

healthy learning

News

SUPERINTENDENT
SUCCESS STORIES FROM THE FIELD

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A healthy school environment is important to the well-being, development and achievement of students. Schools have the potential to influence children's food choices and daily activity levels, and present a wonderful opportunity to introduce and encourage healthy habits.

Together We Stand: A Shared Vision to Change the Course of Childhood Obesity in African-American and Latino Communities

Today more than 12 million children and adolescents are obese.^{1,2} During the past four decades, obesity rates have soared among all age groups. For example, the obesity rate for children ages 6 to 11 has more than quadrupled (from 4.2 to 17 percent) and more than tripled for adolescents ages 12 to 19 (from 4.6 to 17.6 percent).^{3,4}

Our society has changed the way we eat, work and play. Families now have easy access to convenience foods that are high in calories and fat; they have fewer opportunities for physical activity in communities and schools; and sedentary activities such as watching television and playing video games are more common than walking, biking and playing outdoors.

According to the U.S. Centers for Disease Control and Prevention, only 21 percent of high school

students eat the recommended servings of fruits and vegetables and only 35 percent meet recommended levels of physical activity. The data further found that 35.4 percent of high school students watch television three or more hours and 24.9 percent play video or computer games for three or more hours on an average school day.⁵

Children who are overweight or obese are at greater risk for developing chronic health problems including high blood pressure, heart disease, type 2 diabetes, stroke, asthma, joint problems and certain types of cancer. Obese children also are more likely to become obese adults than their average-weight peers — and an obese older teenager has up to an 80 percent chance of becoming an obese adult.^{6,7} In addition, overweight and obese children are more likely to suffer serious social and psychological consequences because they are more frequently

rejected by their peers, chosen less as friends and are generally not as well liked as normal-weight children.^{8,9}

Research indicates causal relationships between physical activity and academic success and between a healthy diet and cognitive performance. School system leaders understand these relationships and can bear witness that students perform better when they are physically active and think better when they have consumed nutritious food.

The childhood obesity epidemic cuts across all categories of race, ethnicity, family income and locale, but some populations are at higher risk than others. For example, obesity prevalence is rising faster among African-American and Hispanic children, according to an analysis of data from the National Longitudinal Survey of Youth. Obesity increased by more than 120 percent among

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The American Association of School Administrators, founded in 1865, is the professional organization for more than 13,000 educational leaders across the United States.

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Together We Stand —

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African Americans and Hispanics over a decade. During that same time, obesity increased among whites by more than 50 percent.¹⁰ Chief among the reasons for the higher rates of obesity among racial/ethnic minorities is that fact they are more likely to live in lower-income communities that lack of access to healthy foods and physical activity. In some communities, parents have limited food choices because they don't have a local supermarket. A study of close to 700 neighborhoods found that minority and racially mixed communities have access to half as many supermarkets as white neighborhoods and twice as many small grocery stores. Low-income areas have access to half as many supermarkets as wealthy areas and four times as many small grocery stores.¹¹ In addition, residents of lower-income communities also have less access to places where they can be physically active, such as sports facilities, parks, green spaces and bike paths and lanes.¹²

In and out of the classroom, the United States is becoming more and more diverse. As demographics shift, so do our paradigms. The metaphor of the melting pot does not adequately describe the rich diversity of America. Eclectic or mosaic may be more appropriate terms as children maintain the values, customs and beliefs of their own cultures, while assuming some traits of the prevailing or dominant culture, like dress, language and food. Values, customs, beliefs and language are key cultural constructs that we must recognize, accept, affirm and use as tools to reduce childhood obesity among racial and ethnic minority groups. Dietary practices are deeply rooted in history and culture, and food carries distinctive social meanings in Hispanic and African-American communities. There may also be differences in preferences and beliefs about what's real and what's ideal in terms of body size and image.

