

# *School Policy Panel*

Active Living Research Conference

April 2008

*Moderator:* Sarah M. Lee

*Panelists:* Terry O'Toole, Joan Brucha, & Martin Gonzalez

# Terry O'Toole, PhD

## ■ Division of Adolescent & School Health

- Health Scientist for Nutrition and obesity prevention
- Lead scientist for CDC's work related to local wellness policies



# Joan Brucha, MPH, BA, BS



- Alliance for a Healthier Generation
  - Associate Director
- Formerly Co-Director of CSHP at the CO Department of Public Health & Environment

# Martin Gonzalez, J.D., M.A.

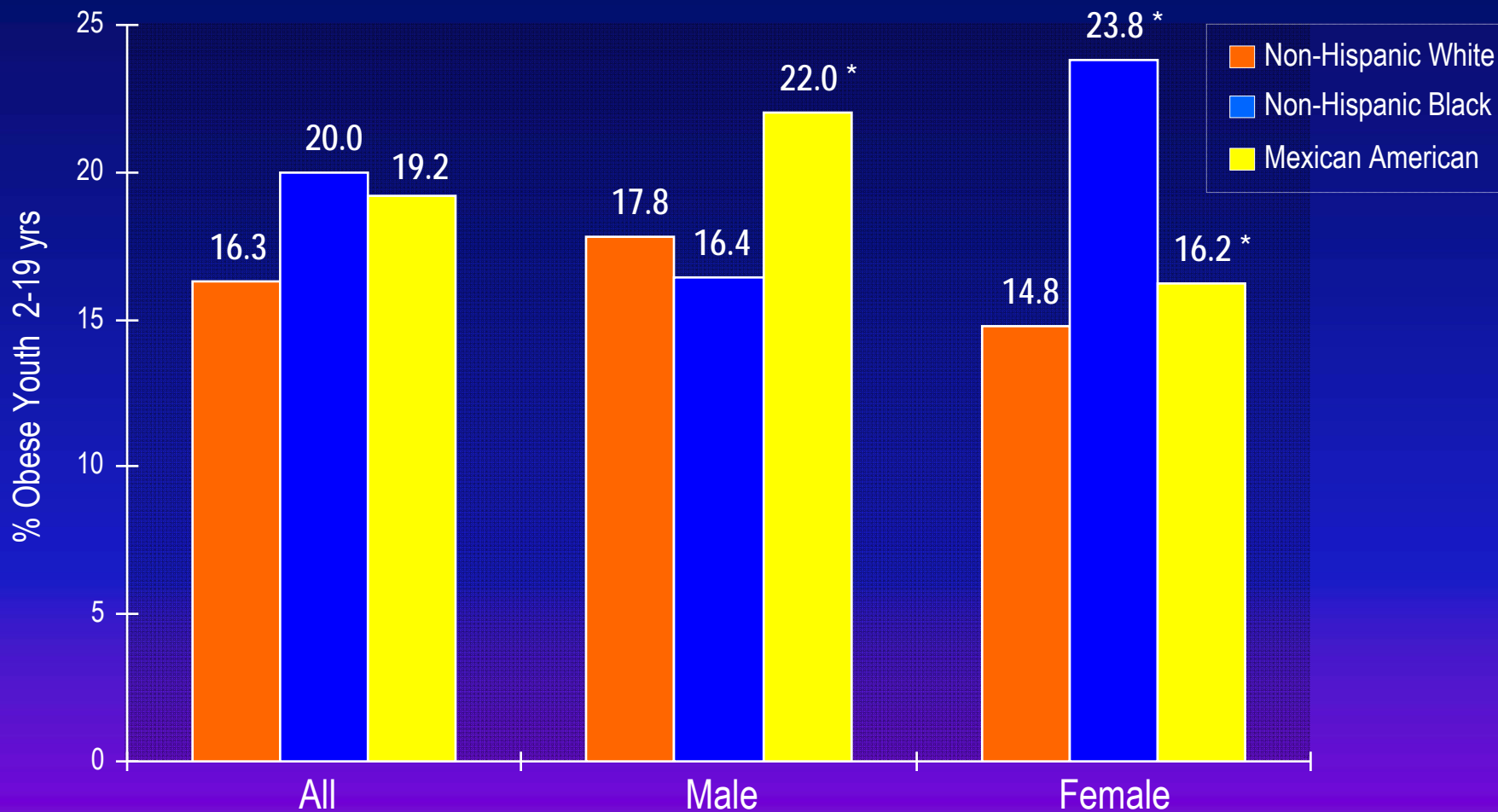
- California School Boards Association
  - Assistant Executive Director
- Enabled the creation of the Children's Health Task Force and the 2007 School Wellness conference in CA.



