

**Alliance Members
Include:**

American Cancer Society

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American Heart
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Center for Study of
Weight Regulation,
Oregon Health
& Science University

Community Health
Partnership

Oregon Alliance of
Health, Physical Education,
Recreation & Dance
(OAHPERD)

Oregon Dietetic
Association

Oregon Medical
Association

Upstream Public Health

Oregon Nutrition Policy Alliance

**State of Oregon Model
Local School Wellness Policies
& Recommendations for
Administrative Rules**

2005

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Introduction:

In the Child Nutrition and WIC Reauthorization Act of 2004, the U.S. Congress established a new requirement that all school districts with a federally-funded school meals program develop and implement wellness policies that address nutrition and physical activity by the start of the 2006-2007 school year. Commonly called Section 204, it requires the development of a local school wellness policy.

The Oregon Nutrition Policy Alliance (ONPA), a statewide coalition of health and student advocacy groups, has put forth this consensus document to serve as a collection of model practices to achieve student wellness. It is ONPA's policy that school districts provide opportunities for students to engage in healthy eating and physical activity in school. To achieve such goals, ONPA recommends a comprehensive set of policies and administrative rules to address each required component of the School Wellness Policy.

Experts from ONPA reviewed policies and practices around the state and country to develop this model. This comprehensive set of nutrition and physical activity policies and administrative rules are based on nutrition, public health and education research, as well as existing best practices from around Oregon and the nation for achieving student health and well-being. All policies and administrative rules recommended here comply with Section 204 of the new federal requirements.

ONPA encourages district and local wellness councils to consider these recommendations and adapt them to local needs. These research-based recommendations and best practices can have a significant impact on successfully implementing school wellness policies and improving the health of Oregon's youth. For more information or technical assistance in developing your School Wellness Policy, contact the Oregon Nutrition Policy Alliance.

District's Wellness Policy on Physical Activity and Nutrition Preamble

Whereas, children need access to healthful foods and opportunities to be physically active in order to grow, learn, and thrive;

Whereas, good health fosters student attendance and education;

Whereas, obesity rates have doubled in children and tripled in adolescents over the last two decades, and physical inactivity and excessive calorie intake are the predominant causes of obesity;

Whereas, heart disease, cancer, stroke, and diabetes are responsible for two-thirds of deaths in the United States, and major risk factors for those diseases, including unhealthy eating habits, physical inactivity, and obesity, often are established in childhood;

Whereas, about 30% of Oregon eleventh grade high school students do not participate in sufficient vigorous physical activity and many students in all grade levels do not attend daily physical education classes;

Whereas, only 2% of children (2 to 19 years) eat a healthy diet consistent with the five main recommendations from the Food Guide Pyramid;

Whereas only about 25% of Oregon teens consume the recommended 5 or more fruits and vegetables per day,

Therefore, it is the policy of the _____ School District that:

- The school district will engage students, parents, teachers, food service professionals, health professionals, and other interested community members in developing, implementing, monitoring, and reviewing district-wide nutrition and physical activity policies.
- All students in grades K-12 will have opportunities, support, and encouragement to be physically active on a regular basis.
- Qualified child nutrition professionals will provide students with access to a variety of affordable, nutritious, and appealing foods that meet the health and nutrition needs of students (including those required by individualized health plans); will accommodate the religious, ethnic, and cultural diversity of the student body in meal planning; and will provide clean, safe, and pleasant settings and adequate time for students to eat.
- To the maximum extent practicable, all schools in our district will participate in available federal school meal programs (including the School Breakfast Program, National School Lunch Program - including after-school snacks, Summer Food Service Program, Fruit and Vegetable Snack Program, and Child and Adult Care Food Program [including suppers]).

TO ACHIEVE THESE POLICY GOALS THE FOLLOWING ARE RECOMMENDED:

I. SCHOOL HEALTH COUNCILS

The school 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.

A. The councils also will serve as resources to school sites for implementing such policies.

1. This 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.

II. NUTRITIONAL QUALITY OF FOODS AND BEVERAGES SOLD AND SERVED ON CAMPUS

A. School Meals

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

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

2. **Breakfast.** To ensure that all children have breakfast, either at home or at school, in order to meet their nutritional needs and enhance their ability to learn:
 - a. Schools will, to the extent possible, operate the School Breakfast Program.
 - b. Schools will, to the extent possible, arrange bus schedules and utilize methods to serve school breakfasts that encourage participation, including serving breakfast in the classroom, “grab-and-go” breakfast, or breakfast during morning break or recess.
 - c. Schools that serve breakfast to students will notify parents and students of the availability of the School Breakfast Program.
 - d. Schools will encourage parents to provide a healthy breakfast for their children through newsletter articles, take-home materials, or other means.

