

Introduction

The *Action Guide for School Nutrition and Physical Activity Policies* is intended to help schools encourage healthy lifestyles in students by promoting the development and implementation of comprehensive nutrition and physical activity policies by local boards of education. The goals of these policies are to promote school practices that consistently support student health and learning, and to ensure that:

- the classroom, cafeteria and other school activities provide clear and consistent messages that explain and reinforce healthy eating and physical activity habits;
- students learn to make healthy lifestyle choices not only in the classroom and the cafeteria, but also at class parties, sports events – wherever they are throughout the school day; and
- students have many opportunities to practice healthy habits – they can choose from an array of healthy food options, eat in relaxed and comfortable surroundings and enjoy daily physical activity.



The *Action Guide for School Nutrition and Physical Activity Policies* includes detailed information on the steps, strategies and resources involved in developing, adopting and implementing school policies to promote healthy eating and physical activity. This document is based on current science, public health research, national guidelines, legislation for the U.S. Department of Agriculture (USDA) School Wellness Policy* (Public Law 108-265) and existing practices from exemplary states and school districts. Following these guidelines will help school districts comply with USDA's School Wellness Policy regulations and meet recommended national and state standards for nutrition and physical activity practices. ***Specific information on how to use this guide is found on page 7.***

* The term "School Wellness Policy" is used by USDA to denote those policies related to nutrition and physical activity that are required by Public Law 108-265 (Child Nutrition and WIC Reauthorization Act of 2004). However, the concept of "wellness" is much broader, and goes beyond nutrition and physical activity to address the physical, mental, social and emotional needs of students. Some aspects of the broader concept of "wellness" are not addressed in the recommended policies contained in this document. These model policies also do not address certain important related areas, such as counseling services for those with eating disorders and policies to reduce weight-related bullying. The Connecticut State Department of Education encourages school districts to establish and maintain coordinated school health initiatives that address all components of school health, including mental health services and school health services, which are not addressed in this document.

Note: Throughout this document the words "parent(s)" and "family(ies)" will be used in the broadest sense to mean those adults with primary responsibility for children. The Connecticut State Department of Education (SDE) prefers the use of "family" to "parent" because not all responsible agents are parents, but most are family, either by relationship or function.

Background

The development of the *Action Guide for School Nutrition and Physical Activity Policies* is in response to three initiatives related to the promotion of nutrition and physical activity in schools:

1. the Governor's June 2005 directive to the Connecticut State Department of Education to develop guidelines to assist local boards of education in adopting school nutrition policies;
2. USDA's June 2004 legislation for School Wellness Policy; and
3. Connecticut's 2003-2005 School Nutrition Policies Pilot.

Governor's Directive

In June 2005, the Governor directed the Connecticut State Department of Education to develop guidelines to promote the development and implementation of comprehensive school nutrition policies by local boards of education.¹ The purpose of these guidelines is to encourage healthy lifestyles in students by addressing:

- Methods for promoting physical exercise both during and after the school day through physical education programs as well as with organized recreation programs;
- Methods of providing healthy meals and food options, including fresh fruit and vegetables, at outlets within a school and which address not just the nutritional value of food sold in vending machines and stores, but also meals such as breakfast and lunch served to children in school cafeterias;
- Processes for augmenting health, science or physical education curricula to highlight to students the need for a healthy lifestyle and the roles that diet and exercise play in a healthy lifestyle;
- Strategies for conducting meetings and forums with parents, teachers, members of the board of education and parent-teacher organizations to identify the support parents need in order to encourage healthy lifestyles in their children;
- Techniques to involve students in the discussion of school nutrition as a component of promoting healthy lifestyles to ensure that school nutrition policies are effective and recognize the realities facing students in the school environment; and
- Research and data, including health trends and nutritional information that local school districts can use and provide to parents to make balanced, rational decisions when implementing comprehensive local school nutrition policies.