# Key Messages

- Addressing disparities is essential
- Key school health policy findings and recommendations
- State actions to support school health policy

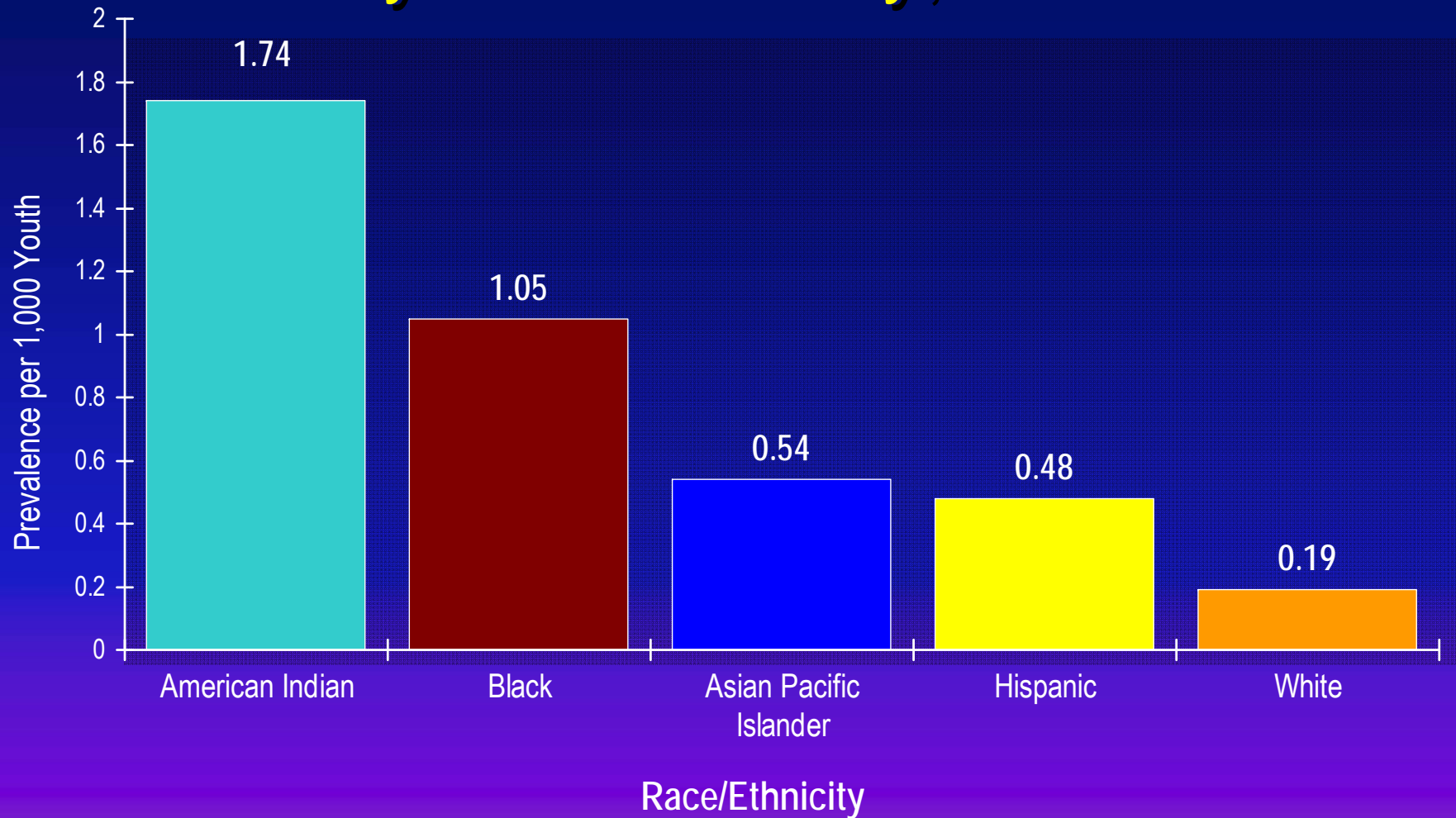
# Prevalence of Obesity Among U.S. Children and Adolescents, Ages 2-19, by Race/Ethnicity and Sex



