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LEADERSHIP Insider

PRACTICAL PERSPECTIVES ON SCHOOL LAW & POLICY

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Healthy Schools, Healthy Students

What school districts can do about children's health

By **Thomas Hutton**

In an era of lean budgets, increasing costs, and limited tax bases, school districts are harder pressed than ever to find ways to cut costs and identify non-traditional sources of revenue. But one area where many districts have accomplished both objectives is coming under increasing fire.

Parents, health care providers, activists, politicians, and news media are taking schools to task over lunch programs and vending contracts, which frequently are blamed for our national epidemic of childhood obesity.

Studies indicate that over 30 percent of America's children are overweight and or at risk of being overweight. Some suggest that children today actually spend as much time watching television, playing videogames, or engaged in other sedentary "activities" as they spend in a classroom.

That is an alarming prospect for learning—let alone for children's health. Overweight and sedentary children run a higher risk of developing Type 2 diabetes, heart disease, cancer, and stroke at an early age.

At the same time, the intense focus on academic achievement as reflected in standardized test scores understandably

has taken some toll on physical education programs, just as it has on arts programs. The irony here, of course, is that healthy and active children are likely to do better in school.

Amidst all the attention to childhood obesity, it's little wonder that so many state legislators and members of Congress simply can't resist the powerful temptation to try to play school board.

Indeed, a recent University of Baltimore report graded state governments on their fat-fighting efforts and assigned points based solely on whether lawmakers had introduced or adopted legislation, most of which took the form of mandates to local school boards. The report card did not examine effective nutrition programs established by many local boards on their own.

This issue of *Leadership Insider* provides background information and tools for school boards that want to get ahead of this issue and do something before something is done to them.

First, NSBA Director of Federal Relations Deborah Rigsby reviews the new provisions of the recently reauthorized federal school lunch act. The act includes a new requirement for local "wellness" policies but, thankfully, refrains from the

more sweeping mandates some voices were advocating.

State legislatures have been less hesitant to issue decrees, however. NSBA Staff Attorney Lisa Soronen relates the experiences in some states and suggests school board strategies for dealing with such efforts and some of the concerns that drive them.

To illustrate how some school districts have overcome the false choice between balanced budgets and healthy children, Martin Gonzalez, assistant executive director for policy services with the California School Boards Association, shares success stories from his state.

Gonzales was named this year's recipient of the Excellence in Work/Advocacy award by the Association of State and Territorial Public Health Nutrition Directors for his leadership on these issues.

Finally, Kimberly Monti, project associate for NSBA's School Health Programs, outlines a step-by-step action plan for school districts that want to renew their efforts toward achieving better student health.

Her article, like other *Insider* articles, points to additional tools and resources that are available to school board members and administrators. Links to these and other resources also are provided on the National Affiliate website, www.nsba.org/na.

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IN THIS ISSUE

3 When the state legislates health and fitness

5 Making a difference in child health and nutrition

7 Strategies for addressing childhood obesity

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About NSBA

The National School Boards Association is the nationwide advocacy organization for public school governance. NSBA's mission is to foster excellence and equity in public elementary and secondary education in the United States through local school board leadership. Founded in 1940, NSBA is a not-for-profit federation of state associations of school boards across the United States and the school boards of the District of Columbia, Hawai'i, and the U.S. Virgin Islands.

About the National Affiliate Program

The National Affiliate Program extends NSBA's services directly to local school districts. School districts are eligible to join provided they are members in good standing of their state school boards association.

About the National Education Policy Network

The National Education Policy Network (NEPN) helps foster better communication, understanding and management of local school districts through better policy-making. It offers access to a sample policy clearinghouse and current policy-related resources, as well as publications and tools to help districts keep their policy manuals well-organized and up-to-date.

About the Council of School Attorneys

The Council of School Attorneys provides information and practical assistance to attorneys who represent public school districts. It offers legal education, specialized publications, and a forum for exchange of information, and it supports the legal advocacy efforts of the National School Boards Association.

The Law on School Lunch

How the federal reauthorization act will affect your schools

By **Deborah Rigsby**

The Child Nutrition and WIC Reauthorization Act of 2004, reauthorizing the national school lunch program, was enacted on June 30, 2004. Established in 1946, the National School Lunch Program provides nutritional reduced-price and free lunches to children in more than 99,800 public and non-profit private schools and residential child-care institutions. The Child Nutrition Act, originally enacted in 1966, also established the school breakfast program and special milk program.

