

K-12

Physical Activity and Nutrition Toolkit

For Georgia Public Schools and School Districts



Useful Information to Help Create a Culture of Health for Georgia School Children.



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Introduction and Background

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Schools are an important venue for promoting health and wellness. According to the Georgia Department of Education, in 2013, more than 1.6 million students attended public schools and approximately 108,000 teachers provided academic instruction for at least 180 school days. Opportunities to integrate health and wellness content and experiences throughout the school hours abound! Under the leadership of Governor Nathan Deal, Georgia SHAPE is a network of partners and agencies committed to improving the health of our state's young people by offering assistance and opportunity to achieve a greater level of overall fitness. This physical activity and nutrition (PAN) toolkit provides information for school personnel and non-profit organizations and state agencies working with schools including:

- Facts about Georgia's physical activity and nutrition environment and student health behaviors;
- A summary of relevant state and federal policies in the areas of weight, nutrition, and physical activity with which school personnel should be familiar;
- Information about coordinated school health implementation;
- Model school wellness policies;
- Examples of Georgia schools exhibiting Physical Activity and Nutrition policies or best practices;
- Implementation suggestions for model policies;
- Social marketing examples; and
- Appendices containing tools, websites, and resources that may help schools achieve model policy and best practices in programming, policy, and systems change.

Opportunities to integrate health and wellness content and experiences throughout the school hours abound!



The 2004 Child Nutrition and WIC Reauthorization Act (*P.L. 108-265, Section 204*)¹ required school districts participating in the National School Lunch or Breakfast programs or other child nutrition programs to adopt and implement a wellness policy beginning in 2006-2007. The Healthy, Hunger-Free Kids Act of 2010 (*P.L. 111-296*)² expanded the wellness policy guidance and required the United States Department of Agriculture (USDA) to develop regulations that provide a framework and guidelines for local wellness policies. Currently, schools receiving federal funds for nutrition programs should have wellness policies that include the following minimum components:

- Nutrition guidelines for all foods and beverages available at school during the school day that are consistent with federal school meal standards and competitive food and beverage standards (for items sold outside of school meal programs);
- Nutrition education and promotion goals;
- Physical activity goals and other school-based activities that promote student health and wellness;
- The school district must inform and update the community about the policies' content and implementation;
- The school district must measure and report periodically on the wellness policy implementation;
- Stakeholders (teachers, students, parents, school board members, community partners, etc.) should be invited to participate in policy development, implementation, review, and updates, and;
- Designating one or more district and/or school officials responsible for ensuring school-level compliance with the wellness policy.



¹ Details available at <https://www.govtrack.us/congress/bills/108/s2507>.

² Details available at <https://www.govtrack.us/congress/bills/111/s3307>.

Factual Overview of Physical Activity and Nutrition in Georgia's Schools

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Georgia State Population

- Estimated total (2010):³ **9,687,653**
- Estimated percent of GA youth under 18 years of age (2012):¹ **2,488,827 (25.1% of total population)**
- Estimated total population of GA youth 5-18 years of age (2012):¹ **1,814,563 (18.3% of total)**

Georgia School District Information⁴

- Total number of school systems: **197**
- Total number of schools: **2,273**
- Total enrollment in public schools, (2012-13) **1,657,507**

School Nutrition⁵ and Physical Education Facts

- School lunch program ranking in the United States (2012): **5th largest**
- School nutrition expenditures (2011-2012): **\$878,728,995 (80% of this total is costs for food and labor)**
- Average number of school lunches served daily: **1,180,799**
- Students eligible to receive free or reduced price meals (2013): **1,017,313 (59.6%)**
- Students participating in physical education⁶ (PE): **1,139,998**

Student Weight, Overweight and Obesity⁷

- **17.1%** of high school (HS) students self-reported being overweight (≥ 85 th and < 95 th percentiles for Body Mass Index (BMI) by age and sex, based on reference data)
- **12.7%** of HS students self-reported being obese (≥ 95 th percentile BMI by age and sex, based on reference data)
- During the 2012-2013 school year, **41%** of students in PE classes who completed the annual fitness assessment were out of the healthy zone on the body composition measure. (Measured data. This includes both underweight and overweight).

Dietary Behaviors⁷

- Fruit consumption: Only **18.8%** of HS students ate fruits or drank 100% fruit juices three or more times per day during the past seven days before the survey.
- Vegetable consumption: Only **11.4%** of HS students ate vegetables three or more times per day during the seven days before the survey.
- Breakfast consumption: **16%** of HS students did not eat breakfast during the seven days before the survey.
- Sugar-sweetened beverage consumption **24.4%** of HS students drank a can, bottle, or glass of soda one or more time per day during the seven days before the survey.

³ QuickFacts, 2012 data from the U.S. Census. Available online at <http://quickfacts.census.gov/qfd/index.html>

⁴ Quick facts about Georgia public education, 2012-2013. Georgia Department of Education. Available at <https://www.gadoe.org/External-Affairs-and-Policy/communications/Documents/Quick%20Facts%20About%20Georgia%20Public%20K-12%20Education%202013.pdf>.

⁵ Georgia Department of Education. Georgia School Nutrition Facts 2012-2013. Personal communication: Laura Tanase, School Nutrition Program.

⁶ Annual Fitness Assessment Program Report. Georgia Department of Education. October 2013. Available online at <http://www.gadoe.org/Curriculum-Instruction-and-Assessment/Curriculum-and-Instruction/Documents/HPE/Georgia%20Annual%20Fitness%20Assessment%20Report%202013.pdf>

⁷ CDC, Division of Adolescent and School Health. The 2013 Youth Risk Behavior Survey. Georgia High School Survey Trend Analysis Reports: Middle School and High School. Available online at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm> and <http://dph.georgia.gov/YRBS>.

Physical Activity⁷

- Achieved recommended level of activity: Only **23.8%** of MS and **24.7%** of HS students were physically active for a total of at least 60 minutes per day on each of the seven days prior to the survey.
- Participated in daily physical education: **46.1%** of MS and **33.6%** of HS students attended daily physical education classes in an average week when they were in school.

Physical Inactivity⁷

- No physical activity: **13.5%** of middle school and **18.7%** of high school students did not participate in at least 60 minutes of physical activity on any day during the seven days prior to the survey.
- Television viewing time: **37.2%** of MS and **32.2%** of HS students watched television three or more hours per day on an average school day.
- Computer Games/Non-school-related Computer Use: **38.5%** of MS and **35.5%** of HS students played video or computer games or used a computer for something that was not school work three or more hours per day on an average school day.



The 2012 Georgia School Health Profiles⁸ assessed the school environment. Among high schools, the following percentages with confidence intervals (CI) were reported:

- **35.6%** (CI 31.3 – 40.2%) of schools used the School Health Index or other self-assessment tool to assess their policies, activities, and programs in PAN and tobacco-use prevention.
- **83.8%** (CI 80.5 – 86.6%) of schools surveyed require PE for students in any of grades 6–12.
- **71.2%** (CI 67.0 – 75.1%) of schools have a joint use agreement for shared use of physical activity facilities.
- **26.6%** (CI 23.5 – 30.1%) did not sell less nutritious foods and beverages anywhere outside the school food service program.
- **12.9%** (CI 10.3 – 16.0%) always offered fruits or non-fried vegetables in vending machines and school stores, or snack bars, and during celebrations whenever foods and beverages were offered. *(This is up from 8.5% in the 2010 survey.)*
- **35.3%** (CI 31.3 – 39.5%) prohibited all forms of advertising and promotion of candy, fast food restaurants, or soft drinks in all locations. All school-related locations were defined as in school buildings; on school grounds, including on the outside of the school building, on playing fields, or other areas of the campus; on school buses or other vehicles used to transport students; and in school publications.

⁷ CDC, Division of Adolescent and School Health. The 2013 Youth Risk Behavior Survey. Georgia High School Survey Trend Analysis Reports: Middle School and High School. Available online at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm> and <http://dph.georgia.gov/YRBS>.

⁸ CDC, Division of Adolescent and School Health. The 2012 School Health Profiles. Available online at http://www.cdc.gov/healthyyouth/profiles/pdf/facts/ga_chronic_profiles.pdf

Summary of State and Federal Policies Related to Physical Activity and Nutrition

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A number of federal and state policies have been introduced and/or enacted to support physical activity, nutrition, and healthy weight in the school setting. A summary of those introduced and enacted that impact Georgia schools are detailed below. Other bills or policies that have been considered are detailed in (*Appendix A*).

State Nutrition Policies

Georgia School Nutrition Appropriation: (Enacted 1985)

- Code 1981 with 20-2-187, enacted by the Georgia legislature in 1985, is the first mention of an appropriation to support Georgia's School Nutrition Program within the Department of Education.
- Appropriations have continued to-date including the 2014-2015 school year.

Georgia Agricultural Commodities Commission: (Enacted 2013)

- House Bill 298, Act 21, creates the Agricultural Commodity Commission for Georgia Grown Products
- Supports the study of and promotes the presence of Georgia grown products in county and independent school districts
- Establishes annual Georgia Grown for Georgia Kids Week

Healthy Hunger Free Kids Act: (Enacted 2010)

- The Healthy, Hunger-Free Kids Act of 2010 allows the USDA, for the first time in over 30 years, opportunity to make reforms to the school lunch, breakfast, and other nutrition initiatives by improving the critical nutrition and hunger safety net for millions of children.
- Applying the U.S. Dietary Guidelines standards to school meals was required to begin being implemented in fall 2012
- The final rule on wellness policy requirements (sec 204) and information for the public on the school nutrition environment (sec 209) was issued in winter 2014

Website: www.fns.usda.gov/school-meals/healthy-hunger-free-kids-act

Smart Snacks in Schools: (Final Rule 2014)

- Smart Snacks in Schools is one aspect of the HHFK Act focused on implementing practical, science-based nutrition standards for snack foods and beverages sold to children at school during the school day
- Mandate began July 1, 2014
- Under the Smart Snacks guidelines, any food sold in schools must be either a fruit, a vegetable, a dairy product, a protein food, a "whole-grain rich" grain product, or a combination food that contains at least ¼ cup of fruit or vegetable; or contain 10% of the Daily Value of a nutrient cited as a public health concern in the 2012 Dietary Guidelines for Americans (DGA). (*calcium, potassium, vitamin D, or dietary fiber*).



Physical Activity Policies

Annual Fitness Assessment: (Enacted 2009)

- The Georgia Student Health and Physical Education (SHAPE) Act was passed in the 2009 Georgia legislative session and is outlined in the Official Code of Georgia Annotated § 20-2-777.
- The SHAPE Act requires each local school district to conduct an annual fitness assessment program for all students in grades 1-12 enrolled in classes taught by certified physical education teachers.
- The first Georgia fitness assessment was initiated in the 2011-2012 school year with collaborative support and funding from multiple partners facilitated by the Georgia Department of Education.
- Cooper Institute's Fitnessgram selected by an expert committee as the tool to assess fitness in Georgia students.
- A summary of the statewide Fitnessgram results is sent to Georgia's Governor annually in October. (Figure 1) and (Figure 2) present a summary of 2013 aerobic capacity and body composition data in grades 3-12 for females and males respectively. (Map 1) and (Map 2) provide a visual summary of the percent of students by GA county in the Healthy Fitness Zone for Body Mass Index and Aerobic Capacity respectively.

(Figure 1 and Figure 2): Percent of Georgia Students Grades 4-12* in Healthy Fitness Zone for Aerobic Capacity and Body Composition (2012-2013 school year)



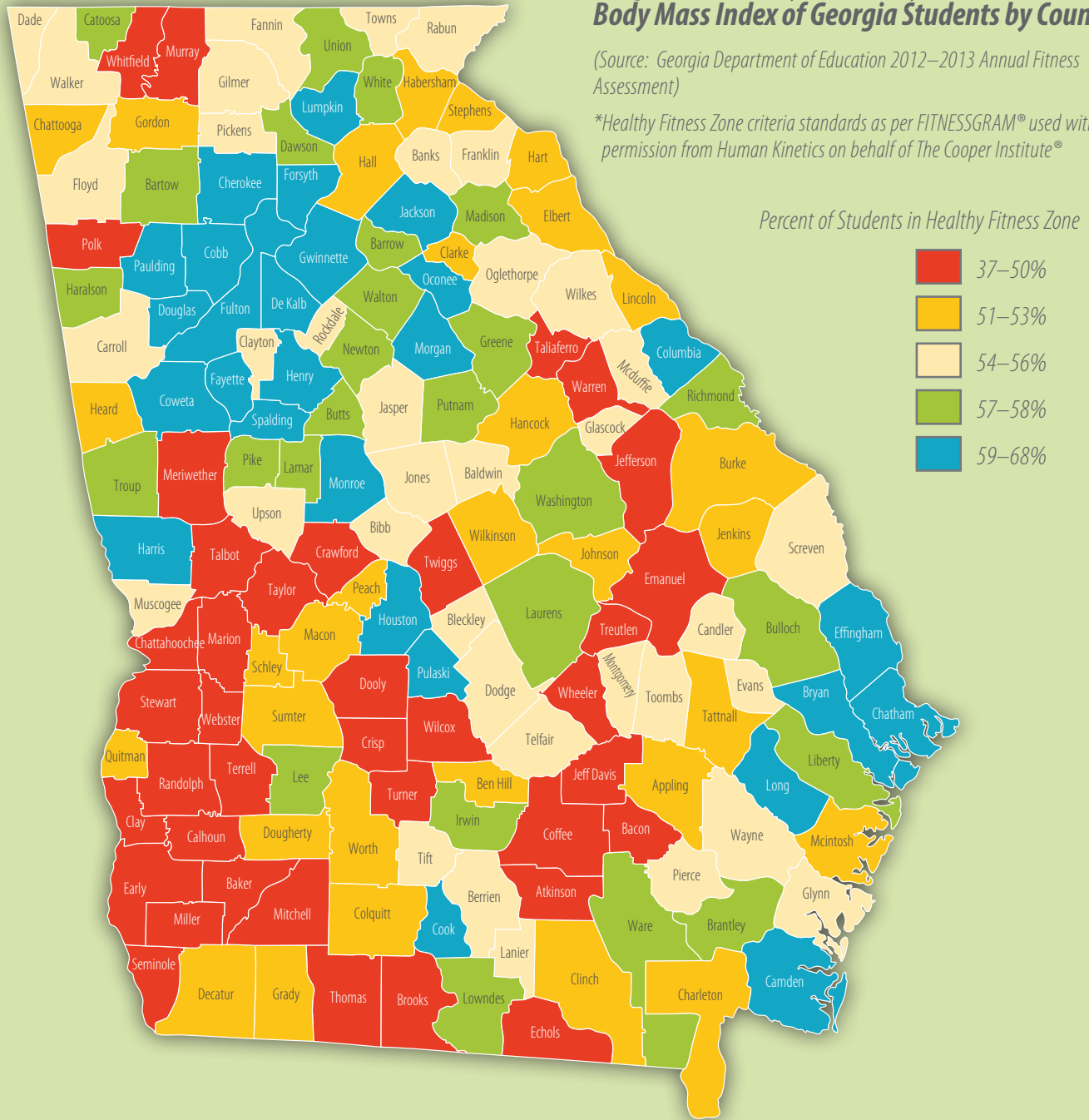
(Source: Georgia Department of Education)

* Grade 3 students, minimum age 10, are "familiarized" with the aerobic capacity and other tests. Grades 4-12 must participate in the full battery of assessments; both individual and aggregate student data is reported/recorded in all areas of the assessment.

