

Community Action to Change School Food Policy: An Organizing Kit



This is a publication of the Massachusetts Public Health Association.

The Massachusetts Public Health Association (MPHA) is a statewide membership organization that seeks through advocacy, education, coalition building, and organized action to improve the public's health, promote the establishment of health care as a human right, and secure optimal community, personal, and environmental health.

This toolkit was written by Roberta R. Friedman, ScM, Director of Education and program manager of the childhood obesity prevention campaign for the Massachusetts Public Health Association. It was updated in May 2005. It is a product of our Healthy Schools, Healthy Children Project, a collaboration between MPHA and FoodPlay Productions, which is based in Florence, MA. The Project was a successful collaboration using nutrition education theater to trigger school-wide interest in improving the nutritional quality of foods sold in schools. Many thanks to those who helped with the preparation of this kit: Harriet Bergmann, Catherine DeFuria, Stan Holt, AJ Juarez, Libby Manly, Diane Pickles, Lisa Renee Siciliano, and Geoff Wilkinson.

For more information about this toolkit, the Massachusetts Public Health Association (MPHA), our childhood obesity prevention campaign, or our other public health advocacy work, please contact any of our offices:

Massachusetts Public Health Association

Boston Office
Roberta Friedman
434 Jamaicaway
Jamaica Plain, MA 02132
(617) 524-6696 x103

Springfield Office
AJ Juarez
95 State St.
Springfield, MA 01103
(413) 750-2060

Worcester Office
Sara Kanevsky
119 Forest St.
Worcester, MA 01609
(508) 414-0976

TABLE OF CONTENTS

Introduction	3
The Steps to Winning Local Food Policy Changes in Your Schools	5
Step One: Learn About the Issue	6
Fact sheet: Childhood Overweight in Massachusetts and the United States.....	8
Fact sheet: Sugar Sweetened Beverages and the Implications for Children’s Health.....	10
Fact sheet: Economic Cost of Obesity and Obesity-Related Chronic Diseases.....	12
Fact sheet: Contributors to the Childhood Overweight Problem.....	14
The Role of Sound Nutrition and Physical Activity in Academic Achievement.....	15
MPHA Fact Sheet on <i>An Act To Promote Proper School Nutrition</i>	18
MA Legislation: <i>An Act To Promote Proper School nutrition</i>	19
Step Two: Form a Committee	22
Step Three: Research What’s Happening in Your Schools	24
A list of possible research questions.....	25
Research questions in table format.....	27
Step Four: Raise Awareness in Your Community and Get Input	33
Sample City Council resolution.....	34
Sample media advisory.....	35
Letter-writing suggestions.....	35
Sample press release format.....	36
Step Five: Adapt the Sample Policy	37
Questions and answers about each section of the policy.....	38
Where to find a list of sample products that meet the policy’s standard.....	41
THE SAMPLE POLICY.....	42
A sample introduction to the policy.....	44
Step Six: Present the Policy to the School Committee	45
A list of possible arguments against the policy, and responses.....	47
Policy statements of several national and region-wide organizations	
American Academy of Pediatrics.....	49
Institute of Medicine.....	52
Surgeon General.....	53
New England Coalition for Health Promotion and Disease Prevention.....	54
Examples of schools that have implemented a policy without losing revenue.....	55
Step Seven: Publicize the Policy to Help Implement It	56
A list of non-food alternatives to school fundraisers and parties.....	58
Legislation: <i>An Act to Improve Quality Physical Education</i>	66
Fact sheet: Why is An Act to Improve Quality Physical Education needed?.....	67

INTRODUCTION

Purpose of this kit

This kit gives guidance on how to tackle one solution in the battle against childhood overweight and obesity: organizing a committee of citizens and school officials to write and pass policy that sets more healthful nutritional standards for unregulated foods and beverages sold on school campuses. The policy covers foods and beverages that are sold in vending machines, school stores, on *a la carte* cafeteria lines, and for fundraisers. It does not cover those sold as part of the United States Department of Agriculture-sponsored National School Breakfast and Lunch Programs.

This kit will help you:

- Learn about the issue
- Form a strong committee
- Do the necessary background research
- Raise awareness in your community and get input
- Adapt a sample policy
- Make your case to the school committee and city council
- Publicize your new policy and help with implementation, including anticipating possible obstacles

Use this kit to help write your school's required Wellness Policy

By the first day of the 2006 school year, all schools must have in place a Wellness Policy as required by the federal Child Nutrition and WIC Reauthorization Act of 2004 (Section 204 of Public Law 108.) In addition to establishing goals for nutrition education, physical activity and setting standards for reimbursable school meals, the Policy must include nutrition guidelines for **all** foods available on each school campus. The law also mandates that the committee created to write the Policy includes parents, students, representatives of the school food authority, the school board, school administrators, and the public.

As written, the law leaves it up to individual schools districts to decide what those standards will be. This is an unparalleled opportunity for Massachusetts schools to show a strong commitment to the health of our children by adopting policies with the best standards (and not just the minimum). You can do this by establishing excellent nutritional standards for all foods available to children in vending machines, on *a la carte* lines, in school stores, and during fundraisers and classroom parties. By adopting the standards suggested in this kit's sample policy, your school district will be joining many others in the state using similar guidelines. Action on your part is necessary to see that the Wellness Policy is enforced; this kit will guide you on how to take action.

How your work can help the entire state:

Massachusetts' commitment to the health of our children has also been demonstrated by the introduction in January 2005 of legislation that would require every school in Massachusetts to adopt more healthful nutritional standards benefiting all school-age children. The standards proposed in the legislation are nearly identical to those MPHA recommends in this toolkit. By writing your Wellness Policy to include the standards outlined in the toolkit, you will be one step ahead in meeting state law if the legislation is approved.

READ MORE

In most sections you will find many useful documents designated by **READ MORE** to aid you in the process, such as a sample policy and pertinent research studies and policy statements, a sample city council resolution, a set of research questions to help you present your case to the school committee, and a list of responses to possible arguments you might encounter. Use any and all of these documents to make your case to the community and the school committee.

If you have questions or need more information about this toolkit, about the statewide legislation, or other childhood obesity issues, please call or email any of these MPHA staff:

IN GREATER BOSTON: Roberta Friedman, Director of Education, Jamaica Plain Office (617) 524-6696 x 103; rfriedman@mphaweb.org

IN WESTERN MA: AJ Juarez, Community Organizer for Greater Springfield
(413) 750-2060, ellis6065@charter.net

IN CENTRAL MA: Sara Kanevsky, Community Organizer for Greater Worcester
saranekanevsky@yahoo.com.

THE STEPS TO WINNING LOCAL FOOD POLICY CHANGES IN YOUR SCHOOLS

- 1. Learn about the issue.**
- 2. Form a committee of parents, students, teachers and community members.**
- 3. Research what's happening in your schools.**
- 4. Raise awareness in your community and get input.**
- 5. Adapt the sample policy.**
- 6. Present the policy to the school committee.**
- 7. Publicize the policy to help implement it.**

STEP ONE: LEARN ABOUT THE ISSUE

Childhood Obesity: The Problem

In the United States over the last thirty years, the rate of 2 to 5 year old obese children doubled to 10 percent, and the rate of 6 to 19 year olds tripled to 16 percent. Over nine million children in the United States are considered obese, with a higher proportion of children of color suffering from the epidemic. Here in Massachusetts, more than one-third of the 2 to 5 year old children participating in the WIC program are overweight or obese; 10 percent of adolescents were obese in 2001 (a 37 percent increase from 1998), and 15 percent were overweight. Overall, 55 percent of Massachusetts adults are overweight.

The serious consequences of overweight and obesity to children's physical and psychological health cannot be overstated. Obesity and overweight put children at risk for serious and life-threatening diseases including heart disease, stroke, asthma, cancers, and diabetes. For example, girls born in 2000 in the United States have a 40 percent lifetime risk of developing type 2 diabetes, while boys have a 30 percent risk. Fifteen percent of Massachusetts pediatric clinicians estimate that at least one in ten of their young patients have type 2 diabetes. Children who are overweight or obese often suffer from being social outsiders, depression, and low self-esteem. Doctors are fearful that because of the obesity epidemic, many children born in this generation will not have a longer life span than their parents.