3. **Meal Times and Scheduling.** Schools:

- a. will provide students with at least 10 minutes to eat after sitting down for breakfast and 20 minutes after sitting down for lunch;
- b. should schedule meal periods at appropriate times, *e.g.*, lunch should be scheduled between 11 a.m. and 1 p.m.;
- c. should not schedule tutoring, club, or organizational meetings or activities during mealtimes, unless students may eat during such activities;
- d. will schedule lunch periods to follow recess periods (in elementary schools);

4. **Sharing of Foods and Beverages.**

- a. Schools should discourage students from sharing their foods or beverages with one another during meal or snack times, given concerns about allergies and other restrictions for some children’s dietary needs.

B. Foods and Beverages Sold Individually (*i.e.*, foods sold outside of reimbursable school meals, such as through vending machines, cafeteria a la carte lines, fundraisers, school stores, etc.)

1. **Elementary Schools.**

The school food service program will approve and provide all food and beverage sales to students in elementary schools. Given young children’s limited nutrition skills, food in elementary schools should be sold as balanced meals. If available, foods and beverages sold individually should be limited to low-fat and non-fat milk, fruits, and non-fried vegetables.

2. **Middle/Junior High and High Schools.**

In middle/junior high and high schools, all foods and beverages sold individually outside the reimbursable school meal programs (including those sold through a la carte [snack] lines, vending machines, student stores, or fundraising activities) during the school day, or through programs for students after the school day, will meet the following nutrition and portion size standards:

Middle/Junior High and High Schools continued

a. Beverages

- 1) Allowed: water or seltzer water without added caloric sweeteners; fruit and vegetable juices and fruit-based drinks that contain at least 50% fruit juice and that do not contain additional caloric sweeteners; unflavored or flavored low-fat or fat-free fluid milk and nutritionally-equivalent nondairy beverages (to be defined by USDA);
- 2) Not allowed: soft drinks containing caloric sweeteners; sports drinks; iced teas; fruit-based drinks that contain less than 50% real fruit juice or that contain additional caloric sweeteners; beverages containing caffeine, excluding low-fat or fat-free chocolate milk (which contain trivial amounts of caffeine).

b. Foods

- 1) A food item sold individually:
 - will have no more than 35% of its calories from fat (excluding nuts, seeds, peanut butter, and other nut butters) and 10% of its calories from saturated and trans fat combined;
 - will have no more than 35% of its *weight* from added sugars;
 - will contain no more than 250 mg of sodium per serving for chips, cereals, crackers, French fries, baked goods, and other snack items; will contain no more than 500 mg of sodium per serving for pastas, meats, and soups; and will contain no more than 600 mg of sodium for pizza, sandwiches, and main dishes.
- 2) A choice of at least two fruits and/or non-fried vegetables will be offered for sale at any location on the school site where foods are sold. Such items could include, but are not limited to, fresh fruits and vegetables; 100% fruit or vegetable juice; fruit-based drinks that are at least 50% fruit juice and that do not contain additional caloric sweeteners; cooked, dried, or canned fruits (canned in fruit juice or light syrup); and cooked, dried, or canned vegetables (that meet the above fat and sodium guidelines).

c. Portion Sizes:

Limit portion sizes of foods and beverages sold individually to those listed below:

- One and one-quarter ounces for chips, crackers, popcorn, cereal, trail mix, nuts, seeds, dried fruit, or jerky
- One ounce for cookies
- Two ounces for cereal bars, granola bars, pastries, muffins, doughnuts, bagels, and other bakery items
- Four fluid ounces for frozen desserts, including, but not limited to, low-fat or fat-free ice cream

c. *Portion Sizes continued:*

Limit portion sizes of foods and beverages sold individually to those listed below:

- Eight ounces for non-frozen yogurt
- Twelve fluid ounces for beverages, excluding water
- The portion size of a la carte entrees and side dishes, including potatoes, will not be greater than the size of comparable portions offered as part of school meals. Fruits and non-fried vegetables are exempt from portion-size limits.

3. **Fundraising Activities.**

To support children's health and school nutrition-education efforts, school fundraising activities will not involve food or will use only foods 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.

4. **Snacks**

a. 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.

b. If eligible, schools that provide snacks through after-school programs will pursue receiving reimbursements through the National School Lunch Program.