Considering the new cultural context that may surround many school system leaders, several important questions to keep in mind as schools start to address childhood obesity among African-American and Latino students include:

- ◆ Can we acknowledge and honor cultural differences while moving toward norms of healthier eating and regular physical activity?
- ◆ Can we recognize that individual will, motivation and personal choice cannot be the only arrows in our quiver?
- ◆ Can we make an effort to understand how socioeconomic, community environments and access to health care impact our students' health?

Real Change Requires Real Change

As the American Association of School Administrators, we asked ourselves these questions and more: Are strategies that could potentially alter patterns of eating and physical activity different for Hispanic or African-American children? What are the relevant messages and how and by whom should they be delivered? What do school system leaders need and what is our capacity to address those needs?

The American Association of School Administrators has been working with school system leaders on issues that affect children's health and, thus, their academic success for more than 30 years. We already knew that the children at the other end of the achievement gap were the same children at the other end of the health gap (or health disparity). From firsthand experience, school administrators have frequently observed that children that weren't performing as well academically were also the children that lacked access to quality health care, nutrition and physical activity. What soon became clear is that in order to better address the needs of African-American and Hispanic children and school system leaders on this issue we needed to learn from, work alongside, and align our theories, models and strategies. We

want to work with organizations with complementary access, knowledge and a commitment to real change.

With support from the Robert Wood Johnson Foundation's Leadership for Healthy Communities national program, AASA, the National Alliance of Black School Educators and the Association of Latino Administrators and Superintendents have joined forces to address childhood obesity. As partners, we are focusing on creating strategies and actions to change laws, policies, programs and the environment in order to prevent childhood obesity and improve the health of African-American and Hispanic public school students. AASA, NABSE and ALAS are changing the way we do business. Real change requires real change.

We vow not to sit around a conference room table and decide what school leaders need to help you prevent and reduce childhood obesity. We are going to ask you for your opinion, listen to your concerns, take your advice, observe best practices and strategize with members of each of our associations. We will disseminate what we are finding and learning through our respective meetings and publications. We will also host joint sessions at our conferences where we will report what we are learning about childhood obesity and how working together in deliberate ways benefits each of us.

As part of our partnership, NABSE and ALAS selected school districts to feature in this issue of *Healthy Learning News*. They both recommended school system leaders in Texas, where obesity and diabetes affect many African-American and Latino children. In separate interviews commenting on the importance of addressing childhood obesity, Texas superintendents Carrol Thomas and Roel A. Gonzalez asked the same question: *What good is it to teach children to read and write if they are just going to end up in the cemetery because of weight issues?*

Nearly 35 percent of children in Texas are overweight or obese.¹³ The state has taken this information seriously and since 2003 has instituted several policies and programs to address childhood obesity, key among them being a five-year strategic plan through 2010 and an aggressive legislative agenda.

(Endnotes)

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- 12 Powell, L.M., Slater, S. and Chaloupka, F.J. "The Relationship Between Community Physical Activity Settings and Race, Ethnicity and Socioeconomic Status." *Evidence-Based Preventive Medicine*, 1(2):135-144, 2004.
- 13 Hoelscher, D.M., et al. 2004. "Measuring the Prevalence of Overweight in Texas School Children." *American Journal of Public Health*. 94:1002-1008. ◆

Rio Grande City Consolidated Independent School District, Rio Grande City, TX

Superintendent: Roel A. Gonzalez • Total number of schools: 14 • Total number of students: 10,130 • Free and reduced lunch: 95%

The Rio Grande City Consolidated Independent School District, located along the Mexican border in the Rio Grande Valley of Texas, serves a 99 percent Hispanic student population, many of whom are in migrant families. The Rio Grande Valley is one of the poorest and most underserved areas in the United States. Starr County, in which the district sits, has a history of high death rates from diabetes. By the time they are 4 years old, 24 percent of the children in Rio Grande are overweight or obese; by kindergarten, 28 percent; and by elementary school, 50 percent of the boys and more than one-third of the girls are overweight or obese. As a result, the district is taking steps to address this high incidence of obesity. Through wellness initiatives, community partnerships and strong parental involvement, healthy food options and opportunities for physical activity are widespread within the school district and are making their way into the homes of the children they serve. This focus on preventing obesity is just one example of how this school system, led by 2007 Texas Superintendent of the Year Roel A. Gonzalez, has prioritized the health of its students and of the community.

