

2009

RUDD REPORT



SCHOOL WELLNESS POLICIES

A Policy Brief

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SCHOOL WELLNESS POLICIES

What are they?

School wellness policies became part of the national school landscape in 2004, when Congress passed the Child Nutrition and WIC Reauthorization Act (CNRA). Specific language in this act mandated that all school districts receiving federal funding for their food programs create and implement a wellness policy by July 2006.

The law required that policies be developed by a committee of stakeholders that includes parents, students, the school food authority, the school board, school administrators, and the public, and include:

- **nutrition guidelines** for all food available on school campuses during the school day, with the objective of promoting student health and reducing childhood obesity;
- **nutrition education, physical activity, and other school-based activities goals** designed to promote student wellness;
- **measurement plans** for implementation of the policy, including the appointment of a designee from the local education agency to oversee implementation.

The mandate sparked an unprecedented national dialogue among teachers,

administrators, parents, and concerned community members, on how schools might be proactive in preventing childhood overweight and obesity through improved nutrition and opportunities for physical activity.

Why are wellness policies necessary?

Schools can participate significantly in the fight against childhood overweight and obesity. By writing and properly implementing wellness policies that increase access to healthful food, limit access to low nutrition food, and increase the amount of time children spend being physically active, schools will help children achieve and maintain a healthy weight.

Today the need for enforcement of strong, comprehensive wellness policies remains as urgent as ever. Why?

- More than one-third (35%) of children in the United States are overweight or obese.¹
- Type 2 diabetes, once seen only in adults, is being reported with increasing frequency among U.S. children and adolescents. It is estimated that overweight and obesity may account for up to 45% of new diabetes cases in this population.²

- Sixty percent of overweight children and teens have at least one additional risk factor for cardiovascular disease such as elevated blood pressure, elevated levels of lipids, or insulin in the blood.³
- Obese children are vulnerable to traumatic psychosocial consequences such as increased risk of depression and low self-esteem, and becoming targets of systematic discrimination.⁴
- Schools are the main source of nutrition for many children in this country. Each day, the National School Breakfast Program serves almost 10 million children, and the National School Lunch Program serves more than 29 million children.⁵
- Daily participation in school physical education among adolescents has dropped precipitously, from 42% in 1991 to 28% in 2003.⁶ As of 2005, less than one-third of high school students met recommended levels of physical activity.⁷
- As of 2006:
 - 33% of elementary schools
 - 71% of middle schools and
 - 89% of high schoolsacross the country had vending machines, a school store, or snack bar that sold high-fat and salty snacks, and sugar-sweetened beverages.⁸

Issues and Policy Recommendations

MEASURES CAN BE TAKEN TO STRENGTHEN SCHOOL WELLNESS POLICIES

This year provides an opportunity to extend the efforts begun by the 2004 Child Nutrition Reauthorization Act, and ensure that the national dialogue continues by encouraging federal, state, and local policy makers to strengthen wellness policy requirements.

This opportunity is threefold:

1. The CNRA will be reconsidered in Congress in 2009.
2. States can continue efforts to pass legislation addressing school nutrition and physical activity.
3. Local school districts can work to strengthen and fully implement their policies.

Issue:

Incomplete policies

Some policies did not address all of the mandated areas.

Findings:

A 2006-07 study of 256 policies from 49 states showed that 32% of the policies did not address one or more of the man-

dated goal areas, and concluded that schools need assistance to meet each of the mandates.⁹

Recommendations:

Make the policies public

Policies must be made available to the community to help ensure they are complete. States can require districts to submit the policies to the Department

of Education, which can track and post them on its website. Individual districts can post their own policy and publish it in the school newspaper and parent newsletter.

Require specific language on implementation and evaluation

Implementation and enforcement language, and a plan for evaluation, must be clearly outlined in the policy.

Issue:

Vague language

Many policies are hard to enforce because the language includes words such as “should” or “try to” rather than “shall” or “must,” and lacks specific definitions. For example, “Packaged snacks should be healthy” is a weaker statement than “Packaged snack items sold anywhere on campus shall contain no more than a single serving, 200 calories, and 30% of total calories from fat.”

Vague language can result in lost opportunities for healthful changes in school environments.

Findings:

- A national School Nutrition Association survey of 976 school food service directors points to the need for strengthening policy language. Only half of the nutrition standards in the policies are detailed or specific, and only 38% require (vs. recommend) standards.¹⁰
- A study assessing the strength and comprehensiveness of Connecticut

school districts’ wellness policies found that most addressed issues in a suggestive or recommended way, using words such as “could” or “make an effort to”, as opposed to having clear, focused, and specific requirements, using words such as “shall” or “must”.¹¹

- An examination of school wellness policies in 78% of Utah school districts found an overall lack of strong policies and inconsistency in the strength of the directives among districts.¹²
- An assessment of all Pennsylvania school district policies found that



while each met the mandated requirements, the goals were general and would be difficult to measure. The report suggests that schools may need assistance in developing action, implementation, and enforcement plans in order to have an impact.¹³

- An analysis of policies from 500 school districts around the country found nutrition guidelines varied greatly, ranging from focusing only

on competitive food to regulating all food and beverages sold on campus, likely causing the impact on school communities to vary.¹⁴

- Only 27% of 140 school districts' policies surveyed from around the country included specific procedures and details in the main text. Thirty-five percent were written in "broad" language with no procedures included.¹⁵

Recommendation:

Evaluate the policies

To identify strengths and weaknesses of a policy, school districts must evaluate them and make improvements accordingly. A quantitative tool to identify weak language is available at: <http://www.yalercddcenter.org/resources/upload/docs/what/communities/SchoolWellnessPolicyEvaluationTool.pdf>.