Gov. M. Jodi Rell

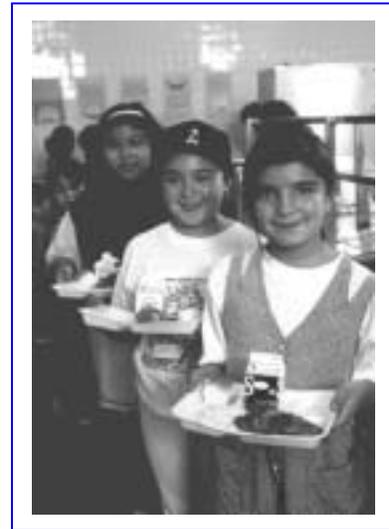
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School Wellness Policy

In June 2004, the Child Nutrition and WIC Reauthorization Act of 2004 (Public Law 108-265) was passed. This federal legislation requires that public and private schools and Residential Child Care Institutions (RCCIs) participating in USDA's Child Nutrition Programs (i.e., National School Lunch Program, School Breakfast Program, After-School Snack Program and Special Milk Program) must establish a local wellness policy by the first day of the 2006-2007 school year.² The majority of Connecticut schools are affected by this legislation, because 88 percent participate in USDA child nutrition programs.

At a minimum, the district School Wellness Policy must:

1. include goals for nutrition education, physical activity and other school-based activities designed to promote student wellness in a manner that the local educational agency determines appropriate;
2. include nutrition guidelines for all foods available on the school campus during the school day, with the objectives of promoting student health and reducing childhood obesity;
3. provide an assurance that guidelines for school meals are not less restrictive than those set by the U.S. Department of Agriculture;
4. establish a plan for measuring implementation of the local wellness policy, including the designation of one or more persons within the local education agency or at each school, as appropriate, charged with ensuring that the school meets the local wellness policy; and
5. involve parents, students, representatives of the school food authority, the school board, school administrators, and the public in development of the local wellness policy.



These are the minimum requirements established by the federal legislation. School districts may choose to include additional features or integrate student wellness with other ongoing programs, for example, coordinated school health initiatives and community-based programs.

Connecticut's School Nutrition Policies Pilot

In September 2003, the Connecticut State Department of Education began a School Nutrition Policies pilot project as part of a USDA Team Nutrition grant. From January 2004 through June 2005, 10 pilot districts worked to develop, adopt and implement school policies to promote healthy eating and physical activity, and foster a healthy school environment. The goal of the project was to develop best practice models to assist school districts in developing local policies and action plans for implementing healthy eating and physical activity practices. Additional information on the pilot program is found in *Section 9 – School Nutrition Policies Pilots*.

Rationale for Policy Development

Meeting the basic developmental needs of students – ensuring that they are safe, drug-free, healthy and resilient – is vital to improving academic performance. Research studies over the past decade have consistently concluded that student health status and achievement are directly connected. In fact, research shows that the health and well-being of students is one of the most significant influences on learning and academic achievement. *Making the Connection: Health and Student Achievement*³ offers a comprehensive list of research-based studies supporting this link. Several studies conclude that students who participate in a comprehensive health education program have significantly higher reading and math scores than those who do not; physically fit children perform better academically; and children who eat well learn better.

Student Nutrition and Physical Activity Impact Learning

Research clearly shows that nutrition and physical activity are directly linked to academic achievement. Children who eat well and are physically active learn better, while poorly nourished and sedentary children tend to have weaker academic performance and score lower on standardized achievement tests. Poor nutrition and hunger interfere with cognitive function and are associated with lower academic achievement in underweight, normal weight and overweight children.^{4,5} Emerging research suggests that lower academic achievement is associated with being overweight.^{6,7,8,9} Participation in breakfast programs is associated with increased academic test scores, improved daily attendance, better class participation and reduced tardiness.^{10,11} Numerous studies have found that regular physical activity supports better learning. Student fitness levels have been correlated with academic achievement, including improved math, reading and writing scores.^{12,13,14} Research also suggests that decreasing physical education may undermine the goal of better performance, while adding time for physical activity may support improved academic performance.¹⁵

Children's Current Nutrition and Physical Activity Status

Currently, more than 15 percent of school-age children and adolescents are overweight – three times the number of overweight children in 1980.¹⁶ Over the last two decades, this number has increased by more than 50 percent and the number of “extremely” overweight children has nearly doubled.¹⁷ Eating habits that contribute to health problems tend to be established early in life, and unhealthy habits tend to be maintained as children age. Between 70 and 80 percent of overweight children and adolescents continue to be overweight or become obese as adults.¹⁸