Making Change Happen

Both the RGCCISD Health Services Department and the Food Service Department have strong programs and policies in place that are helping students make healthier choices and improve their well-being. Recruiting nurses, while challenging in Rio Grande City, is a priority for the district. Local funds are used to pay

for its four registered nurses and 12 licensed practical nurses so that there is a nurse in every school building every day — a huge accomplishment that few school districts can match. Health histories are taken on each new student entering the school system. The Health Services Department provides immunizations to students who need them (RGCCISD is one of the only districts within the state of Texas to do this), provides assistance with medical, dental and pharmacy needs, provides health counseling, assists students

Get Kids Moving

Maintaining a consistent exercise program is a major district goal, and thus, all students attend PE on a daily basis. To accomplish this, RGCCISD has a multifaceted approach to physical activity. On the elementary level, they use the Coordinated Approach to Child Health (CATCH) Program, which is designed to promote physical activity and healthy food choices in a fun way. Hosting competitive and non-competitive events, ensuring that all children have a chance to participate in activities



“When you talk to children about losing weight, you get a blank stare; they don’t know what to do. We are doing an injustice to overweight children. If a child needed extra help with school work, we would help them. We must help children learn how to address their health.”

– Superintendent Roel A. Gonzalez

and families who need diabetic supplies, and runs a robust school health committee that includes parents, teachers, students and staff, who make programmatic decisions on this issue. The district will begin taking body mass index and glucose measures on students within the district and then work with each child who needs special attention with diet or physical activity. This data will be benchmarked so that changes and successes can be tracked over time.

that appeal to them, is one way these funds are used. Even kindergarteners are up and moving, setting walking goals and posting their progress on hallway bulletin boards for all to see. The district is also a recipient of a “Texas Fitness Now” grant from the state to reduce childhood obesity and the rising incidence of type 2 diabetes in two middle schools. In another middle school, students and staff start each day with walking the school track. In a neighborhood where many of the children already walk to school, the track walk provides additional activity. It has become part

of the school’s culture and information about the track walk is included in orientation for new students. And at all levels, there is less of a focus team sports and more of a focus on lifelong physical activity.

Leadership Matters

The successes seen in this resource-challenged district are largely due to the vision of Gonzalez. He often talks to staff about their own health and the need for adults in the district and throughout the community to model healthy habits. At right is his advice to other superintendents:

pendent Texas



and reduced lunch: 77% • Demographics: 99% Hispanic; 1% Other



Creating Social Change in Families, Communities and Schools

The school district's systemic and relentless engagement of families and students is creating the kind of social change necessary for long-term community impact.

With us, the family is the unit. – Estella Hernandez, Parent Involvement Specialist

RGCCISD encourages and facilitates change in families and communities by:

- ◆ Collaborating with local partners, such as the AgriLIFE Extension Service, part of the Texas A&M System. The service targets 50 families identified by the school district and introduces them to a variety of fruits and vegetables. The service also teaches families how to select, prepare and include new produce in their favorite cultural dishes. The lessons include visits to the grocery store and home visits to demonstrate healthier food preparation methods. So many participating families have changed their cooking habits that local grocers have stopped stocking 25-lb tubs of lard that were once stacked to the ceiling in every store.
- ◆ Alerting parents about related activities and opportunities through the schools and through community agencies. This is done at community events, including BINGO nights and traditional Friday night barbeques and through handouts sent home in backpacks.
- ◆ Creating joint-use agreements with community groups so that the system's tracks, playgrounds and gymnasiums can be used by families when school is not in session.
- ◆ Hosting periodic health fairs that include screenings for blood pressure and blood sugar.