Although there is widespread debate about what the solutions to the epidemic are, there is a growing consensus among many parents, teachers and school administrators that we must pay attention to improving the nutritional quality of all foods and beverages offered to children in public schools, as well as to giving children more opportunity to be physically active every day in school. This consensus is backed by the policy statements of many national and regional organizations, among them, The American Academy of Pediatrics, The Surgeon General of the United States, The Institute of Medicine, and the New England Coalition for Health Promotion and Disease Prevention. (See pp. 51-56 for these policy statements.)

READ MORE

- Facts and figures on the epidemic, pp.7-13.

Why should schools include a strong nutrition policy on foods sold outside the breakfast and lunch program, as part of their Wellness Policy?

- Schools should make it easy for children to practice more healthful behavior. An enforced healthy food policy allows students to reach for more nutritious snacks and drinks during the school day, rather than being tempted by foods high in fat, calories, and sugar, and beverages of little or no nutritional value.
- The USDA already regulates the content of school breakfasts and lunches to ensure it meets good nutritional standards, but there is no regulation of the foods sold in a wide variety of other venues in schools. They should be subject to similar regulation.
- The federal Child Nutrition Reauthorization Bill which was signed into law in June of 2004 mandates that by the 2006-07 school year all schools that accept federal funding for the National School Breakfast and Lunch Programs will be required to have a school wellness policy in place. There are minimum requirements for the policy, and as long as those are met, individual districts are free to add their own. Massachusetts schools

should write policy with the BEST standards (and not just the minimum) so they can ensure the health of our children.

- School nutrition and health classes teach students about what foods are good for them, and what foods should be eaten only occasionally. Schools should sell only those foods and beverages that reinforce what students learn in class. This gives students plenty of food to choose from on campus. Those who want to indulge in less nutritious snacks and drinks still have access to them outside of school!
- Good health is one key to academic success. Research shows clear links between good nutrition and better performance by students in the classroom. When students are properly nourished, their standardized test scores and grades go up and they have lower levels of anxiety, hyperactivity, depression, and psychological and social dysfunction. They have longer attention spans and less irritability and fatigue, enabling them to concentrate better in the classroom. They are less likely to be absent due to illness. Proper nourishment also reduces trips to the school nurse by hungry students with headaches and stomach aches.
- Schools have the responsibility to develop healthy minds; they should also assume the responsibility to develop standards to promote healthy bodies.
- State legislation was filed in January 2005 that will set good nutrition standards for all Massachusetts schools. Passing a policy in numerous districts around the state will make it easier to pass statewide policy. Therefore, working for this change in your school district can ultimately help all Massachusetts children.

READ MORE

- References to studies that link nutrition and student achievement, p.14.
- Fact sheet on the statewide legislation, p.17.
- The legislation, *An Act To Promote Proper School Nutrition*, which was filed for the 2005-06 session, p.18.

Why take community action to change school food policies?

- Parents, community members and school professionals together have the power to win changes in local school district policies, where lone voices may not prevail.
- A policy written and introduced by a broad range of community and school members has a greater chance of successful passage because it reflects consensus on a broad range of needs and opinions.
- Successful community action gives people the courage to continue to stand up and fight for what they believe in. Today the food policy, tomorrow, perhaps, daily physical education!

Childhood Overweight in Massachusetts and the United States

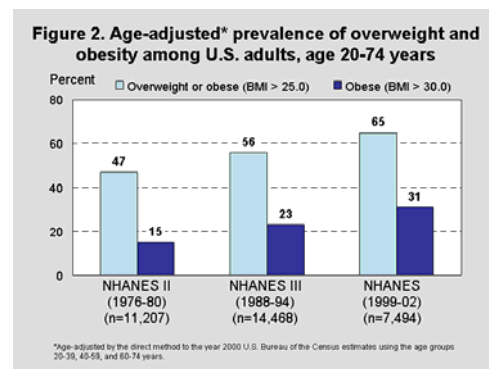
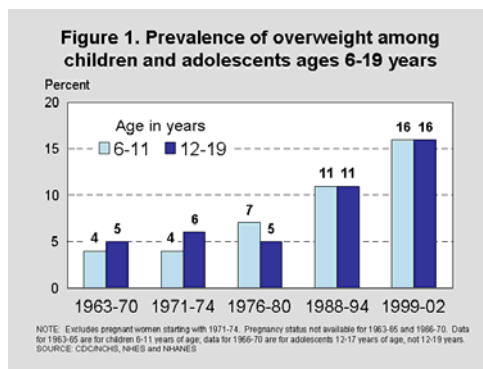
OBESITY RATES ARE STEADILY INCREASING IN MA AND THE US

People are classified as obese or overweight based on their Body Mass Index (BMI). BMI is a way of evaluating weight while taking height into account. BMI equals weight (kg)/height (m²). In adults, at risk for obesity is defined as having a BMI of greater than 25 and obesity is defined by a BMI of 30 or greater.¹

UNITED STATES: FACTS AND FIGURES ON CHILDREN AND ADULTS

Children: 16% of children and adolescents ages 6-19 are overweight according to 1999-2002 data. This is triple what the proportion was in 1980⁵ (Figure 1)

Adults: 65% of adults 20 years of age or older are overweight. This has steadily risen from 47% in 1976. The prevalence of people who are obese has risen from 15% to 31% between 1976 and 2002⁶ (Figure 2).



MASSACHUSETTS: FACTS AND FIGURES ON CHILDREN AND ADULTS

Children: At the local and community level, little data exist for school aged children. Currently, the MA Department of Public Health is working with community partners and researchers to create a height and weight surveillance and monitoring system in MA schools. This system will help public health officials track the rates of overweight and obesity and progress towards reducing these rates.

What we do know:

- In a 2001 survey of children of nutritional risk participating in MA WIC programs, approximately 33% of children ages 2-5 were either at risk or already overweight.²
- Approximately 24% of 9th-12th grade MA teens are either overweight or at risk for becoming overweight.³
 - 14% MA teens are at risk for becoming overweight (BMI >24.55)
 - 10% MA teens are already overweight (BMI >27.88)

Adults:

- It is estimated that 55% of MA adults are either overweight or obese.⁴
 - 37% of MA adults are at risk for obesity
 - 18% of MA adults are obese

OBESITY AND RELATED DISEASES HAVE ECONOMIC CONSEQUENCES

Increased prevalence of obesity puts children at risk for:⁷

- Type 2 Diabetes
- High blood pressure
- Depression, low self esteem
- Heart disease
- Sleep apnea
- Certain types of cancers
- Arthritis
- High blood cholesterol

Economic burden of obesity and related chronic diseases

- Chronic diseases account for roughly 75% of the 1.4 trillion dollars spent on health care in the United States in 2001⁸
- Obesity: total cost to the US was estimated at \$117 BILLION in 2000 (this is \$18 billion more than the cost in 1995)⁷
- Cardiovascular disease: estimated at \$351 billion in health care costs and loss of productivity in 2003⁸
- Diabetes Mellitus: estimated at \$132 billion in health care costs in 2002⁹
- **Specific to MA:** In 1998, among MA adults, obesity-related *direct medical costs alone* reached an estimated \$1.8 billion, 4.7% of the the total MA health care expenditure.

This fact sheet was compiled by the Harvard Prevention Research Center, 2005.