5. **Rewards.**

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

6. **Celebrations.** Schools are encouraged to 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.

7. **School-Sponsored Events** (such as, but not limited to, athletic events, dances or performances.)

Food and beverages offered or sold at school-sponsored events outside the school day will offer healthy options for meals or for foods and beverages sold individually.

C. Integrating Physical Activity Into the Classroom Setting

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:

1. 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
2. Opportunities for physical activity will be incorporated into other subject lessons; and
3. Classroom teachers will provide short physical activity breaks between lessons or classes, as appropriate.

D. Nutrition Education within a Comprehensive Health Education Program

To develop the skills and knowledge necessary to maintain lifelong healthy eating and physical activity patterns, all students in grades K-12 will receive annual, skills-based nutrition education as part of their comprehensive health education curriculum.

1. Students will receive at least 40 hours of annual health education instruction at the elementary level, at least one semester annually at the middle school level, and one year at the high school level.
2. Health education will be taught by a certified health educator or an elementary educator trained to deliver quality health education.
3. All curriculum materials used in health education will be evidence or research-based.

E. Communications with Parents

1. The district/school will support parents' efforts to provide a healthy diet and daily physical activity for their children.
2. 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.
3. 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.
4. 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.
 - a. 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.

III. PHYSICAL ACTIVITY OPPORTUNITIES AND PHYSICAL EDUCATION

A. Daily Physical Education (P.E.) K-12.

1. All students in grades K-12, including students with disabilities, special health-care needs, and in alternative educational settings, will receive daily physical education (or its equivalent of 150 minutes/week for elementary school students and 225 minutes/week for middle and high school students) for the entire school year.
2. All physical education will be taught by a certified physical education teacher.
3. Student involvement in other activities involving physical activity *e.g.*, interscholastic or intramural sports) will not be substituted for meeting the physical education requirement.
 - a. Students will spend at least 50 percent of physical education class time participating in moderate to vigorous physical activity.

B. 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.

1. Schools should discourage extended periods (*i.e.*, periods of two or more hours) of inactivity.
 - a. 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.

C. 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., when appropriate and if at all possible.

1. All high schools, and middle schools as appropriate, will offer interscholastic sports programs.
2. 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.
3. After-school child care and enrichment programs will provide and encourage – verbally and through the provision of space, equipment, and activities – daily periods of moderate to vigorous physical activity for all participants.

D. 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.

E. 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.

1. When appropriate, the district will work together with local public works, public safety, and/or police departments in those efforts.
2. 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.
3. 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.

F. Use of School Facilities Outside of School Hours.

School spaces and facilities should be available to students, staff, and community members before, during, and after the school day, on weekends, and during school vacations. These spaces and facilities also should be available to community agencies and organizations offering physical activity and nutrition programs. School policies concerning safety will apply at all times.

IV. MONITORING AND POLICY REVIEW

- A. Monitoring.** The superintendent or designee will ensure compliance with established district-wide nutrition and physical activity wellness policies.
1. 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.
 2. 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).
 3. 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.
 - a. 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.
 4. School wellness councils will assist the superintendent or designee with these compliance measures
- B. 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.
1. The results of those school-by-school assessments will be compiled at the district level to identify and prioritize needs.
 2. Assessments will be repeated every three years to help review policy compliance, assess progress, and determine areas in need of improvement.
 3. As part of that review, the school district will review the 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.
 4. The district, and individual schools within the district, will, as necessary, revise the wellness policies and develop work plans to facilitate their implementation.

Alliance Members Include:

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American Diabetes Association

American Heart Association

Center for Study of Weight Regulation, Oregon Health & Science University

Community Health Partnership

Oregon Dietetic Association

Oregon Medical Association

Upstream Public Health

The model policy provided in this document was adapted from the National Alliance for Nutrition and Activity (NANA - <http://www.nanacoalition.org> .) The National Alliance for Nutrition and Activity (NANA) advocates national policies and programs to promote healthy eating and physical activity to help reduce the illnesses, disabilities, premature deaths, and costs caused by diet- and inactivity-related diseases such as heart disease, cancer, high blood pressure, diabetes, and obesity.