Poor eating habits are not limited to children who are overweight. Overall, children's eating habits are poor. Only 2 percent of school-age children consume the recommended daily number of servings from all five major food groups. Less than 15 percent of schoolchildren eat the recommended servings of fruit, less than 20 percent eat the recommended servings of vegetables, less than 25 percent eat the recommended servings of grains, and only 30 percent consume the recommended milk group servings on any given day.^{19, 20}

National guidelines for children's physical activity include at least 60 minutes of age-appropriate physical activity all or most days of the week.²¹ Yet almost half of young people age 12 to 21 and more than a third of high school students do not participate in physical activity on a regular basis.²² In the 2001-2002 school year, 66 percent of Connecticut's students in Grades 4, 6, 8 and 10 could not pass all four components of a health-related physical fitness assessment.²³ The poorest performances were seen in the mile run, which indicates cardiovascular endurance; only 48 percent of students were able to meet the health standard.

Schools Make a Difference

While the primary responsibility of schools is to foster academic achievement, schools also have a responsibility to help students learn, establish and maintain lifelong healthy eating and activity patterns. The National Academies' Institute of Medicine recently reported that schools, governments, communities, corporations and parents all must bear responsibility for changing social norms to promote healthier lifestyles and decrease our national obesity problem.²⁴ While schools cannot solve the problem alone, they have many opportunities to significantly impact children's health and learning for the majority of their day. Well-planned and effectively implemented school nutrition and fitness programs have been shown to enhance students' overall health, as well as their behavior and academic achievement in school. School policies and practices can play a significant role in promoting an environment that supports healthy student behaviors and encourages learning.

The support of school leaders is critical to successful implementation of a healthy school environment. Their decisions and policies can affect many issues, such as:

- meal schedules;
- dining space and atmosphere;
- foods sold for school fundraisers and in school stores;
- operation of vending machines;
- foods allowed for parties, special events and other social activities;
- financial support of school nutrition programs;
- nutrition education;
- physical education; and
- physical activity programs and opportunities.

The policy development process provides a unique opportunity for school staff members to collaborate within the district and local community to provide a school environment that optimizes student health and school achievement.

Importance of Local Policies

Without written districtwide policies, decisions regarding nutrition and physical activity practices are left to individuals. The result is nutrition and physical activity practices that are inconsistent from school to school, and even classroom to classroom. Written districtwide policies help to eliminate inappropriate practices by providing clear standards that are implemented consistently throughout the school district. Policies can address practices that are counterproductive to students' health and ultimately undermine schools' goal of improving student performance, such as:

- selling low-nutrient, high-calorie foods (e.g., candy, soda, cookies, chips) in vending machines, school stores and fundraisers;
- punishing students by taking away recess;
- reducing time available for physical education and physical activity, e.g., recess;
- providing insufficient nutrition education; and
- rewarding children's behavior and performance with candy and other low-nutrient foods.

By developing and implementing districtwide policies, schools can help reduce barriers to learning by providing an environment that promotes healthy eating and physical activity for all children.

Addressing District Concerns with Policy Development

School district concerns with policy development commonly focus on responsibility for student health, financial implications and time constraints.

Responsibility for Student Health

Schools, families and communities all play a vital role in providing opportunities for students to develop healthy eating and physical activity habits. With increased attention focused on improved academic achievement, schools are constantly challenged to meet the needs of the whole child. Research clearly demonstrates that healthy students do better in school. Unhealthy students, regardless of the cause, are less likely to do well academically. As the American Cancer Society points out, *“Children who face violence, hunger, substance abuse, unintended pregnancy, and despair cannot possibly focus on academic excellence. There is no curriculum brilliant enough to compensate for a hungry stomach or a distracted mind.”* Schools are not only responsible for academic preparation, but also for preparing students for life. This includes teaching students the necessary skills and behaviors for lifelong health. By developing and implementing districtwide policies, schools can help reduce barriers to learning by providing an environment that promotes healthy eating and physical activity for all children.