References:

1. <http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm>
 - Children younger than 5 in the Pediatric Nutrition Surveillance System are defined by weight for height on a growth chart
 - *Obesity* is a BMI \geq 95th Percentile and *Overweight* is a BMI \geq 85th Percentile but $<$ 95th Percentile
 - Children older than 5 are defined by BMI on a growth chart
 - *Obesity* is a BMI \geq 95th Percentile and *Overweight* is a BMI \geq 85th Percentile but $<$ 95th Percentile.
 - Adults use the reported height and weight.
 - *Obesity* is a BMI \geq 30 and *Overweight* is a BMI \geq 25 but $<$ 30
2. 2001 Massachusetts Pediatric Nutrition Surveillance System. http://www.state.ma.us/dph/bhsre/cdsp/brfss/phc_July2002.ppt
3. 2003 Massachusetts Youth Risk Behavior Survey. <http://www.doe.mass.edu/hssss/yrbs/03/results.pdf>
4. 2002 Behavioral Risk Factor Surveillance System <http://www.state.ma.us/dph/bhsre/cdsp/brfss/rpt2002.pdf>
5. National Health Examination Survey 1963-2002, <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overwght99.htm>
6. National Health Examination Survey 1976-2002, <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/obese/obse99figs1and2.htm>
7. U.S. Department of Health and Human Services. The Surgeon General's call to action to prevent and decrease overweight and obesity. [Rockville, MD]:U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; [2001].
8. Centers for Disease Control and Prevention: http://www.cdc.gov/nccdphp/power_prevention/pop-spending.htm and http://www.cdc.gov/nccdphp/bb_heartdisease/
9. American Diabetes Association. Economic costs of Diabetes in the United States in 2002: <http://www.diabetes.org/diabetes-statistics.usp>



Sugar-Sweetened Beverages and the Implications for Children's Health

Between 56% and 85% of children in school consume at least 1 soft drink daily. Of this group, 20% consume 4 or more servings daily.¹

Each 12-oz serving of a carbonated, sweetened soft drink contains the equivalent of 10 teaspoons of sugar and 150 calories.²

Sweetened drinks (fruitades, fruit drinks, soft drinks, etc) constitute the primary source of added sugar in the daily diet of children.³

High Consumption:

- According to data from the US Department of Agriculture (USDA), per capita soft drink consumption has increased by almost 500% over the past 50 years.⁴
- Twenty years ago, boys consumed more than 2x as much milk as soft drinks, and girls consumed 50% more milk than soft drinks. By 1996, both boys and girls consumed 2x as much soda as milk.⁵
- Teenage boys who drink soda, consume 2 12-ounce sodas or one can each day. Girls who consume soda drink a little less than 2 12-ounce sodas or one can per day.⁶

Health Effects of Consuming Sugar-sweetened beverages:

Overweight or obesity attributable to additional calories in the diet...

- Each 12-oz sugared soft drink consumed daily has been associated with a 60% increase in risk of obesity, an association not found with the "diet" (sugar-free) soft drinks.⁷ Sugar-free soft drinks constitute only 14% of the adolescent soft drink market.⁸
- Sweetened drinks are associated with obesity, because people consuming calories while drinking do not necessarily compensate for the extra calories by eating fewer calories at meals.⁹⁻¹¹
- Increased consumption of sugary soft drinks significantly increases the risk for weight gain and type 2 diabetes.¹²

Risk of calcium deficiency leading to osteoporosis or fractures...

- Milk consumption decreases as soft drinks become a favorite choice for children, a transition that occurs between the third and eighth grades.¹³⁻¹⁴ With less calcium consumed, maximal gain in bone mass is jeopardized at a critical time in life: adolescence.¹⁵

- A 5 to 10% deficit in peak bone mass may result in a 50% greater chance of hip fracture. Therefore, steps must be taken to improve calcium intake among adolescents.¹⁶⁻¹⁷

Dental caries and potential enamel erosion...

- In addition to the caloric load, soft drinks pose a risk of dental caries because of their high sugar content, and enamel erosion because of their acidity.¹⁸

6. U.S. Department of Agriculture. Nationwide Food Consumption Survey, 1977-78; Continuing Survey of Food Intakes by Individual, 1987-88, 1994-96
7. Ludwig, DS, Peterson KE, Grotmaker SL. Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective observational analysis. *Lancet*. 2003;357:505-508
8. Harnack L, Stang J, Story M. Soft drink consumption among US children and adolescents; nutritional consequences. *Journal of American Dietetic Association*. 1999;99:436-441.
9. Bellisle F, Rolland-Cachera M-F. How sugar-containing drinks might increase adiposity in children. *Lancet*. 2001;357:490-491
10. Tordoff MG, Alleva AM. Effect of drinking soda sweetened with aspartame or high-fructose corn syrup on food intake and body weight. *American journal of Clinical Nutrition*. 1990;51:963-969
11. De Castro JM, Orozco S. Moderate alcohol intake and spontaneous eating patterns of humans: evidence of unregulated supplementation. *American Journal of Clinical Nutrition*. 1990;52:246-253
12. Matthias B. Schulze, DrPH; JoAnn E. Manson, MD; David S. Ludwig, MD; Graham A. Colditz, MD; Meir J. Stampfer, MD; Walter C. Willett, MD; Frank B. Hu, MD. Sugar-Sweetened Beverages, Weight Gain, and Incidence of Type 2 Diabetes in Young and Middle-Aged Women. *JAMA*. 2004;292:927-934.
13. Calvadini C, Siega-Riz AM, Popkin BM. US adolescent food intake trends from 1965 to 1996. *Arch Dis Child*. 2000;83:18-24
14. Lytle LA, Seifert S, Greenstein J, McGovern P. How do children's eating patterns and food choices change over time? Results from a cohort study. *Am J Health Promotion*. 2000;14:222-228
15. American Academy of Pediatrics, Committee on Nutrition. Calcium requirements of infants, children, and adolescents. *Pediatrics*. 1999;104:1152-1157.
16. Wyshak G. Teenaged girls, carbonated beverage consumption, and bone fractures. *Arch Pediatr Adolesc Med*. 2000;154:610-613.
17. NIH Consensus Development Panel on Osteoporosis Prevention, Diagnosis, and Therapy. Osteoporosis: prevention, diagnosis, and therapy. *JAMA*. 2001;285:785-795
18. Heller K, Burt BA, Eklund SA. Sugared soda consumption and dental caries in the United States. *J Dent Res*. 2001;80:1949-1953

This fact sheet was compiled by the Harvard Prevention Research Center.

Economic Cost of Obesity and Obesity-Related Chronic Diseases

Facts and Figures

Chronic diseases account for roughly 75% of the 1.4 trillion dollars spent on health care in the United States in 2001 ¹

In Massachusetts, obesity related expenses accounted for \$1.8 billion dollars of annual direct medical expenditures (not including indirect costs such as lost productivity.) Of that amount, \$446 million was attributable to Medicare and \$618 million was attributable to Medicaid.⁸

ECONOMIC BURDEN OF OBESITY AND RELATED CHRONIC DISEASES IN THE US

- Obesity: total cost to the US was estimated at \$117 BILLION in 2000. This is \$18 billion more than the cost in 1995. ³
- Cardiovascular disease: estimated at \$351 billion per year in health care and loss of productivity in 2003 ⁴
- Diabetes Mellitus: estimated at \$132 billion in health care costs in 2002 ⁵
- By reducing the prevalence of cardiovascular disease through weight control, the medical costs of Americans with cardiovascular disease could be reduced significantly.^{6,7}

OBESITY-RELATED HOSPITAL COSTS IN YOUTHS AGED 6-17 YEARS

Obesity-associated annual hospital costs increased more than threefold; from \$35 million during 1979-1981 to \$127 million during 1997-1999.²

Over the past two decades, an increase in the prevalence of obesity in America's youth has led to increased hospital stays, and consequently increased health care costs, related to obesity-associated diseases. ² (See Figure 1 below)²

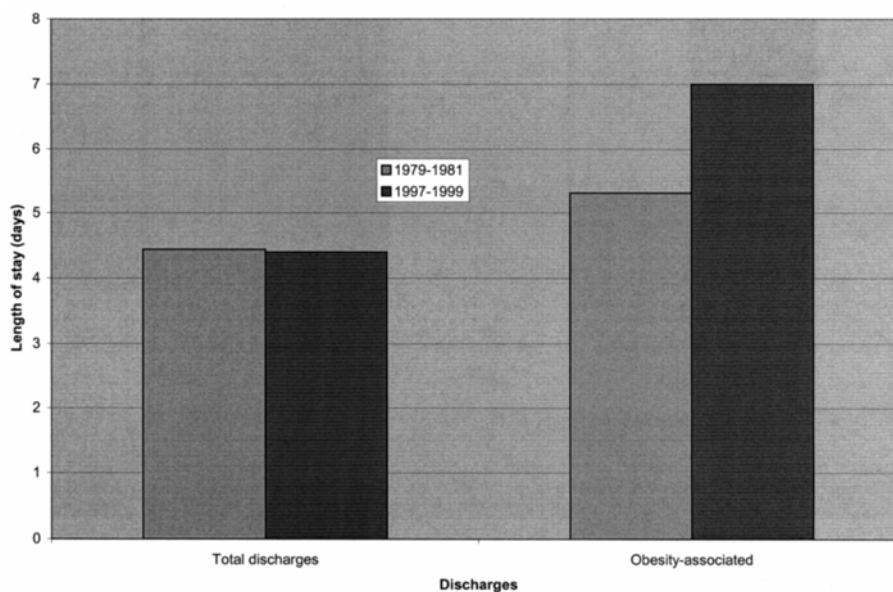


Figure 1. Average length of hospital stay in 1979-1981 and 1997-1999. ²

This fact sheet was compiled by the Harvard Prevention Research Center, 2005.

