The Institute of Medicine’s 2005 report *Preventing Childhood Obesity: Health in the Balance* clearly states the importance of a healthy school environment and that, overall, schools present a wonderful opportunity for healthy eating to be taught and put into practice (IOM, 2005).

Health in the balance is more than a catchphrase — it’s a scientific fact. The “energy balance” equation is a simple concept from which society has gotten off track. It is, simply, energy in (usually from calories in food) must equal calories out (usually from exercise) to maintain weight. When people consume too much and move too little, they add weight to their bodies. The growing numbers of overweight and obese children make schools an important place to begin to put health back in balance.

The requirement for schools to develop local wellness policies before the start of the 2006-2007 school year, in addition to the media attention focusing on the epidemic of childhood obesity, has pushed this topic to the forefront in schools and communities across the country. As the leaders of these schools and communities, we need to move forward on this issue and make the changes — albeit often difficult changes — that will have a positive impact on children and their health.

This issue of *School Governance Leadership* is full of resources that leaders can use to address this challenge, as well as stories of success from districts across the country. Whether the issue is walking to school, offering healthier foods in vending machines, or increasing physical activity throughout the school day, there are districts that are on the right track and are willing to tell their stories.

Collaboration by schools, communities, municipalities and families will be vital in reversing the trend of childhood obesity. No single entity can do it alone. Including community members, parents and local officials on a school wellness council, creating joint-use agreements between schools and communities, and reaching out to poor and minority families with culturally appropriate nutrition education materials are all ways in which we can help make our schools and communities healthier for our children — the children who are the heart of our democracy and the future leaders of this country. Let’s work together to make sure they grow up to be healthy individuals who can lead this country into the future.

Paul D. Houston is executive director of the American Association of School Administrators, a professional association serving approximately 13,000 school leaders nationwide.
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Sharon Adams-Taylor
Associate Executive Director

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Strengthening the vital alliance between school board & superintendent

Spring 2006 Vol. 7, No. 1

The American Association of School Administrators publishes School Governance & Leadership to foster cooperation between school superintendents and boards.

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The American Academy of Pediatrics calls overweight the most common medical condition of childhood, with its prevalence having tripled since 1960 (AAP, 2006). The U.S. Surgeon General states it in more troubling terms, calling the obesity epidemic (among adults as well as children) one of the greatest health problems facing the nation today.

Complications of obesity include high cholesterol, high blood pressure, type 2 diabetes, coronary plaque formation and serious psychosocial implications, the AAP reports. The prevalence of obesity is especially acute for boys and young men of Mexican-American descent and non-Hispanic black girls and young women (Hedley et al., 2004). For a complete breakdown of obesity rates among Americans, go to www.cdc.gov/nchs/data/hus/hus04trend.pdf#070. Furthermore, obesity-related diseases in adults and children account for more than $100 billion per year in treatment costs. Many states are finding more dollars directed toward health care costs due to the obesity epidemic — dollars that could be spent on areas such as education or community development.

The Difference Between Overweight and Obesity

The AAP uses the Body Mass Index, which is a number calculated from a child’s weight and height. BMI is a reliable indicator of body fatness for most children and teens. This index has been added to pediatric growth charts for the U.S. population. Children with a BMI between the 85th and 95th percentiles for their age and sex are considered “at risk for overweight” while BMI at or above the 95th percentile is considered “overweight” (NCHS 1999).

The terms “at-risk for overweight” and “overweight” in children correspond to the terms “overweight” and “obese” in adults. Health professionals do not want to apply the stigma of “obese” on children at too young an age. However, in this document, the terms “overweight” and “obese” will be used interchangeably.

Reversing this trend calls for a national effort among schools, families, communities, industry and government that would be as comprehensive and ambitious as national anti-smoking efforts, according to a report from the Institute of Medicine of the National Academies.