Financial Implications

Districts are often concerned about the financial impact of policy development and implementation, for example, making healthy changes in foods and beverages at school or devoting additional staff time for programs and activities. Some policy changes can be implemented with existing school staff members and resources, while others may impact schools financially. It is important for districts to evaluate the potential local impact of policy changes and, if necessary, determine alternate methods to maintain revenues. Across the nation, many school districts have been successful in making healthy changes in policies, programs and activities related to nutrition and physical activity. Additional information and examples can be found in *Success Stories* under *Resources* in *Section 2 – Steps for Creating Local Policy*. In Connecticut, the 10 districts participating in the School Nutrition Policies Pilot found that finances were not a significant barrier to the policy development process. For additional information, see *Section 9 – School Nutrition Policies Pilots*.

Time Constraints

The policy development process can require a significant time commitment. Districts can take advantage of strategies to maximize the effectiveness of the policy development process. Successful strategies employed by the Connecticut School Nutrition Policies Pilot districts included:

- identifying a dedicated team leader who can commit the necessary time to the policy development process;
- ensuring appropriate school district and community representation to enable the local policy development team to make the most effective use of time during policy discussions and decision making; and
- committing upfront to specific meeting dates and setting deadlines for accomplishing specific tasks.

For additional success strategies, see *Section 9 – School Nutrition Policies Pilots*.

How to Use This Guide

The *Action Guide for School Nutrition and Physical Activity Policies* was developed in nine sections, including:

- Section 1 – Overview;
- Section 2 – Steps for Creating Local Policy;
- Section 3 – Policy Component: Nutrition Education and Promotion;
- Section 4 – Policy Component: Physical Education and Physical Activity;
- Section 5 – Policy Component: Nutrition Standards for School Foods and Beverages;
- Section 6 – Policy Component: Other School-Based Activities to Promote Student Wellness;
- Section 7 – Policy Component: Communication and Promotion;
- Section 8 – Policy Component: Measurement and Evaluation; and
- Section 9 – School Nutrition Policies Pilots.

Starting with the first two sections – *Overview* and *Steps for Creating Local Policy* – will assist districts in understanding the background and rationale for policy development, as well as the steps in the process. The policy component sections (Sections 3 through 8) do not need to be read all at once or in sequential order. After identifying and prioritizing local needs, the policy development team can start with any of the six policy component sections that reflect the district's priorities. Districts can choose those sections which are most needed, based on local needs and existing policies and practices. Districts can also use the last section – *School Nutrition Policies Pilots* – to learn about the actual "how-to" of the policy development process, as experienced by each of the 10 pilot districts.

Policy Requirements and Recommendations

Districts participating in the USDA Child Nutrition Programs are **required** to develop a School Wellness Policy that meets the criteria specified under *School Wellness Policy* (page 3). The *Action Guide* identifies the policy components that must be addressed in order to meet this requirement. When applicable, USDA School Wellness Policy requirements are indicated throughout the guide. The *Action Guide* also includes **recommended** (not required) language for each of the policy components. School districts may choose to use the policy recommendations as written or revise them as needed to meet local needs and reflect community priorities.

Steps for Policy Development

Before policy writing can begin, it is important for school district staff members to have an understanding of the steps involved in the policy development process. These include:

1. Identify Policy Development Team
2. Identify Local Policy Development Process
3. Conduct Local Assessment Process
4. Prioritize Needs and Develop an Action Plan
5. Draft Policy Language
6. Build Awareness and Support
7. Adopt and Implement the Policy
8. Maintain, Measure and Evaluate

1 *Overview*

Section 2 – Steps for Creating Local Policy provides a step-by-step guide to the policy development process. For each step, key resources are identified to assist schools with planning and implementation.

Policy Components

The nutrition and physical activity policies are organized into six key components, including:

1. Nutrition Education and Promotion;
2. Physical Activity and Physical Education;
3. Nutrition Standards for School Foods and Beverages (School Meals and Other Foods and Beverages);
4. Other School-Based Activities to Promote Student Wellness;
5. Communication and Promotion; and
6. Measurement and Evaluation.