References:

1. Centers for Disease Control and Prevention: http://www.cdc.gov/nccdphp/power_prevention/pop-spending.htm and http://www.cdc.gov/nccdphp/bb_heartdisease/
2. Wang G, Dietz WH. Economic Burden of Obesity in Youths Aged 6-17 years: 1979-1999. *Pediatrics* 2002 May; 109(5).
3. U.S. Department of Health and Human Services. The Surgeon General's call to action to prevent and decrease overweight and obesity. [Rockville, MD]:U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; [2001].
4. Centers for Disease Control and Prevention: http://www.cdc.gov/nccdphp/bb_heartdisease/
5. American Diabetes Association. Economic costs of Diabetes in the United States in 2002: <http://www.diabetes.org/diabetes-statistics.usp>
6. American Heart Association *2001 Heart and Stroke Statistical Update*, American Heart Association, Dallas, TX (2000).
7. Wang G, Zheng ZJ, Heath G, Macera C, Pratt M, Buchner D. Economic burden of cardiovascular disease associated with excess body weight in U.S. adults. *Am J Prev Med* 2002 Jul;23(1):1-6
8. Finkelstein EA, Fiebelkorn IC, Wang G. State Level Estimates of Annual Medical Expenditures Attributable to Obesity. *Obesity Research*. 2004 Jan : 12(1): 1-7.
9. Fierro M. How can states trim the fat. NGA Center for Best Practices: Issue Brief. June 13, 2002.

Contributors to the Childhood Overweight Problem

Children's individual eating and physical activity behaviors are not the main contributors to overweight and obesity. Our society also has tremendous influence in these ways:

Fast Food and Junk Food Advertisements:

Unhealthy fast and processed foods and sugar-sweetened drinks are aggressively advertised and sold to children. This includes in public schools as well. Fast food and junk food advertisers purposely target children whom they know have increasing purchasing power.

Soda consumption

Soda has increasingly replaced milk and water in children's diets.

Television Watching and Commercials:

Children ages 2-7 watch about 11 hours of television each week; 8-18 year olds watch about 22 hours a week. This is time spent not being active. In addition, 57% of Saturday morning TV commercials advertise foods and drinks of low nutritional value including pre-sweetened breakfast cereal, candy, fast food, soda, cookies and chips. (Marion Nestle, Food Politics, 2002)

Fast Food Restaurants and Eating Out More Often

People are eating out with their children at fast food restaurants more often, so they have less control over how much fat, sugar and salt is in their food. Fast food restaurants also encourage supersizing of meals, which adds unnecessary calories.

Computers and Video Games

Children are playing more video games and sitting at the computer for longer periods of time, rather than engaging in active play.

Growing Portion Sizes

The portions served in restaurants and in food sales are getting bigger. For example, in the 1950s a standard size Coke was 6.5 ounces. Now it is 20 ounces.

Reliance on Cars

People drive (and drive their children) to places more often than they walk.

Safe Outside Play Areas and Sidewalks

In many areas, there aren't sidewalks to walk on or enough areas where children can play outside safely.



The Role of Sound Nutrition and Physical Activity in Academic Achievement

Factors related to overweight in schoolchildren negatively influence a child's readiness to learn and overall achievement. Poor nutrition and lack of physical activity are not only root causes of overweight and obesity, they are also factors associated with lower academic achievement. Studies demonstrate that when children's basic nutritional and fitness needs are met, they attain higher achievement levels. Schools have a critical role in helping students learn and practice healthy eating habits, and in providing the knowledge, motivation, and skills children need for lifelong physical activity [1].

Poor nutrition hampers academic achievement.

Recent studies demonstrate:

- In a New York study, many students experienced malnutrition that was too slight for clinical signs yet still affected their intelligence and academic performance. This impairment can be corrected through improved nutrition [2], [3].
- Among fourth grade students, those having the *lowest amount of protein* in their diet had the *lowest achievement scores* [4].
- *Iron deficiency anemia* leads to *shortened attention span, irritability, fatigue, and difficulty with concentration*. Consequently, anemic children tend to do poorly on vocabulary, reading, and other tests [5].
- Children who suffer from *poor nutrition* during the brain's most formative years score much *lower on tests of vocabulary, reading comprehension, arithmetic, and general knowledge* [6].
- Six- to eleven-year-old *children from food-insufficient families* had significantly *lower arithmetic scores* and were more likely to have *repeated a grade*. Families were classified as food-deficient if they self-reported as sometimes or often not having enough food to eat [7].
- Even *moderate under-nutrition (inadequate or sub-optimal nutrient intake)* can have lasting effects and *compromise cognitive development and school performance* [8].
- Morning fasting has a negative effect on cognitive performance, even among healthy, well-nourished children. A test of the speed and accuracy of response on problem-solving tasks given to children who did or did not eat breakfast found that *skipping breakfast had an adverse influence on their performance on the tests* [9].

Proper nutrition enhances academic performance.

School breakfast programs have shown the effective role of nutrition in enhancing academic performance. Studies demonstrate participation in School Breakfast Programs:

- Improves school performance and reduces absenteeism and tardiness Relieves hunger and improves children's ability to succeed at school [10],[11],[12];
- Improves academic, behavioral, and emotional functioning and leads to increased math grades, lowered absenteeism, and improved behavior [14], [15];
- Increases composite math and reading scores, improves student behavior, reduces morning trips to the nurse, and increases student attendance and test scores [16];
- Strengthens children's psychosocial outcomes, lowering anxiety, hyperactivity, depression, and psychosocial dysfunction [17];
- Raises scores on basic skills tests and reduces tardiness and absenteeism among participants [18].

Increased physical activity leads to higher academic achievement.

Recent studies show:

- Academic achievement improves even when the physical education reduces the time for academics. A reduction of 240 minutes per week in class time for academics to enable increased physical activity led to consistently higher mathematics scores [19], [20].
- A recent study has shown a correlation between the SAT-9 test results with the Fitnessgram indicating that the physical well-being of students has a direct impact on their ability to achieve academically. Students with the highest fitness scores also had the highest test scores [21].
- Intense physical activity programs have positive effects on academic achievement, including increased concentration; improved mathematics, reading, and writing test scores; and reduced disruptive behavior. [22].
- Aerobic conditioning may help to improve memory. Exercise may strengthen particular areas of the brain, and oxygen intake during exercise may enhance greater connections between neurons [23].

The links between schoolchildren's nutrition, physical activity, and achievement was a key topic addressed at the Healthy Schools Summit, held in Washington, D.C. October, 2002. Chaired by former U.S. Surgeon General David Satcher, MD, PhD, with First Lady Laura Bush serving as Honorary Chairperson, the Summit kicked off the nationwide initiative.

David Satcher, MD, PhD is the founding chair and along with other members of the board, provides expertise and oversight to AFHK, a non-profit organization with 501(c)(3) status. The collaboration includes more than 40 national organizations and government agencies representing education, physical activity, health, and nutrition—such as the National Association of State Boards of Education, the National Association for Sport and Physical Education, the American Academy of Pediatrics, the United States Department of Agriculture, and the Centers for Disease Control and Prevention and the National PTA. In addition to providing ongoing guidance, these organizations contributed to the development of the October 2002 national

Healthy Schools Summit, as well as to the formation and on-going guidance and direction of 51 AFHK State Teams. These teams are comprised of volunteer health professionals, teachers, administrators, parents and other concerned community leaders.

