study, 54.9 percent collected suggestions from students about the school food service program, 40.5 percent provided students with information on the nutrition and caloric content of foods available, and 34.7 percent conducted taste tests with students.
- 20.8 percent of schools require fruits or vegetables to be offered at settings outside the cafeteria, such as student parties, after-school programs, and concession stands; 12.4 percent of schools prohibit junk food (i.e., food that provides calories primarily through fats or added sugars and have minimal amounts of vitamins and minerals) in these settings.
- 43.0 percent of elementary, 73.9 percent of middle/junior high, and 98.2 percent of senior high schools have either a vending machine or a school store, canteen or snack bar where students can purchase food or beverages — most commonly soft drinks, sports drinks, or fruit juices that are not 100 percent juice; salty snacks that are not low in fat; and cookies and other baked goods that are not low in fat.
- Among teachers of required health education, elementary school teachers who provided nutrition

education spent a median of five hours per school year teaching the topic, middle/junior high school teachers spent a median of four hours, and senior high school teachers spent a median of five hours.

Physical Education/ Physical Activity

- 8 percent of elementary schools (excluding kindergarten, which has requirements that are consistently lower than those for grades 1 through 5), 6.4 percent of middle/junior high schools, and 5.8 percent of senior high schools provide daily physical education or its equivalent (150 minutes per week for elementary schools; 225 minutes per week for middle/junior and senior high schools) for the entire school year for students in all grades in the school.
- 16.7 percent of elementary schools exempt students from required physical education courses for one or more of the following reasons: high physical competency test scores, participation in other school activities, participation in community sports activities, and participation in community service activities.
- 25.3 percent of middle/junior high schools and 40 percent of senior high schools exempt students from required physical education courses for one or more of the following reasons: high physical competency test scores, participation in other school activities, participation in community sports activities, participation in community service activities, enrollment in other school courses, participation in school sports, and participation in vocational training.
- Physical activity facilities are used for community-sponsored sports teams, classes, “open gym,” or unsupervised programs for children in 71.6 percent of schools and for adults in 56.6 percent of schools during one or more of the following times: before school, after school, evenings, weekends, or during school vacations.

For more information visit the Centers for Disease Control and Prevention at www.cdc.gov/shpps

Creative School Fundraising Ideas

Things to do

- Gift wrapping, such as gift wrapping for donations at bookstore during holidays
- Fun runs; walk-a-thon (pre-kindergarten: each child gets sponsorship for each lap walked – up to 8 laps/\$1 per lap); bike-a-thon; jump-rope-a-thon; sled-a-thon
- 3-on-3 basketball tournament (charge a team \$40 for entrance; local businesses donate prizes)
- Car wash (pre-sell tickets as gifts, ask for pledges per car in advance, operate a food stand with coffee, bagels and juice)
- “Chuck a puck at the rink” (A hockey team plays this game between the 2nd and 3rd periods of the hockey game. Each puck is numbered and sold for \$1. Everyone throws them on the ice and the one closest to the center gets half of the money sold.)
- Singing telegrams
- Talent shows/recital/lip-sync contest (local businesses donate items for raffle)
- Read-a-thon; spelling bees; science fairs
- Carnivals (Halloween, Easter)
- Dances (kids, father/daughter, family, Sadie Hawkins)
- Bowling night/bowl-a-thon
- Skate night/skate-a-thon
- Raffles (teachers do a silly activity)
- Magic show
- Family/glamour portraits
- Penny wars (pennies +1 point, nickels +5, quarters +25, team with most points wins)
- Raffle (movie passes, theme bags, theme baskets assembled by students). Check your local laws governing raffles.
- T-shirts/caps
- Students volunteer for odd jobs to raise money, end of “work” day dinner and dance held for volunteers
- School event planners (includes all school event dates)

Things that involve the community

- Catering (district food service department caters events)
- Workshop/class
- Conference
- Treasure hunt/scavenger hunt
- Tennis/horseshoe competition
- Recycling cans/bottles/paper/Christmas trees
- Golf tournament
- Rent-a-teen-helper (rake leaves, water gardens, mow lawns, wash dog)
- Auction or money jars for students to place money in (teacher does something for kids at set increments, e.g. dress as a cheerleader, do cheers, act out a scene from a play)
- Dinner fundraiser with a live or silent auction (goods, services and talents)
- Community job fair (charge an exhibit fee)
- Bricks with engraved donor names
- Candles/crafts/books/plant sales
- Halloween insurance (\$1 insurance sold for guaranteed cleanup the day after Halloween. Usually minimal clean ups and volunteers tipped.)
- Sell seat cushions at sporting events (sell advertisements on cushions for local businesses)
- School clothing or rummage sale
- Bingo nights (parents with kids in sports or involved in organizations man the tables)

For more information, contact California Project LEAN

Ideas excerpted from Shasta County Public Health Department

Constructive Classroom Rewards: Promoting Good Habits

While Protecting Children’s Health

Rewarding children in the classroom need not involve candy and other foods that can undermine children’s diets and health and reinforce unhealthy eating habits. A wide variety of alternative rewards can be used to provide positive reinforcement for children’s behavior and academic performance. The best policy is not to use food to reward children for good behavior or academic performance. At a minimum, children should not be rewarded using foods of poor nutritional quality, including at classroom parties.

The harm in using food to reward children

Providing food based on performance or behavior connects food to mood. This practice can encourage children to eat treats even when they are not hungry and can instill lifetime habits of rewarding or comforting themselves with food behaviors associated with unhealthy eating or obesity.

