



HEALTHY SCHOOLS HEALTHY KIDS

Despite all the advances in science and technology, all the knowledge about nutrition and exercise, and the abundance of healthy foods in supermarkets today, Americans are in the worst shape in history. And, unfortunately, the unhealthy habits of adults have been passed to our nation's youth.

Today, about 15 percent of children and adolescents are overweight. According to data released last fall in the *Journal of the American Medical Association*, the number of overweight children has doubled over the past 20 years, and the number of overweight adolescents has tripled.

On any given day, 84 percent of school children exceed the guideline for saturated fat in their diets, while only 2 percent meet the Food Guide Pyramid's daily recommendations for all five major food groups. It gets worse as youth get older, with teenagers drinking twice as much soda as milk. Vending machines full of fatty chips and candy might be great for a school's bottom line, but they are hazardous to a teen's diet.

A lack of daily exercise has also contributed to the rising child obesity rate. Games of kickball, tag, or hide and seek have given way to instant messaging and PlayStation video games. The focus on more accountability, moreover, has led to the elimination of nonacademic—yet essential—health and physical education programs. As a result, the Centers for Disease Control and Prevention (CDC) reported that the number of students attending daily physical education classes fell from 42 percent in 1991 to 29 percent in 1999; today, only Illinois requires daily physical activity for all grade levels.

The result is an epidemic of overweight children that is not going away.

Coordinated school health

Despite these alarming numbers, it seems student health has taken a back seat to more pressing issues in education. Far too

many school administrators think of nutrition and physical activity programs as optional pieces of a school's curriculum. As the nation's school leaders implement the No Child Left Behind Act regulations, grapple with budget cuts, and work to improve student performance on standardized tests, there's little room left for much else.

Ignoring student health is shortsighted, however, because an investment in health is an investment in better academic performance. Numerous studies dating to the 1980s have shown that healthy kids perform better academically. And districts that implement a coordinated school health program decrease risks for children and increase opportunities for achievement.

CDC researchers Lloyd Kolbe and Diane Allensworth developed a coordinated school health model for districts in 1987. The model includes eight components:

- Comprehensive school health education
- Physical education
- School health services
- School nutrition services
- School counseling, psychological, and social services
- Healthy school environment
- School-site health promotion for staff
- Family and community involvement in schools.

The last component is an essential part of the model health program. Schools cannot do it alone. Behind every successful district is support from families and communities. The Surgeon General's December 2001 Call to Action to Prevent and Decrease Overweight and Obesity identifies schools and communities as two of the five critical settings for enacting change via communication, action, research, and evaluation.

It must be noted, however, that because young people spend the majority of their time in schools, educational insti-

Proper diet and exercise are keys to improving student achievement

By David Satcher and Margie Tudor Bradford

tutions have a unique opportunity to encourage, motivate, and promote healthy choices among school-age children.

A model district

A wonderful example of the tremendous difference school districts can make in the lives of students is illustrated by the McComb Separate School System in McComb, Miss. In 1998, the district established a successful four-year, coordinated health program. McComb's healthy schools project includes the eight components of the CDC program and adds a ninth—academic opportunity—that identifies youth for academic intervention and provides appropriate instruction and help.

The 3,000 students in the McComb school system come from mostly poor, single-parent households, and 99 percent are eligible for free and reduced-price lunch. During the 1996-97 school year, only 11 percent of the district's students were reading on grade level at the beginning of second grade. The dropout rate was high, as were discipline referrals.

In 1998, Superintendent Patrick Cooper determined that the district "had to meet the health needs of our kids before we could expect them to learn." So, after nine months of community meetings and planning, the district implemented a coordinated health program, placing a health and wellness center in each of the district's five schools. A full-time registered nurse and a full-time mental health counselor and social worker were hired. Staff members began work on health education, offering nutrition and parenting classes that are scheduled according to individual school needs.

Today, the McComb school system has an array of healthy options for students and staff. School breakfasts now include fruit and yogurt, while lunch menus feature prepackaged salads. Carbonated drinks have been replaced with juices and waters, and all candy vending machines have been removed from school campuses. Also, faculty and staff confiscate any unapproved junk food that students bring to school.

To improve fitness, all elementary and middle school students are required to participate in an average of 45 minutes of physical education every day. High school students must pass two units of physical education and health to graduate. A community recreational center provides opportunities for students to learn golf, tennis, aerobics, swimming, and other sports.