The National Dairy Council, the National Foot Ball League and the Robert Wood Johnson Foundation have provided funding and support for Action for Healthy Kids.

**For further information about Action for Healthy Kids,
or to become involved in an AFHK State Team,
visit our website at www.ActionForHealthyKids.org**

Resources

[1] Bogden, J.F. *Fit, healthy, and ready to learn: a school health policy guide*. Alexandria (VA): NASBE, 2000; [2] Schoenthaler, S. Abstracts of early papers on the effects of vitamin-mineral supplementation on IQ and behavior. *Personality and Individual Differences* 1991;12(4):343; [3] Schoenthaler, S., Amos, S., Eysenck, H., Peritz, E., and Yudkin, J. Controlled trial of vitamin mineral supplementation: effects on intelligence and performance. *Personality and Individual Differences* 1991;12(4):361; [4] American School Food Service Association (ASFSA). Impact of hunger and malnutrition on student achievement. *School Board Food Service Research Review* 1989;(1, Spring):17-21; [5] Parker, L. *The relationship between nutrition and learning: a school employee's guide to information and action*. Washington: National Education Association, 1989; [6] Brown, L., Pollitt, E. Malnutrition, poverty and intellectual development. *Scientific American* 1996;274(2):38-43; [7] Alaimo, K., Olson, C.M., Frongillo Jr., E.A. Food insufficiency and American school-aged children's cognitive, academic, and psychosocial development. *Pediatrics* July 2001;108(1):44-53; [8] Center on Hunger, Poverty, and Nutrition Policy. Statement on the Link between Nutrition and Cognitive Development in Children. Medford, MA: Tufts University School of Nutrition 1995; [9] Pollitt, E., Leibel, R., Greenfield, D. Brief fasting, stress, and cognition in children. *American Journal of Clinical Nutrition* 1991;34(Aug):1526-1533; [10] Murphy, J.M., Pagano, M.E., Nachmani, J., Sperling, P., Kane, S., Kleinman, R.E. The relationship of school breakfast to psychosocial and academic functioning. *Archives of Pediatrics and Adolescent Medicine* 1998;152:899-906; [11] Kleinman, R.E. et al., Hunger in children in the United States: potential behavioral and emotional correlates. *Pediatrics* 1998;101(1):E3. [12] Office of Research, Education, and the Center for Nutrition Policy and Promotion, USDA. *American Journal of Clinical Nutrition* 1998;67(4):798S-803S; [14] U.S. Department of Health and Human Services. Guidelines for school health programs to promote lifelong healthy eating. *Morbidity and Mortality Weekly Report Recommendations and Report* 1996 Jun 14; 45:RR-9; [15] Barnard, A. Study links school breakfast, results. *Boston Globe* 2000 Nov 29; [16] Minnesota Department of Children Families and Learning. *School breakfast programs energizing the classroom* 1998; [17] Murphy, J.M. et al. Effects of a universally free, in-classroom school breakfast program: results from the Maryland Meals for Achievement Evaluation. Initial Report 1999 May 4; [18]; [19] NASPE, Executive Summary, *Shape of the Nation* 2001; [20] Shephard, R.J., Volle, M., Lavalee, M., LaBarre, R., Jequier, J.C., Rajic, M. Required physical activity and academic grades: a controlled longitudinal study. In: Limarinen and Valimaki, editors. *Children and Sport*. Berlin: Springer Verlag; 1984. 58-63; National Association for Sport and Physical Education (NASPE). New study supports physically fit kids perform better academically. 2002 [21]. Shephard, R.J. Curricular physical activity and academic performance. *Pediatric Exercise Science* 1997;9:113-126; [22] Symons, C.W., Cinelli, B., James, T.C., Groff, P. Bridging student health risks and academic achievement through comprehensive school health programs. *Journal of School Health* 1997;67(6):220-227; [23] .

An Act to Promote Proper School Nutrition

Lead Sponsor: Representative Peter J. Koutoujian
House Chair, Committee on Public Health

What does this bill do?

This bill will help Massachusetts children make more healthful food choices in school by

- Setting good standards for portion sizes and for the amount of fat, saturated fat and sugars allowed in foods sold in vending machines, on *a la carte* lines, in school stores, and for fundraisers
- Replacing sodas with more healthful beverages (water, fruit juice, and low or non-fat milk)
- Offering fruits and non-fried vegetables for sale on cafeteria *a la carte* lines
- Helping raise awareness of the childhood overweight and obesity epidemic by establishing an annual public service campaign
- Making nutritional information on *a la carte* items available to students

Why is *An Act To Promote Proper School Nutrition* so important?

Overweight among children is a public health epidemic. Foods and beverages high in calories, fat, and sugar are major contributors to the problem.

- Ten percent of Massachusetts adolescents are obese and 15% are overweight.
- Overweight and obesity puts children at increased risk for chronic diseases such as Type 2 diabetes, hypertension, asthma, heart disease, certain cancers, sleep apnea, gallbladder disease, and for premature death.
- Overweight children suffer from increased social ostracism and depression.
- Between 70 and 80 percent of overweight children and adolescents remain overweight or become obese as adults.

Schools should teach and model more healthful eating habits to children

- Schools take the responsibility to develop healthy minds; this act will help schools promote healthy bodies as well.
- Research shows a direct link between nutritional intake and academic performance. Well-nourished children attend school more regularly and are more prepared to learn.

Children's health is important and we can no longer afford to ignore the childhood obesity problem.

- The state will bear the burden for the chronic diseases that our children suffer—it is in the state's best interest to start our kids on a more healthful track.
- Schools should standardize more healthful food choices for children so parents know their children are getting something nutritious to eat, whether from the lunch line or the vending machine.

For more information, or to endorse this bill: Roberta Friedman, Director of Education, Massachusetts Public Health Association: (617) 524-6696 x 103 or RFriedman@mphaweb.org.

**Chief Sponsor:
Representative Peter Koutoujian of Waltham**

**The Commonwealth of Massachusetts In the Year Two Thousand and Five
AN ACT TO PROMOTE PROPER SCHOOL NUTRITION**

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Chapter 71 of the General Laws as appearing in the 2002 Official Edition is hereby amended by adding at the end thereof, the following sections:—

Section 90.

The following words, as used in this section and in section 91, inclusive, shall have the following meaning, unless the context otherwise requires:—

“Added sweetener”, any additive that enhances the sweetness of the beverage, including but not limited to added sugar, but does not include the natural sugar or sugars that are contained within the fruit juice that is a component of the beverage.

“Full meal”, any combination of food items that meet a United States Department of Agriculture-approved meal pattern.

“Elementary school”, a public school that maintains any grade from pre-kindergarten to grade 6, inclusive, but no grade higher than grade 8.

“Middle school”, a public school that maintains any of grades 6 to 9, inclusive, but no grade higher than grade 9.

“High school”, a public school maintaining any of grades 9 to 12, inclusive.

Section 91.

The following applies to any food or beverages sold in Massachusetts Public schools excluding the National School Lunch and Breakfast Programs.

(a) In elementary, middle and high schools, only the following types of beverages shall be sold:

- a. At least fifty-percent fruit juices or fruit-based drinks in not more than 12 ounce containers that have no added natural or artificial sweeteners;
- b. Drinking water, in any size container; and
- c. Low fat and non-fat milk, including but not limited to low-fat and non-fat chocolate milk, soy milk and/or rice milk and other similar dairy or nondairy milk, in not more than 10 ounce containers. Soy and rice drinks must be calcium and vitamin fortified and contains no more than 30 grams total sugars.

(b) In elementary, middle and high schools, only the following types of food shall be sold:

- a. 1-3 ounces of food per package with not more than 30 per cent of its total calories per package shall be from fat or 7 grams maximum per package. This requirement does not apply to the sale of nuts or seeds.
- b. 1-3 ounces of food per package with not more than 10 per cent of its total calories per package or 2 grams maximum per package shall be from saturated fat plus trans fat; and
- c. 1-3 ounces of food per package with not more than 35 percent of its weight from sugars, excluding sugars occurring naturally in fruits, vegetables, and dairy ingredients.

