



Section I

Introduction to Local School Wellness Policies

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In June, 2004, Congress passed Public Law 108-265, the Child Nutrition and WIC Reauthorization Act of 2004. Section 204 of this law requires all local education agencies participating in a program authorized by the Richard B. Russell National School Lunch Act or the Child Nutrition Act of 1966 to establish a local school wellness policy by the start of the 2006-2007 school year. A copy of the reauthorization language can be found on [page 14](#) of this document.

The reauthorization act requires that parents, students, representatives of the school food authority, the school board, school administrators, and the public be involved in the development of the wellness policy. The law also states that the policy developed must address the following six components:

Component 1: Nutrition Guidelines for All Foods Available at School

Component 2: Assurances that School Meal Guidelines are Not Less Restrictive than Federal Requirements

Component 3: Goals for Nutrition Education

Component 4: Goals for Physical Activity

Component 5: Goals for Other School-based Activities Designed to Promote Student Wellness

Component 6: A Plan for Monitoring Policy Implementation

Several groups in Alaska have created resources that school districts can use to develop and implement their local school wellness policies. The Association of Alaska School Boards (AASB), in collaboration with the State of Alaska Department of Education & Early Development, and the State of Alaska Section of Chronic Disease

Prevention and Health Promotion, has developed a sample policy and set of administrative regulations around the topic of Student Nutrition and Physical Activity (Board Policy 5040). The sample policy and the accompanying regulations are not requirements for districts. Rather, they are meant to serve as examples of policy language that districts can modify or tailor to fit their own circumstances. School districts that are AASB members received a copy of the sample policy language in the Policy Reference Manual update distributed in January. A copy of the policy was also sent to non-member districts in the state. The sample policy language is available on the AASB website at:

www.aasb.org/Frontpage/Feature2.html and a copy of the sample policy is included in Section II ([page 9](#)) of this toolkit.

To supplement the sample policy language and administrative regulations provided by the AASB, the State of Alaska Section of Chronic Disease Prevention and Health Promotion has developed this school wellness toolkit. The toolkit contains information on why wellness policies are important and the role that schools can play in promoting physical activity and good nutrition among students. The toolkit also provides suggestions on topics that should be covered by the local wellness policy and on steps that can be taken to develop a policy. As is the case with the sample policy language and administrative regulations developed by the Association of Alaska School Boards, **this toolkit does not contain additional mandates or requirements for school districts.** Rather, the toolkit is designed to serve as a resource for groups working on local school wellness policy development and for schools that implement policy changes.



Toolkit Organization

The toolkit is divided into five sections. A brief description of each section follows.

Section I: Introduction to Local School Wellness Policies

The first section is designed for use by board members, administrators, and policy development team members. It contains a brief description of the requirements of the 2004 Child Nutrition and WIC Reauthorization Act, as well as background information on why local school wellness policies are important.

Section II: Tools for Compliance

Section II contains a copy of the sample materials developed by the AASB, the State of Alaska Department of Education & Early Childhood Development, and the State of Alaska Section of Chronic Disease Prevention and Health Promotion. Districts that adopt these materials will meet the legal requirements of the reauthorization act.

Section III: Tools for Local School Wellness Policy Development

For districts wishing to implement additional nutrition and physical activity policy changes, Section III provides more detailed information on each of the wellness policy components. Section III is also designed for use by board members, administrators, and policy development teams. It contains additional optional policy language that is informed by or adapted from national authorities, including the National Alliance for Nutrition and Activity (NANA), the National Association for Sport and Physical Education (NASPE), the National Association of State Boards of Education (NASBE), and the Alliance for a Healthier Generation. The optional language is designed to give local districts an example of policy changes being considered in other states and to stimulate

discussion on appropriate local policy. It does not reflect a state policy or impose additional requirements on local districts. Suggestions on how policy changes could be implemented are also included for each topic. Once districts develop a school wellness policy, numerous groups will likely be involved in implementing it.

Section IV: Tools for Local School Wellness Policy Implementation

Section IV of the toolkit contains resource materials that could be used for reference or distributed to a variety of audiences, including parents, teachers, administrators, and others in positions to promote student health and well-being.

Section V: Resource List and Glossary

Section V contains a list of additional national, state, and local resources that individuals involved in policy development can draw upon to design and implement local wellness policies. It also contains a glossary of terms used in the document.



Why implement a local school wellness policy?