(Map 1): Summary of Healthy Fitness Zone® for Body Mass Index of Georgia Students by County*

(Source: Georgia Department of Education 2012–2013 Annual Fitness Assessment)

*Healthy Fitness Zone criteria standards as per FITNESSGRAM® used with permission from Human Kinetics on behalf of The Cooper Institute®



Physical Education/Activity Requirements

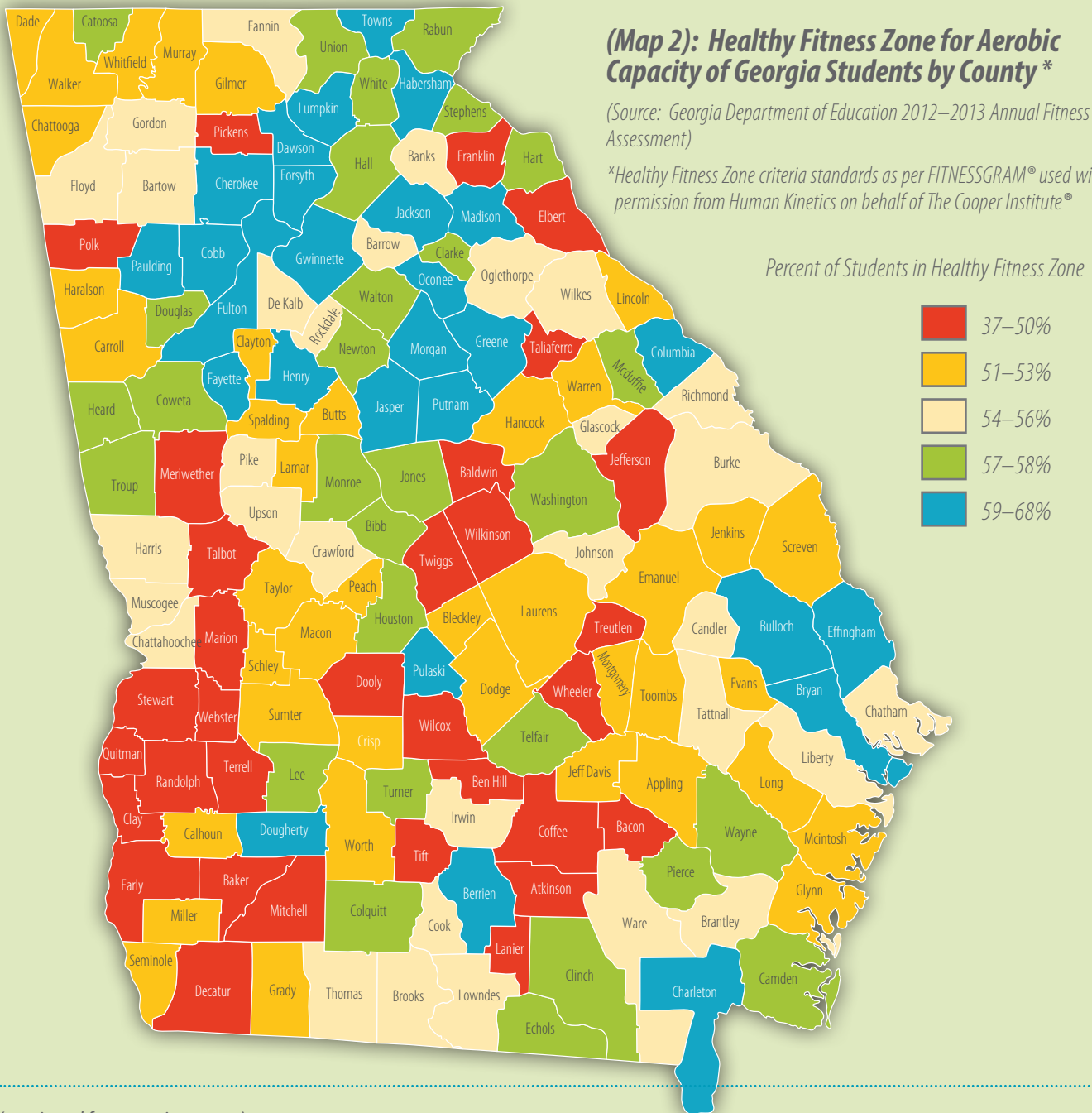
In Georgia, students in grades 6-12 are not required to enroll in a physical education each year. The Georgia Department of Education has established minimum standards for all levels and courses in physical education through the written Georgia Performance Standards Framework.

- Elementary School: All K-5 public schools in Georgia are required to provide at least 90 contact hours of health and PE instruction per school year.
- Middle School (MS): Georgia has no MS PE requirement. However, 2012-2013 FG data indicate **355,498** MS students were assessed for aerobic
(continued on bottom of next page)

(Map 2): Healthy Fitness Zone for Aerobic Capacity of Georgia Students by County *

(Source: Georgia Department of Education 2012–2013 Annual Fitness Assessment)

*Healthy Fitness Zone criteria standards as per FITNESSGRAM® used with permission from Human Kinetics on behalf of The Cooper Institute®



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capacity in PE out of **392,381** total MS students in Georgia (90.6%).⁹ This suggests a large percent of MS students are being offered PE throughout the school year.

- High School: One semester of health and physical education (usually ½ credit for each topic), in the form of Personal Fitness, is required for graduation. In 2012–2013, FG data indicate **215,065** HS students were assessed for aerobic capacity

in PE out of **478,160** total HS students in Georgia (44.9%).

- Recess / Daily Physical Activity Requirement: Georgia has neither a daily physical activity minutes requirement nor a recess mandate. Currently, only five states (CT, HI, IN, MO, and VA) require daily recess for elementary school students. (Source: <http://recessfacts.wordpress.com/legislation/recess-across-the-united-states/>)

⁹ Georgia Department of Education. Annual Fitnessgram Assessment Data 2012–2013. Personal communication, Therese McGuire, Health & PE.

Coordinated School Health: Creating A Culture of Health

Coordinated School Health (CSH)¹⁰ is recommended by the Centers for Disease Control and Prevention as a strategy for improving students' health and learning in schools. The eight components of Coordinated School Health include: health education, physical education, school health services, nutrition services, psychological services, school environment, school staff wellness; and family and community involvement. **(Figure 3)** provides a visual summary of the eight CSH components.

CDC has created an online assessment tool called the School Health Index (SHI)¹¹ that schools can use to assess and improve their health and safety policies. The Coordinated School Health themes match the assessment modules in the School Health Index for Elementary Schools and the School Health Index for Middle and High Schools. School wellness councils or health teams can choose to do one module at a time or take on all eight modules simultaneously.

Together with the Association for Supervision and Curriculum Development (ASCD), CDC has expanded the Coordinated School Health model to support the "Whole School, Whole Community, Whole Child" approach.¹² This holistic model emphasizes the need for the education and health sectors to work together to improve each child's cognitive, physical, social, and emotional development. In Georgia, the SHAPE Physical Activity and Nutrition grants program is an example of two state agencies, the Departments of Public Health and Education, along with multiple partners collaborating to positively impact school wellness policies and practices.

(Figure 3): Coordinated School Health



This holistic model emphasizes the need for the education and health sectors to work together to improve each child's cognitive, physical, social, and emotional development.

¹⁰ Coordinated School Health. Centers for Disease Control and Prevention. Available online at <http://www.cdc.gov/healthyyouth/cshp/index.htm>.

¹¹ Centers for Disease Control and Prevention. School Health Index. Online and paper-based versions available. Available at: <http://www.cdc.gov/healthyyouth/shi/>

¹² The Whole Child. ASCD, 2007. Available online at <http://www.wholechildeducation.org/about>.

How Schools Can Implement Coordinated School Health

To achieve health and wellness goals, Georgia schools are encouraged to employ the following strategies¹³ from Centers for Disease Control and Prevention's Adolescent and School Health, to implement a coordinated approach to school health policies and programs.

1. Secure and maintain administrative support and commitment.

The superintendent's support at the district level and the principal's support at the school level are essential for implementing and maintaining a coordinated and systematic approach to school health. School administrators can support a coordinated approach to school health by:

- Incorporating health in the district's or school's vision and mission statements, including health goals in the school's improvement plan
- Appointing someone to oversee school health
- Allocating resources
- Modeling healthy behaviors
- Regularly communicating the importance of wellness to students, staff, and parents



2. Establish a school health council or team.

An effective school health system uses a team approach to guide programming and facilitate collaboration between the school and the community. At the district level, this group is typically called a school health council, and at the school level, it is typically called a school health team.

Ideally, the district school health council includes at least one representative from each of the eight components, and school administrators, parents, students, and community representatives involved in the health and well-being of students, such as a representative from the local health department and the school district's medical consultant.

School health teams generally include a site administrator, an identified school health leader, teachers and other staff representing the components, parents, students, and community representatives when appropriate.

3. Identify a school health coordinator.

A full-time or part-time school health coordinator is a critical factor for the successful implementation of a coordinated approach to school health. The school health coordinator helps maintain active school health councils and facilitate health programming in the district and school and between the school and community. The coordinator organizes the eight components of school health and facilitates actions to achieve a successful, coordinated school health system, including policies, programs, activities, and resources.

¹³ How Schools Can Implement Coordinated School Health, 2013, Available at <http://www.cdc.gov/healthyyouth/cshp/schools.htm>



M.E. Lewis Elementary (Sparta, GA) School Wellness Council members working on a school health assessment

4. Develop a plan.

A school health council or team should use a program planning process to achieve health promotion goals. The process, which should involve all stakeholders, includes:

- Defining priorities based on the students’ unique health needs
- Determining what resources are available
- Developing an action plan based on realistic goals and measurable objectives
- Establishing a timeline for implementation
- Evaluating whether the goals and objectives are met

Ideally, this plan would be incorporated into a school’s overall improvement plan to link health with learning outcomes. As noted, CDC provides assessment and planning guidance through the *School Health Index* to help schools analyze the strengths and weaknesses of their school health policies, programs, and services, and plan for improvement.

5. Consider testing multiple strategies through multiple components.

Each school health component employs a unique set of strategies. These strategies include policies and procedures, classroom instruction, environmental change, health, counseling and nutrition services, parent and community involvement, and social support. No single strategy or single component will achieve all the desired health outcomes for all students. However, the Georgia SHAPE school champions advise that some schools can implement multiple strategies while others have a lower level of readiness. These “low readiness” schools may take on one single policy or program related to physical activity, nutrition or wellness. A small-steps strategy has worked for many schools to create the infrastructure and successes on a multitude of small changes over time within the school health environment. (Figure 4) provides an example of School A who is ready for one small change and selected implementing an evidence-based classroom-based program vs. School B who is ready for a multi-component, comprehensive school health initiative.

Significant investment has been made from both the private and public sectors around physical activity and nutrition policies and interventions aimed at preventing and reducing childhood obesity and improving nutrition and PA behaviors. If your school is looking for policies, tools, or programs, this toolkit contains comprehensive lists of organizations in (Appendix B) and programs and resources in (Appendix D).

(Figure 4): Interventions Along a Spectrum: Simple to Complex



School A: Chose a Simple, Lower Cost, Small Behavior Change Program

School B: Chose a more Comprehensive, Complex, Higher Cost, Greater Behavior Change Intervention

6. Focus on students.

The focus of coordinated school health should be on meeting the education and health needs of students as well as providing opportunities for students to be meaningfully involved in the school and the community. School health efforts should give young people the chance to exercise leadership, build skills, form relationships with caring adults, and contribute to their school and community.

Students can promote a healthy and safe school and community through peer education, peer advocacy, cross-age mentoring, service learning, and participation on school health teams advisory committees, councils, and boards that address health, education, and youth issues. Protective factors that are health enhancing in schools include:

- A supportive and nurturing environment that fosters respect, connectedness, and meaningful involvement
- Adults modeling positive social interactions and having the same expectations of students
- Group norms that value a healthy lifestyle

For additional resources and tools go to:
www.actionforhealthykids.org/what-we-do/programs/students-taking-charge



7. Address priority health-enhancing and health-risk behaviors.

Schools can assess health-risk behaviors among young people in these categories as well as general health status, overweight, and asthma, through formal surveys such as the Youth Risk Behavior Survey. Programs that reduce these risk behaviors and promote protective factors have been identified through research and when appropriate be incorporated into school programming (see Registries of Effective Programs). CDC has developed guidelines to help schools promote physical activity and healthy eating and build a systematic and coordinated approach to school health.

8. Provide professional development for staff.

Continuing education is essential for teachers, administrators, and other school employees committed to improving the health, academic success, and well-being of students. All school employees need to stay current in their skills and knowledge. Professional development provides opportunities for school employees to identify areas for improvement, learn about and use proven practices, solve problems, develop skills, and reflect on and practice new strategies. In districts and schools promoting a coordinated school health approach, professional development should focus on the development of leadership, communication, and collaboration skills.

For additional resources and tools go to:
www.cdc.gov/healthyyouth/protective/pdf/connectedness_facilitator_guide.pdf

Model Policies for School Wellness, Nutrition and Physical Activity

5

This section details the model school policies related to physical activity, nutrition, and wellness. A good school health policy will: address the needs of both staff and students; promote health in multiple ways; and emphasize the need for coordination of all health and wellness activities on the school campus or in the school district.

Georgia schools are encouraged to work toward creating a district level wellness policy that is specific, comprehensive, sustainable, monitored and ultimately leads to Coordinated School Health implementation. There are a number of resources available from which to glean model school nutrition, physical activity, and wellness policies. One available tool is the Classification of Laws Associated with School Students (CLASS) compiled by the National Cancer Institute.¹⁴ CLASS details physical education/ physical activity (PE/PA) and nutrition laws or policies for each state.

CLASS applies a score to nutrition and PA/PE policies in each state by comparing them to a national median. The resulting score for PA/PE is based on national standards developed by the National Association for Sport and Physical Education. Georgia fared well in the PA/PE comparison with a score of 31 compared to the national median of 20. The nutrition scores are based on Institute of Medicine recommendations in the report, “Nutrition Standards for Foods in Schools: Leading the Way toward Healthier Youth.” Among the 19 nutrition categories, Georgia’s scores exceeded (“was better than”) the national median in only two areas: 1) having a state-level farm-to-school recommendation, and 2) implementing higher level qualifications for school nutrition or food service directors.

In addition to CLASS, language in the model policies presented below was obtained from two sources (unless otherwise referenced):

- The www.schoolwellnesspolicies.org website that was developed by the National Alliance for Nutrition and Activity.¹⁵ The policies in this resource were crafted with the input of 50 stakeholder organizations.
- *Fit, Healthy and Ready to Learn: A School Health Policy Guide*. Specifically, Chapter D: Policies to Promote Physical Activity and Physical Education and Chapter E: Policies to Promote Healthy Eating.¹⁶

How Good are Your School's Wellness Policies?

Would you like to assess the quality of your school wellness policies? Consider using the Wellness School Assessment Tool (WellSAT) from the Yale Rudd Center. To begin the free process, simply register at: <http://wellsat.org/default.aspx>

¹⁴ Mâsse LC, Perna F, Agurs-Collins T, Chriqui JF. *Change in school nutrition-related laws from 2003 to 2008: evidence from the school nutrition-environment state policy classification system*. *Am J Public Health*. 2013 Sep;103(9):1597-603. doi: 10.2105/AJPH.2012.300896.

¹⁵ *Model school wellness policies*. National Alliance for Nutrition and Activity. Available at: <http://www.schoolwellnesspolicies.org/WellnessPolicies.html#councils>

¹⁶ Bogden JF, Brizius M, Walker EM. *Fit, Healthy and Ready to Learn: A school health policy guide*. Chapter D: Policies to Promote Physical Activity and Physical Education and Chapter E: Policies to Promote Healthy Eating (2nd eds.). National Association of State Boards of Education. November 2012. Available at: <http://www.nasbe.org/project/center-for-safe-and-healthy-schools/fhrtl/>

Model Policies: General Health, Wellness, and Weight Assessment

School Health Councils:

"The school district and/or individual schools within the district will create, strengthen, or work within existing school health councils to develop, implement, monitor, review, and, as necessary, revise school nutrition and physical activity policies. The councils also will serve as resources to school sites for implementing those policies. (A school health council consists of a group of individuals representing the school and community, and should include parents, students, representatives of the school food authority, members of the school board, school administrators, teachers, health professionals, and members of the public.)"

Staff/Employee Wellness:

(NAME OF SCHOOL/DISTRICT) highly values the health and well-being of every staff member and will plan and implement activities and policies that support personal efforts by staff to maintain a healthy lifestyle. This will also ensure staff become role models to students in the school setting.

- Each district/school should establish and maintain a staff wellness committee composed of at least one staff member, school health council member, local hospital representative, dietitian or other health professional, recreation program representative, union representative, and employee benefits specialist. (The staff wellness committee may be a subcommittee of the school health council.)
- The committee should develop, promote, and oversee a multifaceted plan to promote staff health and wellness.
- The plan should be based on input solicited from school staff and should outline ways to encourage healthy eating, physical activity, and other elements of a healthy lifestyle among school staff.
- The staff wellness committee should distribute its plan to the school health council annually.

Body Mass Index (BMI) Assessment:

To track the prevalence of obesity and evaluate the success of the SHAPE initiative and other obesity prevention programs, (NAME OF SCHOOL) will assess students' BMIs, confidentially and report in aggregate.^{17,18} If students' BMI's are screened for individual health assessment purposes, ensure that schools address the following:¹⁹

- Student privacy
- Student safety and support
- Staff training
- Accuracy of data collection
- Sensitive and informative parent/guardian communication
- Referral to community resources for follow-up, as needed
- Healthy eating and physical activity promotion, using science-based strategies

¹⁷ Alliance for a Healthier Generation. Healthy Schools Program Framework. 2009. Accessed June 11, 2014.