“We must act now and we must do this as a nation,” says Jeffrey Koplan, vice president for academic health affairs, Emory University, Atlanta, and former director of the Centers for Disease Control and Prevention. Koplan chaired the committee of 19 experts in child health, nutrition, fitness and public health that developed the Institute of Medicine report in response to a request from Congress for an obesity prevention plan based on sound science and the most promising approaches. “Obesity may be a personal issue, but at the same time, families, communities and corpora-

There is not a lot of research linking the health of students to academic achievement. However, a promising study called Maryland Meals for Achievement, has shown significant increases in Maryland’s School Performance Assessment Program. The program offers breakfast to students, regardless of family income, at no charge. In addition to increases in test scores, students participating in the program also have decreases in absenteeism and suspensions. The program has earned high scores from Massachusetts General Hospital and Harvard Medical School researchers (MD Dept of Education, 2006). Moreover, obesity most certainly leads to disease and illness, and a student who is not in school is a student who is not learning. In addition, for schools in states where funding is determined by average daily attendance, the growing number of students who are absent because of weight-related or -exacerbated illness can be viewed as a direct cost to the district in terms of lost funding.

### Figure 1: Percentage of U.S. Children and Adolescents Who Were Overweight, 1963-2002

<table>
<thead>
<tr>
<th>Year</th>
<th>6-11 years old</th>
<th>12-19 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>1963-70</td>
<td>4.2</td>
<td>4.6</td>
</tr>
<tr>
<td>1971-74</td>
<td>4.0</td>
<td>6.1</td>
</tr>
<tr>
<td>1976-80</td>
<td>6.5</td>
<td>5.0</td>
</tr>
<tr>
<td>1988-94</td>
<td>11.3</td>
<td>10.5</td>
</tr>
<tr>
<td>1999-2002</td>
<td>15.8</td>
<td>16.1</td>
</tr>
</tbody>
</table>

(Hedley et al., 2004)
Leadership Matters

Despite the media focus and work being done by national organizations such as the IOM, the CDC and others, reversing the childhood obesity trend on a broad scale is not going to happen without both leadership and legislative mandates.

"It takes leadership," insists Gary Sharpe, executive director of the Missouri Association of School Administrators. "It takes people who understand the importance of this issue to stand up and fight the battles, and it takes political leadership at the state level to really accomplish anything. Unless there are state laws and regulations, I'm not sure anything will really change on a widespread basis."

In Prince Edward County, Va., this leadership came directly from the school board, according to Superintendent Margaret Blackmon. "The impetus for our healthy foods initiative came from a school board member who is an extension agent," she notes. "Her specialty is nutrition, and, for several years, she had been a part of a healthy children committee that included the local hospital and health department."

The Charlotte-Mecklenburg, N.C., schools have elevated school health issues to "highest priority" status and have named a full-time director to coordinate all school health services, both within the district and within the community, according to Anthony Bucci, assistant superintendent.

But even where the leadership exists and the will is there to address this problem, there are challenges. Vending machine revenues have to be offset from other sources. Time spent on physical education and health education is time taken away from academics.

Federal academic mandates, such those incorporated into No Child Left Behind, have put the focus squarely on basic academic achievement, and many districts have responded by cutting physical education, art, music, health and fitness classes and other non-academic subjects.

"I'm not critical of the increased emphasis on academics," Sharpe says. "However, there has to be a balance."

Maine superintendent Rich Abramson agrees. "What I hear from other superintendents is they want healthy kids, but they have limited time and resources. The government has the big stick: It's called No Child Left Behind. NCLB has..."

2005 Legislation and Policy Summary

The National Conference of Legislatures recently updated its review of current legislation and policy changes related to childhood obesity issues. Their review includes a comprehensive chart of legislation and policy options on school nutrition standards, nutrition education, body mass index, physical activity and nutrition information on menus and labeling.

School Nutrition

For the 2005 legislative session, state legislatures in at least 39 states have considered or enacted legislation related to the nutritional quality of school foods and beverages. This includes 20 states in which school nutrition legislation was considered in 2005, 17 states in which such legislation was enacted, one state in which a legislative resolution was sent to the lieutenant governor and one state in which such legislation was vetoed.

School Wellness Policies

The federal Child Nutrition and WIC Reauthorization Act of 2004 (Public Law 108-265) requires each local school district participating in the National School Lunch and/or Breakfast Program to establish a local wellness policy by the beginning of the 2006-2007 school year. Legislation regarding wellness policies was considered at the state level in 2005 in California, Colorado, Illinois, Ohio, Rhode Island and Tennessee.