Each of the six components is individually addressed in Sections 3 to 8 of the *Action Guide*. Each section includes information and resources to assist with the development and implementation of the policy component, including the goal, rationale, policy language recommendations, implementation guidance and resources.

*Each policy component section provides **recommendations** (not requirements) for policy language. This language represents recommended best practice for developing school nutrition and physical activity policies. School districts may choose to use the policy recommendations as written or revise them as needed to meet local needs and reflect community priorities. When developing nutrition and physical activity policies, districts will need to take into account their unique circumstances, challenges, opportunities and available resources. Policies should meet local needs and be adapted to the health concerns, food preferences and dietary practices of different ethnic groups.*

Timeframe for Development and Implementation

Schools participating in USDA's Child Nutrition Programs must establish a local School Wellness Policy by the first day of the 2006-2007 school year. Districts may find it more practical to phase in the implementation of policies than to implement a comprehensive set of nutrition and physical activity policies all at once. District decision makers need to consider challenges to policy implementation such as limited class time, curriculum requirements and funding and space constraints.

While the School Wellness Policy must be *established* by the first day of the 2006-2007 school year, it is important to note that policies are an *ongoing* project. They should be continuously implemented, evaluated and updated.

Schools not participating in USDA's Child Nutrition Programs are strongly encouraged, but not required, to establish and implement nutrition and physical activity policies within a reasonable time.

Policy Definitions

A La Carte Items: Any food or beverage that students purchase in addition to or in place of the USDA reimbursable school breakfast or lunch. A la carte items include foods and beverages sold in vending machines, a la carte lines or kiosks, school stores or snack bars located anywhere on school grounds, including the cafeteria and athletic events.

Body Mass Index (BMI): A measure of body weight adjusted for height that is used as a tool for indicating weight status in adults over 20 years old. BMI is a general indicator used to identify whether an adult is underweight, normal, overweight or obese.

<http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm>

BMI-for-age: A gender- and age-specific BMI measurement to assess underweight, overweight and risk for overweight in children and teens. <http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm>

Child Nutrition Programs: USDA's federally assisted meal programs operating in public and nonprofit private schools and Residential Child Care Institutions (RCCIs), including the National School Lunch Program, School Breakfast Program, After-School Snack Program and Special Milk Program.

Competitive Foods: Foods sold in competition with the National School Lunch Program and the School Breakfast Program during the school's designated lunch or breakfast periods, including Foods of Minimal Nutritional Value (FMNV).

Comprehensive School Health Education: Addresses the physical, mental, emotional and social dimensions of health and provides students with the knowledge, skills and motivation they need to enhance their health, prevent disease and reduce health-related risk behaviors.

Coordinated School Health: A model from the Centers for Disease Control and Prevention in which schools provide a critical facility where many agencies work together to maintain the well-being of young people and promote student achievement. The model includes eight components: (1) comprehensive school health education; (2) physical education; (3) health services; (4) nutrition services; (5) health promotion for staff members; (6) counseling and psychological services; (7) healthy school environment; and (8) parent/community involvement.

<http://www.cdc.gov/healthyyouth/CSHP/>

Dietary Guidelines for Americans: A federal document that provides science-based advice for Americans two years and older to promote health and to reduce risk for chronic diseases through diet and physical activity. The Dietary Guidelines are published jointly every five years by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture, and form the basis of federal food, nutrition education and information programs.

<http://www.healthierus.gov/dietaryguidelines/>

Dietary Reference Intakes (DRIs): Reference values that are estimates of nutrient intakes to be used for planning and assessing diets for healthy people. DRIs represent a shift in emphasis from preventing nutrient deficiencies to decreasing the risk of chronic disease (e.g., cardiovascular disease, osteoporosis, certain cancers and other diseases that are diet related). They include four categories: Estimated Average Requirement (EAR), Recommended Dietary Allowance (RDA), Adequate Intake (AI) and Tolerable Upper Intake Level (UL).

<http://www.nal.usda.gov/fnic/etext/000105.html>

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Extracurricular Activities: School-sponsored voluntary programs that supplement regular education and contribute to the educational objectives of the school.