¹⁸ American Heart Association. Policy Position Statement on Body Mass Index (BMI) Surveillance and Assessment in Schools. 2008. Accessed June 11, 2014.

¹⁹ Pekruhn C. Preventing Childhood Obesity: A School Health Policy Guide. Arlington, VA: Center for Safe and Healthy Schools, National Association of State Boards of Education; 2009.

Model Policies: Nutrition

Nutritional Quality of Foods and Beverages Sold and Served on Campus:²⁰

School Meals served through the National School Lunch and Breakfast Programs will:

- Be appealing and attractive to children;
- Be served in clean and pleasant settings;
- Meet, at a minimum, nutrition requirements established by local, state, and federal statutes and regulations;
- Offer a variety of fruits and vegetables;
- Serve only low-fat (1%) and fat-free milk and nutritionally-equivalent non-dairy alternatives (to be defined by USDA); and
- Ensure that half of the served grains are whole grain.



Schools should engage students and parents, through taste-tests of new entrees and surveys, in selecting foods sold through the school meal programs in order to identify new, healthful, and appealing food choices. In addition, schools should share information about the nutritional content of meals with parents and students. Such information could be made available on menus, a website, on cafeteria menu boards, placards, or other point-of-purchase materials.

Meal Times and Scheduling:

Schools will:

- Provide students with at least 10 minutes to eat after sitting down for breakfast and 20 minutes after sitting down for lunch;
- Schedule meal periods at appropriate times, e.g., lunch should be scheduled between 11 a.m. and 1 p.m.;
- Not schedule tutoring, club, or organizational meetings or activities during mealtimes, unless students may eat during such activities;
- Schedule lunch periods to follow recess periods (in elementary schools);
- Provide students access to hand washing or hand sanitizing before they eat meals or snacks; and
- Take reasonable steps to accommodate the tooth-brushing regimens of students with special oral health needs (e.g., orthodontia or high tooth decay risk)

Fundraising Activities:

To support children's health and school nutrition-education efforts, school fundraising activities will not involve food or will use only foods and drinks that meet the above nutrition and portion size standards for foods and beverages sold individually. Schools will encourage fundraising activities that promote physical activity. The school district will make available a list of ideas for acceptable fundraising activities.

²⁰ Local Wellness Policy Recommendations. School Nutrition Association. April 2005. Available at: http://www.schoolnutrition.org/uploadedFiles_old/SchoolNutrition.org/Child_Nutrition/Local_School_Wellness_Policies/SNALocalWellnessPolicyGuidelinesFinal.pdf

Snacks:

Snacks served during the school day or in after-school care or enrichment programs will make a positive contribution to children's diets and health, with an emphasis on serving fruits and vegetables as the primary snacks and water as the primary beverage. Schools will assess if and when to offer snacks based on timing of school meals, children's nutritional needs, children's ages, and other considerations. The district will disseminate a list of healthful snack items to teachers, after-school program personnel, and parents.



Rewards:

Schools will not use foods or beverages, especially those that do not meet the nutrition standards for foods and beverages sold individually, as rewards for academic performance or good behavior, and will not withhold food or beverages (including food served through school meals) as a punishment.

Celebrations:

Schools should limit celebrations that involve food during the school day to no more than one party per class per month. Each party should include no more than one food or beverage that does not meet nutrition standards for foods and beverages sold individually (above). The district will disseminate a list of healthy party ideas to parents and teachers.

Vending and Food Sales:

(NAME OF SCHOOL) will adhere to the USDA Smart Snack Guidelines for all foods and beverages sold in vending machines as well as other food and beverages made available for sale to students and staff during school hours.

Model Policies: Nutrition Education, Promotion and Food Marketing

Nutrition Education and Promotion:

(NAME OF SCHOOL/DISTRICT) aims to teach, encourage, and support healthy eating by students. Schools should provide nutrition education and engage in nutrition promotion that:

- Is offered at each grade level as part of a sequential, comprehensive, standards-based program designed to provide students with the knowledge and skills necessary to promote and protect their health;
- Is part of not only health education classes, but also classroom instruction in subjects such as math, science, language arts, social sciences, and elective subjects;
- Includes enjoyable, developmentally-appropriate, culturally-relevant, participatory activities, such as contests, promotions, taste testing, farm visits, and school gardens;
- Promotes fruits, vegetables, whole grain products, low-fat and fat-free dairy products, healthy food preparation methods, and health-enhancing nutrition practices;

- Emphasizes caloric balance between food intake and energy expenditure (physical activity/exercise);
- Links with school meal programs, other school foods, and nutrition-related community services;
- Teaches media literacy with an emphasis on food marketing; and
- Includes training for teachers and other staff.

Nutrition Communications with Parents:

The district/school will support parents' efforts to provide a healthy diet for their children. The district/school will offer healthy eating seminars for parents, send home nutrition information, post nutrition tips on school websites, and provide nutrient analyses of school menus. Schools should encourage parents to pack healthy lunches and snacks and to refrain from including beverages and foods that do not meet the above nutrition standards for individual foods and beverages. The district/school will provide parents a list of foods that meet the district's snack standards and ideas for healthy celebrations/parties, rewards, and fundraising activities. In addition, the district/school will provide opportunities for parents to share their healthy food practices with others in the school community.

Food Marketing in Schools:

School-based marketing will be consistent with nutrition education and health promotion. As such, schools will limit food and beverage marketing to the promotion of foods and beverages that meet the nutrition standards for meals or for foods and beverages sold individually.¹¹ School-based marketing of brands promoting predominantly low-nutrition foods and beverages¹² is prohibited. The promotion of healthy foods, including fruits, vegetables, whole grains, and low-fat dairy products is encouraged. Examples of marketing techniques include the following: logos and brand names on/in vending machines, books or curricula, textbook covers, school supplies, scoreboards, school structures, and sports equipment; educational incentive programs that provide food as a reward; programs that provide schools with supplies when families buy low-nutrition food products; in-school television, such as Channel One; free samples or coupons; and food sales through fundraising activities. Marketing activities that promote healthful behaviors (and are therefore allowable) include: vending machine covers promoting water; pricing structures that promote healthy options in a la carte lines or vending machines; sales of fruit for fundraisers; and coupons for discount gym memberships.

Water Availability:

(NAME OF SCHOOL/DISTRICT) will provide all students and employees with access to clean, safe, palatable drinking water free of charge at every facility, cafeteria and eating areas, classrooms, hallways, gymnasiums, play yards and athletic fields, and faculty lounges throughout the school day and at before- and after-school activities.



Model Policies: Physical Activity²¹

Integrating Physical Activity into Classrooms: For students to receive the nationally-recommended amount of daily physical activity (i.e., at least 60 minutes per day) and for students to fully embrace regular physical activity as a personal behavior, students need opportunities for physical activity beyond physical education class. Toward that end:

- Classroom health education will complement physical education by reinforcing the knowledge and self-management skills needed to maintain a physically-active lifestyle and to reduce time spent on sedentary activities, such as watching television;
- Opportunities for physical activity will be incorporated into other subject lessons; and
- Classroom teachers will provide short physical activity breaks between lessons or classes, as appropriate.

Physical Activity Communication with Parents:

The district/school will provide information about physical education and other school-based physical activity opportunities before, during, and after the school day; and support parents' efforts to provide their children with opportunities to be physically active outside of school. Such supports will include sharing information about physical activity and physical education through a website, newsletter, or other take-home materials, special events, or physical education homework.

Daily Recess:

All elementary school students will have at least 20 minutes a day of supervised recess, preferably outdoors, during which schools should encourage moderate to vigorous physical activity verbally and through the provision of space and equipment.

Physical Inactivity:

Schools should discourage extended periods (i.e., periods of two or more hours) of inactivity. When activities, such as mandatory school-wide testing, make it necessary for students to remain indoors for long periods of time, schools should give students periodic breaks during which they are encouraged to stand and be moderately active.

Physical Activity Opportunities Before and After School:

All elementary, middle, and high schools will offer extracurricular physical activity programs, such as physical activity clubs or intramural programs. All high schools, and middle schools as appropriate, will offer interscholastic sports programs. Schools will offer a range of activities that meet the needs, interests, and abilities of all students, including boys, girls, students with disabilities, and students with special health care needs. After-school child care and enrichment programs will provide



²¹ Education Sub-Committee of the National Physical Activity Implementation Plan. Comprehensive School Physical Activity Program (CSPAP) Policy Continuum. February 2012. Available at: <http://www.shapeamerica.org/advocacy/resources/upload/CSPAP-Policy-Continuum-2-10-12final.pdf>

and encourage – verbally and through the provision of space, equipment, and activities – daily periods of moderate to vigorous physical activity for all participants.

Physical Activity and Punishment:

Teachers and other school and community personnel will not use physical activity (e.g., running laps, pushups) or withhold opportunities for physical activity (e.g., recess, physical education) as punishment.

Safe Routes to School:

The school district will assess and, if necessary and to the extent possible, make needed improvements to make it safer and easier for students to walk and bike to school. When appropriate, the district will work together with local public works, public safety, and/or police departments in those efforts. The school district will explore the availability of federal “safe routes to school” funds, administered by the state department of transportation, to finance such improvements. The school district will encourage students to use public transportation when available and appropriate for travel to school, and will work with the local transit agency to provide transit passes for students.

Model Policies: School Wellness Monitoring and Policy Review

School District Wellness:²²

Establish and maintain a district-wide Coordinated School Health and Wellness Sub-committee of the District School Committee that shall consist of:

- Members of the district’s school communities, a majority of whom are not employed by the school district. Such members shall include parents, students, representatives from community agencies, the business community, local and statewide non-profit health organizations and health professionals.
- A member of the school committee
- District food service director/manager
- District health and physical education coordinator
- School personnel including but not limited to:
 - School nurse-teacher
 - Staff member representative from each school
 - District administration
 - Physical education and health program leader
 - Family and consumer sciences teacher
 - Principal



²² Rhode Island Healthy Schools Coalition. Rhode Island School District nutrition & physical activity: Model policy language. June 2006.

The purpose of the sub-committee is:

- Development of health and wellness policies, strategies and implementation at the district level
- Make recommendations regarding the district's health education curriculum and instruction
- Make recommendations regarding the district's physical education curriculum and instruction
- Make recommendations regarding nutrition and physical activity policies to decrease obesity and enhance the health and well-being of students and employees
- Evaluate policy implementation and progress and revise as necessary
- Serve as a resource to school sites, (e.g. provide lists of healthy incentives, snacks, birthday celebration foods, etc.)

Wellness Policy Monitoring:

- The superintendent or designee will ensure compliance with established district-wide nutrition and physical activity wellness policies. In each school, the principal or designee will ensure compliance with those policies in his/her school and will report on the school's compliance to the school district superintendent or designee.
- School food service staff, at the school or district level, will ensure compliance with nutrition policies within school food service areas and will report on this matter to the superintendent (or if done at the school level, to the school principal). In addition, the school district will report on the most recent USDA School Meals Initiative (SMI) review findings and any resulting changes. If the district has not received a SMI review from the state agency within the past five years, the district will request from the state agency that a SMI review be scheduled as soon as possible.
- The superintendent or designee will develop a summary report every three years on district-wide compliance with the district's established nutrition and physical activity wellness policies, based on input from schools within the district. That report will be provided to the school board and also distributed to all school health councils, parent/teacher organizations, school principals, and school health services personnel in the district.



Policy Review:

To help with the initial development of the district's wellness policies, each school in the district will conduct a baseline assessment of the school's existing nutrition and physical activity environments and policies. The results of those school-by-school assessments will be compiled at the district level to identify and prioritize needs. Assessments will be repeated every three years to help review policy compliance, assess progress, and determine areas in need of improvement. As part of that review, the school district will review our nutrition and physical activity policies; provision of an environment that supports healthy eating and physical activity; and nutrition and physical education policies and program elements. The district, and individual schools within the district, will, as necessary, revise the wellness policies and develop work plans to facilitate their implementation.

Georgia Highlights: Best Practice and Policy Examples in School Nutrition, Physical Activity, and Wellness

This section highlights examples of Georgia schools that are implementing best practices and policies in nutrition, physical activity and wellness. First, as a health promotion champion, you have a number of organizations available to help your school accomplish health programming and policies. Representatives from the organizations listed below support schools in achieving best practices in nutrition, physical activity and health:

- Action for Healthy Kids
- Alliance for a Healthier Generation
- Fuel Up to Play 60
- HealthMPowers
- SHAPE Power Up for 30 & SHAPE School Grants²³
- Strong4Life Healthy Halls Program
- Wellness, Academics and You (WAY)

(Appendix B) provides website information for these entities and many other organizations focused on supporting creation of school health resources and tools in the United States.

Second, there are many examples of policies or best practices being implemented throughout Georgia that can help guide schools in planning for health and wellness change. The cases to follow were provided by Georgia Department of Public Health SHAPE partners including: the Alliance for a Healthier Generation, the Georgia Health Policy Center, HealthMPowers, and the Southeastern United Dairy Industry Association.



²³ Power Up for 30 and SHAPE school grants are coordinated by the Georgia Department of Public Health.

Nutrition Best Practices and Policies

Healthy Food Celebrations and Non-Food Rewards or Incentives

Morningside Elementary School, Grades K-5
Atlanta Public School District, Atlanta, GA
799 Students (8% eligible for free and reduced lunch)
Year Implemented: 2014-2015

Description: Morningside Elementary School has two wellness councils that collaborate on health initiatives at the school: the School Health Council and the Sustainability Wellness and Garden (SWAG) Committee that includes students, parents, community members and school staff. Members of these councils realized that students were getting many extra calories because of celebrations and food rewards. Two nutrition policies were crafted (the text below is a segment of the full policy language):

1. Effective August 4, 2014, parents, visitors, staff, and students are prohibited from bringing food into the school to share with students with the exception of two parties per year. Each MES class is permitted to have a maximum of two classroom parties each school year.
2. Effective August 4, 2014, MES and its PTA will not use food or beverages as rewards or incentives for academic performance, good behavior, or goal attainment. As an alternative, teachers shall use physical activity, special event coupons, pencils, erasers, stickers, or other small prizes as rewards and incentives for academic performance or good behavior. Exceptions under a child's Individualized Education Plan (IEP) or 504 Plan will be allowed only as a last resort.

Keys to Success/Lessons Learned

- Having co-council wellness leaders, an administrator, school staff and parents engaged in the nutrition policy discussion was important in reaching agreement on the final policy language.
- Providing ideas for reward alternatives to food and supporting policy implementation with incentives and contests is helpful in gaining traction early in the policy adoption process.

School Breakfast Awareness and Participation

North Clayton Elementary School, Grades 6-8
Clayton County School District, College Park, GA
789 Students (89% eligible for free and reduced lunch)
Year Implemented: 2012-2013

Description: The goal was to promote breakfast, to encourage more students to eat breakfast, and to introduce students to new breakfast food items. We introduced new breakfast entrees, such as the "Fold and Go" breakfast taco, for possible inclusion on our menu for next school year as Grab and Go items. The students completed the taste tests and surveys to let us know if they liked or disliked the items. The breakfast promotion was a success.

Keys to Success/Lessons Learned

- Getting students to try new items can be challenging.
- Presenting the foods to them with excitement and in a fun way will work to improve consumption.



Family and Community Engagement in School Nutrition

Port Wentworth Elementary School, Grades K-5
Savannah-Chatham County School District,
Port Wentworth, GA
614 Students (78.8% eligible for free and reduced lunch)
Year Implemented: 2013-14

Description: Port Wentworth students were engaged in healthy eating “from the ground up.” Students built a garden along with family and community members who provided instruction and assistance. Students were engaged in taste testings of the grown vegetables. Leftover produce was taken to a local Farmer’s Market and sold at a school stand.

Keys to Success/Lessons Learned

Students gained a better understanding of where food comes from and how it gets to the table of consumers.



Student Nutrition Advisory Council (NAC)

Carrollton Junior High School, Grades 7–8
Carrollton City School District, Carrollton, GA
694 Students (54% eligible for free and reduced lunch)
Year Implemented: 2012-2013

Description: The NAC is a student group of approximately 20 participants that help the district school nutrition leadership with developing strategies to improve participation and nutrition education opportunities. NAC members have helped with a number of areas including:



1. Taste testing new menu items being served at Carrollton Junior High School;
2. Planting, maintaining, harvesting, and tasting items from the school garden;
3. Providing input on guest speakers to present on different nutrition topics and types of physical activity the students can do at home and with their family members.