Today, federally supported school meal programs serve more than 26 million children each day—and 4.7 billion lunches and 122 million after-school snacks every year. Collectively, these meal programs constitute a sizable and important federal contribution to public school districts across America.

Overall, the law includes provisions to:

- Strengthen the household-income verification process for families who apply for free or reduced-price school lunches.
- Allow parents to submit a single application for multiple children.
- Reduce paperwork by allowing school lunch certifications to be valid for one full year, freeing schools from the need to certify children repeatedly within a single school year.
- Encourage school districts to establish local wellness policies, including goals for nutrition education and physical activity.

What It Means for Schools

Aimed at addressing childhood obesity, the reauthorization directs districts to establish local wellness policies to complement the larger aims of federal child nutrition programs. However, legislators note that the law “would not permit the federal government to dictate to local school districts the content of wellness policies to encourage nutrition and physical activity.” Most state school boards associations have school health policies available for their state's districts, many with provisions more specific than those mandated by the federal government.

The school lunch reauthorization does not affect local districts' authority to make

decisions about other foods offered at school. NSBA worked to ensure that districts retain local autonomy when it comes to what works best for their district regarding vending machines and sales of items such as beverages and snacks.

Another aspect of the reauthorization regards the audit rate. Currently, 3 percent of applications for free and reduced-price meals are audited by the local school food authority to verify household income. The reauthorization does not increase the 3 percent rate, but the audits must now be targeted when a district's applicants reach a certain number, rather than selected by random sample. This is likely to increase the portion of audits conducted in larger school systems, those “with more than 20,000 children approved by application as eligible for free or reduced-price meals,” as outlined in the legislation.

The law also maintains direct certification provisions for students from households participating in other federal supplemental food programs, such as those for Women, Infants, and Children (WIC), the food stamp program, or Temporary Assistance for Needy Families. Approximately \$9 million is authorized for conducting the eligibility and direct-verification processes. (This amount could change, depending on fiscal year 2005 appropriations.)

Concurrent with the new legislation, the U.S. Department of Agriculture (USDA) published a notice outlining rates of reimbursement for schools participating in the National School Lunch and School Breakfast Programs for the 2004-05 school term.

For information on food safety and menu planning; income eligibility guidelines for free and reduced-price meals; meal, snack, and milk payments to school food authorities; competitive food sales policies; and reporting requirements, please visit the USDA's Food and Nutrition Service's website at www.fns.usda.gov/cnd/lunch. Also available on the website is an update to the Spring 2004 USDA guidance to state agencies and local school districts for verification reporting and recordkeeping requirements.

Deborah Rigsby is NSBA's Director of Federal Relations.

Legislating Health and Fitness

How your district should deal with state laws designed to reduce childhood obesity

By Lisa E. Soronen

If your state legislature hasn't already proposed some sort of measure to reduce childhood obesity, it almost certainly will in the near future. In their State of the State addresses, six governors specifically mentioned obesity, nutrition, or physical activity, according to the National Conference of State Legislatures, and three discussed these issues in the context of children and schools.¹

This legislative interest stems at least in part from the fact that obesity rates, particularly for children, have increased rapidly over the last two decades. According to the Centers for Disease Control and Prevention, from 1980 to 2000, the percent of overweight children ages 6 to 11 more than doubled, from 6.5 percent to 15 percent, and the percent of overweight adolescents ages 12 to 19 tripled, from 5 percent to 15.5 percent.²

So far, a wide variety of state legislation, both proposed and adopted, has aimed at reducing childhood obesity. According to the National Conference of State Legislatures:

- During the 2003 legislative session 14 states introduced legislation to examine or change the nutritional content of school meals.³
- Twenty-eight states are considering restricting food or beverages sold in vending machines or as individual items by school stores and cafeterias.⁴
- At least 27 states have introduced 53 bills addressing physical education.⁵
- At least one state (Arkansas) is measuring and reporting students' body mass index in a health report card. At least six other states have proposed doing the same.⁶

From Reasonable to Ridiculous

These bare numbers cannot really give a sense of the type and variety of this legislation. By most people's standards, some of the measures are reasonable and not onerous, but others are simply bizarre.

On the more reasonable side, for example, the Louisiana legislature passed a bill that requires studying childhood obesity to determine what measures should be taken in the future to reduce obesity.⁷ Eight volunteer school districts will participate in

four intervention groups. One group will receive only nutritional intervention, one will receive only physical activity intervention, one will receive both interventions, and one will receive neither.