(c) Food items not prepackaged with nutritional information by the distributor shall be required to have nutritional information (calories, percentage of calories from fat, percentage of calories from saturated fat, cholesterol, protein, carbohydrate, fiber, calcium, iron, vitamin A and vitamin C) available to students, either on a display case, in a binder or within information packets held by food service staff for requests by students. This requirement shall take effect by the second school year following 180 days of the passage of this bill.

(d) The sale of all foods on school grounds, including, but not limited to school stores, a-la carte

lines in cafeterias, vending machines, concession stands and fundraisers shall be approved for compliance with the nutrition standards as established by the Department of Education.

(f) Fruit and non-fried vegetables shall be offered for sale at any location where food is sold with the exception of non-refrigerated vending machines and vending machines which dispense only beverages.

(g) Elementary, middle and high schools may permit the sale of food items that do not comply with Section 91(a)-(f) as part of a school fundraising event if the sale of those items by pupils of the school takes place off school premises; or the sale of those items by pupils of the school takes place at least 30 minutes after the end of the school day.

SECTION 2. Chapter 15 of the General Laws, as appearing in the 2002 Official Edition, is hereby amended by inserting after section IE, the following section:—

Section IE¹/₂

(a) The department of education shall annually establish for all elementary, middle and high schools, as defined in Section 90 of Chapter 71, a minimum of 1 school nurses per school, trained in behavioral health and appropriate treatment and resources for eating disorders; a minimum of 20 hours of professional development for school nurses and aid staff to gain the most up-to-date knowledge on eating disorder treatment and identification; and a referral program where medical resources in the community shall collaborate with schools to identify children in need of services and provide these resources through in-school, outpatient and inpatient settings, where appropriate.

(b) The department of education in consultation with the department of mental health shall provide available mental health resources for children, in-school and through outpatient programs to treat obesity and other eating-related disorders such as anorexia and bulimia.

SECTION 3. Chapter 19 of the General Laws, as appearing in the 2002 Official Edition, is hereby amended by inserting after section 11, the following section:—

Section 11¹/₂.

The department of mental health shall establish a committee to review the trend in reported cases of obesity and eating disorders by the department of education to the department of mental health. The committee established by the department of mental health shall consist of officials from the department appointed to represent and act as liaisons to school administrations of certain towns and municipalities. Duties of the committee shall include but not be limited to:

(a) Evaluating the trends of reported cases of obesity and eating disorders across the Commonwealth and the progress of treatment and recovery as reported by the department of education;

(b) Studying the access to quality health care and whether students are receiving appropriate and adequate care in the treatment of their obesity or eating disorder;

(c) Formulating a plan of action for the Commonwealth to ensure sufficient reimbursement from Medicaid, private health plans and HMOs for the appropriate and adequate treatment of obesity and eating disorders for children in Massachusetts.

SECTION 4. The department of public health shall establish an annual public service campaign to raise awareness on the issue of pediatric overweight, and the state's initiative to reduce the epidemic through available resources and support programs. The campaign shall include, but not be limited to:

(a) Public service announcements regarding physical activity, nutrition and healthy lifestyles.

- (b) Reducing the number of television viewing hours by children.
- (c) Increasing state and local initiatives for free-time physical activity for children.
- (d) Reducing potential transportation barriers to available free-time physical activities in the community.
- (e) Increasing community areas of green space and indoor facilities for out of school and free-time physical activities as well as addressing concerns about neighborhood safety.
- (f) Distributing a kit of information to schools including brochures and tapes on pediatric overweight.
- (g) Creating an interactive website with information and resources on pediatric overweight.

SECTION 5. There is hereby established a special commission to conduct an analysis of childhood obesity, nutrition, physical activity and education, and wellness in the commonwealth. Said commission shall consist of: the Commissioner of Public Health, or his designee; the Commissioner of Medical Assistance, or his designee; one representative and one senator from the Joint Committee on Health Care; one person to be appointed by the Governor, one person to be appointed by the Speaker of the House and one person to be appointed by the Senate President; a board certified dietician or nutritionist; a board certified pediatrician from the American Academy of Pediatrics; a representative from the Board of Psychology; a representative from the Massachusetts Public Health Association; a representative from the Massachusetts School Nurse Organization; and one person appointed by the Commissioner of the Department of Education. Said commission shall evaluate the state of childhood obesity in Massachusetts, including but not limited to physical education programs, school lunches, school snack and soda vending machines, after school program and national standards. Said commission shall report its findings, and file any draft legislation with the clerks of the House of Representatives and the Senate, the joint committee on health care and the house and senate committees on ways and means not later than 180 days after the passage of this act. Thereafter, the Department of Public Health shall conduct, every two years, analyses to evaluate childhood obesity in Massachusetts. DPH shall report their findings to the Committee on Health Care sixty days after the conclusion of the review.

This Act shall take effect on the first full school year following 180 days of its passage.

STEP TWO: FORM A COMMITTEE

PURPOSE

Changing school food policy is an achievable goal that requires the combined efforts of a dedicated group of people who together can work on the many steps it takes to accomplish. Form a committee to:

- Begin public discussion on the need to ban junk foods and beverages from schools.
- Get “buy-in” and build grassroots support from schools, parents, and community.
- Research the school district’s present situation regarding sales of food outside of the USDA Breakfast and Lunch program.
- Spread the word of the committee’s activity in local newspapers, at meetings, school events, PTO/PTA meetings, and elsewhere.
- Adapt the sample policy to present to the School Committee for passage.
- Recruit parents and other community members to attend School Committee meetings to show support for the policy.
- Assist with publicizing and implementation of the new policy.

SUGGESTED COMMITTEE MEMBERS

Your committee will have a greater chance of success if its membership is diverse. Those marked with an asterisk **MUST** be on your team to fulfill the requirement of the Child Reauthorization Act. You will build a powerful committee that can give valuable input by also including the others.

- *Parents (including PTO/PTA members)
- *School food service director or representative
- *School Committee members
- *Students (for example, Youth Advisory Council members)
- *School Administrators, for example, Principals and/or assistant principals
- *The public, for example, Representatives from community groups and associations
- Health and/or physical education teachers (and other interested teachers)
- School nurses
- School Cite Council members
- City Council members
- Local public health nurse
- Local board of health representative
- District school financial officer
- Local physical activity and nutrition organizations
- Local pediatricians
- Food merchants with businesses located near schools

SUGGESTED SUBCOMMITTEES (of two or more members)

- City Council Resolution (See p. 32.)
- Research
- Policy adaptation
- Students
- Presentation to School Committee
- Implementation and follow-up
- Publicity

YOU MAY MEET RESISTANCE TO PARTICIPATION ON A COMMITTEE FOR THIS PURPOSE. Here are some ideas to overcoming the resistance:

- Find out what is keeping people from joining you: Are they poorly informed? Are they invested in keeping things as they are? Do they have financial interest or need in keeping things as they are? Is this issue simply not relevant to them? If so, why not?
- Educate the community by developing fact sheets and invite people to meet with an expert.
- Pay attention to cultures other than your own. Do you need materials in other languages? Are there cultural barriers that you have not considered?
- Ask the people who are already committed to meet one-on-one to invite others into the process.
- Talk to committee members from other local school districts who are doing the same work. For suggestions, call Roberta Friedman at MPHA, (617) 524-6696 x 103.
- Consider involving more students, who are often powerful and passionate advocates. They may also be excellent recruiters.
- Think about working with potential members in a different way, for example, through a social club, a church, or a non-threatening event such as a cultural gathering or other public function.

If all else fails, try to keep those who supported you involved, but attempt to duplicate your successful efforts with a different group and through different venues such information tables at local events, local cable programming, letters to the editor, or other means of publicizing the childhood obesity crisis.

STEP THREE: RESEARCH WHAT'S HAPPENING IN YOUR SCHOOLS

One principal said in a meeting about adopting a no-junk food policy, “the more you work on it, the more you see there are many layers to the process.” Getting rid of junk food in schools is a complicated process affecting staff from many different areas, including Food Services, Budget and Operations, the faculty, and others.

Many questions will come up about a policy’s effect on these different areas as the discussion about its adoption unfolds. MPHA therefore recommends that you form a subcommittee EARLY in the process to gather as many answers as possible to the questions we’ve outlined below.