Issue:

Committees may lack representation

The policy committees did not always include members from the mandated categories and some lacked representation by important school personnel and community members.

Findings:

- An assessment of Virginia's policies found that 66% of the

districts surveyed did not meet the membership criteria required by the law. Fifty percent did not include school nurses, physical education teachers, or classroom teachers on the committee and 51% lacked a student.¹⁶

- Thirty percent of 166 school districts' policies surveyed in Connecticut did not include the full complement of mandated committee members.¹⁷

Recommendation:

Establish a permanent school wellness committee

An effective policy is a living document. An ongoing committee of parents, students, representatives of the school food authority, the school board, school administrators, and the public is required to oversee the implementation of the policy and update it periodically.

Issue:

Food marketing in schools

Unhealthy food and beverage products which are low in nutrients, and high in calories, added sugars, salt, and fat are marketed to children in schools in a variety of ways. The marketing methods include:

- signs in corridors, on vending machines, buses, and scoreboards;
- brand names on school equipment and books;
- rebate programs;

- industry-sponsored contests and incentive programs;
- and marketing research and internet tracking.

Addressing such advertising should be a directive in wellness policies.

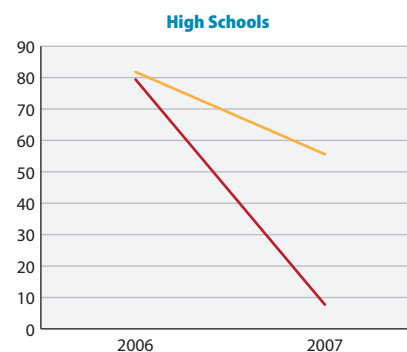
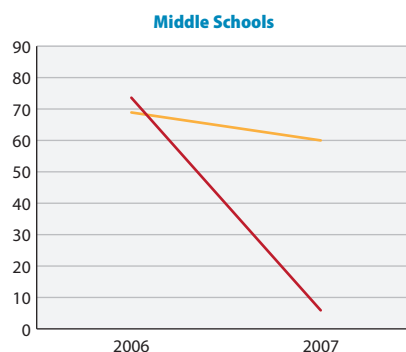
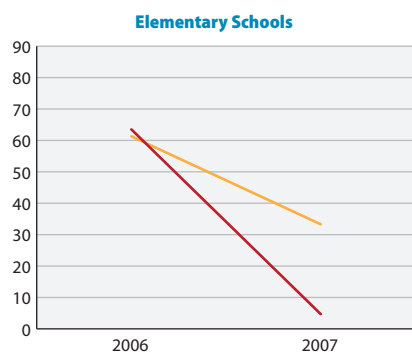
Findings:

- Food marketing has a direct effect on children's food preferences, brand preferences, purchasing behavior, and consumption.^{18,19}
- School-based marketing is widely prevalent and appears to be increasing.

The purpose is to gain students' money and influence their brand preferences, loyalty, and purchasing behaviors.²⁰

- Of the \$492 million spent in 2006 on marketing carbonated beverages to youth, \$116 million (24%) was for in-school expenditures.²¹
- Almost all food marketing promotes products that can adversely affect children's health.²²
- Studies show beneficial changes from the reduction of marketing exposure, and support the need for policies that limit marketing.^{23,24}

Unhealthy a la carte snacks



■ State Standards
■ Local Standards

Recommendation:

Include language prohibiting food marketing in schools

To reduce the effect of marketing of low-nutrition food to children, wellness policies must include language to eliminate all forms of food advertising in schools.

Rudd Center Findings

Wellness policies and a state incentive plan to improve competitive food standards help decrease availability of unhealthy snacks in schools. The Rudd Center analyzed 93% of Connecticut school districts' wellness policies.

The analysis found that two particular elements – strong competitive food* standards in wellness policies, and voluntary participation in a state program

*Competitive foods are those which “compete” with, and are sold separately from, the federally-regulated school meals programs.

which awards schools for improving the nutrition standards of competitive food – were linked to a decrease in the availability of unhealthy à la carte competitive food.

The graphs above illustrate the comparative effects of the wellness policies alone (Local Standards) and the wellness policies plus the healthy food certification program (State Standards) on the availability of unhealthy a la carte food in elementary, middle, and high schools across the state in Spring 2006 and Spring 2007.

Study findings point to the positive impact on revenue when school food standards are improved.

Despite the wellness policy mandate to address nutrition standards for all food sold in schools, many school administrators have been reluctant to improve the nutrition standards for competitive food,

fearing that children will be uninterested in “healthier” items and that this lack of interest will result in a loss of revenue.

A Rudd Center review²⁵ of four research studies and three state-based reports examining this issue found that:

- **selling snack food that met improved nutrition standards did not result in revenue loss in over 97% of participating schools;**
- **there was increased participation in the National School Lunch Program after healthier competitive foods were introduced.** This brings additional dollars to the schools and can compensate for revenue loss coming from other areas;
- **some school revenue from competitive food increased after improved nutrition standards were implemented,** according to other anecdotal evidence.²⁶

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The Rudd Center for Food Policy and Obesity at Yale University is directed by **Kelly D. Brownell, PhD**, and seeks to improve the world’s diet, prevent obesity, and reduce weight stigma by establishing creative connections between science and public policy.

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