\*Significantly more likely to be obese compared to Non-Hispanic Whites.

Ogden CL et al. Prevalence of overweight and obesity in the United States, 1999-2004. JAMA. 2005;295(13):1549

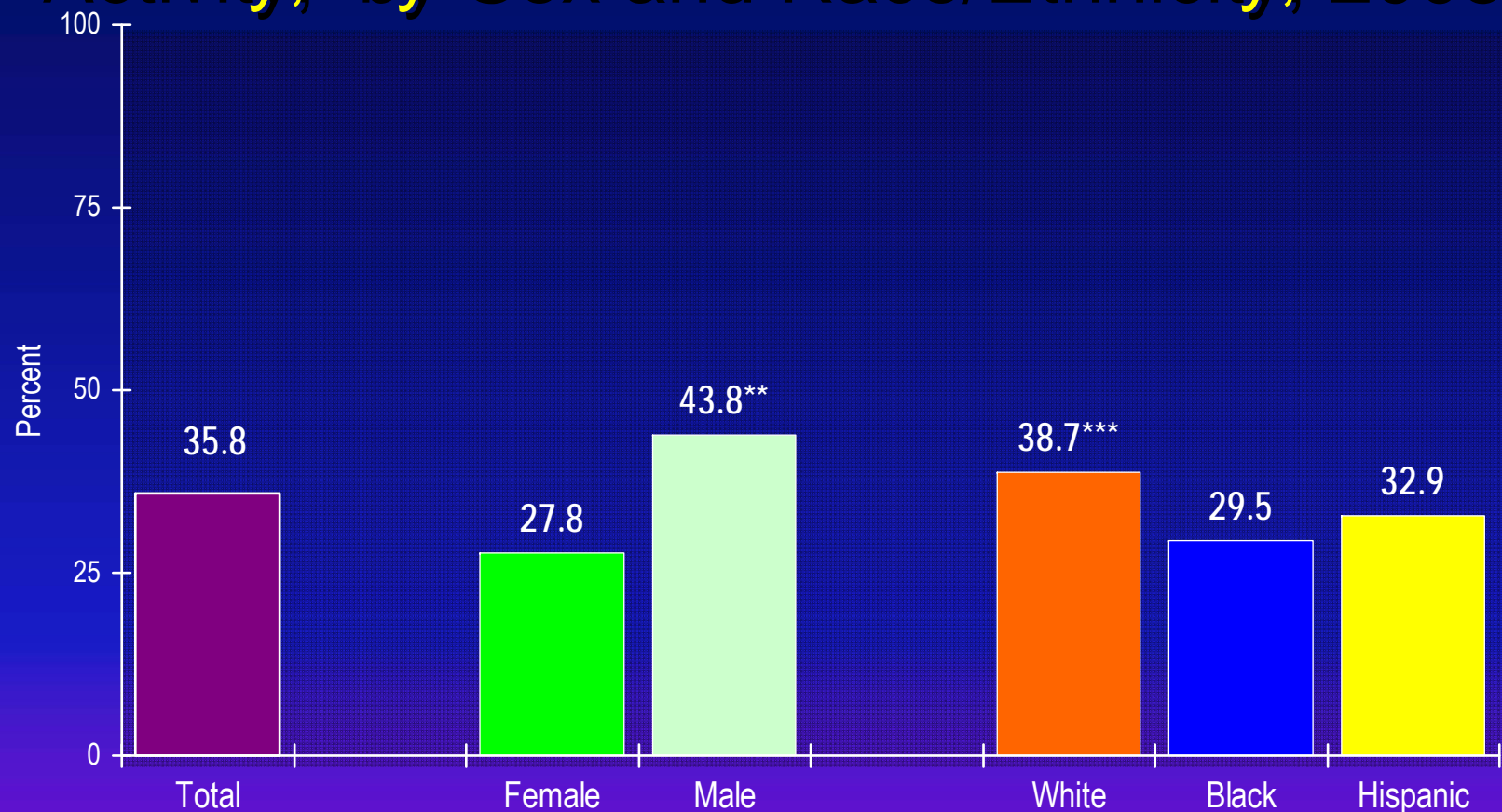
# Estimates of Prevalence of Type 2 Diabetes Mellitus in U.S. Youth, Ages 10-19, by Race/Ethnicity, 2001