READ MORE

On page 24 you will find a list of possible research questions, followed on page 26 by the same questions in table format to help you keep track of the answers.

The questions cover:

- The superintendent and his/her role
- Principals and their roles
- The school food service, its director and his/her role
- *A la carte* lines in the cafeteria
- Vending machines and vending contracts
- Students’ allocated time for lunch
- School Committee considerations
- City Council considerations
- Statistics on overweight or obese children in the district
- School stores
- Fundraisers
- Other school policies that may be pertinent

Research Questions

Open and closed campuses:

- How many schools have open campuses and how many have closed campuses?

Superintendent

- What level of control or direction does the Superintendent impose on individual schools and their management of food-related issues?
- Will the Superintendent support the policy?
- Does the Superintendent have any exclusive contracts with the soda bottlers or food vendors?

Principals

- Will the principals most likely support a no-junk food policy?
- Do the principals have any beverage contracts or special arrangements?

School Food Service/Director

- To whom does the Director answer? (For example, operations manager? superintendent?)
- Does the food service have to sustain itself separately from other school funds?
- Who collects the revenues from foods sold outside the Breakfast and Lunch programs?
- Is the Director a member of the School Nutrition Association of MA?
- Is the Director a nutritionist or dietician?

School Committee

- Does the Mayor head the School Committee? Would he vote favorably for a policy?
- Are there members on the School Committee who would support the policy?

City Council

- Are there members on the City Council who would introduce a resolution encouraging the school system to adopt a policy?

***A la carte* Lines in cafeteria**

- Using the policy standards for foods, what examples of junk foods are sold on the *a la carte* lines?

Statistics for the district

- Do the district nurses collect children's heights and weights to calculate Body Mass Indices?
- If yes, can you obtain a brief write-up on the trends in overweight in district children, to present to the School Committee?

Vending Machines in Schools Number of machines

- Examples of content
- Revenue per month
- Who receives revenue?

- When do contracts expire?
- Does anyone else own or control vending machines in your schools (for example, the Athletics Department, or the Community Center if it's located in your school building? If yes, bring them into the process.)

Vending Contracts

- Does the contract specify the products that must be sold?
- Can soda be replaced with water or juice?
- Revenue per year

School Stores

- Examples of products sold
- Revenue per month
- When do contracts with vendors expire?

Fundraisers

- Where do they take place?
- What time do they take place?
- Examples of what is sold
- How much revenue is made?

Lunch

- How much time allocated for lunch?

Policies on classroom incentives, rewards and parties

- Is there a district-wide policy prohibiting teachers from using food as rewards or incentives; or recommending non-food alternatives for birthday parties?
- If the answer to the above question is no, do principals have such policies in their own schools?

Research Questions

Please send a copy of your completed answers to: Roberta Friedman, MPHA, 434 Jamaicaway, Jamaica Plain, MA 02130, so we can see what progress Massachusetts school districts are making. We will keep your answers confidential.

Question	Answer
Open and closed campuses	
How many schools have open campuses and how many closed?	# open _____ #closed _____
What level of control or direction does the Superintendent impose on individual schools and their management of food-related issues?	
Will the Superintendent support the policy?	
Does the Superintendent have any exclusive contracts with the soda bottlers or food vendors?	
Principals	
Will principal most likely support a no-junk food policy?	
Name of School: Elementary	
1.	1. __yes __no _____ name
2.	2. __yes __no _____ name
3.	3. __yes __no _____ name
4.	4. __yes __no _____ name
5.	5. __yes __no _____ name
6.	6. __yes __no _____ name
7.	7. __yes __no _____ name
8.	8. __yes __no _____ name

Will principal most likely support a no-junk food policy?	
Name of School: Middle	
1.	1. __yes __no_____ name
2.	2. __yes __no_____ name
3.	3. __yes __no_____ name
4.	4. __yes __no_____ name
5.	5. __yes __no_____ name
6.	6. __yes __no_____ name
7.	7. __yes __no_____ name
8.	8. __yes __no_____ name
Name of School: High	
1.	1. __yes __no_____ name
2.	2. __yes __no_____ name
3.	3. __yes __no_____ name
4.	4. __yes __no_____ name
School Food Service/Director	
General operation of Food Service	
a. To whom does the Director answer? (e.g. Operations manager? Superintendent?)	a.
b. Does the food service have to sustain itself separately from other school funds?	b.
c. Who collects the revenues from foods sold outside the Breakfast and Lunch programs?	c.
Is the Director a member of the School Nutrition Association of MA?	___yes ___no
Is the Director a nutritionist or dietician?	___yes (which?) _____no

School Committee

Does the Mayor head the School Committee?	___yes ___no
Are there members on the School Committee whom you believe would support the policy?	___yes (names) _____ _____ _____ _____ ___no

City Council

Are there member on the City Council whom you believe would be supportive of passing a resolution?	___yes (names) _____ _____ _____ _____ ___no
--	---

A la carte Lines in Cafeteria

Using the policy standards for foods, find examples of junk foods sold on the <i>a la carte</i> lines that exceed those standards.	
--	--

Statistics for the district

Do the district nurses collect heights and weights? Do they calculate Body Mass Indices (BMI)?	___yes ___no If yes, it would be very useful to have a short write-up on the trends in overweight nurses are seeing, to present to the School Committee.
--	--

Vending Machines in Schools

School Name	Number of machines	Examples of content	Revenue per month	Other
Name of School: Elementary	Beverage: _____	___candy bars ___chips		In general, who receives revenue? When do contracts expire?
1.	Snacks: _____	___hard candy	1.	
2.	Locations:	___cookies/brownies	2.	
3.	# __hallways	___pretzels	3.	
4.	# __cafeteria	___fruit	4.	
5.	# __teacher's lounges	___jerky	5.	
6.		___crackers	6.	
7.	# __other _____	___popcorn	7.	
8.		___ice cream ___soda ___whole milk	8.	

School Name	Number of machines	Examples of content	Revenue per month	Other
Name of School: Middle	Beverage:_____	__candy bars		Who receives revenue?
1.	Snacks:_____	__chips	1.	
2.		__hard candy	2.	
3.	Locations:	__cookies/brownies	3.	When do contracts with vendors expire?
4.	#__hallways	__pretzels	4.	
5.	#__cafeteria	__fruit	5.	
6.	#__teacher's	__jerky	6.	
7.	lounges	__crackers	7.	
8.	#__other_____	__popcorn	8.	
		__ice cream		
		__soda		
		__whole milk		
Name of School: High	Beverage:_____	__candy bars		Who receives revenue?
1.	Snacks:_____	__chips	1.	
2.		__hard candy	2.	
3.	Locations:	__cookies/brownies	3.	When do contracts with vendors expire?
4.	#__hallways	__pretzels	4.	
	#__cafeteria	__fruit		
	#__teacher's	__jerky		
	lounges	__crackers		
	#__other_____	__popcorn		
		__ice cream		
		__soda		
		__whole milk		
Does anyone else own vending machines in your schools (e.g., is the Community Center located in your school building?) If yes, bring them into the process.				

Vending Contracts

Does the district have an “exclusive contract” with a soda company such as Coke or Pepsi that obligates them to sell only those products in their vending machines?

School name	Exclusive Contracts?	Expiration	Specifications
Name of School: Elementary	__yes __no	If yes, expiration date: _____	Does contract specify product that must be sold? __yes __no
1.			Revenue per year \$_____
2.			
3.			
4.			Can soda be replaced with water or juice?

5.			___yes ___no
6.			
7.			
8.			
Name of School: Middle	___yes ___no	If yes, expiration date: _____	Does contract specify product that must be sold? ___yes ___no Revenue per year \$_____
1.			Can soda be replaced with water or juice? ___yes ___no
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Name of School: High	___yes ___no	If yes, expiration date: _____	Does contract specify product that must be sold? ___yes ___no Revenue per year \$_____
1.			Can soda be replaced with water or juice? ___yes ___no
2.			
3.			
4.			