On the less reasonable side, Minnesota legislation proposed establishing a task force that will determine the number of children who are obese and "set a goal, including measurable outcomes for the state in terms of reducing the rate of childhood obesity."⁸ This measure has not yet been adopted.

Not surprisingly, Congress has also



It is important that your voice is heard long before a law is proposed, much less passed.



joined the campaign to reduce childhood obesity. On June 21, 2004, Sen. Bill Frist (R-Tenn.) proposed a bill entitled the Childhood Obesity Reduction Act.⁹ This bill would, among other things, establish a foundation to give grants to school districts that create plans to prevent and reduce childhood obesity through increasing physical activity and improving nutrition.

Similarly, on Nov. 25, 2003, the Senate passed the Improved Nutrition and Physical Activity Act.¹⁰ This bill, among other things, provides grants to entities that promote increased physical activity and improved nutrition through school-based activities.

Asserting Local Control

As a general rule, school districts favor local control and do not look positively on laws that require them to take certain courses of action—especially when many courses of action are already available, all of which might be good and some of which even better for particular districts.

That said, childhood obesity is a serious problem, and school districts could be doing more to solve it. If your state legisla-

ture has not yet adopted legislation on the obesity issue, the following strategies may help you squelch the legislature's desire to regulate you—and, at the same time, help solve the obesity problem in your district.

1. Adopt voluntary policies

Probably the best way to convince legislators that legislation is unnecessary is to show them that school districts across the state have already voluntarily taken steps to reduce childhood obesity. Your state school boards association probably has sample policies on nutrition education, physical education, vending machines, nutritional content of food served at schools, and related topics that you can tailor to meet your district's needs.

Last year in Indiana, for example, a member of the assembly proposed very broad childhood obesity legislation cover-

ing most of these matters.¹¹ The issue most troubling to this legislator was vending machines. So, as a proactive measure, the Indiana School Boards Association wrote a model policy on vending machines and circulated it to all member school districts. ISBA may later tabulate the number of districts that have adopted the model policy or a similar one and present this information to legislators next term.

Additional considerations:

- Writing and adopting new policies can be time consuming. If you cannot adopt new policies on all aspects of reducing obesity immediately, consider working first on the issue most upsetting to your state legislature.

- Be particularly receptive to policy advice, voluntary guidance, programs, and instruction offered by health groups with whom your school boards association has partnered. These partnerships may have been formed to deal with obesity as an alternative to legislation, and your district's cooperation with these partnerships may determine whether legislation is passed.

For example, when the Pennsylvania legislature became interested in the child-

hood obesity issue, lobbyists from the Pennsylvania School Boards Association met with legislators and suggested that PSBA work with the Pennsylvania Advocates for Nutrition and Activity (PANA), a coalition that encourages healthy eating and exercise, to come up with policies or voluntary guidelines for school districts to deal with reducing obesity.

Although the legislators' reaction was only lukewarm, PSBA and PANA went ahead with their partnership. So far, the legislature has only proposed legislation covering physical activity.

2. Get involved in lobbying

Find out whether your state legislature is interested in childhood obesity, and if it is, get involved in the lobbying process immediately. It is important that your voice is heard long before a law is proposed, much less passed. When legislators find a hot-button issue like childhood obesity, their inclination is often to propose extreme legislation so they can show their constituents that they are "doing something" about the problem.

Getting legislators not to propose such measures in the first place can be easier than convincing them to back off later. For example, the proposed Pennsylvania legislation was restricted to new physical education requirements. Until the legislature held a hearing on the topic, however, it had been considering proposing much more comprehensive legislation. At hearings, the PSBA lobbyists testified about what schools in the state were already doing to solve the problem, which may have influenced the legislation that was actually proposed.

What can you do to help in the lobbying effort? Contact your state school boards association to ask how you can become involved. Most likely, you will be

asked to contact your legislators and express your views, consider adopting nutrition/fitness policies, or answer a survey about what your district has done to address childhood obesity. If your district has an innovative program, you may even be asked to testify at a hearing before the legislature or submit materials for the hearing.

Don't underestimate the help you can provide. Because you work in the trenches, you may know better than anyone else how a particular proposal would affect your district and others. At minimum, respond to polls conducted by your state school boards association. Poll results can be an extremely effective way to convince legislators that new laws are unnecessary. For example, rather than proposing obesity legislation during the last few legislative sessions,¹² Part of the reason the legislation has been defeated is that the Minnesota School Boards Association (MSBA) has the data to prove that such legislation is both unnecessary and not a good idea.