Foods and Beverages of Low Nutrient Density: Those foods and beverages that supply calories from fat and/or sugar but relatively few, if any, vitamins and minerals.

Foods of Minimal Nutritional Value (FMNV): For *artificially sweetened foods*, USDA defines a food of minimal nutritional value as one that provides less than five percent of the Dietary Reference Intakes (DRIs) for each of eight specified nutrients (protein, vitamin A, vitamin C, niacin, riboflavin, thiamin, calcium and iron) per serving. For *all other foods*, FMNV are those that provide less than five percent of the DRI for each of the eight nutrients per serving and per 100 calories. USDA regulations define **four** specific categories of FMNV, including (1) soda water; (2) water ices; (3) chewing gum; and (4) certain candies (hard candy, jellies and gums, marshmallow candies, fondant, licorice, spun candy, and candy-coated popcorn). The regulations do not restrict the sale of any other low-nutrient foods, e.g., chips and noncarbonated sweetened drinks. <http://www.fns.usda.gov/cnd/menu/fmnv.htm>

Hazard Analysis Critical Control Points (HACCP): A preventative food safety program to control food safety hazards during all aspects of food service operations. HACCP reduces the risk of food-borne hazards by focusing on each step of the food preparation process from receiving to service.

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

MyPyramid: USDA's food guidance system to translate the Dietary Guidelines into a healthy eating plan. Focuses on recommendations for daily servings of the food groups, as well as daily physical activity. <http://www.mypyramid.gov/>

National School Lunch Program (NSLP): USDA's federally assisted meal program operating in public and nonprofit private schools and RCCIs. The NSLP provides nutritionally balanced, low-cost or free lunches to children each school day. <http://www.fns.usda.gov/cnd/lunch/>

Nutrient-Dense Foods: Those foods that provide substantial amounts of vitamins and minerals and relatively few calories.

Nutrition Standards: Federal, state or local guidelines for the nutritional content of foods and beverages.

Obesity: Condition of having a high amount of body fat with ranges of weight that are greater than what is generally considered healthy for a given height and have been shown to increase the likelihood of certain diseases and other health problems. For adults, obesity is defined as a Body Mass Index (BMI) of 30.0 and above. For children, obesity is defined as BMI-for-age equal to or greater than the 95th percentile. <http://www.cdc.gov/nccdphp/dnpa/obesity/defining.htm>

Overweight: Condition of being too heavy for one's height. For adults, overweight is defined as a Body Mass Index (BMI) between 25 and 29.9. For children, overweight is defined as BMI-for-age between the 85th percentile and the 94th percentile. Body weight comes from fat, muscle, bone and water. Overweight does not always mean over-fat. <http://www.cdc.gov/nccdphp/dnpa/obesity/defining.htm>

Physical Activity: Bodily movement of any type, including recreational, fitness and sport activities such as jumping rope, playing soccer and lifting weights, as well as daily activities such as walking to the store, taking the stairs or raking the leaves.

Physical Education: The phase of the general education program that contributes to the total growth and development of each child, primarily through movement experiences. Systematic and properly taught physical education includes the major content standards, including movement competence, maintaining physical fitness, learning personal health and wellness skills, applying movement concepts and skill mechanics, developing lifetime activity skills, and demonstrating positive social skills.

Physical Education Program (PEP): Funded by the U.S. Department of Education, Carol M. White PEP competitive grants are for local educational agencies and community-based organizations to initiate, expand or improve physical education programs, including after-school programs, in one or more grades (K-12) in order to help students make progress toward meeting state standards for physical education. <http://www.ed.gov/programs/whitephysed/index.html>

Planned, Ongoing and Systematic Program of Instruction: At a minimum, for a program to be planned, it should have written goals and written learning objectives for the grades in which the program is taught. To be ongoing, the learning objectives should evolve from grade level to grade level. For a program to be systematic, it should be implemented equitably across each specific grade or course, e.g., all third grade students should receive instruction in the same agreed-upon learning objectives across each third grade classroom. This does not mean that each third grade teacher must use the same materials or activities.

School Breakfast Program: USDA's federally assisted breakfast program operating in public and nonprofit private schools and RCCIs. The SBP provides nutritionally balanced, low-cost or free breakfasts to children each school day. <http://www.fns.usda.gov/cnd/breakfast/>

School Day: The period that begins with the arrival of the first child at school and ends after the last instructional period.