Keys to Success/Lessons Learned

- Students are a key stakeholder in getting schools to successfully implement the Healthy Hunger Free Kids Act requirements. Obtaining their input in many aspects of the school nutrition program is critical.
- The student body knows that a group of their peers have provided input into what is being served in the CJHS cafeteria. This helps influence students to try new menu items.

...there are many examples of policies or best practices being implemented throughout Georgia that can help guide schools in planning for health and wellness change.

Nutrition Education and Farm-to-School

Ford Elementary School, Grades K–5
Cobb County School District, Acworth GA
441 Students (7.9% eligible for free and reduced lunch)
Year Implemented: 2011-2012

Description: At least 30% of the food purchased by the school nutrition program is fresh fruit and vegetables offered on a daily basis to all students. The outdoor food garden classrooms educate our students, staff and community on how to grow and harvest their own crops. Foods from the garden are prepared in the classroom as part of science education to demonstrate both the life cycle and nutritional value of food crops.

Keys to Success/Lessons Learned

- Integrating food and nutrition content with academic lessons benefits both the students and the teachers.
- Having a garden is a “hands on” way to show students that the process of growing foods is important.



Physical Activity Best Practices and Policies

Physical Activity Promotion through “Fit Fridays”

Dorsett Shoals Elementary School, Grades K–5
Douglas County School District, Douglasville, GA
435 Students (61% eligible for free and reduced lunch)
Year Implemented: 2013-2014

Description: DSES wanted to raise awareness for PA by incorporating extra PA opportunities throughout the school year. We decided to create Fit Fridays where the teachers would allow students to participate in extra PA during the school day. The teachers would submit the number of minutes that their classes were physically active and the competition was to see which class had the most minutes. The competition was held on the last Friday of each month and the winning class would be given extra free time to play in the gym.

Keys to Success/Lessons Learned

The Fit Friday competition was an easy initiative to incorporate into the school day. It didn’t take away “learning time” and the students liked the competition. If a school is attempting to create a comprehensive school PA program, Fit Fridays is a great first step.

Classroom Physical Activity Integration

Samuel Hubbard Elementary, Grades K–5
Monroe County School District, Forsyth, GA
587 Students (62% eligible for free and reduced lunch)
Year Implemented: 2013-2014

Description: Change can start in unusual places. At Samuel Hubbard Elementary, a classroom teacher found innovative ways to integrate PA throughout the school day.

First, the teacher implemented a before school program, utilized classroom activity breaks and integrated strategies to increase PA within the classroom using resources such as, Go Noodle, HealthMPowers exercise DVDs, BOKS activities and instructional strategies such as Multiple Choice Active Review, Vocab

Seek and Find, and Four Corners. Second, she used time at recess to teach students long jump rope skills and games so students could be self-directed and active during recess. Finally, she shared these resources and inspired other teachers at other grade levels to use them and create a more active school.

Keys to Success/Lessons Learned

- Classroom teachers can make a difference.
- Peer to peer (classroom teacher to classroom teacher) communication is powerful in influencing health behavior change in the school setting.



Student Physical Activity break required after lunch

Arthur Williams Middle School, Grades 6–8
Wayne County School District, Jesup, GA
593 Students (65% eligible for free and reduced lunch)
Year Implemented: 2013

Description: Dr. Burgess (principal) returned from the Alliance’s Healthy Schools Program forum with an idea to implement more physical activity minutes during the middle school day. The idea was to mandate staff and students walk the track for approximately 15 minutes every day immediately after lunch. The concept was adopted and students and staff take advantage of the opportunity.



Keys to Success/Lessons Learned

This was an easy, outside of the box requirement that has had a significant return on investment. The impact of this practice is the school has witnessed less behavior referrals after lunch, fights have gone down during lunch, students are more focused during class after lunch, and students and staff members are getting physical activity minutes they so desperately need.



Daily Physical Activity breaks available to students before school

West Bainbridge Elementary School, Grades PK–4
Decatur County School District, Bainbridge, GA
550 Students (85% eligible for free and reduced lunch)
Year Implemented: 2013–2014

Description: As part of Power up For 30, West Bainbridge Elementary offered 15 minutes of physical activity for students and staff before school. A variety of PA Break DVD's were utilized to keep the activity breaks fun and entertaining.

Keys to Success/Lessons Learned

- Teachers reported anecdotally that students were better behaved after participating in the morning physical activity break.
- Students were not as antsy and these breaks really helped students focus on learning instead of playing.

Prohibits Withholding Recess or Requiring Exercise as Punishment

Timothy Road Elementary, Grades K–5
Clarke School District, Athens, GA
534 Students (56.11% eligible for free and reduced lunch)
Year Implemented: 2013–2014

Description: Timothy Road Elementary created an amendment to the school's handbook prohibiting withholding recess, PE or other physical activity opportunities. The amendment also prohibits requiring fitness or exercise as punishment.

Keys to Success/Lessons Learned

The policy is new and the impact is still being documented by the school administration.

Every Child has PE Five Days a Week and Recess Five Days a Week

Fernbank Elementary, Grades PK–5
DeKalb County School System, Avondale, GA
655 Students (9.4% eligible for free and reduced lunch)
Year Implemented: 2004–2005

Description: Principal Jason Marshall believes in the importance of PE and makes sure each child gets PE daily. He staffs it with two PE teachers and a para-professional. Daily recess is on the master school schedule and teachers have recess bags with equipment to promote moderate to vigorous physical activity.

Keys to Success/Lessons Learned

- School administration and parent support for the policy are critical to sustainability.
- Engaging teachers in creating a school schedule that can accommodate PE and recess ensures ongoing support.
- Since 2006, with this PA/PE policy in place, Fernbank's average math and reading test scores have exceeded 90%.



Coordinated School Physical Activity Program (CSPAP) Model Implementation

Dames Ferry Elementary School, Grades K–5
Jones County School District, Gray, GA
658 Students (43% eligible for free and reduced lunch)
Year Implemented: 2013-2014

Description: Dames Ferry implemented the Comprehensive School Physical Activity Model as a part of a grant funded by Blue Cross Blue Shield of Georgia. They offered a before school program averaging 70 students in attendance two days a week. The PE teacher assessed MVPA time in class and then implemented strategies such as active turn waiting and stations to increase MVPA time in class. Classroom teachers integrated activity breaks for transitions and used HealthMPowers Pedometers and Math to connect physical activity with core curriculum standards. They also implemented a half mile/mile run for the entire school. Next year the program will expand to 4 times per year with students setting personal goals each nine weeks. For more detail see attached document.

Keys to Success/Lessons Learned

- Motivated team members who go the extra mile
- Administrative support
- Tangible success---immediate change in students (tardiness, homework, etc.)

Physical Education and Health Contact Hours Exceed Georgia Standards

Sutton Middle School, Grades 6–8
Atlanta Public Schools District, Atlanta, GA
1,393 Students (45% eligible for free and reduced lunch)
Year Implemented 2013-2014

Description: Sutton Middle School has successfully increased its physical education and health education minutes during the school year to exceed the Georgia standards.

Keys to Success/Lessons Learned

None shared.

General Wellness Best Practices & Policies

Parent Engagement and Healthy Fundraisers

Evansdale Elementary, Grades K–5
DeKalb School District, Doraville, GA
516 Students (20% eligible for free and reduced lunch)
Year Implemented: 2012-13

Description: Evansdale PTA was seeking alternative, non-food fund raising ideas. Parents together with the school wellness council developed Eagle Trek wherein students get sponsors to pay so much per lap of the school track. Parents also approach their employers and local businesses to see if they will match the contributions made to the Eagle Trek event. Last year, the school raised \$70,000+ using these strategies with many parents engaged as volunteers.

Keys to Success/Lessons Learned

- You must ask parents to help and be specific about what you need from them.
- Creating a brand for the event that appeared on signage, fundraising materials, etc. helped improve awareness for the initiative.
- Publically recognizing employers and businesses that supported the event is important to sustained relationships.



Student Leadership - Ensuring a Student Voice in Policy Recommendations

Shuman Elementary School, Grades K–5
Chatham School District, Savannah, GA
705 Students (95.5% eligible for free and reduced lunch)
Year Implemented: 2013-14

Description: Health Seekers is a group of student leaders that were organized to place a youth-led focus on physical activity and nutrition promotion in the school. During the 2013-14 school year, students surveyed teachers and students to determine the strengths and weaknesses concerning nutrition and physical activity in their school. Results were tabulated and plans for 2014-15 include requesting a policy change of 30 minutes of recess for all grade levels.

Keys to Success/Lessons Learned

Elementary school-aged students can be effective change agents for school health and wellness policy and practice.

School Wellness Council

Spout Springs Elementary, Grades K–5
Hall County School District, Flowery Branch, GA
650 Students (34% eligible for free and reduced lunch)
Year Implemented: 2011

Description: PE teacher and school health champion Mr. Tom Adam has recruited and led a diverse and impactful wellness council. Students, staff, community partners, parents and Principal Stephen McGuire participate in the committee. People are proud to be on the committee, because the group is a positive force in the school. So much has been accomplished in three years and together this Council has truly created a culture change. For example, teachers give each other the Healthy Heart Award when they catch each other teaching a health education or giving kids a brain break. This council has made wellness “fun.”

Keys to Success/Lessons Learned

A diverse wellness committee that works to achieve specific tasks leading to goal attainment in a designated timeframe is important.



- School administration that is not only supportive, but a co-leader in the wellness efforts has major impact on sustainability.
- Creating a brand and a culture of wellness makes integrating health-related programming easier.
- In 2013, Spout Springs students’ average math score was 91.4 and the average reading score was 95.7; the highest among Hall County elementary schools.

The above examples demonstrate that Georgia’s schools are clearly taking steps to implement best practices relative to nutrition, physical activity and wellness. There are two areas that schools might consider to achieve greater impact:

1. Evaluation: If your school is considering implementing a new physical activity, nutrition or health promotion idea, check to see if it is considered a “best practice.” Once confirmed, create a strategy for how you will measure the impact, if any, that the practices is having on students, staff or the whole school.
2. Policy Adoption: Once a best practice has been successfully implemented and has been shown to have impact, consider “graduating” the practice to a policy. Identify a relevant model policy that is aligned with the practice and add it to your school’s or district’s wellness policy using the steps outlined in Section VII of this toolkit.

Policy Implementation Guide for School Health, Physical Activity and Nutrition

7

School staff, administration, parents, and community partners can work together to establish written policies that promote and support a culture of health, physical activity and nutrition. There are well-defined steps associated with advancing school physical activity and nutrition policies.^{24,25} These steps are relevant when working on all policies such as a “no physical activity as punishment” or “no food as reward” at the school or school district level.

Many schools and school districts in Georgia are actively working on PAN policies. For example, all recipients of the SHAPE school nutrition and physical activity grants have completed step 1 of the policy process to complete a school health assessment. While the policy steps are presented in order, school council members may work on multiple steps at the same time.

Step 1: Establish a school or school district health or wellness council

Many schools or school districts already have an existing school council in operation. The school wellness council may be a sub-group of the existing school council or may be established as a completely separate coalition. To achieve policy and have the greatest impact, a school health council should:

- Consist of a diverse set of school stakeholders including school board members, administrators, staff, students, parents, and community leaders that can help achieve policy, systems, and environmental changes;



- Have a champion or co-leaders that can bring together council members on a regular basis, facilitate meetings and guide the group to establishing a mission and goals;
- Establish an overall mission for creating a culture of health in school;
- Discuss policy and program goals for the future that align with the mission;
- Identify successful policy implementation that has been accomplished at the school in the past in health or other areas to understand the process and lessons learned; and

²⁴ Lagarde F, LeBlanc CMA, McKenna M, Armstrong T, et. A. School policy framework : implementation of the WHO global strategy on diet, physical activity and health. World Health Organization, 2008.

²⁵ Sparks, M., Bell, R.A., Sparks, A., Sutfin, E.L. (2012). Creating a Healthier Campus: A Comprehensive Manual for Implementing Tobacco-Free Policies. Winston-Salem, NC: Wake Forest School of Medicine. Available at <http://www.wakehealth.edu/Research/Public-Health-Sciences/Tobacco-Free-Colleges-Policy-Implementation-Manual.htm>

- Each year examine the reputation of the school wellness council on the school campus and in the community.

- Do staff and students know what the wellness council is doing? Do parents and community members know about the health programs and policies that are being implemented at your school? If not, establish a communications process led by a council member(s) to keep all stakeholders informed about the council's successes and progress on school health policy implementation.

Step 2: Conduct a school health assessment

To understand and discuss the barriers to creating a healthy physical activity and nutrition environment, schools should conduct an assessment. A school health or wellness council is the logical group to lead this assessment. Sharing the results in an all staff meeting, at parent-teacher meetings, and with students is important. Free tools are available to help a school complete Step 1 including:

- School Health Index – Elementary Schools and Middle/High Schools
www.cdc.gov/healthyyouth/SHI/
- Alliance for a Healthier Generation Healthy Schools Program Inventory
www.schools.healthiergeneration.org/6_step_process/assess_your_school/about_the_inventory/



Step 3: Select policy goals and develop action plans for each goal

In Step 3, the goals are to: 1) clarify the policy goal, 2) determine what resources are needed to achieve these goals, and 3) develop an action plan to carry out each selected policy goal.



To start, it is helpful if the school health council reviews the areas for improvement identified in the school health assessment. Have discussions that lead the council to select a policy or policies that might be addressed in the school year or an established timeframe. Once the policy is identified, it is important to develop a policy action statement. The statement will:

- Define the actual problem to be addressed — a brief description of the problem.
- Indicate a policy solution — names the actual policy.
- Define what the policy will do — briefly describe the impacts of the policy.
- Detail who will benefit from the policy — identifies who will be positively impacted.
- List the “policy makers” or key influencers who can help make it happen — identifies the “targets” who ultimately decide if the policy will be adopted.

To achieve the action plan, a school health council will need to delegate certain tasks to council members that will help the policy goal be achieved. These tasks are addressed in the following steps but might include: researching best practices to support your policy goal; collecting data and information that can build support for your goal (for example, staff and student interest surveys); drafting talking



Schools often skip the most important steps in establishing a successful wellness effort: engaging leaders and key influencers in planning (Step 1), assessing their current health situation (Step 2), and identifying priorities and creating detailed action plans (Step 3). Completing these steps will greatly improve the likelihood of success in your school health efforts!

Step 4: Develop the policy language

It is important to craft a policy that is comprehensive but easy to understand. A policy's language will determine its strength. A physical activity or nutrition policy should have language that is clear, concise, specific, and accurate — eliminating room for various interpretations.

The language should include the rationale for and the benefits of adopting the policy. It should also indicate who will be held responsible for what aspects and describe enforcement. Details about implementation and period review to monitor implementation should also be part of the policy language.

points that can be used when discussing the policy goal with internal or external stakeholders; preparing a presentation about the policy goal to educate school staff, students, parents, and community leaders; and engaging with local media to pitch the policy or write a guest editorial about the school health council and its goals. An action plan template can be found in *(Appendix C.)*





Step 5: Make your case

Those leading the policy change efforts will need to reach out to various audiences to educate them about the value and potential impact of the policy. When council members talk to the various stakeholders, it will be important for them to be prepared with the right data, story, or other message of influence based on the individual’s role in the school.

For example, when discussing the need for school breakfast in the classroom, a school council member might be assigned a specific “key influencer” to whom the case for the policy should be made. When making the case as outlined in the table below, using specific data from your school or school district is most helpful.

Schools may decide to create a short “issue brief” to provide to parents and community members. The brief should: 1) be short and easy to read, 2) define the problem, 3) lay out the policy solution, 4) include a “story” about why the policy is needed, and 5) briefly mention the school wellness council as the leader on the policy and who to contact with questions.