Body Mass Index Legislation

In 2005, 15 states considered student body mass index legislation and, of those, three states enacted legislation. Enacting states were Missouri, Tennessee and West Virginia. (Missouri’s and West Virginia’s BMI legislation was part of more comprehensive bills.) In Arkansas, the first state to enact BMI legislation in 2003, legislation was introduced in 2005 to repeal the state’s requirement for confidential reporting of student BMI information to parents, but it did not pass.

Physical Activity or Physical Education in Schools

Forty-eight states continue to require physical education in schools, but the scope of the requirement varies. In 2005, at least 39 states considered legislation related to physical activity or physical education in schools, and at least 21 of those states enacted legislation or passed resolutions, including Arizona, Arkansas, California, Colorado, Delaware, Illinois, Kansas, Kentucky, Louisiana, Missouri, Montana, New Hampshire, New Mexico, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, Virginia and West Virginia.

Raising Awareness

Efforts to raise public awareness of childhood obesity and its impact, and positive efforts to respond to the problem are being considered by legislatures in five states: California, Delaware, Illinois, Maryland and Pennsylvania (NCSL, 2005).

According to the Institute of Medicine, schools should provide a consistent environment that is conducive to healthful eating behaviors and regular physical activity.

1. Develop and implement nutritional standards for all competitive foods and beverages sold or served in schools.

"Competitive foods" are foods and beverages sold or served that are not part of the federal school meal program. They often represent a significant share of the available foods that students purchase and consume at school.

2. Ensure that all school meals meet the Dietary Guidelines for Americans.

Dietary Guidelines for Americans is published jointly every five years by the Department of Health and Human Services and the Department of Agriculture. The Guidelines provide authoritative advice regarding how good dietary habits for people two years and older can promote health and reduce risk for major chronic diseases. www.healthierus.gov/dietaryguidelines/

3. Ensure that all children and youth participate in a minimum of 30 minutes of moderate-to-vigorous physical activity during the school day.

These expanded opportunities for physical activity could be through classes, sports programs, clubs, lessons, after-school programs, community use of school facilities, and walking and biking to school programs.

4. Enhance school health curricula and the use of school health services for obesity prevention efforts.

Schools should ensure that nutrition, physical activity and wellness concepts are taught throughout the curriculum from kindergarten through high school. School health clinics often are an untapped resource and have the ability to reach large numbers of students with nutrition and health information.

5. Ensure that schools are as advertising-free as possible.

Advertisements, for example, should not promote soft drinks or other foods that are devoid of nutritional value.

6. Conduct annual assessments of students’ weight, height and body mass index and make that information available to parents.

Annual measurements will likely be resource-intensive for schools; however the IOM states that the importance of parents having information about their child’s BMI is as important as other health or academic assessments.

7. Assess school policies and practices related to nutrition, physical activity and obesity prevention.

Most school districts are required by the federal government to have developed a Wellness Policy by July 1, 2006 for the upcoming school year. This is one way school districts can begin to look at their policies and practices and begin to implement changes to impact the health of their students.

(Chart drawn from IOM, 2005a.)
come at the expense of cultural and arts programs and physical education.”

The good news is that increasing numbers of states and individual school districts are addressing this issue proactively. Several states either have taken action or have legislation pending to set nutrition standards for snack food and drinks distributed through vending machines. Others are considering new emphasis on physical activity and/or health education, often through partnerships with community groups and national organizations.

For example:

• In Denver, Colo., the school board passed all 13 recommendations of an independent commission on nutrition and physical activity. These included a new wellness policy, more health education and a goal of having all students participate in at least 60 minutes of moderate to vigorous activity every day.

• The California legislature in 2001 established the first nutrition standards for competitive foods and beverages, and the state Department of Education then ordered a pilot study of 16 middle schools and nine high schools to evaluate their efficacy.

• A Connecticut law passed in 2004 requires school boards to offer K–5 students a period of physical exercise each day.

• The North Carolina State Board of Education required in 2003 that school districts establish school health advisory councils and include recess as part of the school day, and it encouraged minimum times for physical education classes.

• In Vermilion, Kan., the curriculum for physical education was revamped by the physical education teachers and curriculum director. The school nurse now calculates body mass indexes on all students using height and weight data.

• The St. Joseph, Mo., School District has begun a partnership with Heartland Health, a consortium of hospitals, doctors and other health care providers, to track student health conditions and provide services to students. The district also removed soda from vending machines and instituted new nutrition guidelines.