School Health Index (SHI): A self-assessment and planning tool from the Centers for Disease Control and Prevention (CDC) that schools can use to improve their health and safety policies and programs. The SHI is based on CDC's research-based guidelines for school health programs, which identify the policies and practices most likely to be effective in improving youth health risk behaviors. It is structured around CDC's eight-component model of coordinated school health. <http://apps.nccd.cdc.gov/shi/>

School Health Council (SHC): An advisory group of individuals who represent segments of the community. The group acts collectively to provide advice to the school system on aspects of the school health program. Generally, the members of an SHC are specifically appointed by the school system. Most often, SHCs advise an entire school district, but an SHC may also be useful for an individual school wanting its own advisory council. School districts often use advisory councils to provide advice to them on a variety of topics, such as exceptional children or dropout prevention.

School Health Team: A group of individuals representing the school and community in the development, implementation and evaluation of the school district's health policies, including nutrition and physical activity policies. Also may be known as the School Health Council or School Health Advisory Council.

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School Health Improvement Plan: A tool included in the Centers for Disease Control and Prevention's *School Health Index* that assists schools with identifying steps and planning for implementation of recommended actions to improve local school health policies and programs.

School Improvement Plan (SIP): An action plan required of Title I funded schools not meeting adequate yearly progress (AYP) under the No Child Left Behind Act, which includes annual measurable objectives; specific actions, strategies and interventions to meet each objective; timelines; sources needed; designation of responsibility and evaluation strategies.
<http://www.csde.state.ct.us/public/cedar/nclb/sip/index.htm>

School Meals: Meals served under the USDA Child Nutrition Programs, including breakfast, lunch and after-school snacks.

School Wellness Policy: Federal requirement (Public Law 108-265) that school districts participating in USDA Child Nutrition Programs must set goals for nutrition education, physical activity, nutrition standards for school foods and beverages, and other school-based activities designed to promote student wellness.
http://www.fns.usda.gov/cnd/Governance/Legislation/PL_108-265.pdf

Team Nutrition: A U.S. Department of Agriculture initiative to support Child Nutrition Programs through training and technical assistance for food service, nutrition education for children and their caregivers, and school and community support for healthy eating and physical activity. The goal of Team Nutrition is to improve children's lifelong eating and physical activity habits through nutrition education based on the principles of the Dietary Guidelines for Americans and MyPyramid, USDA's food guidance system. <http://www.fns.usda.gov/tn/Default.htm>



Acronyms

BMI	Body Mass Index
CABE	Connecticut Association of Boards of Education
CDC	Centers for Disease Control and Prevention
COPEC	Council on Physical Education for Children
CNP	Child Nutrition Programs
CSH	Coordinated School Health
DRIs	Dietary Reference Intakes
FMNV	Foods of Minimal Nutritional Value
FNS	Food and Nutrition Service (U.S. Department of Agriculture)
HACCP	Hazard Analysis Critical Control Points
HEAP	Health Education Assessment Project
HECAT	Health Education Curriculum Analysis Tool
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Plan
NASBE	National Association of State Boards of Education
NASPE	National Association for Sport and Physical Education
NSLP	National School Lunch Program
PEP	Carol M. White Physical Education Program
PPT	Planning and Placement Team
PTA	Parent Teacher Association
PTO	Parent Teacher Organization
SBP	School Breakfast Program
SDE	State Department of Education
SHAC	School Health Advisory Council
SHC	School Health Council
SHI	School Health Index
SIP	School Improvement Plan
SMP	Special Milk Program
SNA	School Nutrition Association
QFO	Qualified Food Operator
RCCI	Residential Child Care Institution
USDA	United States Department of Agriculture
WIC	Supplemental Nutrition Program for Women, Infants and Children

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- 21 National Association for Sport and Physical Education. (2004). *Physical Activity for Children: A Statement of Guidelines for Children Ages 5-12, 2nd Edition*. Reston, VA: Author.
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- 23 Connecticut State Department of Education. (2003). *Connecticut Physical Fitness Assessment, 2001-2002*. Hartford, CT: Author.
- 24 National Academies Press. (2005). *Preventing Childhood Obesity: Health in the Balance*. Washington, DC: Institute of Medicine, Committee on Prevention of Obesity in Children and Youth. <http://www.iom.edu/obesity>

Resources

Resources are listed by main category. Many resources contain information on multiple content areas. For additional resources, consult each policy component section of the *Action Guide*.