SEARCH for Diabetes in Youth Study, *Pediatrics*, 2006. [www.pediatrics.org/cgi/content/full/118/4/1510](http://www.pediatrics.org/cgi/content/full/118/4/1510)



# Percentage of U.S. High School Students Who Met Currently Recommended Levels of Physical Activity,\* by Sex and Race/Ethnicity, 2005



\*Were physically active doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time for a total of at least 60 minutes/day on  $\geq 5$  of the 7 days preceding the survey

\*\* M > F

\*\*\* W > B, H

CDC, National Youth Risk Behavior Survey, 2005



# Why Schools?

- Most young people are enrolled in school
- Health programs have long been part of the school experience
- School health programs can improve students'
  - Health knowledge, attitudes, and skills
  - Health behaviors and health outcomes
  - Social outcomes
  - Educational outcomes

# Coordinated School Health Program



## Make a Difference at Your School!

CDC Resources Can Help You Implement Strategies to  
Prevent Obesity Among Children and Adolescents



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

## Priority Strategies

- Strong wellness policies
- Coordinated School Health Program
- Self-assessment and planning for improvement
- School health council and coordinator
- High-quality health education
- High quality physical education
- Increased physical activity opportunities
- Quality school meal program
- Appealing, healthy food and beverage choices outside of school meals
- Health promotion for staff



# Requirements for a Local Wellness Policy

- ✓ Goals for nutrition education, physical activity, and other wellness activities
- ✓ Nutrition guidelines and guidelines for school meals
- ✓ Plan for measuring implementation; designation of a coordinator
- ✓ Must involve parents, students, community members, and others
- ✓ In place for 2006-07 school year



# SHIPPS 2006

SCHOOL HEALTH POLICIES AND PROGRAMS STUDY

- States
- Districts
- Schools
  - Elementary school
  - Middle school
  - High school
- Classrooms



# Sample

- State education agencies in all 50 states and the District of Columbia
- A nationally representative sample of public school districts
- A nationally representative sample of public and private elementary, middle, and high schools
- Randomly selected classes in elementary schools
- Randomly selected required health and physical education courses in middle and high schools

# Response Rates

	Number sampled	Number responding	Response rate (%)
State	51	51	100
District	722	538	74.5
School	1416	1103	77.9
Classroom			
Health education	967	912	94.3
Physical education	1260	1194	94.8

Source: CDC, School Health Policies and Programs Study 2006

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# Select Recommendations for Physical Education and Physical Activity