The result is improved academic achievement. By 2000, 82 percent of McComb's students were reading on grade level at the start of second grade. The number of dropouts declined from 52 students in 1997 to only 10 in 2001. The graduation rate improved by 10 percent in four years—from 77 percent to 87 percent—and disruptive behavior has plummeted. Total out-of-school suspension/in-school detention days dropped from 4,568 in 1997-98 to 2,568 in 2001-02. And the number of discipline infractions decreased by 60 percent.

School leaders in McComb found that as they nurtured stu-

dents on the most fundamental level of health, students performed better. This success is even more meaningful given the district's history of low academic performance among its students, most of whom have faced poverty that has carried over from generation to generation.

State support

School districts can get help in developing health programs from state resources. How?

Let your state education agency know what your board needs to create a successful coordinated school health program. Build a rapport with representatives of your state departments of education and state school health coordinator. Your state school boards association, the National School Boards Association, and the National Association of State Boards of Education (NASBE) can help with sample policies.

In Kentucky, state support for creating healthy schools is strong. Kentucky is one of 11 states—along with Kansas, Maryland, Michigan, Missouri, Montana, New Mexico, North Carolina, Oregon, Utah, and West Virginia—participating in NASBE's Healthy Schools Network, funded by the CDC. Kentucky's program, a collaboration between the state Department of Education and the Kentucky School Boards Association, provides a common vision for school health programs.

One example of how this vision is working is at the Fayette County Healthy Kids Centers (HKC) in Lexington. Spearheaded by medical director Thomas L. Young of the University of Kentucky, HKCs are comprehensive school-based health care centers in four high-poverty schools. The clinics deliver primary care, dental care, mental health care, and health education in an integrated school environment. The initial site was funded by a federal grant, and community hospitals now fund the three additional school centers. Schools, parents, students, and the community have enthusiastically accepted the centers, attributing their presence to an increase in attendance.

Another example of how Kentucky's vision is working on a local level is in the Bardstown Independent School District in Bardstown. The district's school health council, which consists of parents and community members, helped integrate the eight components of the coordinated school health model into a comprehensive school improvement plan.

Since July 2001, the health council has addressed such issues as nutrition, physical education, counseling, and community involvement. The group's recommendations have led to a number of positive changes in the district's schools. All K-4 classes, for example, now have 30 minutes of physical education and recess each day. Students in fifth through eighth grades are given an activity period on a quarterly basis. And high school students in advanced physical education classes use heart monitors.

In addition, the food service staff and the school nurse work

together to provide balanced, nutritional lunches for all students and create specific menus for overweight students. School counselors also play an important role, giving direction to students on how to deal with weight problems. And a family resource center helps parents and their children learn about healthy living.

The district hopes these changes will help it achieve its goals of improved student performance, increased community and family involvement, and programs for teachers.

From the top

Although state budget cuts and the focus on standards have led to the elimination of a number of health programs in schools, many districts have been able to establish or continue successful ones. Their secret? Leaders who understand the importance of making health education a priority. When district leaders make a commitment to health issues, then others—principals,

and deli bar.

Schools often take their cues from their leaders. At the North Cache 8-9 Center in Richmond, Utah, Principal Larry Larson developed a program that has gotten faculty into fitness. The “Get Up, Get Out, Get Fit” program encourages teachers to set goals for the number of steps walked in any given week. All teachers are given a pedometer as part of the program. The program’s success has inspired students to set their own physical activity and nutrition goals.

Fairhope Elementary School in Fairhope, Ala., also has students lacing up their sneakers as part of a schoolwide running program. Students receive a shoelace bead for every 10 miles recorded using the school’s quarter-mile track. Total miles are recorded on a thematic “mileage map.” In addition, the school’s innovative physical education program received the Alabama Governor’s Award for Physical Fitness and commendations from the Southern Association of Colleges and Schools.

Creating healthy schools

SEVERAL RESOURCES are available for districts interested in learning more about the link between health and achievement and in developing coordinated school health programs.

- Cynthia Symons’ 1997 summary of studies that confirm the link between student health and education outcomes, “Bridging Student Health Risks and Academic Achievement through Comprehensive School Health Programs,” provides an overview of relevant research. Published in the *Journal of School Health*, the article cites in particular one study that found a link between physical activity and a reduction in disruptive behavior, improved mathematics, reading, and writing test scores, and better concentration among students.

- The Surgeon General’s December 2001 Call to Action to Prevent and Decrease Overweight and Obesity identifies schools and communities as two of the five critical settings for enacting change for better health via communication, action, research, and evaluation. School districts may look to this re-

port for recommendations for creating healthy school environments. www.surgeongeneral.gov/topics/obesity.