Even before the legislation was proposed, a number of groups took proactive steps to deal with the obesity problem in the state. First, Refreshments MN (formerly Minnesota Soft Drink Association), in collaboration with school districts and vendors, adopted guidelines to improve the nutritional quality of food in vending machines. Data provided by Refreshments MN as a result of the new guidelines indicates that bottled water is the hottest selling product in Minnesota's public schools.

Second, the state department of health completed a study on health-related issues in school and made recommendation to schools. When legislation was proposed, MSBA lobbyists tried to convince legislators, using this evidence, that schools had available to them and were using numer-

ous resources to solve the obesity problem and that these resources were preferable to the "one size fits all" approach of legislation.

When legislators were not impressed, MSBA compiled pictures and testimonials from 60 schools showing that the front panels of vending machines promoted physical activity and not products, that the machines offered a wide variety of nutritional products, and that some sold only water. Lobbyists encouraged legislators to visit districts in their jurisdiction and see for themselves the commitment schools had made to better nutrition. MSBA also put together a study showing how much revenue each school district received from vending contracts and how the districts used the money. All of this information proved to be very effective, but it could only be gathered with the cooperation of local school districts.

3. Comply with existing laws and regulations

A number of state and federal laws and regulations govern nutrition, exercise, and other obesity-related issues. For example, to participate in the National School Lunch Program and the School Breakfast Program, districts must comply with federal regulations that prohibit selling certain categories of foods in the food service area during the breakfast and lunch periods, including carbonated beverages and certain candies. Legislators have a big incentive to pass laws further regulating entities that do not comply with laws and regulations currently in place.

4. Follow new legislation carefully

Few states have actually adopted childhood obesity legislation, and those that have, generally have not passed particularly drastic measures—partly because legis-

Endnotes

1. National Conference of State Legislatures, Nutrition and Obesity (Apr. 2004), available at www.allhealth.org/recent/audio_06-07-04/nutrition%20and%20obesity%20one-pager%20april%202004.htm.

2. Id., citing, Centers for Disease Control, Prevalence of Overweight Among Children and Adolescents, 1999-2000 (2001).

3. National Conference of State Legislatures, Except from Issue Brief on Nutrition and Obesity (Apr. 2004), www.ncsl.org/programs/health/ibintro.htm.

4. National Conference of State Legislatures, Nutrition and Obesity (Apr. 2004), available at www.allhealth.org/recent/audio_06-07-04/nutrition%20and%20obesity%20one-pager%20april%202004.htm.

5. Id.

6. Id.

7. 2004 La. Acts 734, at www.legis.state.la.us/leg_docs/04RS/CVT7/OUT/0000LVUO.PDF. The new law also requires at least 30 minutes each day of moderate to vigorous physical activity for students in grades kindergarten through six.

8. S.F. 1760, 83rd Leg. Sess. (Mn. 2003-2004) (proposed), at www.revisor.leg.state.mn.us/cgi-bin/getbill.pl?version=latest&session=ls83&session_number=0&session_year=Regu&number=sf1760.

9. S. 2551, 108th Cong. (2004) (proposed), at <http://thomas.loc.gov/cgi-bin/query/D?c108:2:./temp/~c108bPiarZ:..>

10. S. 1172, 108th Cong. (2004) (proposed), <http://thomas.loc.gov/cgi-bin/bdquery/z?d108:SN01172:@@L&summ2=m&>.

11. H.B. 1014, 2004 Gen. Assem., Reg. Sess. (Ind. 2004) (proposed), at www.in.gov/apps/lsa/session/billwatch/billinfo?year=2004&session=1&request=getBill&docno=1014.

12. S.F. 1760, 83rd Leg. Sess. (Mn. 2003-2004) (proposed), at www.revisor.leg.state.mn.us/cgi-bin/getbill.pl?version=latest&session=ls83&session_number=0&session_year=Regu&number=sf1760.

13. S.B. 5436, 2004 Leg., 58th Sess. (Wash. 2004) (enacted), at www.leg.wa.gov/pub/billinfo/2003-04/Senate/5425-5449/5436-s_pl_03122004.txt.

lation is often the result of compromise. This means that, in states with newly adopted legislation, school districts should carefully comply with the new laws so that more onerous ones will not be adopted later.