RGCCISD creates healthier school environments for students by:

- ◆ Instituting a full-service kitchen in each school and using USDA recipes and batch cooking.
- ◆ Eliminating fried foods from the school breakfast and lunch menus. Instead, everything is baked, including traditional cultural foods like tacos and fajitas.
- ◆ Eliminating desserts from the school menus and making fresh fruits widely available.
- ◆ Eliminating whole milk and fat-laden salad dressings from the school menus, substituting low-fat or fat-free varieties.
- ◆ Instituting daily salad and fruit bars at the secondary level and offering them one day each week at all elementary schools.
- ◆ Engaging students in a study and taste tests that yielded healthy changes in the menu, like yogurt and plain bagels instead of donuts for breakfast and limiting breakfast burritos to once per week.
- ◆ Using only whole-wheat bread. They slowly worked this in by first making sandwiches with white bread on the top and whole wheat bread on the bottom.
- ◆ Customizing menus for students with diabetes or other chronic conditions to help them manage their health and make better choices. ◆

- ◆ *Include health and wellness as part of your No Child Left Behind plan. We will leave children behind in communities in South Texas if we don't address student health.*
- ◆ *Every superintendent can build a team to address obesity and related health issues. It should be a priority. PE teachers are just as valuable as reading teachers.*
- ◆ *Superintendents must play a leadership role in establishing trust in the community and need an open-door policy with community organizations that can offer resources to students and their families.*
- ◆ *Success depends on the emphasis a superintendent places on a total education – this [health] shouldn't be trendy – if it's really important to you as a leader, you have to make it happen. ◆*

Beaumont Independent School District, Beaumont, Tx.



Superintendent: Carrol Thomas • Total number of schools: 29 • Total number of students: 18,880
Free and reduced lunch: 64% • Demographics: 64% African American; 20% White; 13% Hispanic; 3% Other

In Beaumont Independent School District, health and wellness have become a way of life for students and staff at this urban district approximately 90 miles east of Houston. Serving a large African-American population of students, the district has made healthy and sustainable changes while still recognizing and respecting the culture and traditions of the community.

Providing Students with Healthier Food Options

The Child Nutrition Department within BISD has participated in the Texas Farm-to-School Program for more than three years. Through this program, schools are able to purchase and serve fresh, local fruits and vegetables in the cafeterias. Students have responded positively to the increased availability of

healthy produce options. The Child Nutrition Department works directly with schools to ensure that food for celebrations and special events is healthy and affordable. At elementary schools, for example, deli-style pizza lunches that meet all nutrition guidelines are delivered to the school in traditional pizza boxes. The students are able to celebrate and the alternative option is still affordable and nutritious. Similar healthy menu options are available for end-of-the-year picnics and carnivals. High school students benefit from healthy food options during special “dinner and movie” events held during the lunch hour, where nutrition and school staff creates meals that are healthy, attractive, delicious and consistent with nutrition and reimbursement guidelines. Many of these healthy changes are possible due to the purchase and use of combination

“Whatever it takes to make a child whole, schools do it.

Addressing childhood obesity is on the back of education.”

– Superintendent
Carrol “Butch” Thomas

cooking ovens, which have replaced fryers in school cafeterias. BISD was the first school system in the state of Texas and the first in the nation to use combination cooking ovens rather than fryers. Using the more modern and convenient combination ovens keeps menus consistent across schools, eliminates working with and cleaning up hot oil, and offers students traditional foods prepared in healthier ways without sacrificing taste.

Movement Matters for Children and Their Families

Physical activity is one of BISD Superintendent Carrol Thomas’ top priorities. “I played basketball, football, and track in high school, attended college on a football scholarship and played for a national championship football team” says Thomas. “I think everyone should be physically fit, not just athletes. I believe when people are physically fit they have more energy, they are more alert, and they perform better in their jobs. This is absolutely true for children in our schools.”

To this end, each school in the district has a full-time physical education teacher and students participate in PE classes for 135 minutes each week. These classes look and feel different. We’re not

talking about the physical education of previous generations’ team sports, where students spent much of their time standing around waiting to be picked for activities.

The goals for physical education in BISD are to:

- ◆ develop a physical education curriculum that emphasizes fitness, cooperative activities and health education;
- ◆ devote sufficient time, energy, equipment and funding to help students develop positive attitudes toward maintaining active lifestyles; and
- ◆ expand the concept of physical education beyond traditional team sports.