Step 6: Communicate and use local media

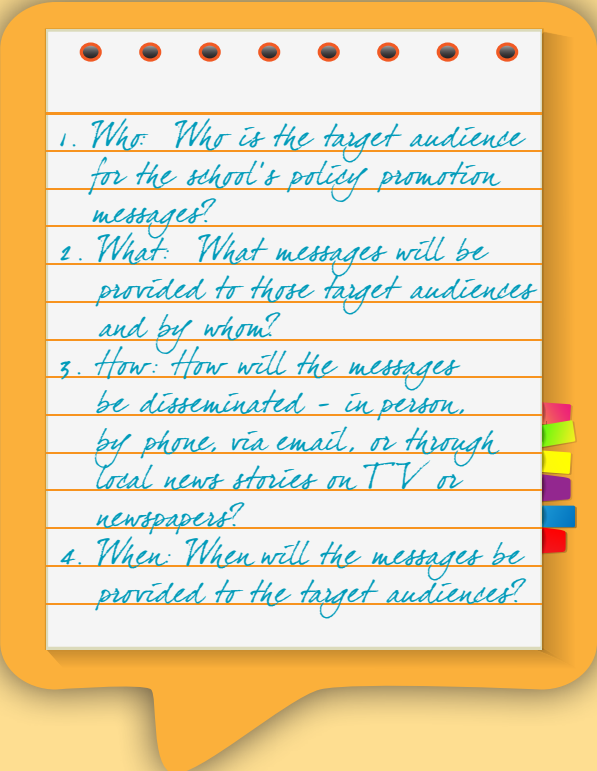
In Step 6, school wellness councils want to create a buzz about their health and wellness policies and activities, but most important, to build support for a specific policy – hopefully at the school district level. To advance a nutrition or physical activity policy at a school or school district, a wellness council can use media tactics to influence internal leaders and staff as well as parents and community members/ organizations. Time is short and creating a comprehensive “communications plan” or “media campaign” may not be realistic for schools. So, school wellness councils should consider their policy goal, identify their target audiences, and brainstorm what messaging will work best for them. It’s not sufficient to just talk about the problem; it is important to establish a plan for communicating the policy solution to the problem.

For example, wellness council members might often say to others: “Kids are getting unhealthy foods at school and it needs to stop!” This statement doesn’t encourage the listener to do anything or to take a specific action.

It’s not sufficient to just talk about the problem; it is important to establish a plan for communicating the policy solution to the problem.

Target Audience	Make the case by talking about...
School Administrators	Less Absenteeism; Fewer Student Office Referrals, Contributes both to School Improvement Plan and Academic Achievement
Teachers and Aides	Performance on Annual Achievement Tests; Less Disruptive Classroom Behavior; Better Concentration or Time on Task
Parents	Better Concentration, A “Whole Child” approach to learning; Promote Healthy Peer Interaction;

School wellness councils can create a simple communications plan by deciding:

- 
1. *Who: Who is the target audience for the school's policy promotion messages?*
 2. *What: What messages will be provided to those target audiences and by whom?*
 3. *How: How will the messages be disseminated - in person, by phone, via email, or through local news stories on TV or newspapers?*
 4. *When: When will the messages be provided to the target audiences?*

Step 7: Generate Support for the Policy

A school health champion or wellness council needs to mobilize support for a selected policy or policies. To do this, education and communication is key – but not just in your school building! Engaging community partners, representatives from other schools in your district, parents and students can help achieve the ultimate goal of a district wellness policy. A few things to consider:

- Who are “change agents or “key influencers” in your school district that your team should approach about this policy change and who are likely to support it? Once identified, determine who will contact these powerful individuals and discuss personalized key talking points that will be made during (preferably) face-to-face meetings.
- How will you generate support? A few options include: generating letters of support to the school board, obtaining signatures on a petition, obtaining resolutions from state or local organizations who support the policy, attendance at high

level meetings (school board, city council, county commissioners) to build awareness for the policy proposal, and/or engaging local media in sharing information about the potential impact of the policy.

- Be sure to track all the outreach strategies used and who has been contacted in your attempts to generate support for the policy.

Engaging community partners, representatives from other schools in your district, parents and students can help achieve the ultimate goal of a district wellness policy.

Step 8: Present to Decision Makers

In Step 8, the school wellness council should prepare and present to the school administration or the school board if seeking a district policy change. Most important in this step is to know your audience. By this time, you should know the school board members who will likely support the proposed wellness policy. Learning from the experiences of other individuals or committees who have presented to the school board is another important step in preparing the presentation. Interact with those “key influencers” and others who have been successful in the school policy change process – this may ensure your case is made in an effective manner. Try to be certain that the information is presented in a way that is clear and succinct but highlights the primary interests of the decision makers. For example, if one board member is interested in graduation rates and another in annual academic performance improvement, the lead presenter might highlight how the proposed policy links to these concerns. Finally practice the presentation and role play the comments that supporters might make during the meeting. During his/her remarks, the leader presenter will likely ask others to comment on the policy proposal. Practicing the presentation and individual comments to be made will demonstrate a “united front” to the administrators or board members.

Step 9: Implementation, Compliance and Sustainability Planning

Step 9 requires a school or school district to plan for implementation of, compliance to and sustainability of the proposed policy change. The school's wellness council has an important role in this process. It is important that the school community (staff, parents, students, administrators, partners in education) have had time to discuss and debate the policy and understand its purpose and potential impact. A school health or wellness council and the administrators might want to allow four to six months between the time a policy is passed and when it goes into effect. During that time, crafting an implementation plan that details the policy, who's responsible for overseeing the policy implementation, what "ideal policy compliance" looks like, what messages and communications will be sent out to the different stakeholder groups about the policy and their role in supporting the policy, and the penalties for not adhering to the policy. This planning process will help ensure the policy is implemented and sustained over time.

Step 10: Evaluate Policy Impact

To better understand how the policy is impacting stakeholders, it is important to evaluate. A school can do that in a number of ways. First, collect stories about the impact of the policy. Do teachers suggest that students exhibit more "on-task" behavior because they are getting classroom physical activity? Are students "more awake" in class because they are receiving breakfast in the classroom each day? Stories make policy impact personal, relevant and "real" to stakeholders. Second, schools can use existing data to determine if the policy has impacted health measures such as fitness assessment results, school meal participation rates, improved physical activity and/or nutrition knowledge, and exposure to new foods. Finally, determining if the policy has positively or negatively impacted school- or club-generated revenue (vending machines, club or PTA fund raisers, etc.) is a critical measure that will be of interest to principals and school board members.



Communications and Social Marketing of School Physical Activity and Nutrition

8

What is social marketing? A “social marketer” tries to impact the behavior of a target audience. Social marketing can not only influence specific health behaviors but also be used to communicate school-based wellness, physical activity and nutrition information that are critical to implementing and sustaining health initiatives and policies on the school campus. There are a number of tools and social marketing examples highlighted in this section that can help Georgia school wellness council members think about a “marketing strategy” for a specific school health effort.

Communication Tools:

Developing Nutrition and Physical Activity Awareness: American Cancer Society

This site contains templates, tips, tools, and resources to promote PA and nutrition behavior to school employees. It will help school wellness councils communicate to employees the importance of healthy eating and regular physical activity.

<http://contentsubscription.cancer.org/nutrition-pa-info>

Communications Tools for School Nutrition Programs: The National Food Service Management Institute (NFSMI)

NFSMI has compiled, in Adobe and Word formats, sample newsletter templates, press release templates and tips to help school nutrition programs communicate effectively with their various stakeholders.

www.nfsmi.org/ResourceOverview.aspx?ID=249

Communications Planning Tools for Addressing the Obesity in Minnesota

This toolkit includes general to specific guidance on crafting messages aimed at obesity reduction with the creativity for your message to be heard. It offers tools on creating a communications plan and resources for doing formative research with different audiences for crafting messages.

www.health.state.mn.us/healthreform/ship/docs/obesitycommplan.pdf

School Nurse Toolkit: Student Overweight/Obesity by Iowa Department of Public Health Bureau of Nutrition and Health Promotion Nutrition and Physical Activity Program

Provides information for school nurses need to consider in assessing and communicating with overweight/obese students

www.idph.state.ia.us/iowansfitforlife/common/pdf/school_nurse_toolkit.pdf

Social Marketing Examples:

VERB- CDC Youth Media Campaign

www.cdc.gov/youthcampaign/

VERB™ It’s what you do. was a national, multicultural, social marketing campaign coordinated by the U.S. Department of Health and Human Services’ Centers for Disease Control and Prevention (CDC). Social marketing campaigns apply commercial marketing strategies to influence the voluntary behavior of target audiences to improve personal and social welfare. The campaign ran from 2002-2006.

Vision—All youth leading healthy lifestyles.

Mission—To increase and maintain physical activity among tweens (youth age 9-13).

Campaign Audiences—The VERB campaign encouraged tweens to be physically active every day. The campaign combined paid advertising, marketing strategies, and partnership efforts to reach the distinct audiences of tweens. Other important audiences were parents and adult influencers, including teachers, youth leaders, physical education

and health professionals, pediatricians, health care providers, coaches, and others.

Goals

- Increase knowledge and improve attitudes and beliefs about tweens' regular participation in physical activity.
- Increase parental and influencer support and encouragement of tweens' participation in physical activity.
- Heighten awareness of options and opportunities for tween participation in physical activity.
- Facilitate opportunities for tweens to participate in regular physical activity.
- Increase and maintain the number of tweens who regularly participate in physical activity.

MyPlate: Choose MyPlate

www.choosemyplate.gov/

MyPlate is the current nutrition guide published by the United States Department of Agriculture, depicting a place setting with a plate and glass divided into five food groups. It replaced the USDA's MyPyramid guide on June 2, 2011, ending 19 years of USDA food pyramid diagrams. MyPlate will be displayed on food packaging and used in nutrition education in the United States.

- MyPlate is divided into sections of approximately 30 percent grains, 30 percent vegetables, 20 percent fruits and 20 percent protein, accompanied by a smaller circle representing dairy, such as a glass of low-fat/nonfat milk or a yogurt cup.
- MyPlate is supplemented with additional recommendations, such as "Make half your plate fruits and vegetables," "Switch to 1% or skim milk," "Make at least half your grains whole," and "Vary your protein food choices." The guidelines also recommend portion control while still enjoying food, as well as reductions in sodium and sugar intakes.

Let's Move in Schools

www.letsmove.gov/

Let's Move! is a comprehensive initiative, launched by the First Lady, dedicated to solving the challenge of childhood obesity within a generation, so that children born today will grow up healthier and able to pursue their dreams. Combining comprehensive strategies with common sense, Let's Move! is about putting children on the path to a healthy

future during their earliest months and years. Giving parents helpful information and fostering environments that support healthy choices. Providing healthier foods in our schools. Ensuring that every family has access to healthy, affordable food. And, helping kids become more physically active. Everyone has a role to play in reducing childhood obesity, including parents, elected officials from all levels of government, schools, health care professionals, faith-based and community-based organizations, and private sector companies. Your involvement is key to ensuring a healthy future for our children.

Team Nutrition

www.fns.usda.gov/tn/team-nutrition

www.fns.usda.gov/tn/resource-library

Team Nutrition (TN) is an initiative of the USDA Food and Nutrition Service to support the Child Nutrition Programs through training, technical assistance and communication tools for foodservice, nutrition education for children and their caregivers, and school and community support for healthy eating and physical activity. The TN sites include resources and details about MyPlate, HealthierUS School Challenge, School Nutrition policies, and federal guidelines for local school wellness policies.

Let's Go! 5-2-1-0 Goes to School

www.letsgo.org/toolkits/

Let's Go! 5-2-1-0 is a childhood obesity prevention program designed to increase physical activity and healthy eating for children from birth to 18 through policy and environmental change. Let's Go!'s 5-2-1-0 Goes to School program includes toolkits, online resources, and technical assistance to help guide schools in successfully supporting and communicating about increased physical activity and healthy eating for children and youth.

FREE TRAINING RESOURCE

If your school wellness council is interested in learning more about social marketing related to physical activity and nutrition, CDC has a free, web-based module on the topic: www.cdc.gov/nccdphp/dnpa/social-marketing/training/index.htm

Appendix A

Georgia Legislation Related to Nutrition and Physical Activity

Below is a list of Georgia legislation that has been introduced and not passed, as well as resolutions that have been enacted.

Nutrition

Commending School Districts Participating in the Farm to School 5 Million Meals Campaign:

House Resolution 558 (Enacted 2013)

- Commends farm to school programs as a viable solution to the states' obesity crisis

Georgia Farm To School: Senate Resolution 508

(Enacted 2011)

- Commends school districts participating in farm to school programs.
- Seeks to improve child nutrition while providing local market opportunities for Georgia farmers.



Supplemental Appropriates: House 77 (Enacted 2011)

- Amends an act providing appropriations for the State Fiscal Year beginning July 1, 2008, and ending June 30, 2009, known as the "General Appropriations Act," approved May 14, 2008, as House Bill 990, Act. No. 705 (Ga. L. 2008, Vol. I, Book II).

Supplemental Appropriations: House 118 (Enacted 2010)

- Provides appropriations for the State Fiscal Year beginning July 1, 2008, and ending June 30, 2009, known as the "General Appropriations Act," approved May 14, 2008, as House Bill 990, Act. No. 705 (Ga. L. 2008, Vol. I, Book II).

An Act Relating to Agricultural Commodities Promotion: House Bill 17 (Introduced 2013)

- Establishes a farm-to-school program that shall facilitate and promote the sale of Georgia grown farm products in county and independent school districts in the state.
- Establishes "Georgia Grown for Georgia Kids Week" each year that will promote Georgia agriculture and foods to children through school meals and classroom programs and at farmers' markets in the state.

An Act relating to Farm-To-School Programs: House 843 (Introduced 2011)

- Establishes a farm-to-school Program.

Georgia Grown Farm Products: House 367 (Introduced 2011)

- Relates to the Department of Agriculture, so as to provide for food procurement procedures and materials that encourage and facilitate the purchase of Georgia-grown food by state agencies and institutions,
- Relates to elementary and secondary education, so as to provide for the operation of school gardens and farms, provides for a farm-to-school program to promote the sale of Georgia-grown farm products.
- Local school districts may operate school gardens or farms, for the purpose of growing fruits and vegetables to be used for educational purposes and to be offered to students through the district nutrition services meal and snack programs.
- When school gardens or farms are used to educate students about agricultural practices, students shall be afforded the opportunity to learn about both organic and conventional growing methods.

Vending Machines Stocked with Healthy Options: State Resolution 480 (Introduced 2011)

- Urges local boards of education to adopt local policies requiring that vending machines in schools be stocked with only healthy options.

Physical Activity

United Against Childhood Obesity Day at the Capitol: Senate Resolution 657 (Enacted 2013)

- Recognizes March 27, 2013 as United Against Childhood Obesity Day at the Capitol, in order to encourage awareness of the factors contributing to childhood obesity and strategies to address it such as daily physical education and physical activity in schools, improved nutrition standards in schools, increased access to recreational activities for students, increased access to fruits and vegetables, among other things.

An Act Related to Torts: Senate 484 (Introduced 2011)

- Prohibits a school, when operating pursuant to a joint-use recreational agreement, from being held liable for any civil damages arising from the use of the school's facilities unless there is gross negligence or willful or wanton misconduct by the school's governing authority.



Appendix B

Resources for Comprehensive Health, Physical Activity and Nutrition

Alliance for a Healthier Generation

works with schools, companies, community organizations, healthcare professionals, and families to transform the conditions and systems that lead to healthier kids. The Alliance Healthy Schools Program in Georgia features 2 relationship managers providing technical assistance on policy and systems change.

Sponsor: American Heart Association & William J. Clinton Foundation

www.healthiergeneration.org/

Action for Healthy Kids® was created in 2002 in response to the former Surgeon General David Satcher's public call to action on childhood obesity. The organization fights childhood obesity, undernourishment and physical inactivity by helping schools become healthier places so kids can live healthier lives.

Sponsor: Action for Healthy Kids

www.actionforhealthykids.org/

President's Council on Fitness, Sports and Nutrition promotes challenges among children and adults to improve physical activity and healthy eating including the Presidential Youth Fitness Program; the Adult Fitness Test; the Presidential Active Lifestyle Award; and the Presidential Champions Challenge.

Sponsor: Office of the President of the United States

www.presidentschallenge.org/index.shtml

fit 4 the classroom is a program for elementary educators and students that was created by a partnership with Discovery Education, Sanford Health and WebMD. It focuses on the four pillars of the fit initiative, mood, move, food, and recharge. Free lesson plans for use in the classroom are available.

Sponsor: Discovery Education

www.fit4theclassroom.com/

Let's Go! 5-2-1-0 Goes to School:

Let's Go! is a childhood obesity prevention program designed to increase physical activity and healthy eating for children from birth to 18 through policy and environmental change. Let's Go!'s 5210 Goes to School program includes a toolkit, online resources, and technical assistance to help guide schools in successfully supporting increased physical activity and healthy eating for children and youth.