When childhood obesity was first considered in Washington state, for example, some legislators proposed banning all vending machines in schools and measuring the weight of all students and putting them on diets if they were overweight. Realizing some form of legislation was likely to be passed, lobbyists from the Washington State School Directors' Association worked with legislators to formulate less extreme measures. The legislation ultimately adopted requires WSSDA and other health-related groups to develop a model policy covering nutrition and physical education and the nutritional content of vending machine items and competitive foods.¹³

WSSDA's lobbyists caution that if the association writes a weak model policy, or if districts write their own weak policies, state legislators will conclude that they gave schools a chance to change their ways but they did not. Consequently, the legislature is likely to pass the sweeping legislation that was originally proposed.

As these examples suggest, working proactively on such issues as childhood obesity can help ward off overzealous and heavy-handed mandates from the state.

Lisa E. Soronen is an NSBA staff attorney.

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Tackling the Obesity Epidemic

How school districts can make a difference in child health and nutrition

By Martin Gonzalez

The national statistics on childhood obesity are alarming and widely reported. What is less often examined are the effective nutrition programs established by many local school boards in my state, California, and across the country.

Many school boards have established their own stricter nutrition standards controlling the types of beverages and food served at school. Others are requiring school vending machines to offer healthier options. Still others have looked to improve the quality and quantity of the physical education and physical activity offered to students. Many districts have established committees and taken other steps to get their communities talking about the health status of their children.

Officials at the state level have also begun to tackle the issue (see box).

Thinking Lean

One innovative approach is the partnership between the California School Boards Association (CSBA) and California Project LEAN (Leaders Encouraging Activity and Nutrition), a state and nationally recognized program that uses policy and environmental change strategies to increase access and promotion of healthy foods and physical activity. Since 2000, this partnership has educated school board members about the critical link between academic achievement and nutrition and health and provided them with the tools and sample policies needed to support a healthy school environment.

The project has been featured in numerous informative articles, training sessions, and workshops. In addition, CSBA and Project Lean have jointly developed the "Healthy Food Policy Resource Guide," a comprehensive, step-by-step approach for creating a healthy school environment that encourages students to eat right.

The guide outlines the links among nutrition, physical activity, and learning; addresses the nutritional and physical activity status of children and youth; highlights school districts that are successfully offering healthy foods and beverages; and provides sample policies, fact sheets, a pol-

icy development worksheet, and other resources.

The Vending Dilemma

Scientific research has consistently shown what educators know intuitively: Healthy, well-nourished children learn more and better.

But trustees and officials in school districts throughout California and across the nation find themselves in a bind, caught between a rock and a vending machine. Although the care and feeding of students is technically a family responsibility, the job often falls to school districts by default.

"We have a lot of influence and responsibility because kids are with us for so long," said Marlene Canter, a school board member for the Los Angeles Unified School District. "It's our job to educate them, but a healthy mind requires a healthy body. It's an old cliché, but you really are what you eat."

As Mark Vallianatos of the Center for Food and Justice points out, most school district food service programs need to be financially self-supporting.

"The basic job of food service directors is to make sure kids don't go hungry, that they have something to eat," he said. "They can make nutritious meals, but if kids don't eat them, they haven't met that basic goal. On top of that, they're also going to lose money."

So most directors and districts, at least those with high schools, have compromised.

"They run subsidized nutritious lunch programs," Vallianatos said, "but students can also go out into the halls and find vending machines, or they can cross over to the mall for some fast food. It's a contradiction, a mixed message, but that's been the reality."

Programs that Work

Schools are not responsible for the nation's obesity epidemic, but they can be part of an overall strategy to help combat the problem.

CSBA's "Healthy Food Policy Resource Guide" helps administrators and school board members see the problem from a district perspective and provides concrete examples from districts that are making

changes. The guide includes five case studies that show in great detail how a variety of districts have succeeded in offering healthier foods and beverages on campus—without breaking their budgets. These documented stories demonstrate to school board members, superintendents, food service directors, and others that change is not only possible, it can be profitable.

Here is a closer look at three examples:

Case Study 1: Folsom Cordova USD

Until recently, the lunchtime choice for some students in Folsom Cordova Unified School District in suburban Sacramento County was plainly unsavory. Students eligible for free or reduced-price meals were required to stand in separate lines, away from where others queued up for a-la-carte burgers, fries, and pizza.

Not surprisingly, relatively few students opted for the cheaper lunch, even if they couldn't afford anything else. "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 FCUSD food service director Al Scheider shortly after his arrival in the district.

Adding injury to insult, the food service department was losing money. Scheider took action. First, he junked the junk

food, tossing out the high-fat, sugary cafeteria menu of burgers, pizza, and soda, even though these items were money makers. Second, he began renovating eating areas to make campus dining a more satisfying experience.