The national focus on local school wellness policy development is linked to the dramatic increase in childhood overweight observed in the United States over the past several decades. Since the 1970's the percentage of overweight children ages 2-5 and adolescents 12-19 has doubled. In the same time period the prevalence of overweight has tripled among children ages 6-11.¹ In Alaska data from the 2003 Youth Risk Behavior Survey (YRBS) indicate that 29% of male high school students and 21% of female high school students are overweight or at-risk for becoming overweight.²

The health consequences of childhood overweight are serious. High blood pressure, high cholesterol, orthopedic disorders, type 2 diabetes, and psychosocial disorders are more common among overweight youth than among those with a healthy body weight. Currently an estimated 60% of overweight children ages 5-10 have at least one risk factor for cardiovascular disease, and a quarter have two or more risk factors.³ Overweight youth often carry excess weight into adulthood and are subsequently at risk for numerous chronic health conditions.⁴ For example, 30% of boys and 40% of girls born in the year 2000 are expected to develop diabetes in their lifetime.⁵ If current trends in overweight are not reversed today's generation of children could be the first to live shorter lives than their parents.⁶

For most children, overweight can be prevented by balancing a healthy diet with physical activity. Unfortunately, too many Alaskan children today are unable to maintain that balance. Only 20% of Alaskan high school girls and 23% of high school boys consume the recommended five or more servings of fruits and vegetables each day. Many Alaskan high school students also get less physical activity

than is recommended. Between 1995 and 2003 the percentage of Alaskan high school students who participated in vigorous physical activity declined. In addition, over one-quarter (27%) of high school students did not meet the Centers for Disease Control and Prevention (CDC) minimum recommendations for physical activity in 2003.²

If we are to improve physical activity and nutrition behaviors among Alaskan children and reduce overweight we must ensure that children know the importance of good nutrition and physical activity and that they have opportunities to be active and eat well.

A 2004 study of childhood overweight in the Anchorage School District illustrates the fact that schools should not be held responsible for the epidemic of childhood overweight, nor should they be expected to solve the problem alone. In the study, the percentage of students entering school at a weight above what is considered normal was nearly as high as the percentage of overweight and risk for overweight among students in all grades. Over a five year time period (1998-2003), 36% of all students were overweight or at-risk for becoming overweight. In that same time period, thirty-two percent of kindergarten and first grade students were overweight or at-risk.⁷ Clearly parents, community members, health care providers, and others must be involved in efforts to ensure that students enter school at a healthy weight and maintain a healthy weight over time.

Schools can play an important role in helping students balance their calorie intake and expenditures, however, by actively promoting good nutrition and physical activity. The United States Department of Health and Human Services notes that, next to families, the school has more influence on the lives of young people than any other social institution.⁸ Schools can use that influence to promote positive health behaviors by providing education on good nutrition and physical activity.



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More importantly, schools can give children opportunities to practice the healthy behaviors they learn about in class. Schools can ensure that the meals and snacks offered to children are nutritious. They can provide physical education courses, and give children other opportunities to be active during the school day. One mechanism for supporting school-based nutrition and physical activity is to develop a strong school wellness policy.



Description of Terms: *The term “policy” can be interpreted in different ways. In many school districts, a policy is a general statement of goals. Details on how to implement a policy are often written up separately as a set of administrative regulations. Section II of this toolkit contains sample policy language and sample administrative regulations. In the remainder of the toolkit, the term “wellness policy” is used to describe both the policy statement and any administrative regulations that accompany it.*

Developing and implementing a comprehensive local school wellness policy can be a daunting task. Schools have many responsibilities and are under pressure to meet increasingly strict academic standards. In a climate where schools must improve test scores or risk funding losses it is often hard to make physical activity and nutrition a priority. In many cases, supporting physical activity and good nutrition can be challenging from an economic standpoint. Desirable foods such as fresh fruits and vegetables can be more costly to procure and prepare than pre-packaged, but less nutritious alternatives. In the absence of adequate funding from other sources, many schools have also come to depend on the revenue from sales of unhealthy foods to fund sports teams or extracurricular activities. In addition, it is expensive to build and maintain facilities for physical activity, and Alaskan weather can limit outdoor activities.



Schools have the potential and a responsibility to help children develop the skills, knowledge, and confidence necessary to adopt and maintain a healthy lifestyle.

While schools face numerous challenges in promoting nutrition and physical activity it is critical that efforts to create a healthy school environment are made. By promoting healthy behavior, schools can increase student’s capacity to learn, reduce absences, and improve physical fitness and mental alertness. In turn, this helps young people acquire the knowledge and skills to become healthy and productive adults.

