Making Schools the Model for Healthier Environments Toolkit

Why Use It

- **The Impact of Obesity**

In the past 30 years, the prevalence of obesity in children has increased to epidemic proportions. The obesity rate among children ages 2 to 5 has more than doubled (from 5 percent to 10.4 percent);[1] more than quadrupled (from 4.2 to 17 percent) among children ages 6 to 11;[2] and more than tripled among adolescents ages 12 to 19 (from 4.6 to 17.6 percent).[3] Today, nearly one-third of American children and adolescents (more than 23 million) are overweight or obese, placing them at a heightened risk for hypertension, high cholesterol, sleep apnea, orthopedic problems, and type 2 diabetes.[4] Heart disease, stroke, asthma and certain types of cancer are other potential risk factors. In addition, significant disparities exist. For example, 43 percent of Mexican American children and 37 percent of African American children are overweight, compared with "only" 32 percent of white children.[5]

If the obesity epidemic continues unabated, today's generation of American children may be the first to live sicker and die younger than their parents' generation. Preventing obesity during childhood is critical, because habits that last into adulthood frequently are formed during youth. Research shows that an obese teenager has up to an 80 percent chance of becoming an obese adult.

Obesity also poses a tremendous financial threat to our economy and health care system. Among adults, the increased prevalence of obesity was responsible for $147 billion in increased medical spending in 2008.[6] Childhood obesity is estimated to cost $14 billion annually in direct health expenses.[7] Between 1999 and 2005 there was a near doubling in hospitalizations of children with a diagnosis of obesity and an increase in costs from $125.9 million to $237.6 million between 2001 and 2005. [8]

- **The Opportunity of the Child Nutrition and WIC Reauthorization Act**

The Child Nutrition and WIC Reauthorization Act authorizes all of the federal school meal and child nutrition programs.[9] Every five years Congress revisits the Child Nutrition and WIC Reauthorization Act in an ongoing effort to improve these programs, which include the National School Lunch Program (NSLP) and the School Breakfast Program (SBP).[10] These programs provide funding to ensure that low-income children will have access to healthy and nutritious foods. In 2007, the NSLP program fed 30.5 million children each school day.[11] In 2008, schools served more than 5 billion lunches, and more than half were available for free (for children

whose households are at or below 130 percent of poverty) or offered at a reduced rate through NSLP.[12]

These programs are the keystones to the diets of millions of American families. Children spend most of their time in school, and an estimated 35 percent to 50 percent of their daily calories are consumed during school hours.[13] Still there is an opportunity to improve the nutritional quality of these meals. As of 2009, the requirements for foods served in school lunches were consistent with the 1995 Dietary Guidelines for Americans. However significant nutritional advances have been made since those recommendations were originally developed.[14] Updating these requirements to be consistent with the Institute of Medicine standards to guide nutritional content of foods served on school campuses would be a step towards fulfilling the government's effort to provide children with healthy meals.

Reducing or eliminating access to competitive foods on school campuses ensures that more nutritional school meals have a better chance of succeeding. In May 2006, the Alliance for a Healthier Generation worked with representatives of The Coca–Cola Company, Dr Pepper Snapple Group, Pepsi-Co, Inc. and the American Beverage Association to establish the Alliance School Beverage Guidelines to help students make healthier beverage choices in the school environment.[15] In March of 2010, the Alliance released the final results of an independent third-party study to analyze the effect of the Alliance School Beverage Guidelines, which indicated an 88 percent reduction in calories from beverages available in schools.[16] Even with this milestone reached, schools still face the challenge of regulating competitive foods and beverages—those items sold outside the USDA school meal programs—on school campuses.[17] Aside from soft drinks, competitive foods include fast food and snack items available from vending machines.[18]

Every school district must develop and implement a local school wellness policy as mandated by provisions of the 2004 Child Nutrition and WIC Reauthorization.[19] When properly implemented, comprehensive wellness plans can help schools become models of healthy environments for children to learn and grow. By focusing on healthy, nutritional eating practices and physical activities schools can seize the opportunity to educate children about the life-long importance of nutrition and physical well-being.

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[2] Ibid

[3] Ibid

[4] Institute of Medicine, Committee on Prevention of Obesity in Children and 3.Youth, Food and Nutrition Board, et al. *Preventing Childhood Obesity: Health in the Balance*. Washington, D.C.: National Academic Press 2005

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[14] See Note 13 above (USDA).
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