Make a Difference at Your School!

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

For more information on the role of schools in preventing childhood obesity, please visit CDC’s Web site:

http://www.cdc.gov/HealthyYouth/KeyStrategies
The Impact of Obesity

Obesity is increasing rapidly in the United States, affecting adults and children and people of all races, ethnicities, and income levels.

Since 1980, the percentage of overweight children ages 6 to 11 has doubled, and the percentage of overweight adolescents ages 12 to 19 has tripled. Childhood obesity has both immediate and long-term serious health impacts.

- In some communities almost half of pediatric diabetes cases are type 2 diabetes, which was once believed to affect only adults.
- In one large study, 61% of overweight 5- to 10-year-olds already had risk factors for heart disease, and 26% had two or more risk factors for the disease.
- Overweight children have a greater risk of social and psychological problems such as discrimination and poor self-esteem.
- Overweight children have a 70% chance of being overweight as adults — facing higher risks for many diseases such as heart disease, diabetes, stroke, and several types of cancers.

The costs of treating obesity-related diseases are staggering and rising rapidly. Direct health costs rose from $52 billion in 1995 to $75 billion in 2003.

Good eating habits and regular physical activity are critical for maintaining a healthy weight. Unfortunately, less than 25% of adolescents eat enough fruits and vegetables each day. More than a third of students in grades 9-12 do not regularly engage in vigorous physical activity.

The Role of Schools in Preventing Childhood Obesity

Reversing the obesity epidemic requires a long-term, well-coordinated approach to reach young people where they live, learn, and play. Schools have a big part to play. Working with other public, voluntary, and private sector organizations, schools can play a critical role in reshaping social and physical environments and providing information, tools, and practical strategies to help students adopt healthy lifestyles.

- More than 95% percent of young people are enrolled in schools.
- Students have the opportunity to eat a large portion of their daily food intake and to be physically active at school.
- Schools are an ideal setting for teaching young people how to adopt and maintain a healthy, active lifestyle.
- Research has shown that well-designed, well-implemented school programs can effectively promote physical activity and healthy eating.
- Emerging research documents the connections between physical activity, good nutrition, physical education and nutrition programs, and academic performance.

Strategy 9: Implement a quality school meals program.

Each school day, millions of students eat one or two meals that are provided as part of the federally funded school meals program. These meals have a substantial impact on the nutritional quality of students’ overall dietary intake and provide a valuable opportunity for students to learn about good nutrition. CDC supports the efforts of the USDA to ensure that meals served through the National School Lunch Program and School Breakfast Program are safe, nutritious, and balanced.

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Strategy 10: Ensure that students have appealing, healthy choices in foods and beverages offered outside of the school meals program.

Most schools offer foods and beverages to students through a variety of channels outside of the federally regulated school meals program: vending machines, school stores, concession stands, after-school programs, fundraising campaigns, and class parties. These offerings have dramatically increased student access to high-fat or high-sodium snacks and non-nutritious high-calorie beverages. Although federal regulations on these foods and beverages are limited, many states, school districts, and schools are establishing strong policies and innovative marketing practices to promote the sale of healthier food and beverages.

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http://www.cdc.gov/HealthyYouth/nutrition/making-it-happen
Strategy 7: Implement a high-quality course of study in physical education.

Physical education is the cornerstone of a comprehensive approach to promoting physical activity through schools. All students, from pre-kindergarten through grade 12, should participate in quality physical education classes every school day. Physical education not only provides opportunities for students to be active during the school day, but also helps them develop the knowledge, attitudes, skills, behaviors, and confidence needed to be physically active for life.

**CDC’s Physical Education Curriculum Analysis Tool (PECAT)**

This tool enables educators to evaluate physical education curricula based on the extent to which the curricula align with national standards, guidelines, and best practices for quality physical education programs. The PECAT can be used to identify where revisions might be needed in a locally developed curriculum or to compare strengths and weaknesses of published physical education curricula being considered for adoption. For those schools without a physical education curriculum, the PECAT provides a vision of what should be included in a high-quality written physical education curriculum. Available in late 2005:

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Strategy 8: Increase opportunities for students to engage in physical activity.