The realization of those goals is evident in BISD schools. Physical education classes feature activities and skills that students can learn and enjoy throughout their lives, such as dancing, walking, jogging or biking. Through federal funding provided by the C.E. White PEP (Physical Education Program) Grant, BISD has systemically changed how physical education is conducted. Since equipment has been upgraded, it has virtually eliminated the time students have to wait in line to be physically active. BISD provides professional development to its physical education staff on a variety of topics, including the incorporation of health education into their classes. In addition, in-service trainings are given to all teachers to help incorporate physical activity into the classroom, and classes are observed regularly to help instructors perform and teach vigorous activities to students.

The district engages families in the community, purposefully involving them in the health and physical activity of their children. Parents also **Continued on back page**

Creating Social Change by Modeling Positive Behaviors

Beaumont Independent School District encourages staff and administrators to become health and wellness role models for students.

We must be the change we wish to see in the world.
– Mohandas Gandhi

These are a few ways that BISD staff became involved in health and wellness activities in the district:

- ◆ Participating in fun programs created specifically for staff to learn more about their own health — including having baseline data collected (blood pressure, etc.) through a partnership with a local hospital.
- ◆ Attending presentations given by community stakeholders such as the American Heart Association and Lamar University about heart health and other important health topics.
- ◆ Attending monthly events where they can receive fun, practical information and participate in cooking demonstrations and sharing healthy recipes. District staff also receives discounts to commercial gyms and sports clubs.
- ◆ Working on the district wellness committee with other staff, parents and community members. ◆



Do you have comments or suggestions about this issue of Healthy Learning News or need additional copies for workshops or meetings? Do you have your own success story to share? Contact Rebecca Roberts, project director, at rroberts@aasa.org. For previous issues of Healthy Learning News, visit www.aasa.org/focus and click on “Childhood Obesity.”

**Beaumont, Texas —
Continued from inside**

hold seats on the district’s Health Advisory Board. A health fair was held to solicit parent input on what nutrition and physical activity information, products and services would be most useful to them at home. The district now provides parents with monthly activity and nutritional ideas that can easily be done at home. The district also connects parents to students in an effort to increase physical activity. “Fitness contracts” are made where students and parents pledge to participate together in a certain activity for two weeks (such as biking, walking in the evenings, etc). They record their activity levels and at the end of the time period, reward certificates are given to each student

and parent who participates. In addition, many students and their parents engage in physical activity through walking or biking to school, which is often an unusual practice in a district as urban and sprawling as BISD.

Leadership Matters

Thomas and his staff approach health and wellness systemically. They have changed how school lunch and physical education are perceived by students, involved parents, and gained buy-in and participation in programs aimed at staff. Together, these form a solid foundation that will support future changes, strengthen their resolve and positively impact the health of students, staff and parents throughout the Beaumont community.

While environmental issues and oil production are at the top of the Beaumont community’s areas of concern, so are high blood pressure and diabetes. “I’ve always paid close attention to being physically fit and in shape, but there was no real focus on what food to eat. I grew up eating lots of vegetables, but I did not pay attention to what proper diet was because in my schools and community, we weren’t aware of what a proper diet should be.” said Thomas. Based on what he’s learned, Thomas wants things to be different for the children in BISD and recommends the following tips to other superintendents:

- ◆ *Education is more than academics.* Research indicates that healthy children become better learners and experience greater academic

success than their classmates who don’t maintain a healthy life-style. Therefore, an intentional focus on health and wellness should be an important component of every superintendent’s overall strategy to educate children.

- ◆ *Start early and be consistent with physical activity.* In my opinion, we can’t begin early enough providing physical education activities and introducing life-long sports to youngsters.
- ◆ *Just do it.* The kids are with us more than anybody else. As school system leaders, we address the total child and have the opportunity and responsibility to motivate our students to embrace healthy lifestyles through exercise and smart eating habits. ◆

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