The district installed a computerized system that let students pay for their lunches discreetly. The menu was updated, with a variety of salads, homemade pasta, wraps, teriyaki chicken bowls, sushi rolls, and sandwiches.

The results have been impressive. Cordova High School used to sell only 125 entrees daily to student body of 1,850; now it sells 800. Folsom High once sold a paltry 85 lunches each day to a student population of 2,000; now it sells 700 meals. And the food service division, which used to run \$200,000 in the red each year, now has a \$400,000 reserve.

"Sometimes we close our eyes to the simple and obvious solutions," Scheider said. "We need to learn how to put food back into the center of our operation."

Case Study 2: Los Angeles USD

Arguably, there is no such thing as a small problem in the LAUSD, the second largest school district in the nation, educating more than 761,000 students.

More than a year ago, Jacqueline Domac, a health teacher at Venice High School and former Project LEAN school site coordinator, was perusing the soda contract her high school had signed with Coca-Cola. The multi-million-dollar contract gave Coca-Cola exclusive sales rights on campus in exchange for paying the high school a percentage of the proceeds. The soft drink maker was also allowed to post various signage and advertising.

Domac took her concerns to district officials. "I demanded that they take the lead in promoting better health on campus for the state, and in turn, for the nation," she told *Lean Times*, a publication of Project LEAN.

LAUSD's Canter agreed. "It was something that had to be fixed," she said. "The very least we could do is create change one step at a time, first by banning soda."

But banning soda is easier said than done. Exclusive contracts mean money for powerful soft drink companies and for cash-strapped districts. Depending on the size and number of vending machines, a single large high school can derive up to \$80,000 annually from soda sales.

Unswayed by the money argument, Canter and fellow trustee Genethia coauthored a successful school board motion for a districtwide ban on campus vending

machine soda sales. "This is not an economic discussion, it's a health discussion," said Canter.

Case Study 3: Vista USD

The food situation at Vista Unified, a 27,000-student district in northern San Diego County, was typical of many districts. High school students had a variety of eating options, but too many students opted for the chips, candy, and soda sold in campus vending machines.

With the school board's backing, Enid Hohn, the district's food service director, decided to take action. Working with business services, she consolidated district vending sales as contracts expired, then began a pilot program at the 3,500-student Vista High School.

The district purchased 17 vending machines in 2001 and stocked them with bagels, yogurt, granola bars, fruit, milk, water, and sport drinks.

Although sodas are still available, sales of healthier fare have been robust. In the first year, vending sales generated \$187,000. The high school received almost \$15,000 in commissions compared to \$9,000 under the old contract with soda companies.

Other Success Stories

Similar programs are springing up all over California, where schools are putting more emphasis on teaching kids what it means to eat right.

The San Diego Unified School District, for example, is developing a districtwide Healthy Choice Beverage Program. Some districts have changed menus by contracting with outside vendors who can provide healthier fare, such as low-fat pizzas or fresh sandwiches. Others have added cafeteria salad bars. And the Santa Monica-Malibu Unified School District contracts with local farmers to bring in produce weekly.

It takes efforts like these and many more, said LAUSD's Canter. "We need to reach out and educate parents, so that the message stays the same everywhere," Canter said, and she thinks that's beginning to happen. With a bit of culinary creativity and the determination to follow through and schools can tip the scales—in the right direction.

Martin Gonzalez is assistant executive director for governance and policy services with the California School Boards Association. For other examples of promising strategies, visit California Project LEAN's website at www.californiaprojectlean.org/brightideas.

ACTION AT THE STATE LEVEL

In 2004, California Superintendent of Public Instruction Jack O'Connell convened a task force on childhood obesity, whose recommendations will be finalized this December. A year earlier, former Gov. Gray Davis formed a Child Nutrition Task Force, and Gov. Arnold Schwarzenegger may convene a similar group.

In 2001, California enacted Senate Bill 19, which established specific nutritional standards for food sold at elementary and middle schools and restricted when sodas and snacks could be sold. This legislation was followed two years later by Senate Bill 677, which prohibited the sale of certain beverages to pupils in elementary, middle, or junior high schools. The legislature rejected a proposal to apply the S.B. 19 nutritional standards to all food sold outside the federal school lunch program, but efforts along these lines will mostly likely continue in 2005—M.G.