• The state of Arkansas weighed and measured all of its public school children in 2004 and 2005 to find out the extent of the obesity problem. The assessments revealed that 39 percent of boys and 37 percent of girls were overweight or at risk for being overweight (Arkansas Center for Health Improvement, 2005).

In the long run, healthful living is as important to quality of life as academic achievement.

School Districts Shall Develop Local Wellness Policies


Many state agencies and school districts already have recognized the need to assist their students by encouraging healthy eating and physical activity. Wellness policies combine education with practice to create healthful school environments and encourage healthy behavior.

Components of a Wellness Policy

Any good wellness policy should include:

• Goals for nutrition education, physical activity and other school-based activities that are designed to promote student wellness;

• Nutrition guidelines selected by the district for all foods available on each school campus during the school day with the objectives of promoting student health and reducing childhood obesity;

• Guidelines for reimbursable school meals;

• A plan for measuring implementation of the local wellness policy;

• Community involvement in the development of the policy, which could include parents, students, school nutrition directors, school board members, school administrators and the general public.

AASA is providing guidance to school system leaders on the wellness policy requirements through a superintendent-in-residence who is a resource for developing guidelines and will respond to information requests about this issue. Gayden Carruth, a former superintendent in the Park Hill School District in Kansas City, Mo., will serve as AASA superintendent-in-residence through August 2006. For information about wellness policy development, contact her at gcarruth@aasa.org or Lewis Finch at lfinch@mchsi.com.
School lunches often feature fattening foods that kids enjoy — like pizza and tacos — rather than fresh fruits, vegetables, or salad. Much of the attention in the campaign against childhood obesity has fallen squarely on the total removal of vending machines from elementary schools and the replacement of high-calorie snacks and drinks with healthy, lower-fat, lower-sugar options at the middle- and high-school levels.

Equally important, school leaders and health officials say, is the attention given to teaching the tenets of healthy eating to students and providing them with healthy choices in the school cafeteria. While necessary, this is still not sufficient to reduce the incidence and prevalence of childhood obesity.

Children and youth must also adopt more active lifestyles. This is part of the important energy balance — whose classic definition is “the balance between energy taken in, generally by food and drink, and energy expended” (NCI 2004). That means healthy eating and physical activity must play a role in maintaining a healthy weight.

Vending machines that sell high-calorie drinks and snacks are common in many middle and high schools, and even in some elementary schools. The income from contracts with national vendors to operate these machines is often considerable and is used to fund school activities that have been crowded out of strapped budgets. There is little emphasis on a comprehensive health and nutrition curriculum, so students have little knowledge of the long-term impact of their eating habits, especially in terms of disease and chronic illness.

The Louisiana Public Health Institute (2005) says that getting vending machines out of schools is a good thing for our children, and cites research that shows the effects of soft-drink consumption on obesity levels.

- The odds that a child will become an obese adult increase by 60 percent with each additional daily soft drink serving.
- Over-consumption of soft drinks and snack foods play a key role in obesity.
- Consumption of soft drinks can displace healthier foods, such as low-fat milk, from children's diets.

It is in the interest of our children’s health to remove unhealthy foods from school vending machines, but we know this is not an easy call. For example, compliance with a recent Oklahoma state law to meet new dietary standards in vending machines at schools is likely to have some budgetary effect, says Steven Crawford, superintendent of the rural Byng District in Ada, Okla. “Other superintendents I have talked to say their (vending machine) income has dropped by half,” he says, but adds, “This is not (revenue taken from) the general fund. This goes to sports and academic enrichment. We will have fundraisers to make up the difference.” It is possible, therefore, to have healthier foods in vending machines while maintaining fiscal responsibility.
AASA and School Leaders Address Childhood Obesity

The Robert Wood Johnson Foundation is committed to tackling one of today’s most pressing threats to the health of our children and families — childhood obesity. The goal of the Foundation is to help halt the rise in childhood obesity rates by promoting healthy eating and physical activity in schools and communities throughout the nation. As part of these efforts, RWJF created the Active Living Leadership program to educate leaders in the adoption of successful approaches and increase the ranks of champions working to halt the childhood obesity epidemic. Active Living Leadership is a partnership effort of the following organizations:

American Association of School Administrators  www.aasa.org/
Council of State Governments  www.csg.org/
International City/County Management Association  www.icma.org/
Local Government Commission  www.lgc.org/
National Association of Counties  www.naco.org/
National Association of Latino Elected and Appointed Officials Educational Fund  www.naleo.org/
National Conference of State Legislatures  www.ncsl.org/
National Governors Association Center for Best Practices  www.nga.org/
National League of Cities  www.nlc.org/home/
United States Conference of Mayors  www.usmayors.org/

Additional information and resources can be found at:  www.activelivingleadership.org/  and  www.rwjf.org/.
Fewer and fewer students are able to bike or walk to school each day, and afterschool programs focus more on academics than on exercise. These are two missed opportunities for physical activity for our schoolchildren. A non-profit organization formed specifically to address the epidemic of childhood obesity, Action for Healthy Kids, reported that 75 percent of kids get less than 20 minutes of vigorous exercise per day (Action for Healthy Kids, 2004).

"Not only is exercise vitally important, but teaching students why they should exercise is also important," says Gary Sharpe, a former PE and math teacher, former school administrator and state legislator, and who now heads the Missouri Association of School Administrators. "We need to teach the physiology of exercise, and we need to have kids understand why it’s important, not just impose periods of activity," says Sharpe. "This will help them build the mindset and habits to stay with them through adulthood."

Audrey Satterblom, a health and physical education teacher in the Indianapolis Public Schools, agrees. "Helping students learn how and why they should be active throughout their lives is as critical an issue as providing physical education classes and healthy food choices."

A recent report on childhood obesity released by the Government Accountability Office identified “increasing physical activity” as the first priority to combat the epidemic. Program officials identified multiple challenges in implementing key strategies, including a lack of or inconsistent physical education requirements by school districts, and infrastructure concerns, like the need for sidewalks. Other strategies to increase physical activity, according to the experts cited in the GAO report, were for incentives to encourage activity during recess or at other times throughout the day, or pedometers to older children to encourage walking. Proper policies must be implemented in districts in order to support health education and skills-based learning, which are important steps to lifelong behavior change.

Satterblom’s district was funded by a Physical Education Program (PEP) grant to use physical activity as a tool to improve academics. “Exercise helps kids become healthy so they can more readily learn,” she said. Furthermore, physical education classes that teach students sports skills that can last a lifetime are more important than large-group sports where students spend the majority of their time waiting in line for their turn. That is, PE teachers need to get all students active in sports that will keep them that way, such as golf, swimming, tennis and walking.

“When Eugene White arrived as our new superintendent last year, I went to him and explained our program. He is someone who thinks outside of the box, and he was 100 percent behind our program,” Satterblom notes.

One example of overcoming environmental barriers can be taken from Indianapolis. Physical activity in the Indianapolis schools reaches far beyond PE classes. “What we need,” Satterblom explains, “are action-packed classrooms. This is a chance for teachers to be creative. Instead of standing in front of students at their desks and explaining the concept of fractions, divide the students up and send them to different corners of the room. Bring them back together again to demonstrate a quarter or a half. This keeps students up and moving while they are learning.”
The Centers for Disease Control and Prevention partnered with experts from other federal agencies, state agencies, universities, voluntary organizations and professional associations to develop Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People. The 10 recommendations in the guidelines are:

1. **Policy**
   Establish policies that promote enjoyable, lifelong physical activity.

2. **Environment**
   Provide physical and social environments that encourage and enable young people to engage in safe and enjoyable physical activity.

3. **Physical Education Curricula and Instruction**
   Implement sequential physical education curricula and instruction in grades K-12.

4. **Health Education Curricula and Instruction**
   Implement health education curricula and instruction in schools.

5. **Extracurricular Activities**
   Provide extracurricular physical activity programs that offer diverse, developmentally appropriate activities for all students.

6. **Family Involvement**
   Encourage parents and guardians to support their children’s participation in physical activity, to be physically active role models and to include physical activity in family events.

7. **Training**
   Provide training to enable teachers, coaches, recreation and health care staff, and other school and community personnel to promote enjoyable, lifelong physical activity among young people.

8. **Health Services**
   Assess the physical activity patterns of young people, refer them to appropriate physical activity programs, and advocate for physical activity instruction and programs for young people.