Sponsor: The Kids CO-OP at The Barbara Bush Children's Hospital at Maine Medical Center, is implemented in partnership with MaineHealth

K-5 Kit: www.lets-go.org/programs/schools/k5toolkits/

MS/HS Kit: www.lets-go.org/programs/schools/middlehigh-school-toolkit/

Nutrition

Georgia Eat Smart is a project focused on providing resources to foster healthy eating in Georgia's Communities.

Sponsor: Georgia Department of Education School Nutrition Program

www.georgiaeatssmart.org/

Georgia School Nutrition

Association (GSNA) is a professional membership association dedicated solely to the support and wellbeing of school nutrition professionals in advancing the availability, quality and acceptance of school nutrition programs as an integral part of education.

Sponsor: Georgia School Nutrition Association

www.georgiaschoolnutrition.com/

Making It Happen! School Nutrition Success Stories contains a wide variety of approaches that schools have taken to improve student nutrition.

Sponsor: United States Department of Agriculture and Centers for Disease Control and Prevention

www.cdc.gov/healthyyouth/mih/index.htm

Team Nutrition (TN) is an initiative of the USDA Food and Nutrition Service. TN has resources for schools and communities to support healthy eating and physical activity. Site includes details about HealthierUS School Challenge, MyPlate resources, and federal guidelines for local school wellness policies.

Sponsor: United States Department of Agriculture

www.fns.usda.gov/tn/resource-library

National Farm to School Network (NFSN)

is an information, advocacy and networking hub working to bring local food sourcing and food and agriculture education into school systems and preschools.

Sponsor: Tides Center

www.farmtoschool.org/

School Nutrition Director Certification Program (SNDCP):

This is a non-degree, graduate-level certification program. It requires 24 hours of graduate courses in human nutrition, nutrition education, business management, human resource management, and educational leadership. Other requirements: master's degree, ServSafe® Certification, completion of a 500-hour SND field experience.

Sponsor: University of Georgia

www.fcs.uga.edu/fdn/graduate-programs-school-nutrition-director-certification-program



Physical Activity

Georgia Association for Health, Physical Education, Recreation and Dance (GAHPERD), Inc. is the non-profit professional association for professionals and students in health, physical education, recreation and dance. GAHPERD is dedicated to improving the quality of life for all Georgians by supporting and promoting effective educational practices, quality curriculum, instruction and assessment in the areas of health, PE, recreation, dance and related fields.

Sponsor: Georgia Association for Health, Physical Education, Recreation and Dance

www.gahperd.org/

Health and Physical Education

Section in the Georgia Department of Education contains Fitnessgram training content, health and PE standards information, and student safety resources.

Sponsor: Georgia Department of Education

www.gadoe.org/Curriculum-Instruction-and-Assessment/Curriculum-and-Instruction/Pages/Health-and-Physical-Education.aspx

The Comprehensive School Physical Activity Program (CSPAP) Policy Continuum

is a tool to assist schools in identifying meaningful steps along a path toward optimal policy. The continuum is divided into sections based on the five components of a Comprehensive School Physical Activity Program.

Sponsor: Education Subcommittee of Implementation Component for The National Physical Activity Plan

http://c.ymcdn.com/sites/www.chronicdisease.org/resource/resmgr/school_health/cspap_policy_continuum_final.pdf

The Youth Physical Activity Guidelines Toolkit for Schools, Families and Communities

was developed by CDC and several partner organizations, to support youth physical activity. This kit highlights strategies that can be used to support and promote youth physical activity.

Sponsor: Centers for Disease Control and Prevention

www.cdc.gov/healthyyouth/physicalactivity/guidelines.htm

NOTE: Should this text be deleted or is additional copy missing?

The “what” and “how” of exercise and physical fitness along with the physical activity pyramid is presented by Georgia State University.



Georgia-based Organizations

Action for Healthy Kids-Georgia

www.actionforhealthykids.org/in-your-state/georgia/welcome

Fuel Up to Play 60

Coordinated by Southeast United Dairy Industry Association Inc.
www.fueluptoplay60.com

Georgia Department of Public Health

SHAPE Power Up for 30 & SHAPE School Grants
www.georgiashape.org

Georgia State University Department of Kinesiology and Health

www2.gsu.edu/~wwwfit/physicalactivity.html

Georgia Academy of Nutrition and Dietetics

www.eatrightgeorgia.org/public.html

HealthMPowers

www.healthmpowers.org

Strong4Life Healthy Halls Program

By Children's Healthcare of Atlanta
www.strong4life.com

Wellness, Academics and You (WAY)

Coordinated by i4learning
www.colorful-way.com

Appendix C

Action Plan Template for Policy and Program Goals

When working to implement a policy or achieve a specific program priority, it is helpful to detail the action steps that will be necessary to achieve the goal. Below is a template that school health council members can use to detail the process.

Action Steps	Responsible Party	Resources Needed	Communications & Media Support Required	Timeframe (Start & end times)	Tracking Measures

Appendix D

School Physical Activity and Nutrition Intervention Programs*

This appendix contains a list of school and community-based resources and programs focused on physical activity, nutrition, health promotion or healthy weight. Many of the programs are evidence-based (*with a recent journal citation provided*) or have been created using evidence-informed practice.

Healthy Start

Pre-K, 3–4 yrs

GOALS

- Change nutrition patterns in preschool centers.
- Evaluate the effect of nutrition education and food service intervention on blood cholesterol and fat intake in 3 and 4 year-old children.

ACCOMPLISHMENTS

- Significant decrease in blood cholesterol levels.
- Saturated fat intake in the children gradually decreased over time.
- Increased nutrition and health knowledge.
- Decreased fat and saturated fat content of the preschool meals and snacks.

CONTACT INFORMATION

Healthy-Start, LLC
PO Box 115
Huntington, NY 11743
Telephone: (631) 549-0010
Fax: (631) 549-0010
(TIN# 010533895)
Email: info@healthy-start.com
www.healthy-start.com/order.pdf

COST: \$189.95 plus S&H

JOURNAL REFERENCES

Williams CL et al. Healthy-start: outcome of an intervention to promote a heart healthy diet in preschool children. *J Am Coll Nutr.* 2002 Feb; 21(1):62-71.

Brogan K et al. Cardiovascular disease risk factors are elevated in urban minority children enrolled in head start. *Child Obesity.* 2014 Jun; 10(3): 207-13.

Animal Trackers

Pre-K, 3–6 yrs

GOALS

- Increase amount of structured physical activity in preschool children ages.
- Enhance/encourage gross motor development: marching, jumping, throw-ing, kicking, hopping, etc.
- Provide an easy-to-implement physical activity program integrated with preschool content areas.

ACCOMPLISHMENTS

- Evaluated in four states (NH, NY, GA, NM) in demographically different populations.
- Pilot test in NM -- an additional 11 minutes of structured PA per day was realized in the Head Start preschool classroom – approx. 46 minutes per week.
- Program developed jointly by Healthy Start and ILSI Center for Health Promotion staff.
- Journal publication expected February 2009

CONTACT INFORMATION

Healthy-Start, LLC
PO Box 115
Huntington, NY 11743
Telephone: (631) 549-0010
Fax: (631) 549-0010
(TIN# 010533895)
Email: info@healthy-start.com
www.healthy-start.com/order.pdf

Cost: \$99.95 plus S&H

JOURNAL REFERENCES

Williams CL et al. Increasing physical activity in preschool: a pilot study to evaluate animal trackers. *J Nutr Educ Behav.* 2009 Jan-Feb; 41(1):47-52.

Hip-Hop to Health Jr.

Preschool, 3–7 years

GOALS

- Test the effect of the intervention on change in body mass index.
- Alter the trajectory toward overweight/obesity among preschool African-American and Latino children.
- Report baseline data from an obesity prevention intervention developed for minority preschool children.

ACCOMPLISHMENTS

- 5-year randomized intervention (ongoing) in 24 Head Start Programs.
- Efficacy of the intervention will be determined by weight change for the children and parent/caretaker.
- Behavior related to diet and physical activity are established early in life and modeled by family members.
- Several journal publications (including follow-up on original NIH study)

CONTACT INFORMATION

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The Feinberg School of Medicine
Northwestern University
710 N. Lake Shore Drive, 12th Floor
Chicago, IL 60611, USA
Email: m-stolley2@northwestern.edu

COST: Approximately \$100

JOURNAL REFERENCES

Fitzgibbon ML et al. Family-based hip-hop to health: outcome results. *Obesity (Silver Spring).* 2013 Feb; 21(2):274-83.

* The information provided above is derived from published research, journal articles, abstract reviews, and direct contact with investigators. Inquiries regarding specific program results should be addressed to the contact person for that program.

Color Me Healthy

Preschool, 4–5 years

GOALS

- Stimulate all the senses of young children: touch, smell, sight, sound, and taste.
- Designed for use in family day-care homes, Head Start classrooms, and child care centers serving 4-5 year olds.
- Train preschool teachers and child care providers in healthy eating and physical activity promotion.

ACCOMPLISHMENTS

- Over 4000 child care providers have attended Color Me Healthy training in North Carolina (NC).
- Ten (other) states are currently using the curriculum.
- Preliminary evaluation indicates that child care providers are using Color Me Healthy and that it is having a positive impact on healthful eating and physical activity in the preschool classroom

Reference: Dunn C, Thomas C, Pegram L, Ward D, Schmal S. Color Me Healthy, Preschoolers Moving and Eating Healthfully. *J of Nutrition Educ and Behavior*, December 2004, 36: 06, p327.

CONTACT INFORMATION

NC Cooperative Extension Service
NC Division of Public Health
Free Eat Smart and Move More
www.eatsmartmovemorenc.com/colormehealthy/Resources for Families and Individuals:
www.colormehealthy.com

JOURNAL REFERENCES

Dunn C et al. Color Me Healthy, Preschoolers Moving and Eating Healthfully. *J of Nutrition Educ and Behavior*, December 2004, 36: 06, p327.



SPARK

Pre-K–12

(Sports, Play, and Active Recreation for Kids–After School Recreation)

GOALS

- Improve the extent to which PE/PA/nutrition contributes to achieving US health objectives.
- Provide teacher training to enhance PE/PA/nutrition in schools.

ACCOMPLISHMENTS

- Doubled student physical activity during PE classes
- Improved the quality of teaching; maintained for at least 1.5 yrs after the study
- Improved sports and activity skills.
- Improved cardiorespiratory fitness and muscular endurance in girls.
- Improved academic achievement.
- Students enjoyed the SPARK PE classes.
- References: many journal articles by Sallis J, MacKenzie T

Web: www.sparkpe.org

CONTACT INFORMATION

Paul Rosengard, Ph.D.
Exec. Director, The SPARK Programs
438 Camino Del Rio South, Suite 110
San Diego, CA 92108
Phone: 1-800-SPARKPE, ext. 208
Email: prosengard@sparkpe.org

Distributor: Sportime
One Sportime Way, Atlanta GA, 30340
Phone: 800-283-5700
Fax: 800-845-1535
www.sportime.com

JOURNAL REFERENCES

Sallis JF et al. The effects of a 2-year physical education program (SPARK) on physical activity and fitness in elementary school students. *Sports, Play and Active Recreation for Kids. American Journal of Public Health* August 1997; Vol. 87, No. 8, pp. 1328-1334.

LEAP

Grade 9–high school girls

(Lifestyle Education for Activity)

GOALS

- Coordinated school health approach used addressing: PE, health educ., school environment, school health services, faculty/staff health promotion, and family/ community involvement.
- Change instructional practices.
- Change the school environment to increase
- support for physical activity among girls

ACCOMPLISHMENTS

- 2,111 girls who were measured at baseline also were measured at follow-up.
- First program to show that a school-based intervention can increase regular participation in vigorous physical activity among high school girls.
- After one academic year of a comprehensive P.A. intervention, the percentage of girls who reported regular vigorous physical activity was approximately 8% greater in the intervention schools vs. control.

References: several journal articles (Ward D, et. al.)

CONTACT INFORMATION

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Arnold School of Public Health,
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Email: rpate@gwm.sc.edu
Phone: 803-777-6184
www.sph.sc.edu/usc_cparg/leap/LEAP_administrative_document.pdf

JOURNAL REFERENCES

Pate RR et al. Promotion of Physical Activity Among High-School Girls: A Randomized Controlled Trial. *Am J Public Health*. 2005 September; 95(9): 1582–1587.

Saunders RP et al. Examining the link between program implementation and behavior outcomes in the lifestyle education for activity program (LEAP) *Evaluation and Program Planning Volume 29, Issue 4*, November 2006, Pages 352–364.

TAKE 10!®

Grades K–5

GOALS

- Reduce sedentary time during the school day.
- Add structured, 10 minute bouts of physical activity to classroom.
- Provide integrated (activity & academics) curriculum tool to elementary school teachers.

ACCOMPLISHMENTS

- Student enjoyment rate exceeded 90% throughout the first 10-week implementation.
- 80% of teachers reported that they would recommend the program to another teacher.
- 75% of the teachers reported that they were able to do a TAKE 10! Activity at least 3 times per week in the first 2 semesters.
- Energy expenditure data indicates activities fall in moderate-to-vigorous range.
- Sustained used after 1 year in 60-80% of teachers (3 or more times per week).
- Student time off task and fidgeting behavior reduced following TAKE 10! Activities.

CONTACT INFORMATION

Web: www.take10.net
Distributor: FlagHouse Inc.
601 FlagHouse Drive
Hasbrouck Heights, NJ 07604-3116
Phone: 800-793-7900
Fax: 800-793-7922
Email: sales@flaghouse.com
Web: www.flaghouse.com

COST: \$82 per Grade Kit plus S&H

Program Information:
Stephanie Carter
ILSI Research Foundation
1156 15th Street NW, 2nd Floor
Washington DC 20005
Phone: 202-659-0074
Email: take10@ilsil.org
Teacher training available.

JOURNAL REFERENCES

McCreary LL, Park CG, et. a. A mixed-methods evaluation of school-based active living programs. *Am J Prev Med.* 2012 Nov; 43(5 Suppl 4):S395-8.

Kibbe DL et al. Ten Years of TAKE 10!: Integrating physical activity with academic concepts in elementary school classrooms. *Prev Med.* 2011 Jun; 52 Suppl 1:S43-50. Epub 2011 Jan 31.



Cardiovascular Health in Children (CHIC)

Grades 3–4

GOALS

- Improve health in children with at least 2 CVD risk factors.
- Compare effectiveness of classroom-wide program with a program providing more individualized intervention.

ACCOMPLISHMENTS

- 422 children in 18 rural and urban schools.
- Both classroom and small groups experienced similar reductions in cholesterol, blood pressure, and body fat.
- Both groups showed increases in health knowledge.
- Positive results were stronger in the more easily implemented classroom approach.

CONTACT INFORMATION

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Chapel Hill, NC 27599-7460
Email: chic@unc.edu
Web: <http://www.unc.edu/depts/chic/>

JOURNAL REFERENCES

Harrell JS et al. Effects of a school-based intervention to reduce cardiovascular disease risk factors in elementary-school children: The Cardiovascular Health in Children (CHIC) Study. *The Journal of Pediatrics.* Volume 128, Issue 6, June 1996, Pages 797–805.

CATCH

Grades K–5

(Coordinated Approach To Child Health, 4 sites: TX, MN, CA, LA, Follow-up in grades 6-8, CATCH Kids Club After School Program is available)

GOALS

- Environmental changes: Reduce total fat, saturated fat, and sodium content of food served in school to 30 and 10% of calories and 600-1000 mg/ serving, respectively.
- Increase the amount of PE class time that students spend in moderate to vigorous PA to 40%.
- Individual change: reduce total cholesterol by 5mg/dl.
- Other Program Info:
 - Significant effects observed, dissemination study, CATCH schools meet HP2010 PE objectives
 - Robert Wood Johnson Promising Program
- After School Program: Significant effects on observed mod-to-vig PA; Favorable trends on student dietary intake, knowledge and intentions; High level of staff support and enthusiasm for the program.