- Require daily PE
  - If not feasible, at least 3 days/week
- Prohibit inappropriate exemptions from participation in PE
- Require districts and schools to follow the national standards for PE
- Require physical education teachers to have academic preparation and state certification
- Provide additional PA opportunities to students

# Percentage of Schools with Specified Physical Education Requirements

<i>How much?</i>	<i>Elementary</i>	<i>Middle</i>	<i>High</i>
Daily	4	8	2
Three times per week	14	15	3
None	31	16	5

# Percentage of States with Supportive PE Policies and Requirements

	<i>Elementary</i>	<i>Middle</i>	<i>High</i>
Policy requiring PE be taught	80	78	86
Specified time requirements for PE*	36	37	58

\* = e.g., minutes per week, hours per quarter, hours per year

# Percentage of Schools\* That Allowed Students to Be Exempt from PE

Type of exemption	<i>Elementary</i>	<i>Middle</i>	<i>High</i>
Enrolled in other courses	NA	8	11
High physical competency	8	7	11
Community service	10	6	6
Community sports	9	8	8
School activities (eg, band, chorus, ROTC)	11	14	20
School sports	NA	12	25
Vocational training	NA	4	9

\* Among the 69.3% of elementary, 83.9% of middle, and 95.2% of high schools that required PE; NA, not asked at this level

## Percentage of Schools Using the *National Standards for Physical Education*



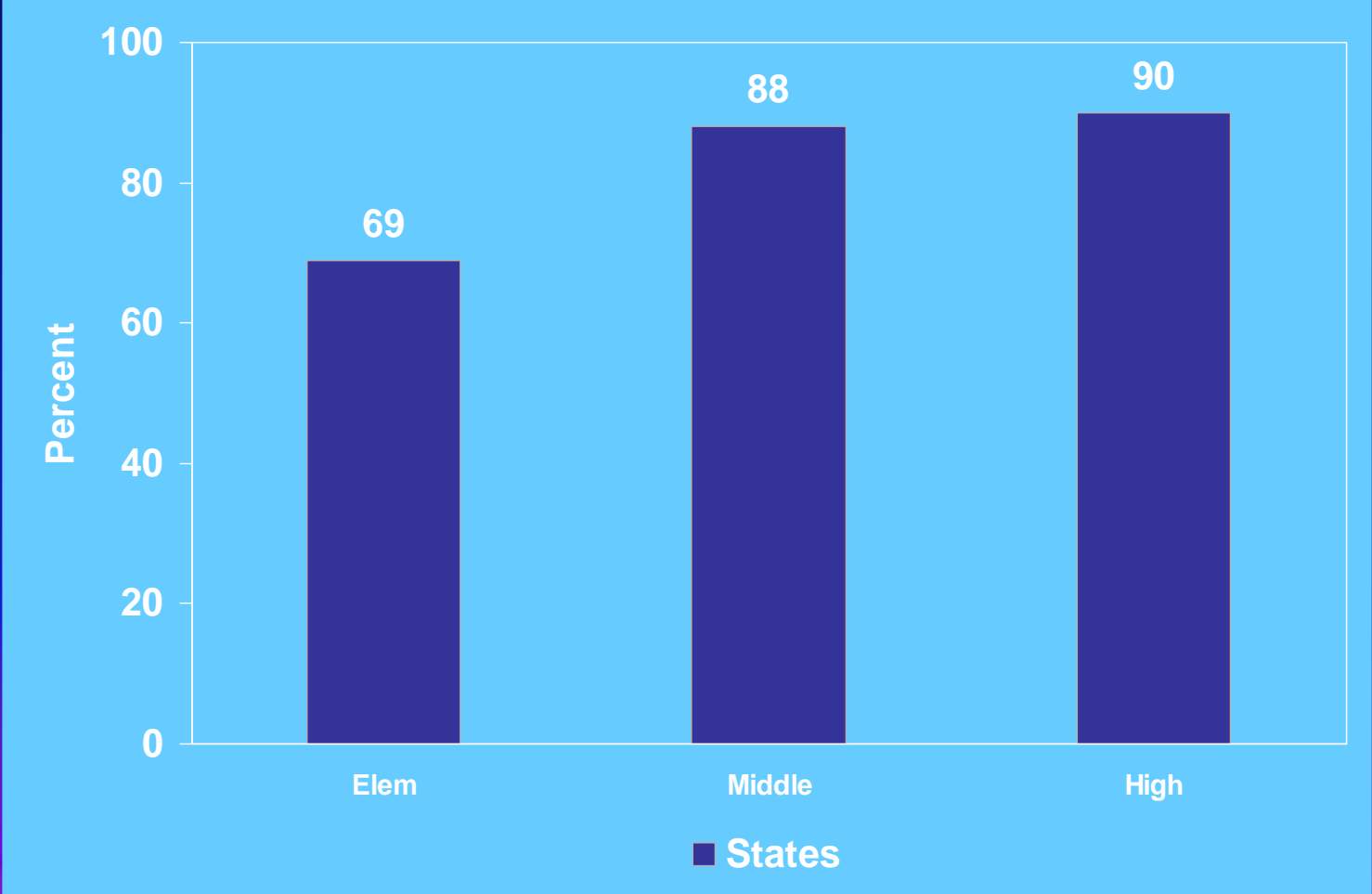
- About two thirds (65%) of all schools used standards or guidelines based on the national ones.
- Among all schools, three fourths or more had goals and objectives that specifically addressed student outcomes consistent with the national standards.