Additional policy related resources include:

- Strengthen the National School Lunch and Other Child Nutrition Programs
http://www.cspinet.org/nutritionpolicy/priority_nutritionprogram.html
- Strengthen National and State Nutrition, Physical Activity, and Obesity Programs - Obesity and other Diet- and Inactivity-Related Diseases
http://www.cspinet.org/nutritionpolicy/NANA_advocates_national_policies.pdf
- Support Transportation Policies That Promote Physical Activity - Policy options for TEA-21 reauthorization
<http://www.cspinet.org/nutritionpolicy/TEAPositionFinal.pdf>
Background materials
<http://www.cspinet.org/nutritionpolicy/TEABriefBookFinal.ppt>

The following organizations assisted with or supported the development of NANA's model policies:

Action for Healthy Kids of Illinois
www.actionforhealthykids.org/AFHK/team_center/team_public_view.php?team=IL&Submit=Go

Advocacy Institute www.advocacy.org

Advocates for Better Children's Diets www.nchapman.com/abcd.html

American Cancer Society www.cancer.org

American Dental Association www.ada.org/public/topics/diet.asp

American Diabetes Association www.diabetes.org

American Dietetic Association www.eatright.org

American Public Health Association www.apha.org

American School Health Association www.ashaweb.org

American Society of Bariatric Physicians www.asbp.org

Association of State and Territorial Public Health Nutrition Directors www.astphnd.org

Be Active New York State www.BeActiveNYS.org

California Center for Public Health Advocacy www.publichealthadvocacy.org

California Food Policy Advocates www.cfpa.net

Center for Behavioral Epidemiology and Community Health www.cbeach.org

Center for Informed Food Choices www.informedeating.org

Center for Science in the Public Interest www.cspinet.org/nutritionpolicy

Chronic Disease Directors www.chronicdisease.org

Community Food Security Coalition www.foodsecurity.org

Community Health Partnership (OR) www.communityhealthpartnership.org

Council of Chief State School Officers www.ccsso.org/schoolhealth

Elyria City Health District (OH) www.elyriahealth.com

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American Cancer Society

American Diabetes Association

American Heart Association

Center for Study of Weight Regulation, Oregon Health & Science University

Community Health Partnership

Oregon Dietetic Association

Oregon Medical Association

Upstream Public Health

References

Organizations assisted with or supported development of NANA's model policies continued:

Fitness Forward Foundation www.fitnessforward.org
The Food Trust (PA) www.thefoodtrust.org/php/programs/comp.school.nutrition.php
George Washington Cancer Institute www.gwumc.edu/gwci
Harvard Prevention Research Center www.hsph.harvard.edu/prc
Harvard School of Public Health, Partnerships for Children's Health, Healthy Schools Campaign www.healthyschoolscampaign.org
Howard University Cancer Center www.med.howard.edu/hucc
Hunter College in the City University of New York, Program in Urban Public Health www.hunter.cuny.edu/schoolhp/nfs/index.htm
Institute for America's Health www.healthy-america.org
I4 Learning www.i4learning.com
Kids First www.kidsfirstri.org
Louisiana Public Health Institute www.lphi.org
Muskegon Community Health Project (MI) www.mchp.org
National Association for Health and Fitness www.physicalfitness.org
National Association for Sport and Physical Education (NASPE) www.naspeinfo.org/template.cfm?template=policies.html
National Association of Pediatric Nurse Practitioners
National Association of State Boards of Education (NASBE) www.nasbe.org/HealthySchools
National Center for Bicycling and Walking www.bikewalk.org
National Education Association -- Health Information Network www.neasmartbody.org
National PTA www.pta.org
National Research Center for Women and Families www.center4research.org
National School Boards Association (NSBA) www.nsba.org/schoolhealth
New York State Department of Health www.health.state.ny.us/nysdoh/chronic/obesity
New York State Nutrition Council
North Dakota Dietetic Association www.eatrightnd.org
Parents' Action for Children www.parentsaction.org
PE4life www.pe4life.org
Prevention Institute www.preventioninstitute.org/sa/enact.html
Produce for Better Health Foundation www.5aday.org
Produce Marketing Association www.pma.com
Samuels and Associates www.samuelsandassociates.com
Society for Nutrition Education www.sne.org
SPARK PE www.sparkpe.org
Sportime www.sportime.com
Stark County Health Department (OH) www.starkhealth.org
Step Together New Orleans /Administered by Louisiana Public Health Institute in partnership with the City of New Orleans www.steptogethernola.org/home
United Fresh Fruit and Vegetable Association www.uffva.org
University of Arkansas for Medical Sciences College of Public Health \ www.uams.edu/coph
U.S. Water Fitness Association www.mwaquatics.com
Women's Sports Foundation www.womenssportsfoundation.org
Young People's Healthy Heart Program at Mercy Hospital (ND) www.healthyheartprogram.com