Learning How to Walk the Talk

Strategies for addressing childhood obesity in your district

By Kimberly Monti

“Students’ Poor Nutrition and Inactivity Comes with Heavy Academic and Financial Costs to Schools,” Action for Healthy Kids, Sept. 23, 2004

“Adult’ Diabetes on the Rise in Kids,” Theresa Tamkins, *MSNBC News*, Oct. 30, 2003

“Schools are skipping P.E.,” Vicki Kemper, *Los Angeles Times*, Sept. 30, 2003

“Kids need school’s help to get healthy,” Nanci Hellmich, *USA Today*, May 19, 2003

In case you haven’t noticed, now is the time to assess how your school district is tackling the issue of childhood obesity. By now you have heard the statistics:

- The percentage of overweight children ages 6 to 11 more than doubled and overweight adolescents ages 12 to 19 more than tripled over the last 20 years (Centers for Disease Control and Prevention).
- Fewer than one in four children get 20 minutes of physical activity per week and fewer than one in four get at least 30 minutes of physical activity per day (Action for Healthy Kids).

What does this mean for your community? How can you help your school district best address childhood obesity? The first step is conducting a self-audit of your current programs and policies. But how do you approach something as big as a districtwide assessment?

Conducting the Audit

Several tools are available that will help make this gargantuan task more manageable. Two in particular are essential guides that will help schools and districts conduct a self-audit of policies and activities, create an improvement plan, and revise current policies or develop new policies based on best practices to promote physical activity and healthy eating.

The *School Health Index* (SHI), a two-part self-assessment and planning guide provided by the Centers for Disease Control and Prevention (CDC), focuses on school policies and programs related to physical activity, healthy eating, and tobacco use prevention.

You can use the SHI to help you identi-

fy strengths and weaknesses, develop an action plan, and involve the community in the improvement process. While this tool is designed for individual schools, it can be adapted for use at the district level. The SHI is available for assessing policies and programs on the elementary level and the middle school/high school level; a new edition includes school safety.

NSBA’s School Health Programs is currently working on a district-level assessment tool that mirrors the areas addressed in the SHI.

Revising or Adopting Policies

The next step in the assessment process is revising existing policies or adopting new ones to address areas identified in the improvement plan. The second tool to help you accomplish this goal focuses on policies on healthy eating, physical activity and tobacco use prevention.

Fit, Healthy, and Ready to Learn, a publication from the National Association of State Boards of Education, policies and best practices for districts concerned about promoting physical activity, healthy eating, and tobacco use prevention. The publication provides an orientation to policy making, including the policy development process, the players responsible for policy making, and how to engage the community in the policy process.

Fit, Healthy and Ready to Learn also provides examples of how to create an umbrella policy for school health that will provide the framework for all specific health policies in the district or school setting. The chapters that follow help districts develop comprehensive policies that encourage physical activity and healthy eating and discourage tobacco use. Sample policies, as well as a discussion section, are provided for each.

Planning, Planning, and More Planning

It may sound silly, but you need to have a plan in order to create a plan. Before launching into a self-assessment, it is important to lay the groundwork to ensure that the assessment results and subsequent improvement plan are accurate reflections of current activities—and that they make

the most sense for your district.

The SHI identifies some key steps to help you set the stage for your work:

1. Assign an assessment coordinator. This person will be in charge of the overall coordination of the process, organizing the assessment team and keeping the group on task with the planning process.

2. Assemble a team. The key to achieving community buy-in is to bring all of the important players to the table from the beginning—those at the school, district, and community levels. A School Health Council or subcommittee of the council would be a logical choice in this case, as these councils are charged with considering the impact of policies and programs on student health (see sidebar).

WHAT IS A SCHOOL HEALTH ADVISORY COUNCIL?

A school health council, or school health advisory council, is a group of individuals that represent the community. The group acts in an advisory capacity to the school system about school health issues. Typically, council members are appointed by the school system to advise an entire district; however, individual schools may find it useful to convene their own school health council.

(Source: American Cancer Society)

WHAT IS A COORDINATED SCHOOL HEALTH PROGRAM?

A Coordinated School Health Program is a coordinated approach to student health and contains eight interactive components with the chief aim of enhancing student well-being and achievement. Implementing this holistic approach allows communities to align their policies and programs across the district down to the individual school level.

The eight components are:

1. Health education
2. Physical education
3. Health services
4. Nutrition services
5. Counseling, psychological, and social services
6. Healthy school environment
7. Health promotion for staff
8. Family/community involvement.

(Source: Centers for Disease Control and Prevention)

If you do not have a School Health Council in your district, make sure you assemble a team that provides a balanced cross-section of representation from individual schools (staff and students), the school district (staff and administration), and the larger community (parents and community-based health and social service representatives).