## Percentage of States Whose Required Standards Were Based on *National Standards for Physical Education*

- Among the 70% of states that required districts and schools to follow any national or state physical education standards, 91% were based on NASPE's *National Standards for Physical Education*.



# Percentage of States Requiring Newly Hired Staff to be Certified, Licensed, or Endorsed by the State to Teach Physical Education





# Elementary School Recess

- 97% of elementary schools provide regularly scheduled recess for at least some students.
- 68% provided *daily* recess for students in all grades in the school.
- Average of 4.9 days per week, 30.2 minutes per day.



# Percentage of States and Districts with Elementary School Recess Policies

- 12% of states required that elementary schools provide students with regularly scheduled recess.
- *57% of districts required recess.*

# Access to School Facilities for Physical Activity for Children and Adolescents and Adults

<i>Type of physical activity</i>	<i>Children and Adolescents</i>	<i>Adults</i>
Community-sponsored sports team	69	47
Open gym	40	31
Community-sponsored classes or lessons (e.g., tennis, gymnastics)	33	23

# Support or Promotion of Walking and Biking to and from School



- 44% of all schools supported or promoted walk/bike to school.
- 14% of all states and 18% of all districts adopted a policy encouraging districts or schools to support or promote walk/bike to school.

Source: CDC, School Health Policies and Programs Study 2006

# PAN Friendly School Environment

- Schedule recess before lunch in elementary schools.
- Make healthy choices (e.g., fruits, vegetables, bottled water, low-fat milk) available whenever food and beverages are offered or sold.
- Prohibit or limit access to foods and beverages high in fat, sodium, or added sugars during the school day.



# Recess and Lunch: Which Comes First?



- Among the 97% of schools that provided recess, it was scheduled for all classes:
  - Immediately *after* lunch in 50% of these schools.
  - Immediately *before* lunch in 10% of these schools.