- *Health is Academic; A Guide to Coordinated School Health Programs* (1998), edited by Eva Marx and Susan Frellick Wooley with Daphne Northrop, offers comprehensive practical actions for creating healthy school environments, which, in turn, improve the educational experience of children and adolescents. This guide is available from Teachers College Press.

- *Fit, Healthy, and Ready to Learn: A School Health Policy Guide* was developed by the National Association of State Boards of Education, in partnership with the Centers for Disease Control and Prevention and in cooperation with the National School Boards Association, to help state and local decision makers establish effective policies to help students achieve their academic potential and adopt lifelong healthy habits. www.nasbe.org —D.S. and M.T.B.

teachers, staff, and students—will be just as committed.

School staff can serve as role models and motivate students to choose a healthy lifestyle, especially when it comes to nutrition and physical activity. When students at Venice High School in Los Angeles, Calif., were concerned about the lack of nutritional food in the school’s vending machines, they turned to health teacher Jacqueline Domac, who helped them organize a “Students for Public Health Advocacy” club.

The club researched the financial and logistical implications of alternative vending machine options. The students’ research was instrumental in banning soft drink sales during school hours for middle and high schools in the Los Angeles Unified School District. Domac also worked with the Venice High School food service staff to offer more nutritional choices in the cafeteria, which now has a soup bar, fruit and vegetable bar,

School leaders have the ability to make changes in their school environment. The opportunities to have a healthy environment can be as simple as changing items in a vending machine, offering more nutritious lunch menus, or adding a physical activity component to part of the school day. Creating a healthy school environment, however, takes commitment and creativity.

Making health a priority

School districts must make children’s health a priority on their education agendas. In addition to creating a model program using the eight components of coordinated school health, districts can take other steps as well.

One way is to integrate nutrition information throughout the curriculum. Students in a geography class, for example, can

learn about the origin of foods and the health practices of different cultures. Districts also can introduce dairy vending machines or put healthier alternatives such as real fruit juices and water in soft drink vending machines. Grain breakfast bars or nuts can be offered in snack vending machines instead of foods with little or no nutritional value.

Schoolwide physical activity programs can be created be-

Taking concrete next steps

SCHOOL DISTRICTS across the country are finding creative ways to address student health concerns. Below are a few initiatives that have made a difference:

■ **Action for Healthy Kids.** Launched at the Healthy Schools Summit in October 2002, this initiative helps districts create healthy school environments that support sound nutrition and physical activity programs. The initiative is carried out by state teams of school administrators and educators, health professionals, government and student leaders, concerned parents, and community and business leaders. The teams develop programs at the state, district, and school building levels to advance changes in schools across the country. www.actionforhealthykids.org.

■ **Michigan Team Nutrition Booklist.** One component of Michigan State University Extension's "Pyramids Between the Pages" program, the list features annotations of more than 300 books on food, healthy eating, and physical activity for children in preschool through third grade. The program helps link nutrition with reading by allowing children to practice reading while learning how to choose and eat healthy foods and be physically active. Schools can use the booklist to review books for cross-curricular integration, develop a school or classroom library of health-related books, or implement or complement a family literacy initiative. The program meets the needs of teachers and other educators who are looking for ways to integrate nutrition education into core subjects such as language arts. www.tn.fcs.msue.msu.edu.

■ **Children's Hunger Alliance.** An Ohio-based organization that promotes school breakfast programs, the Children's Hunger Alliance has worked in partnership with local schools, the Ohio Department of Education, local media, corporations, foundations, VISTA, and AmeriCorps to help schools reduce paperwork and offer free breakfasts to all students regardless of income. As a result of the alliance's work and partnerships, 229 schools in the state now offer free breakfasts to all children. The organization's "Breakfast in the Classroom" model has increased breakfast participation across the country, resulting in better attendance, fewer cases of tardiness, and increased attention among students. www.childrenshungeralliance.org.

fore, during, or after school to encourage healthy staff, faculty, and students. And families and communities can get involved through "open gym nights" and "taste-test fairs" of nutritious foods.

Building a coordinated school health program is a long-term process, but it pays off with both measurable and immeasurable results. Districts should keep in mind that not all coordinated health programs look exactly alike. The unique needs of individual districts should be considered, and programs should be developed based on community needs and available resources.

But what should remain the same, however, is a strong commitment to making both our children and our schools healthy. A comprehensive approach to child and adolescent health can assure that no child will be left behind as school districts develop coordinated health policies with the goal of improving student performance. Health does equal achievement.

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