Health and Achievement

Breakfast for Learning: Recent scientific research on the link between children's nutrition and academic performance, Food Research & Action Center: <http://www.frac.org/pdf/breakfastforlearning.PDF>

Breakfast – Key to Academic Excellence, Connecticut State Department of Education and New England Dairy and Food Council, 2002: <http://www.state.ct.us/sde/deps/nutrition/SBP/index.htm> (Scroll down to bottom.)

Healthy Students Perform Better in School. William Potts-Datema. National School Boards Association, 2002: http://www.nsba.org/site/doc_sbn.asp?TrackID=&SID=1&DID=8228&CID=312&VID=58

How Are Student Health Risks & Resilience related to the Academic Progress of Schools? WestEd, 2004: http://www.wested.org/chks/pdf/p1_stuartreport_ch_final.pdf

Hunger: Its Impact on Children's Health and Mental Health. Weinreb, L., et al. Pediatrics Vol. 110 No. 4 October 2002, pp. e41: <http://www.pediatrics.org/cgi/reprint/110/4/e41.pdf>

Making the Connection: Health and Student Achievement (PowerPoint Presentation), Association of State and Territorial Health Officials (ASTHO) and the Society of State Directors of Health, Physical Education and Recreation (SSDHPER), 2002: <http://www.thesociety.org/>

Nutrition, Learning, and Behavior in Children: A Resource List for Professionals, Food and Nutrition Information Center, 2004: <http://www.nal.usda.gov/fnic/service/learnpub.html>

Nutrition, Physical Activity and Learning Fact Sheet, Action for Healthy Kids, 2002: http://www.actionforhealthykids.org/docs/fs_npaa.pdf

Our Journey to Good Health. Pat Cooper. School Administrator, January 2003: http://www.aasa.org/publications/sa/2003_01/Cooper.htm

Policy Statement on School Health, The Council of Chief State School Officers, July 17, 2004: <http://www.ccsso.org/content/pdfs/SchoolHealthPolicyStatement.pdf>

School Breakfast Programs: Energizing the Classroom, Minnesota Department of Children, Families and Learning, March 1998: <http://cfl.state.mn.us/energize.pdf>

School Breakfast Score Card 2004, Food Research and Action Center, 2004: http://www.frac.org/School_Breakfast_Report/2004/index.html

Symposium on Breakfast and Learning, Selected Presentations, U.S. Department of Agriculture, April 22, 1999: http://www.usda.gov/cnpp/Seminars/symposium_on_breakfast_and_learn.htm

The Learning Connection: The Value of Improving Nutrition and Physical Activity in Our Schools, Action for Healthy Kids, 2004: http://www.actionforhealthykids.org/devel/pdf/LC_Color_120204_final.pdf

Tufts University Statement on the Link between Nutrition and Cognitive Development in Children, Center on Hunger, Poverty and Nutrition Policy, 1994: <http://hunger.tufts.edu/pub/statement.shtml>

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School Wellness Policy

Local Wellness Policy, U.S. Department of Agriculture:

<http://teamnutrition.usda.gov/Healthy/wellnesspolicy.html>

School Wellness Policies Fact Sheet, Action for Healthy Kids, 2005:

http://www.actionforhealthykids.org/filelib/facts_and_findings/Wellness%20Fact%20Sheet%209-21-05.pdf

The Child Nutrition and WIC Reauthorization Act of 2004 (Public Law 108-265, Section 204):

http://www.fns.usda.gov/cnd/Governance/Legislation/PL_108-265.pdf

Additional resources can be found in the *Healthy School Nutrition Environment Resource List* available at <http://www.state.ct.us/sde/deps/Student/NutritionEd/index.htm>. This list is updated regularly.