Physical activity and food should not be linked to punishment

Punishing children by taking away recess or physical education classes reduces their already-scarce opportunities for physical activity. Another counter-productive punishment is forcing children to do physical activity such as running laps or pushups. Children often learn to dislike things that are used as punishments. Thus, penalizing children with physical activity might lead them to avoid activities that are important for maintaining wellness and a healthy body weight. In addition, food should not be withheld as a means of punishing children. The U.S. Department of Agriculture prohibits withholding meals as a punishment for any child enrolled in a school participating in the school meal programs.

Examples of Beneficial — and Inexpensive — Rewards for Children

1. Social rewards

“Social rewards” involve attention, praise, or thanks and are often more highly valued by children than a toy or food. Simple gestures like pats on the shoulder, verbal praise (including in front of others), nods, or smiles can mean a lot. These types of social rewards affirm a child’s worth as a person.

2. Recognition

- Trophy, plaque, ribbon, or certificate in recognition of achievement or a sticker with an affirming message (e.g., “Great job”)
- Recognizing a child’s achievement on the school-wide morning announcements and/or the school’s website
- A photo recognition board in a prominent location in the school
- A phone call, email, or letter sent home to parents or guardians commending a child’s accomplishment
- A note from the teacher to the student commending his or her achievement

3. Privileges

- Going first
- Choosing a class activity
- Helping the teacher
- Having an extra few minutes of recess with a friend
- “No homework” pass
- Teaching the class
- Playing an educational computer or other game
- Reading to a younger class
- Reading the school-wide morning announcements
- Helping in another classroom
- Eating lunch with a teacher or principal
- Listening with a headset to a book on tape or CD
- Going to the library to select a book to read
- Taking a walk with the principal or teacher
- Designing a class or hall bulletin board
- Writing or drawing on the blackboard/whiteboard
- Taking care of the class animal for a day

- Allowing a child to choose an extra recess activity for the class on his/her birthday

4. Rewards for a class

- Extra recess
- Eating lunch outdoors
- Going to the lunchroom first
- Reading outdoors
- Holding class outdoors
- Extra art, music, PE, or reading time
- Listening to music while working
- Dancing to music
- Playing a game or doing a puzzle together
- “Free choice” time at the end of the day
- A book read aloud to the class by the teacher

5. School supplies

- Pencils: colored, with logos, or other decorations
- Pens
- Erasers
- Notepads/notebooks
- Boxes of crayons
- Stencils
- Stamps
- Plastic scissors
- Bookmarks
- Highlighters
- Chalk (e.g., sidewalk chalk)
- Markers
- Coloring books

Excerpted from the Center for Science
in the Public Interest
www.cspinet.org

Coordinated School Health Program

The coordinated school health approach embraces the link between health and education. It contains eight essential components, with the ultimate goal being to fulfill young people’s over-all health* needs so that students can be in the classroom and learning. The eight-component model involves the entire school system, home and community working in a coordinated way to support the health of young people in a school setting and to eliminate duplication and gaps. Resources and energy are strengthened in this coordinated, concentrated effort.

The result is a cohesive team that has a sum greater than its parts, working to benefit the health and well-being of students.

*** The term “health” is used in the broadest sense. Health is much more than simply the absence of disease; health involves optimal physical, mental, social, and emotional functioning and well-being.**

—World Health Organization, 1996

The 8 components of coordinated health

- 1 Health education**
Classroom instruction that addresses the physical, mental, emotional and social dimensions of health.
- 2 Family and community involvement**
Partnerships among schools, parents and community groups to maximize resources and expertise in supporting the health of young people.
- 3 Healthy school environment**
The school’s physical, emotional and social climate, providing a safe physical plant and a healthy, supportive environment for learning.
- 4 Physical education**
School-based instructional program that provides students with the skills, knowledge, attitudes and confidence to be physically active for life.
- 5 Nutrition services**
Reinforcement of classroom-based nutrition education, promotion of healthy eating behaviors and integration of nutritious, affordable and appealing meals.
- 6 Health promotion for staff**
Assessment, education and wellness activities for school faculty and staff.
- 7 Health services**
Preventive services, education, emergency care, referral and management of acute and chronic health conditions to ensure health of students.
- 8 Psychological and counseling services**
Activities that focus on cognitive, emotional, behavioral and social needs in the school and home.

School Health Councils

School health councils are useful in addressing all eight areas of coordinated school health. A school health council, sometimes called a school health advisory council, is an advisory group of individuals who represent segments of the school and community. The group acts collectively to provide advice to the school district on health-related issues, programs and activities.

The concept of school health councils has been supported by a number of leadership organizations, most notably the American Cancer Society. Recently, school health councils have been a recommended approach for developing wellness policies required by the Child Nutrition and WIC Reauthorization Act of 2004.

Generally, the members of a school health council are appointed by the school district. Ideally, members represent the varying components of coordinated school health and include public health and community-based professionals and volunteers, school nurses, health educators, school administrators, nutrition services staff, physical education teachers, counseling and psychological services, parents, students, and others interested in and concerned about school health.

Examples of roles that are commonly assigned to school health councils include, but are not limited to:

- program planning;
- advocacy;
- fiscal planning;
- liaison with district, county and state agencies;
- direct intervention and policy implementation; and
- evaluation, accountability, and quality control.

School board members are called upon to address many health issues. Given that many health and social issues are interrelated, school health councils are a useful forum for schools and community members to support optimum health and academic achievement of children and youth.

Sources:

Health Framework for California Public Schools: Kindergarten Through Grade Twelve – Adopted by the California State Board of Education (2003)

“Improving School Health: A Guide to School Health Councils,” American Cancer Society

**For more information, contact
School Health Connections
California Department of Health Services
www.dhs.ca.gov/schoolhealth**