# Competitive Foods

- Available in
  - Vending machines
  - School stores
  - A la carte
  - Fundraisers
  - Parties
  - After School
  - Concession stands



# Food Choices in Schools

- Schools with vending machines or a school store
  - 33% of elementary schools
  - 71% of middle schools
  - 89% of high schools



## Percentage of Schools in Which Students Could Purchase Foods and Beverages in Vending Machines, or in a School Store, Canteen, or Snack Bar

<b>Food or beverage</b>	<b>Elementary schools</b>	<b>Middle schools</b>	<b>High schools</b>
1% or skim milk	4	13	20
100% fruit juice	17	41	65
Bottled water	22	63	86
Fruits or vegetables	4	9	18
Low-fat or nonfat yogurt	2	5	12
Salty snacks low in fat	11	31	58

# Percentage of States and Districts with Selected Policies to Offer Healthful Options

Policy	States	Districts
Make fruits or vegetables available to students whenever food was offered or sold	4	7
Make healthful beverages such as bottled water or low-fat milk available to students whenever beverages were offered or sold	18	17

# Percentage of Schools with Selected Soft Drink Contract Incentives, by Level

	% of all elementary schools	% of all middle schools	% of all high schools
Received a specified percentage of soft drink sales receipts	34	51	73
Received incentives once receipts totaled a specified amount	9	4	25
Prohibited from selling soft drinks produced by more than 1 company	30	38	57

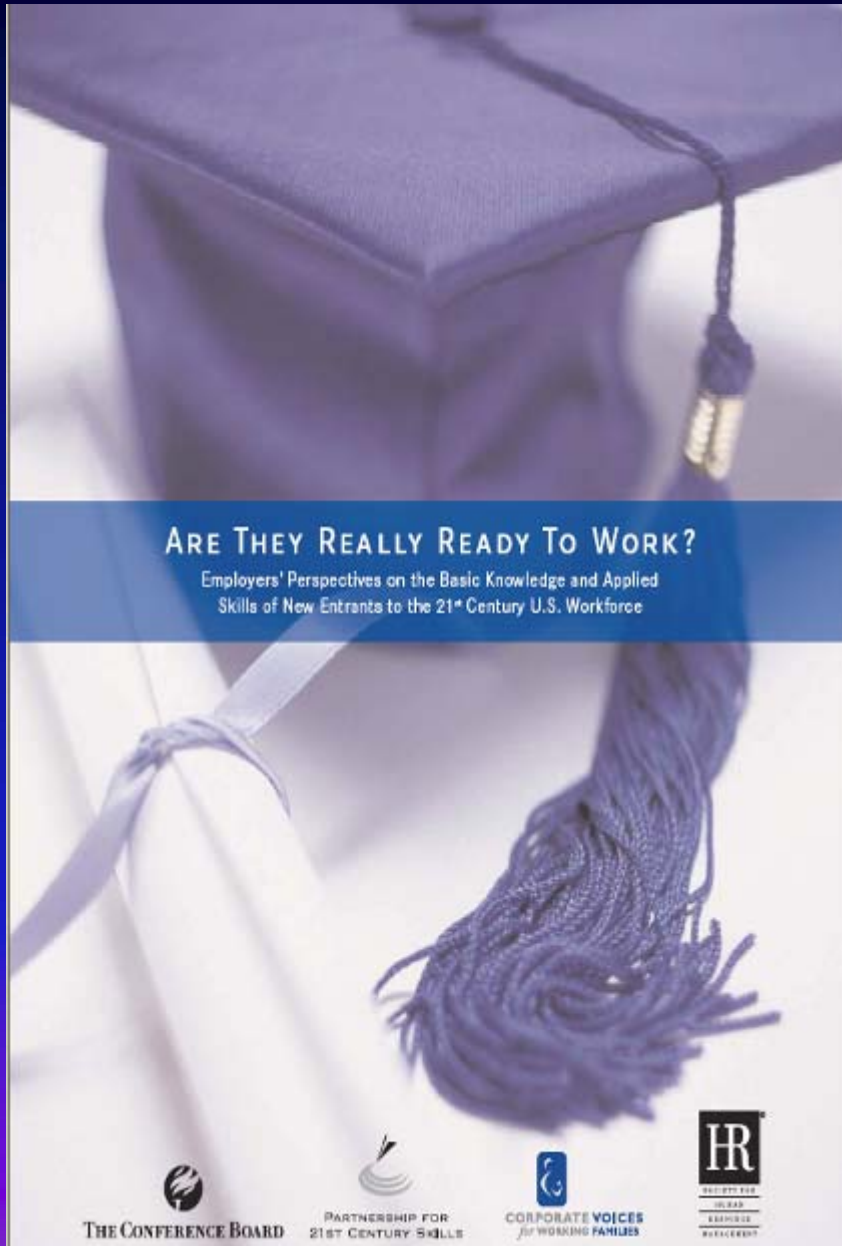
# Percentage of Districts with Selected Soft Drink Contract Incentives