9. **Community Programs**
   Provide a range of developmentally appropriate community sports and recreation programs that are attractive to all young people.

10. **Evaluation**
    Regularly evaluate physical activity instruction, programs and facilities.

For more information, go to www.cdc.gov/mmwr/preview/mmwrhtml/00046823.htm.

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**Unsafe Neighborhoods Linked to Childhood Obesity**

Children who live in dangerous neighborhoods are more likely to be overweight than those who live in safer environments, a new study suggests.

Researchers found that 7-year-olds whose parents felt their neighborhood was unsafe were up to four times more likely than other children to be overweight. The study did not investigate the reasons for the link, but the researchers suspect that fearful parents may often keep their children from playing outdoors, which limits their amount of physical activity.

When children are inside, not only are they not exercising, but they also may be sitting in front of the TV and snacking more, explained the lead study author, Julie C. Lumeng of the University of Michigan at Ann Arbor.

The study surveyed parents of 768 children living in 10 U.S. cities and rural communities. Among other questions, parents were asked about the general safety of their neighborhood, including whether they were satisfied with the police protection and whether there were problems with muggings, assaults, drug dealing or other crimes.

Overall, 10 percent of the children were overweight, but the risk was greater among those who lived in more dangerous neighborhoods.

The one-quarter of children whose parents perceived their neighborhoods to be dangerous were roughly four times as likely to be overweight as children who lived in the safest neighborhoods.

If neighborhood safety is keeping children from exercising, then “creative” community planning and zoning laws might help stem the rise of childhood obesity in the United States, according to Lumeng and her colleagues. One possible intervention, the authors noted, is the redesign of neighborhoods. (Lumeng et al., 2006)

More creative community initiatives can be found at www.activelivingbydesign.org/ and www.activelivingresearch.org.
For many years we have been blessed with several superstar teachers in physical education who are not only passionate about helping kids understand what they should do about their fitness, but also why they need to be concerned.

We began our change crusade to meet content requirements within our state’s graduation requirements. As we implemented a greater variety of fitness measures, especially in the cardiovascular category, we found high numbers of students who were completing their assessments at extremely unhealthy levels. We even had many varsity letter athletes who could not complete these fitness measurements. At the same time, the media was bombarding us with information about obesity in our children.

It was obvious that we had to enhance physical activity time as much as possible. We didn’t give up curricula; we scaled down some activities and enhanced others to offer more time for heart and lung activity. We really did not compromise anything; we simply organized our unit and daily plans differently.

We have seen small physical changes and larger social changes, and we think that — psychologically — students see themselves more positively. Our biggest dilemma is time. Time is expensive. For this to work progressively, students need to have a longer period of activity everyday, which doesn’t fit into the current school schedule and the national push for academic testing. So for now, we are maintaining what we have and trying to add extras. For example, many of us have decided to model healthy behaviors in the community.

We have made incremental changes by eliminating high-calorie beverages in the middle schools and substituting sugar-free flavored drinks with calorie counts ranging from 0 to 100. Snack offerings were changed to those with six grams of fat or less, such as baked chips, low-fat ice cream, fresh fruit cereal bars, and one-ounce cookies, in addition to cheese, crackers and yogurt-covered raisins.

These changes were made in part because of the national- and state-level focus on student nutrition and in part due to the concerns of two school board members who had a high interest in this topic. The dilemma with food service is the need to manage the program so it at least breaks even financially and our desire to encourage more healthy choices for kids.

We are a rural school division of 357 square miles in south central Virginia. Our student body — 2,740 students in pre-K-12 — is 59 percent African American, 40 percent Caucasian and 1 percent other nationalities. Sixty-five percent of our students are eligible for free or reduced-price lunch.

Our initiative on healthy food came from a school board member who is part of a healthy children committee that includes the local hospital and health department. The committee analyzed the foods and beverages in our vending machines and did...
a presentation to the school board. When one nurse held up a sticky bun sold in our snack machines and explained that it had 600 calories, almost everyone in the room gasped.

Needless to say, it was great to have this interest from the larger community. Next, we pulled together a team that included our food service supervisor, administrators, health teachers and even students. Perhaps one of the most successful strategies was to have taste tests of new foods in the cafeterias. Having students on the committee was especially smart because they communicated with their peers.