3. Review the components of a coordinated school health program. The SHI includes a module devoted to each of the eight components of a coordinated school health program (see sidebar). If you use this tool in planning, it is important that you and your team members be familiar with each component before you begin.

4. Create a plan to complete the work. The assessment coordinator should meet with team members to outline a work plan and timeline, designate subcommittees and team leaders, assign tasks, and coordinate the completion of each step of the assessment process. The results of each phase of the assessment should be

compiled for comparison and evaluation at the end of the assessment.

5. Complete a plan for improvement. It is essential to bring the full team together at the end of the assessment phase to create the improvement plan. Completing this final stage of work together will further encourage community buy-in to the final action plan. This plan will be your blueprint for future activities that enhance your district's strengths and address the needs identified by the assessment. A good plan also establishes a system for regularly assessing and reassessing progress toward your original goals and deciding whether those goals need to be revised.

Some Final Advice

Here are some additional tips to consider as you move forward:

- **Don't recreate the wheel.** Look around—what is the district or community already doing to address childhood obesity? Have any assessments already been

conducted at schools or within your community that may help in this process?

- **Don't bite off more than you can chew.** Be realistic when establishing goals and timelines. The planning and assessment are just as important as the final improvement plan. While childhood obesity is an urgent health crisis, you will not be able to enhance students' health in your district by rushing to a plan of action.

- **Use all the resources at your disposal.** Find out what other school districts have done to assess their policies and programs around healthy eating and physical activity and see how you could adapt their strategies to your assessment process.

And of course, don't forget NSBA's School Health Programs. Our School Health Resource Database contains a wealth of information to help you in this process.

Good luck, and happy planning!

Kimberly Monti is project associate for NSBA's School Health Programs.

GETTING KIDS MOVING

Schools can encourage physical education and recreational activities for students in a number of ways. Here is just a sampling of national organizations that support schools' efforts to promote physical activity.

P.E.4LIFE

Over 75 percent of U.S. children are not active for even 20 minutes a day. The ramifications are frightening. We are experiencing an unprecedented childhood obesity epidemic and a dramatic rise in Type 2 diabetes and high blood pressure, once considered adult diseases, in children and adolescents.

The economic implications are also cause for concern. The annual cost of physical inactivity in our country recently was pegged at \$183.34 billion.

Research shows that high-quality, daily physical education is the most cost-effective way to reduce obesity, improve overall physical fitness, enhance self-esteem, and boost academic performance. Yet schools around the country have been steadily reducing the number of physical education classes offered.

P.E.4LIFE's mission is to get kids active and instill the value of physical fitness for a lifetime. Our Blueprint for

Change—available at www.pe4life.org—calls for making daily physical education a reality in the nation's schools.

The need to teach kids the benefits of a physically active lifestyle has never been greater. So let's start discussing ways to reintroduce our kids to P.E. Their health—and America's—depends on it.

Contact: Kenneth Reed, Director, P.E.4life's Center for the Advancement of Physical Education, kenreed@pe4life.org.

Action for Healthy Kids

Action for Healthy Kids (AFHK) is a national, nonprofit organization addressing the epidemic of overweight, undernourished, and sedentary youth by focusing on changes at school.

A collaboration of more than 40 national organizations and government agencies, AFHK supports the efforts of State Teams in all 50 states and the District of Columbia. AFHK also provides extensive resources for educators, including a "What's Working" database of dozens of school-based approaches.

A recent AFHK report highlights the excessive rise in poor nutrition, inactivity, and weight problems and shows how

the trend is adversely affecting academic achievement and possibly costing schools millions of dollars each year.

Contact: (847) 328-3628; www.actionforhealthykids.org.

Pedestrian and Bicycle Information Center

The Pedestrian and Bicycle Information Center (PBIC) provides resources, training, and technical assistance and conducts research that supports safe walking and bicycling in an effort to improve the health of communities. One of PBIC's focal areas is to encourage and enable more children to safely walk and bicycle to school.

PBIC acts as national coordinator for International Walk to School Day and Week. Schools and communities around the world join together every October to celebrate walking to school. In 2003, more than 3,000 U.S. schools in all 50 states participated. The event serves as an opportunity to focus on the importance of physical activity, safety, air quality, and walkable communities. Learn more at www.walktoschool.org.

Contact: Nancy Pullen, Program Manager, (919) 962-7419 or pullen@claire.hsrb.unc.edu.