The school setting offers multiple opportunities for all students, not just those who are athletically inclined, to enjoy physical activity outside of physical education classes: walking to and from school, enjoying recess, physical activity clubs and intramural sports programs, and having classroom lessons that incorporate physical activities. These opportunities help students learn how to weave physical activity into their daily routines.

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The Centers for Disease Control and Prevention (CDC) reviews scientific evidence to determine which school-based policies and practices are most likely to improve key health behaviors among young people, including physical activity and healthy eating. Based on these reviews, CDC has identified 10 strategies to help schools prevent obesity by promoting physical activity and healthy eating. CDC and its partners have developed user-friendly tools that help schools effectively implement each of the strategies.

**Building the Foundation (Strategies 1-4)**

Schools can build a strong foundation that will enable them to effectively promote physical activity and healthy eating, as well as other health-enhancing behaviors. The first four strategies help schools develop a tailored approach that meets their specific, local needs and interests; earn the support and commitment of the school community; use the insights gained from scientific research; and emphasize teamwork and collaboration to maximize effectiveness and efficiency.

**Strategy 1: Address physical activity and nutrition through a Coordinated School Health Program (CSHP).**

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**Strategy 2: Maintain an active school health council and designate a school health coordinator.**

Establishing a school health council (SHC) is an effective way to achieve an enduring focus on promoting physical activity and healthy eating. SHCs can help schools meet a federal law passed in 2004 that requires all school districts that participate in federally funded school meal programs to establish a local school wellness policy through a process that involves parents, students, school representatives, and the public.

Comprising representatives from the home, school and community, SHCs establish goals for the school health program and facilitate health programming in the school and between the school and community. Guided by the SHC’s vision, a school health coordinator manages and coordinates all school health policies, programs, activities, and resources. SHCs have helped create lasting changes in school environments, such as the adoption of nutrition standards, establishment
of student and staff walking programs, the provision of adequate class time for physical education and health education, and the opening of school facilities for after-school physical activity programs.

Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Councils

This how-to manual offers a practical, 5-step approach to planning, developing, maintaining, and evaluating SHCs. It was developed by a number of CDC partners—originally produced by the Iowa Department of Public Health, it was adapted for use by the American Cancer Society in collaboration with the American School Health Association, the American Academy of Pediatrics, and the National Center for Health Education.

http://63.173.64.5/khn/schools/advisory.html

Effective School Health Advisory Councils: Moving from Policy to Action

This guide was developed by CDC’s partners at the North Carolina Department of Public Instruction to help school district personnel and others develop new SHCs or strengthen existing ones that can effectively support school health policies and programs. http://www.nchealthyschools.org/docs/advisorycouncilmanual.pdf

Strategy 3: Assess the school’s health policies and programs and develop a plan for improvement.

Self-assessment and planning provide structure to a coordinated school health program in the way that a map provides guidance to a driver. The self-assessment describes where the program is now, and the plan provides the destination and directions to get there. A school health plan is most likely to be effective when it is based on a systematic analysis of existing policies and practices, guided by insights from research, and developed by a school health council that includes teachers, parents, school administrators, students, and the community.

CDC’s School Health Index (SHI)

This easy-to-use self-assessment and planning tool enables school health councils and others to analyze the strengths and weaknesses of their school health policies, curricula, and services. The SHI features eight self-assessment modules, each corresponding to one of the CSHP components. Based on their self-assessment, school health councils identify goals and create an action plan tailored for their school. Many schools are incorporating these plans into their overall educational improvement plans. The SHI can be completed using a paper or online version. http://www.cdc.gov/healthyyouth/SHI

Strategy 4: Strengthen the school’s nutrition and physical activity policies.

School policies can dictate how often students attend physical education, which items go into school vending machines, which topics and skills are taught in health education, which foods are served in the cafeteria, and much more. School policies directly affect students’ opportunities for physical activity and healthy eating and can support the implementation of all other strategies listed in this catalog.