Our changes are primarily in two areas: vending machines and food in our school cafeterias. Today we have just water and juice in our drink machines and crackers, baked chips and similar items in our snack machines. In our fast food lines, we have salads and fresh fruit. We cut out empty calories.

One key to our success was, of course, involving students. The other was making decisions in the spring and incorporating them when students returned for the new school year.

Why are we doing this? I feel, and I believe my eight school board members feel, that because we serve breakfast and lunch five days a week to between 65 and 90 percent of our students, we have an obligation to provide them with the best food we can. Our students are pretty much a captive audience and will eat what we serve. So why should we lower our standards and serve the cheapest, most calorie-filled foods when we can serve healthier options?

Virginia state government is providing support, too. Lisa Collis, the wife of our former governor, Mark Warner, has chaired a statewide committee (Virginia Action for Healthy Kids) to urge schools and other agencies that work with children to help provide healthy alternatives for our young people. The group’s nutrition template was suggested as a good model for school districts in a state board of education report on feasibility of developing an education curriculum for proper nutrition and exercise for students in grades K-12 (Virginia Department of Education, 2005).

**Hampden School District, Maine**

*Rick Lyons, superintendent*

As superintendent of the Hampden School District, I actively participate in and support the local Partnership for Healthy Communities, the Commission of Education’s School Health Leadership Network and the State of Maine School Health Advisory Council. Our district has taken many proactive steps to address this issue for both students and staff, including:

- Developing and implementing school board policy on nutrition and environmental issues;
- Implementing a comprehensive K-12 health/physical education curriculum accentuating lifelong activities and family life (a graduation requirement at the secondary level);
- Increasing nurse time by 40 percent;
- Changing the content of all food offered in vending machines to healthy choices;
- Negotiating “wellness incentives” for all employees; and
- Instituting a district wellness team.

For our work, we received the gold award from our local Chamber of Commerce. We were the only district so honored.

**Vermillion Unified School District 380, Kansas**

*Elizabeth Reust, superintendent*

Our district is a small population (560 students), large area (402 square miles) district in rural Kansas.

This year our physical education teachers and our curriculum director revamped our schools’ curriculum for physical education. Our school nurse currently measures height and weight on all students and then does body mass indexes.

We are currently working on a district-wide plan to address student obesity that involves the following team: school food service, physical education teachers, education teachers, student organization sponsors, the school nurse, the school counselor, the local fitness center director, local healthcare providers, the school board, site council members, students, the county health department and city and county officials.

**Maranacook Area Schools, Maine**

*Richard A. Abramson, superintendent*

The Maranacook Area Schools are promoting health/wellness among staff, students, school board members, and town officials in several unique ways.

We are partnering with Anthem Blue Cross/Blue Shield and their Anthem Rewards Program to increase daily physical activity by 30 minutes for students. This is a first-of-its-kind program with BC/BS and features tangible rewards for students, such as water bottles, backpacks, basketballs, pedometers, hammocks, radios and watches.

An after-school coordinator was hired to develop an incentive program for all students K-12. This person works with the Anthem Program, all PE staff, and principals to ensure after school physical activity opportunities for all students. This is part of a long-term commitment by the school board to reduce childhood obesity and increase physical fitness for all students pre-K through adult education.

To reinforce the importance of tracking data, as well as a healthy lifestyle, our staff participated in a pedometer project in which schools and staff “walked” their way across America.

Our staff wellness committee was recognized by Maine’s first lady, Karen Baldacci, and received an award to continue its work to enhance the health and wellness of our staff and student population. ■
References


Alliance for a Healthier Generation www.healthiergeneration.org


"Institute of Medicine, Focus on Childhood Obesity" and a series of obesity fact sheets. Institute of Medicine, 2005a.


Additional Resources

General


The Center for Health and Health Care in Schools www.healthinschools.org/home.asp


The Shape We’re In newspaper series. Resources for increasing physical activity in your community. www.shapenews.org

Physical Activity


Live It! Program. www.liveitprogram.com

National Association for Sport and Physical Education. www.aahperd.org/naspe/template.cfm

National Coalition for Promoting Physical Activity, www.ncpaa.org


Healthy Eating


Farm to School, www.farmtoschool.org

Food Research and Action Center, www.frac.org


Project Lean www.californiaprojectlean.org/