ACCOMPLISHMENTS

- Significantly changed mod-to-vigorous physical activity during PE
- Significantly changed out-of-school vigorous physical activity
- Significantly changed student knowledge, intention, self-efficacy, eating choices, norms, support for health eating and physical activity from teachers and parents
- Significantly reduced total fat and saturated fat in both child 24 hour recall and menu and recipe content analysis

Follow-up on first intervention students:

- Self-reported higher daily physical activity and dietary fat consumption
- Significant difference for dietary knowledge and intentions
- Favorable effects on cholesterol
- Significant findings observed 3 years post intervention (8th grade) on fat intake and vigorous physical activity
- Schools measured 5 years later were still implementing CATCH

- *El Paso replication study among Hispanic children found significant positive effects on BMI*
- *Main outcomes published in JAMA and Pediatrics; over 80 peer reviewed publications*

CONTACT INFORMATION

Web: www.CATCHTEXAS.org
 Distributor:
 FlagHouse
 601 FlagHouse Drive
 Hasbrouck Heights, NJ 07604-3116
 Phone: 800-793-7900
 Fax: 800-793-7922
 Email: sales@flaghouse.com
 Web: www.flaghouse.com
 Contact:
 Peter Cribb, MEd
 Program Director, Center for Health Promotion and Prevention & Research
 The University of Texas Health Science Center at Houston
 School of Public Health
 7320 N. Mopac, Suite 204
 Austin, TX 78731
 Phone: 512-346-6163
 Email: cribb@uts.cc.utexas.edu

JOURNAL REFERENCES

Hoelscher DM, Springer A, et. al. From NIH to Texas schools: policy impact of the Coordinated Approach to Child Health (CATCH) program in Texas. *J Phys Act Health*. 2011 Jan; 8 Suppl 1:S5-7.

Coleman KJ et al. Prevention of the Epidemic Increase in Child Risk of Overweight in Low-Income Schools: The El Paso Coordinated Approach to Child Health *Arch Pediatr Adolesc Med*. 2005; 159(3):217-224.



Pathways

Grades 3–5

(American Indian children)

GOALS

- *To implement a culturally appropriate school-based intervention program that promotes healthy eating and to increase physical activity to prevent obesity.*

ACCOMPLISHMENTS

- *Close working collaboration with school staff and educational and tribal authorities.*
- *Development of the four intervention components and instruments for measurement.*
- *Reduced the percentage of energy from fat in students in the intervention schools.*
- *Pathways materials include: Curriculum, Family Activities, Food Service, and Physical Activity.*

CONTACT INFORMATION

Principal Investigator:
 Benjamin Caballero, Johns Hopkins Bloomberg School of Public Health, 615 North Wolfe Street, Baltimore, MD 21205. E-mail: caballero@jhu.edu.
 Web: www.csc.unc.edu/path/path-desc.html

JOURNAL REFERENCES

Caballero B et al. Pathways: a school-based, randomized controlled trial for the prevention of obesity in American Indian school children. 2003 American Society for Clinical Nutrition.

Story M. School-based approaches for preventing and treating obesity. *International Journal of Obesity*. 1999; 23, Suppl 2, S43-S51.

Stanford S.M.A.R.T.

3–4 grades

(Student Media Awareness to Reduce Television. Follow-up evaluation conducted in grade 6)

GOALS

- *Based on social cognitive theory and self-monitoring of behaviors.*
- *Reduce children’s TV, videotape and DVD viewing.*
- *Reduce children’s video and computer game use.*

ACCOMPLISHMENTS

- *Intervention evaluated in 11 elementary schools, involving more than 1000 children, over 8 years.*
- *Reduced children’s TV, videotape, and video game use.*
- *Reduced overall TV use by family/ household.*
- *Reduced aggression in the classroom and on playground.*
- *Reduced obesity and weight gain.*
- *Reduced children’s request for toys advertised on TV.*
- *Reduced meals eat while watching TV*

CONTACT INFORMATION

Stanford Prevention Research Center
 Hoover Pavilion, Room N229
 211 Quarry Road
 Stanford, CA, 94305-5705
 Cost: \$199.00
 Web: www.Notv.stanford.edu

JOURNAL REFERENCES

Robinson TN et al. Effects of the SMART Classroom Curriculum to Reduce Child and Family Screen Time. *Journal of Communication*. March 2006; Volume 56, Issue 1, pages 1–26.

GEMS

Ages 8–10

(Girls Health Enrichment Multi-Site Program, African American Females)

GOAL

- Reduce risk for obesity and associated health problems by developing/evaluating a community and family-based behavioral intervention program.

ACCOMPLISHMENTS

- Increase overall levels of physical activity
- Increase consumption of fruits & vegetables
- Decrease consumption of high-fat foods
- Family involvement encouraged through use of take-home activities

CONTACT INFORMATION

Web: www.nhlbi.nih.gov/resources/obesity/com-studies/gems.htm
James Rochon, Ph.D.
George Washington University
Biostatistics Center
6110 Executive Blvd., Ste. 750
Rockville, MD 20852

Supplement on GEMS released 2/2003 in *Ethnicity and Disease*

JOURNAL REFERENCES

Obarzanek E and Pratt CA. Girls Health Enrichment Multi-Site Studies (GEMS): New Approaches to Obesity Prevention Among Young African American Girls. *Ethn Dis.* 2003; 13[suppl1]:S1-1–S1-5

Klesges RC et al. The Memphis Girls' health Enrichment Multi-site Studies (GEMS): An Evaluation of the Efficacy of a 2-Year Obesity Prevention Program in African American Girls. *Arch Pediatr Adolesc Med.* 2010;164(11):1007-1014



Eat Well & Keep Moving

Grades 4–5

GOALS

- Behavior targets include:
 - Increase fruits and vegetable intake,
 - Decrease total and saturated fat,
 - Increase moderate to vigorous physical activity, and
 - Decrease television viewing.

ACCOMPLISHMENTS

- 4 hours less time per week watching TV
- Increased fruits and vegetables consumption
- Decreased total and saturated fats intake
- Enables teachers to promote good health practices in conjunction with math, science, language arts, and social studies
- Implemented in 40 of Baltimore's 122 grade schools

CONTACT INFORMATION

Human Kinetics Publishers, Inc.
P.O. Box 5076
Champaign, IL 61825-5076
Phone: 800-747-4457
Email: orders@hkusa.com
Cost: \$62.00 plus shipping
Lead Author: Lilian Cheung, DSc,
Department of Nutrition, Harvard Univ. School of Public Health
Web: www.humankinetics.com

JOURNAL REFERENCES

Gortmaker SL et al. Impact of a school-based interdisciplinary intervention on diet and physical activity among urban primary school children: eat well and keep moving. *Arch Pediatr Adolesc Med.* 1999 Sep;153(9):975-83.

Planet Health

Grades 6–7

GOALS

- Obesity reduction as primary outcome.
- Decrease TV viewing, increase fruits & vegetable intake, decrease fat intake, increase physical activity.
- Significant reduction in the prevalence of obesity (defined as BMI and a triceps skinfold greater than the 85th percentile) was observed for girls / none in boys.
- Effects of intervention on adiposity were largely due to changes in television viewing

CONTACT INFORMATION

Human Kinetics Publishers, Inc.
P.O. Box 5076
Champaign, IL 61825-5076
Phone: 800-747-4457
Email: orders@hkusa.com
Web: www.humankinetics.com

Approx Cost: \$62.00 plus shipping

JOURNAL REFERENCES

Gortmaker SL et al. Reducing Obesity via a School-Based Interdisciplinary Intervention Among Youth: Planet Health. *Arch Pediatr Adolesc Med.* 1999;153(4):409-418.

New Moves

High school girls

GOALS

- Place less emphasis on a thin-oriented society; more on weight acceptance
- Females are encouraged to feel good about themselves by altering their behavior to incorporate healthy eating and physical fitness

ACCOMPLISHMENTS

- Offered fun, non-competitive physical activity, nutritional guidance, and social support.
- Data collection continues.
- Several journal articles available (*Am J Prev Med.* 2010 Nov;39(5):421-32)

CONTACT INFORMATION

Dianne Neumark-Sztainer, PhD
Project Coordinator, Division of Epidemiology, School of Public Health
University of Minnesota
Minneapolis, MN 55454
Phone: 612-624-1818
Email: neumark@epi.umn.edu

JOURNAL REFERENCES

Neumark-Sztainer DR et al. New moves-preventing weight-related problems in adolescent girls a group-randomized study. *Am J Prev Med.* 2010 Nov;39(5):421-32.

Neumark-Sztainer D et al. New Moves: a school-based obesity prevention program for adolescent girls. *Prev Med.* 2003 Jul; 37(1):41-51.

OrganWise Guys Inc.

Preschool, elementary school

GOALS

- Create quality, educational and effective programming to help fight childhood obesity.
- Promote healthy kids and families via resources for classroom, cafeteria, community and in-the-home
- Bringing the body to life via lovable organ characters
- Help kids be "smart from the inside out."

ACCOMPLISHMENTS

- The OrganWise Guys curriculum includes 46 books, 10 activity books, 8 Speaker's Kits, 8 OrganWise Guys Videos, 72 vignettes and one educational CD-Rom
- Journal Articles:
 - *American Journal of Public Health.* 2010;100: 646-653.
 - *Journal of the American Dietetic Association,* 2010;110 (2), 261-267.
 - *Journal of Health Care for the Poor and Underserved* 21 (2010); 93-108.

CONTACT INFORMATION

The OrganWise Guys:
1-800-786-1730
Web: www.organwiseguys.com/index.php

JOURNAL REFERENCES

Hollar D et al. Effective multi-level, multi-sector, school-based obesity prevention programming improves weight, blood pressure, and academic performance, especially among low-income, minority children. *J Health Care Poor Underserved.* 2010 May; 21(2 Suppl):93-108.

Hollar D et al. Effect of a two-year obesity prevention intervention on percentile changes in body mass index

and academic performance in low-income elementary school children. *Am J Public Health.* 2010 Apr; 100(4):646-53.

Hollar D et al. Healthier options for public schoolchildren program improves weight and blood pressure in 6- to 13-year-olds. *J Am Diet Assoc.* 2010 Feb; 110(2):261-7.

Bienestar

Grades 3-5

(Spanish for "Well-being"; bilingual instructional material; 4th grade in 2004)

GOALS

- Decrease dietary saturated fat intake; increase dietary fiber intake; increase fitness levels; decrease obesity rates; and, control type 2 diabetes in youth.

ACCOMPLISHMENTS

- Randomized controlled trial results show that intervention students have:
 - significantly increased dietary fiber intake,
 - increased physical fitness levels and
 - decreased fasting capillary glucose levels (measured by finger stick).
- Research project and assessments ongoing.

CONTACT INFORMATION

Irene Hernandez, Program Director
Social & Health Research Center
1302 South St. Mary's Street
San Antonio, TX 78210
Phone: 210-533-8886
Fax: 210-533-4107
Email: srhct@msn.com
Web : www.sfhip.org/index.php?module=promisepractice&controller=index&action=view&pid=3476

JOURNAL REFERENCES

Treviño RP et al. Effect of the Bienestar Health Program on Physical Fitness in Low-Income Mexican American Children. *Social and Health Hispanic Journal of Behavioral Sciences*, Vol. 27 No. 1, February 2005 120-132 Research Center

Treviño RP et al. Bienestar: a diabetes risk-factor prevention program. *J Sch Health.* 1998 Feb ;68(2):62-7.

Healthy Hearts

Grades 5-6

GOALS

- Web-based interdisciplinary instructional module for intermediate age children focusing on CVD risk factors (physical activity, nutrition, and tobacco use).
- To be used by classroom teachers.
- Impact children's knowledge, attitudes and behaviors related to physical activity, diet intake, and tobacco use.

ACCOMPLISHMENTS

- Significant increases in overall PA, nutrition, and tobacco use knowledge.
- Significant increases in positive attitudes towards PA and nutrition.
- Implemented in 19 WV counties in 2002-2003.
- Will be implemented in all WV counties (55) and throughout New York in 2003-04.
- Added a parent section for 2003-04 module.
- Working with the WV CARDIAC Project that will offer screening for obesity and dyslipidemia to all 5th grade children in WV in 2003-04.

CONTACT INFORMATION

Web: <http://healthyhearts4kids.org>
Eloise Elliott, Executive Director
Healthy Hearts
Professor of Physical Education
Concord College
Athens, WV 24712
Phone: 304-384-5345
Fax: 304-384-5117
Email: ellelliott@concord.edu
info@healthyhearts4kids.org

JOURNAL REFERENCES

Harrell JS et al. School-based interventions improve heart health in children with multiple cardiovascular disease risk factors. *Pediatrics.* 1998 Aug; 102(Pt 1):371-80.



Teens Eating for Energy and Nutrition at School (TEENS)

Grades 7–8

(16 schools in MN)

GOAL

- Improve fruit, vegetable, and reduce fat intake among middle school students

ACCOMPLISHMENTS

- TEENS demonstrated that students with the greatest “dose” of the program – those that were peer leaders, had the classroom curriculum, and were exposed to environmental changes – were more likely to change their fruit, vegetable, and fat intake compared with other students
- This program was one of the very few that has worked with teens as the target audience, had a very innovative curriculum, and was partially taught by peer leaders.

CONTACT INFORMATION

Download TEENS curricula and classroom/family materials at website: <http://health.mo.gov/data/interventionmica/Nutrition/7524.pdf>

JOURNAL REFERENCES

Birnbaum AS et al. Are differences in exposure to a multicomponent school-based intervention associated with varying dietary outcomes in adolescents? *Health Education & Behavior*. 2002; 29(4):427-443.

PATH

Ages 14–19 girls

GOAL

Assess the effects of a school-based intervention program on cardiovascular disease risk factors in urban girls.

ACCOMPLISHMENTS

- Results show significant differences in body fat, systolic and diastolic blood pressure, heart health knowledge, and whether breakfast was eaten were observed between experimental participants and control participants.
- An integrated program of exercise and heart health–related lectures and discussions had a beneficial effect on health knowledge, health behaviors, and onset of risk factors for coronary artery disease among urban girls.

CONTACT INFORMATION

Paul S. Fardy, PhD
 Director of Physical Activity and Teen-age Health (PATH) Program
 Exercise Science & Physical Education Program Office - Fitzgerald 203
 Queens College
 65-30 Kissena Blvd.
 Flushing, NY 11367-1597 USA
 Phone: (718) 997-2714
 Email: psfardy@hotmail.com
 Web: <http://rtips.cancer.gov/rtips/programDetails.do?programId=781968>

JOURNAL REFERENCES

Bayne-Smith M et al. Improvements in heart health behaviors and reduction in coronary artery disease risk factors in urban teenaged girls through a school-based intervention: the PATH program. *Am J Public Health*. 2004 Sep; 94(9):1538-43.

Fardy PS et al. Health-based physical education in urban high schools: The PATH Program. *Journal of Teaching in Physical Education*. 2004; 23, 359-371.

Fardy PS et al. Gender and ethnic differences in health behaviors and risk factors for coronary disease among urban teenagers: The PATH Program. *The Journal of Gender-Specific Medicine*. 2000; 3 (2), 59-68.

Wellness, Academics & You (WAY)

Elementary & secondary classrooms

GOAL

- Outcomes examined: BMI, consumption of fruits and vegetables, and physical activity

ACCOMPLISHMENTS

- Positive changes in BMI, F&V, and PA levels.

CONTACT INFORMATION

Spiegel SA, Foulk D. Contact: Biological Sciences Curriculum Study, Colorado Springs, Colorado, USA. sspiegel@bscs.org
 GA Contact: 3440 Oakcliff Road, Suite 112, Atlanta, GA 30340

JOURNAL REFERENCES

Spiegel SA and Foul D. Reducing overweight through a multidisciplinary school-based intervention. *Obesity (Silver Spring)*. 2006 Jan; 14(1):88-96.

Youth Fit For Life

Ages 5–12

(YMCA of Metro Atlanta, after-school participants)

GOALS

- Increase M-to-V activity minutes/wk.
- Increase no. of PA sessions (free-living)/week.
- Improve cardiac-respiratory functioning.
- Improve muscle strength.
- Increase knowledge of nutrition and health.
- Improve selected self-perception and mental health factors.

ACCOMPLISHMENTS

- Reduced body fat (vs normative).
- Improved BMI (vs normative).
- Increased strength (vs normative).
- Improved physical and general self-concept (vs control).
- Improved mental health factors (vs control).
- Increased exercise self-efficacy (vs control).
- Increased physical activity frequency (free-living) (vs control).

CONTACT INFORMATION

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YMCA of Metropolitan Atlanta
100 Edgewood Ave, NE
Suite 1100
Atlanta, GA 30303
Email: JamesA@ymcaatlanta.org
Phone: (404) 267-5355

JOURNAL REFERENCES

Annesi JJ et al. Relations of physical self-concept and self-efficacy with frequency of voluntary physical activity in preadolescents: implications for after-school care programming. *J Psychosom Res.* 2006 Oct; 61(4):515-20.