- 64% of all districts received a specified percentage of the soft drink sales receipts
- 33% received incentives once receipts totaled a specified amount
- 43% of all districts were prohibited from selling soft drinks produced by more than 1 company



# A Survey of >400 Employers

- *Making Appropriate Choices Concerning Health and Wellness* was the highest rated “emerging content area” in terms of its importance for future graduates entering the U.S. workforce in the next five years
- 76% of employer respondents rated *Making Appropriate Choices Concerning Health and Wellness* as “most critical” for future graduates





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## News

### Superintendent finalists quizzed at forums

By Staff Reports

The three finalists vying to become the new superintendent of the Lancaster County School District - Dr. Ray Brayboy, Dr. Angelia Fryer and Dr. Gene Moore - answered a variety of questions during three separate community forums at the University of South Carolina at Lancaster last week.

Here are their responses to 12 questions asked by a six-member panel of local residents:

#### 1) How would you describe your management style?

**BRAYBOY:** My management style is pretty straightforward. I am a participatory manager. I believe in involving all aspects of internal and external publics and making decisions as it relates to the education of our boys and girls. At the same time, I am very, very much task-oriented. I have a situation here, in my mind and in my belief

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I know you have a school safety director and resource officers, but I would also look at the code of conduct to see what the rules and guidelines are for students and then be very serious about enforcing them. I'm not a proponent of doing lots of expulsions and long-term suspensions, but we need to make sure to create order in this school district. It needs to be a no-nonsense approach.

**8) How would you see that the school district's comprehensive plan for fighting childhood obesity and improving the health habits of students and staff is used and promoted?**

BRAYBOY: I think I can start with some decisions that were made recently by Coke, Pepsi and all those others that decided that there will be no more sweet, sugary stuff in the schools. I am somewhat of a health nut myself. I walk three miles a day, five days a week, and have done so for 22 years, and I eat well; and that's the reason why I feel so good. My background in health and physical education would lead me to

**8) How would you see that the school district's comprehensive plan for fighting childhood obesity and improving the health habits of students and staff is used and promoted?**

The students were the ones we really had to convince to make healthy food choices because they love their french fries. The other thing is for a long time, the funds for our food and nutrition programs decreased because kids stopped eating. That's why it's really important to bring them on board. You have to include parents and community leaders on board, too, because it's not just a school issue. It's a family issue.

# States Respond

All 50 states actively provide assistance and support to LEAs in support of Section 204 of PL 108-265

1. Additional Accountability Requirements
2. Additional Policy Content Requirements
3. Policy Compliance Checking
4. Resolutions Encouraging Local Policy Action
5. Policy Guidance Materials
6. State-level Advisory Councils
7. Other State Initiatives

Given the broad and flexible nature of the Federal Wellness Policy legislation, states have shown ability to:

- Harness the power of local policy impact
- Take on a leadership role in promoting school health.

# What we still need to know...

- School and District level implementation challenges and successes
- School and District level monitoring and evaluation challenges and successes

# We invite you!

State Report Cards, Fact Sheets, Data Files and other information  
for SHPPS 2006 are available on our DASH website:

<http://www.cdc.gov/HealthyYouth/shpps/index.htm>

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