Fit, Healthy, Ready to Learn: A School Health Policy Guide (FHRTL)

Developed by the National Association of State Boards of Education (NASBE) with CDC support, this practical guide helps schools and local school districts establish strong policies on physical activity, nutrition, and other health issues in the context of a coordinated school health program. FHRTL features sample policies that reflect best practice and can be adapted to fit local circumstances; it also includes explanations of the points addressed in the sample policies, and excerpts of actual state and local policies. http://www.nasbe.org/HealthySchools/fithealthy.html

NASBE also maintains a database of state school health policies that can serve as models for new policy development.

http://www.nasbe.org/HealthySchools/States/State_Policy.asp

Wellness Policy Guidance

Developed in collaboration with the CDC and the U.S. Department of Education, this U.S. Department of Agriculture (USDA) Web site provides information on how to create, implement, and evaluate wellness policies that meet the requirements of federal law. http://www.fns.usda.gov/tn/Healthy/wellnesspolicy.html

Wellness Policy Tool

Developed by Action for Healthy Kids in partnership with CDC and USDA, this searchable online database consists of existing or model nutrition and physical activity policies from states and districts around the country. Schools can easily use language from policies in the database to build local wellness policies. http://www.actionforhealthykids.org/resources_wp.php

Taking Action (Strategies 5-10)

With a strong foundation in place, schools can work on improving programs and activities that serve both students and staff members. Strategies 5 through 10 are derived from CDC’s research-based guidelines that identify school practices that promote lifelong physical activity and healthy eating.

Strategy 5: Implement a high-quality health promotion program for school staff.

Staff wellness programs provide opportunities for school staff members to participate in health assessments, nutrition classes, physical activity programs, and other health promotion activities. These opportunities can contribute to improvements in physical and mental health outcomes; increases in morale, productivity, and positive role modeling; and decreases in absenteeism and health insurance costs.

Protecting Our Assets: A School Employee Wellness Guide

Developed by the Directors of Health Promotion and Education (DHPE) with CDC support, Protecting Our Assets is designed to help schools, districts, and states develop comprehensive school employee wellness programs. This resource provides guidance for obtaining program support, developing a school employee wellness team, using existing data to optimize a new or existing program, and implementing policies and practices to support employee wellness.

Available in early 2006: http://www.dhpe.org

Strategy 6: Implement a high-quality course of study in health education.

Health education provides formal opportunities for students to acquire knowledge and learn essential life skills that can foster physical activity and healthy eating. Taught by qualified teachers, quality health education includes instruction on essential topics that protect and promote physical, social, and emotional health and safety and provides students with ample opportunities to practice health-enhancing skills.

State-of-the-art health education features a sequential curriculum consistent with state or national standards and adequate instructional time.

CDC’s Health Education Curriculum Analysis Tool (HECAT)

This tool enables schools or school districts to choose or develop health education curricula that meet local needs and interests and are likely to be effective in improving students’ knowledge, skills, and health behaviors. The HECAT is based on rigorous reviews of research evidence and is closely aligned with the National Health Education Standards. It allows educators to evaluate curricula based on the extent to which they contain elements of effective health education: those characteristics that are common to effective programs and most likely account for their positive outcomes. Physical activity and healthy eating are among the nine health content areas addressed by the HECAT. Available in late 2005:

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Strategy 1: Address physical activity and nutrition through a Coordinated School Health Program (CSPH).

Eight components that can strongly influence student health and learning are involved in a typical CSPH. These components, including health education, physical education, and school meals, already exist in most schools. CSPHs focus on improving the quality of each of these components and expanding collaboration among the people responsible for them. This coordination results in a planned, organized, and comprehensive set of courses, services, policies, and interventions that meet the health and safety needs of all students from kindergarten through grade 12. CSPHs also provide coordinated health training for teachers; establishing goals and evaluation.

Health Is Academic: A Guide to Coordinated School Health Programs

Developed by the Education Development Center with support from CDC and in collaboration with more than 70 national organizations, this book describes how the eight components of a CSPH can work together to support students and help them acquire the knowledge and skills they need to become healthy, productive adults. It includes CSPH implementation action steps for schools, districts, state agencies, national organizations, colleges, and universities. http://store.tcppress.com/0807737135.shtml#364

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