Georgia FitKid Program

Grade 3

(Afterschool program)

GOALS

- 8-month after-school program
- Examine changes in body composition, CV fitness, blood pressure, total cholesterol, and high-density lipoprotein-cholesterol.

ACCOMPLISHMENTS

- Youths in the intervention group showed a relative reduction of percentage body fat, a greater relative gain in bone mineral density, and a greater relative reduction in heart rate response to the step test.

Publication: *Obes Res.* 2005 Dec;13(12):2153-61.

CONTACT INFORMATION

Principal Investigator - Dr. Zenong Yin, University of Texas-San Antonio.
Email: zenong.yin@utsa.edu
Program coordinated by Medical College of Georgia, Department of Pediatrics, Georgia Prevention Institute, Augusta

JOURNAL REFERENCES

Yin Z et al. The Medical College of Georgia Fitkid project: the relations between program attendance and changes in outcomes in year 1. *Int J Obes (Lond).* 2005 Sep; 29 Suppl 2:S40-5.

TACOS (Trying Alternative Cafeteria Options in Schools)

Adolescents

(TACOS operation manuals and forms are not available at this time.)

GOAL

- Randomized school-based study that evaluated an environmental intervention to increase sales of lower fat foods in secondary school cafeterias.

ACCOMPLISHMENTS

- Intervention schools showed a higher mean % sales of lower fat foods in year 1 and a significantly higher % sales of lower fat foods in year 2. A steeper rate of increase in sales of lower fat foods was observed in intervention schools in year 1, but not in year 2
- School environmental programs that increase the availability and promotion of lower fat foods can increase purchase of these foods among adolescents.

CONTACT INFORMATION

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Division of Epidemiology
1300 South Second Street, Suite 300
Minneapolis, MN 55454
Phone: (612) 626-8594
Email: french@epi.umn.edu

JOURNAL REFERENCES

French SA et al. An Environmental Intervention to Promote Lower-Fat Food Choices in Secondary Schools: Outcomes of the TACOS Study. *Am J Public Health.* 2004 September; 94(9): 1507-1512.

Generation Fit

Ages 11-18

GOAL

- Students take part in community service projects that promote more physical activity and healthier eating among their friends and families, and in their schools and communities.

ACCOMPLISHMENTS

- Food for Thought: Trying new recipes in your cafeteria
- Message Magic: Selling healthy eating and physical activity
- Lending a Helping Hand: Planning meals for those in need
- Team Up for Good Health: Improving habits with a partner
- Let's Get Moving: Making physical activity a priority in our community

CONTACT INFORMATION

American Cancer Society
Phone: 800-ACS-2345
Web: www.cancer.org

JOURNAL REFERENCES

Peterson M et al.. Analysis of an American Cancer Society's Generation Fit Project. *American Journal of Health Education.* 2004; 35(3); 141-149.



Team Nutrition

Pre-K–12

GOALS

- To empower schools to serve meals that meet the Dietary Guidelines for Americans, and motivate children in grades pre-K through 12 to make healthy eating choices.

ACCOMPLISHMENTS

- Team Nutrition Supporters participate in school activities such as:
 - Presenting nutrition and health fairs
 - Write about Team Nutrition in their newsletters
 - Reinforce Team Nutrition in the community by personalizing and reproducing Team Nutrition materials for employees, constituents and community organizations.

CONTACT INFORMATION

USDA Team Nutrition
3101 Park Center Drive, Room 632
Alexandria, VA 22302
Phone: 703-305-1624
Fax: 703-305-2549
Web: www.fns.usda.gov/tn/

JOURNAL REFERENCES

Clark MA and Fox MK. Nutritional quality of the diets of US public school children and the role of the school meal programs. *Journal of the American Dietetic Association* 2009; 109 (2:Suppl):- Suppl-56.

Wharton CM et al. Changing nutrition standards in schools: the emerging impact on school revenue. *Journal of School Health* 2008;78(5):245-251.

Story M. The third School Nutrition Dietary Assessment Study: findings and policy implications for improving the health of US children. *Journal of the American Dietetic Association* 2009; 109(2:Suppl):Suppl-13.



Being Healthy Rocks!

Ages 10–14

GOAL

- Help kids learn lifelong behaviors for good health.

ACCOMPLISHMENTS

- Includes: 1) Educator and family guide that offers ideas for teaching in health care, school, community setting. 2) Tips for making it fun to practice new behaviors at home.
- Winner: ADA Pediatric Nutrition Educ. Award

CONTACT INFORMATION

Health Innovations, Park Nicollet
3800 Park Nicollet Blvd.
St. Louis Park, MN 55416
1-888-637-2675
Web: www.parknicollet.com/healthinnovations

Bright Futures

Children, adolescents, and families

GOALS

- Focus areas: oral health, nutrition, mental health and physical activity.
- Promote and improve the health, education, and well being of children, adolescents, families and communities.

ACCOMPLISHMENTS

- Develop materials and tools for families, health professionals, schools, and communities
- Disseminate Bright Futures content, philosophy, and materials
- Train health professionals, other professionals, families, and communities
- Develop and maintain partnerships
- Evaluate and refine these ongoing efforts

CONTACT INFORMATION

Web: www.brightfutures.org
Bright Futures Project
Georgetown University
Box 571272
Washington, DC 20057-1272
Phone: 202-784-9556
Fax: 202-784-9777
Email: Brightfutures@ncemch.org

JOURNAL REFERENCES

Bright Futures information was compiled by an expert committee and includes evidence-based content.

Fit, Healthy and Ready to Learn

All grades/ages

Publication: *The State Education Standard, Vol. 3, No. 4, Autumn 2002*

ACCOMPLISHMENTS

A few featured articles:

- *Education Reform and the Goals of Modern School Health Programs*
- *The Untapped Power of Schools to Improve the Health of Teens*
- *Creating a Healthy School Nutrition Environment*

CONTACT INFORMATION

Web: www.boards.org (to subscribe)
The State Education Standard
National Association of State Boards of Education
277 South Washington St., #100
Alexandria, VA 22314
Phone: 703-684-4000
Fax: 703-836-2313

Kids Walk To School Day

Adolescents and adults

GOALS

- Children walk and bike to/from school.
- Emphasize regular PA for children, improved pedestrian safety, and healthy and walkable community environments.
- Communities working together to create safe routes to school.

ACCOMPLISHMENTS

Anticipated benefits:

- Increased levels of daily physical activity for children
- Increased likelihood that children and adults will choose to walk and bike for other short distance trips
- Improved neighborhood safety
- Fewer cars traveling through the neighborhood
- Fewer cars congesting the pick-up and drop-off points at the school.

CONTACT INFORMATION

Web: www.cdc.gov/search/Kidwalk-to-School
Centers for Disease Control and Prevention
4770 Buford Hwy, NE, Ms/K-46
Atlanta, GA 30341
Email: ccdinfo@cdc.gov

FITNESSGRAM ACTIVITYGRAM

K-12

(physical activity assessment program)

GOAL

- Fitness assessment of choice for thousands of schools and is used for millions of children and youth annually.

ACCOMPLISHMENTS

- Each of the test items are selected to assess important aspects of a student's fitness, not skill or agility
- Students are compared not to each other, but to health fitness standards, carefully established for each age and gender, that indicate good health
- Participants receive objective, personalized feedback and positive reinforcement, which are vital to changing behavior and serve as a communications link between teachers and parents.

CONTACT INFORMATION

Web: www.cooperinst.org/ftgmain.asp
American Fitness Alliance
Human Kinetics
(www.humankinetics.com)
Phone: 800-747-4457



CANFit (California Adolescent Nutrition and Fitness program)

Ages 10-14

- Improve nutritional status and physical fitness of California's low African American, Latino, and Pacific Islander youth.
- Provide funding, training, and technical assistance to community programs
- Evaluate and disseminate effective strategies for community program development.
- More than 100 grantees & scholarships.

CONTACT INFORMATION

Web: www.canfit.org
California Adolescent Nutrition and Fitness Program
2140 Shattuck Ave., Suite 610
Berkeley, CA 94704
Phone: 510-644-1533
Fax: 510-644-1535

Smart Stepping Elementary –College

GOAL

A program incorporating movement, walking, math, health and physical education, active living and learning.

ACCOMPLISHMENTS

- Since 1981 Creative Walking Inc. has helped over 5,000 schools and school districts implement walking and wellness programs.
- No evaluation data available on website. Testimonials available for review.

CONTACT INFORMATION

Web: www.creativewalking.com
Robert Sweetgall, Creative Walking, Inc.; P.O. Box 4190
McCall, ID 83638
Phone: 888-421-9255 toll free
Fax: 314-721-0303
Email: rob@creativewalking.com

Cost: \$22 plus S&H, Smart Stepping Resource Package



Kidnetic.com

'Tweens 9-12, parents

(Website, Leader Guide, & Real-life Guide for Parents)

GOALS

- Fun, interactive, evidence-based website for health promotion
- Health, nutrition & PA content in areas titled:
 - The Kore
 - Betchakant
 - Inner G
 - Eat for Energy
- Leader guide & parent guide contain group & family activities

ACCOMPLISHMENTS

- Tracking website hits
- Tracking links to kidnetic.com website
- Presented website info at many meetings
- Established public-private partners and scientific advisors to support content and outreach
- Free Leader Guides (revised 2006) with lesson plans for educators (free on-line) including modules on: fitness, food, fun, families, & feelings.

CONTACT INFORMATION

Web: www.kidnetic.com
International Food Information Council
1100 Connecticut Avenue, NW
Suite 430, Washington, DC 20036
202-296-6540 (phone)
202-296-6547 (fax)
foodinfo@ific.org
Free Kidnetic.com Leader Guide & Parent Guide available at:
Web: www.ific.org

VERB™ It's what you do.

Ages 9–13

(Coordinated by the Centers for Disease Control and Prevention) (CDC)

GOALS

- Increase knowledge & improve attitudes and beliefs about tweens' regular participation in physical activity (PA).
- Increase parental & influencer support & encouragement of participation in PA.
- Heighten awareness of options & opportunities for participation in PA.
- Facilitate opportunities for tweens to participate in regular PA.
- Increase/maintain the # of tweens who regularly participate in PA.

ACCOMPLISHMENTS

- Evaluation results show that after 1 year of the campaign, 74% of children surveyed were aware of the VERB campaign and levels of reported sessions of free-time physical activity increased for subgroups of children 9 to 13 years of age.

Website for Tweens:
www.verbnow.com/

Website for Parents:
www.verbparents.com/

Website for VERB Materials:
www.cdc.gov/youthcampaign/materials/index.htm

Website for Hispanic/Latino Materials:
www.cdc.gov/spanish/verb/

CONTACT INFORMATION

Web: www.cdc.gov/youthcampaign/index.htm

Email: CDC-INFO@cdc.gov

Phone:



Way to Go Kids

Ages 9-14

GOAL

- Help overweight and underactive kids develop healthy lifestyle habits.

ACCOMPLISHMENTS

No evaluation data available.

CONTACT INFORMATION

Web: www.waytogokids.com

Phone: 256-880-6828

Email: steakley@sprintmail.com

The Power of Choice

Ages 11–13

(Pre-teens in after-school programs)

GOALS

- Empower, motivate and build skills among pre-teens regarding fitness, food choices, food safety and health.

ACCOMPLISHMENTS

- No formal evaluation data available.
- Leader's Guide contains posters, CD, handouts, activities.
- A USDA Team Nutrition Program delivered in the after-school setting.
- Life skills activities that build confidence.
- Positive experiences with peers, caring adults, and families.
- Experience setting goals and making sound decisions.
- Support for involvement in the community

CONTACT INFORMATION

United States Dept of Agriculture

Food Nutrition Service

Team Nutrition

3101 Park Center Drive

Room 632

Alexandria, VA 22302

Web: www.fns.usda.gov/tn/Resources/index.htm

Making It Happen!

K-12

(School Nutrition Success Stories)

GOALS

- Details the nutrition success stories of 32 schools/school districts in the U.S. divided into 6 categories

ACCOMPLISHMENTS

The six (6) categories of success stories are:

- Establish nutrition standards for competitive foods
- Influence food and beverage contracts
- Make more healthful foods and beverages available
- Adopt marketing techniques to promote healthful choices
- Limit student access to competitive foods
- Use fundraising activities and rewards that support student health

CONTACT INFORMATION

Available free on the internet:

USDA Team Nutrition

www.fns.usda.gov/tn

CDC

www.cdc.gov/HealthyYouth/Nutrition/Making-It-Happen

Physical Best

K–12

(Practical, Health-related, Youth fitness education, Standards-based, Inclusive, Comprehensive, Age appropriate, Lifestyle, Behavioral approach, Enjoyable!, Self-responsibility, Teaching energy balance)

GOALS

- The purpose of the program is to assist physical educators in teaching health-related fitness education, through quality resources and professional development training, with a focus on inclusiveness of all children, enjoyment of physical activity, and teaching cognitive concepts and knowledge through activity.

ACCOMPLISHMENTS

- Inclusive: all students participate
- Non-competitive: students work to improve themselves,
- Progressive: resources follow proven educational progressions that help

students take more responsibility for their own health-related fitness

- Individualized: students set personal goals based on their individual fitness
- Positive: makes physical activity and education a positive experience for all
- Ready to use: activities outline prep., implementation and follow-up lessons
- Incorporates the latest scientific info.
- Linked to nat'l PE, dance & health stds.
- Often used in conjunction with Fitness Gram.

CONTACT INFORMATION

Web: www.aahperd.org/physicalbest
American Fitness Alliance
Human Kinetics
Phone: 800-747-4457

Pennsylvania Advocates for Nutrition and Activity (PANA)

All ages

(Free Resources)

GOALS

- CDC Obesity Grantee (1 of 27 states)
- Impact obesity & OW prevalence in PA

ACCOMPLISHMENTS

Website features:

- Keystone Healthy Zone Schools
- Professional development opportunities
- Action Kits for Change and Resource Guide for schools

CONTACT INFORMATION

PA Dept of Public Health & Statewide Partners
Resources available at:
<http://www.panaonline.org/>



Eat Smart, Move More North Carolina

All ages

(Free Resources)

GOALS

- CDC Obesity Grantee (1 of 27 states)
- Impact obesity & OW prevalence in PA

ACCOMPLISHMENTS

- Resources and Tools available for:
 - Home
 - Preschool / School
 - Faith Organizations
 - Worksite
 - Health Care
 - Community

CONTACT INFORMATION

NC Division of Public Health and Statewide Partners
Web:
www.eatsmartmovemorenc.com

Project LEAN

All ages

(Leaders Encouraging Activity and Nutrition) (All ages and populations in California. Selected by the Kaiser Family Fdn's 1987 public awareness campaign to promote low-fat eating.)

GOALS

- Create healthier communities through policy/environmental changes.
- Educate Californians re: healthy foods and physical activity.
- Conduct research-based, consumer-driven nutrition and physical activity campaigns.

ACCOMPLISHMENTS

California Project LEAN programs:

- Food on the Run (adolescents)
- School Board Nutrition Policy Project
- California Bone Health Campaign for Low Income Latino Mothers
- Community-Based Social Marketing
- California Nutrition Network
- California Obesity Prevention Initiative

CONTACT INFORMATION

Web: www.californiaprojectlean.org
California Project LEAN

P.O. Box 942732 MS-675
Sacramento, CA 94234-7320
Phone: 916-323-4742
Fax: 916-445-7571
Project LEAN funds 12 regional offices.

"Smart Move!"

Women and children

GOALS

- Integrate physical activity promotion for healthy clients into their daily practice.
- Enhance WIC's beneficial effects on the health status of participants and their families.

ACCOMPLISHMENTS

Components of program include:

- Assessment
- Program Development
- Staff Training
- Staff physical activity initiative
- Program implementation
- Evaluation

CONTACT INFORMATION

Kathy Benjamin, MS, RD
Email: kbenjamin@vdh.state.va.us

We Can!

(Ways to Enhance Children's Activity & Nutrition)

Children 8-13 years & their parents

GOALS

- Tips and fun activities focus on three critical behaviors to achieve a healthy weight

Focus areas:

- improved food choices,
- increased physical activity and
- reduced screen time

Free Resources, e.g. Media Smart Youth

CONTACT INFORMATION

Developed by the NIH including NHL-BI, NIDDK, NICHD and NCI.
Free on the web:
www.nhlbi.nih.gov/health/educational/wecan/