School Stores				
School Name	Does school have a store?	Examples of products sold	Revenue per month	Other
Name of School: Elementary		___candy bars ___chips		Who receives revenue?
1.	1. ___yes ___no	___hard candy	1.	
2.	2. ___yes ___no	___cookies	2.	
3.	3. ___yes ___no	___pretzels	3.	When do contracts expire?
4.	4. ___yes ___no	___fruit	4.	
5.	5. ___yes ___no	___jerky	5.	
6.	6. ___yes ___no	___brownies	6.	
		___crackers		
		___popcorn		
		___soda		

Name of School: Middle		__candy bars __chips __hard candy		Who receives revenue?
1.	1. __yes __no	__cookies	1.	When do contracts with vendors expire?
2.	2. __yes __no	__pretzels	2.	
3.	3. __yes __no	__fruit	3.	
4.	4. __yes __no	__jerky	4.	
5.	5. __yes __no	__brownies	5.	
6.	6. __yes __no	__crackers	6.	
7.	7. __yes __no	__popcorn	7.	
8.	8. __yes __no	__soda	8.	

Name of School: High		__candy bars __chips __hard candy		Who receives revenue?
1.	1. __yes __no	__cookies	1.	When do contracts with vendors expire?
2.	2. __yes __no	__pretzels	2.	
3.	3. __yes __no	__fruit	3.	
4.	4. __yes __no	__jerky	4.	
		__brownies		
		__crackers		
		__popcorn		
		__soda		

Fundraisers

School Name	Where do they take place?	What time do they take place?	Examples of what is sold
Name of School: Elementary			
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.
5.	5.	5.	5.
6.	6.	6.	6.
7.	7.	7.	7.
8.	8.	8.	8.

STEP FOUR: RAISE AWARENESS IN YOUR COMMUNITY AND GET INPUT

This is a crucial step because you will probably meet some resistance in the process of trying to pass your policy. In some cases, it may take several tries. The more the community is aware of and supports your work, the better your chances are for success. Here are some strategies:

- **Form a subcommittee** to publicize your work.
- **Make presentations or announcements at meetings** of local community groups, church coffee hours, clubs and professional associations, to discuss the policy and build support for your work.
- **Make presentations or announcements at PTO and PTA groups** or any other place parents gather.
- **Ask the City Council to pass a resolution** encouraging the schools to eliminate junk foods and sodas. A City Council resolution will give the issue public visibility, as well as support for it later on with state legislators. Assign a subcommittee member to contact several Councilors. Be sure to contact the local media to publicize the city council resolution, if passed.
- **Send out a media advisory** to your local newspaper and cable TV and radio stations before you testify at a City Council hearing. An advisory is a brief, bulletin-style appeal for media coverage of an upcoming event.
- **Write** letters to the editor, editorials, or an article for your local newspaper.
- **Write a press release and send it to the “health beat” reporter** of your local newspaper. Press releases are used to generate the media’s interest in a story. Always call to make sure the reporter received the release and use the opportunity to make another pitch for the story. For an excellent online manual on how to work with the press, go to http://www.apha.org/news/Media_Advocacy_Manual.pdf.
- **Create a press event:** hold a town hall meeting that the press will come to.
- **Contact your local cable TV station and radio** and ask to speak to the producers of specific programs that might cover the issues (such as a community health or cooking show).

READ MORE

- Sample City Council resolution, p. 33.
- Sample media advisory, p.34.
- Letter-writing suggestions, p.34.
- Sample of a press release format, p.35.

READ MORE

SAMPLE CITY COUNCIL RESOLUTION

CITY OF _____
IN CITY COUNCIL

RESOLUTION OF COUNCILLOR(S) _____

- WHEREAS:** In recent years, the number of overweight and obese children between the ages of 6 and 19 has more than tripled; and
- WHEREAS:** American children obtain 50% of their calories from added fat and sugar, and a mere 1% of them consume diets that resemble guidelines of the USDA Food Guide Pyramid; and
- WHEREAS:** Sweetened drinks (fruit drinks, soft drinks, etc.) constitute the primary source of added sugar in the daily diet of children; and
- WHEREAS:** There are approximately ____ (#) vending machines under the responsibility of the [name] Public Schools; and
- WHEREAS:** Cities such as New York and Philadelphia have regulated the sales of all food and drink products sold in vending machines in their public schools; **Therefore be it**
- RESOLVED:** That the [name] City Council strongly urges the [name] Public School Committee to require that only healthful food and drinks such as water without sugar additives and 100% juice, be sold in school cafeterias, school stores, or vending machines placed in all [name] Public School buildings.

Filed in City Council (date):

READ MORE

SAMPLE MEDIA ADVISORY

Media Advisory For [DATE]

TITLE: Use active, dynamic words

WHAT: Describe what the committee is demanding of the City Council

WHY: Include some statistics on obesity (see facts sheets, pp7-13), and any local statistics on children you have. State why you want the City Council to pass a resolution.

WHEN: [DATE]

WHERE: [PLACE]

WHO: Describe your committee, who is on it (parents, activists, school personnel) and why you came together.

CONTACT: Names, numbers and email of two people on the committee.

SUGGESTIONS FOR WRITING A LETTER TO THE EDITOR OF YOUR LOCAL PAPER

- The smaller and more local the newspaper the more likely it is that your letter will be published, so it's very much worth the effort. Find the name of the Letters Editor of your paper on line or in the phone book and address the letter to him or her.
- Be concise. Two to three hundred words is the average length of a letter to the editor. Don't exceed this by too much because the newspaper will cut your letter, possibly changing the emphasis of it.
- Always include your full name and contact information, including degrees, organizational affiliation, title, and daytime phone number.
- Include a few sentences on the obesity issue in general, on local statistics if available, on the makeup of your committee, your process, and the expected outcome.

READ MORE

PRESS RELEASE FORMAT

The Health Advisory Committee of _____

Phone: XXX-XXX-XXXX

Fax : XXX-XXX-XXXX

Contact Name and Title: _____

Date: _____

PRESS RELEASE

FOR IMMEDIATE RELEASE

Strong title in bold, i.e.: COMMITTEE RECOMMENDS THAT (Your Town) BAN JUNK FOODS IN SCHOOLS!

City/Town, MA –The first paragraph should include the most important and powerful information and should answer the questions:

- **Who** initiated the policy?
- **What** will the policy do?
- **When** will it be brought to the school committee?
- **Where** will it be instituted?

Following paragraphs should answer **why** the policy is being considered and discuss its relevance.

- Be brief and to the point.
- The document should be double-spaced.
- Keep it to no more than two pages.
- Use quotes from parents, school officials and students.

Finish with some information about your committee, for example: The (City) Health Advisory Committee was formed in 2005 to address the health needs of (City's) students by writing and recommending policy. For more information, call _____.

At bottom center of the last page of the release, type three pound signs (###)—this is standard journalistic practice. The press release should not be longer than two pages.

###

STEP FIVE: ADAPT THE SAMPLE POLICY

Adapt the policy:

- **Review the document** in the **READ MORE** section with questions and answers about each food and beverage standard in the policy. Each section has been researched, and meets recommendations made by many groups, including the Massachusetts Action for Healthy Kids (a coalition of leaders in children’s nutrition, education, health and physical activity.) The arguments in this document will also help you when you state your case to the school committee. If there is concern on the part of the committee that the policy will limit children’s choices, see the sample products list of foods that meet the standards.
- **Add any other sections to the policy** that you think are necessary, based on your research findings. We recommend that you keep the standards for beverages and food as they are in the sample policy. These standards most closely match those in the state legislation, and have already been adopted in some Massachusetts towns and cities. One section you might discuss adding is on enforcement of the policy, and possible consequences for the lack of compliance by schools.
- **Write an introductory paragraph** that will serve as an overview of the problem of overweight and obesity in children, and include, if possible, district data.
- **Get the committee’s agreement** on the final language.

READ MORE

- Questions and answers about each section of the policy, p.37
- Where to find a comprehensive list of sample products, p. 41
- THE SAMPLE POLICY, p.44
- A sample introductory paragraph, p.46

QUESTIONS AND ANSWERS ABOUT EACH SECTION OF THE POLICY

Section and Question	Answer
<p>Why doesn't the policy also cover the School Breakfast and Lunch Programs?</p> <p>“Beverages and foods sold in all Public Schools or on school grounds (excluding the National School Breakfast and Lunch Program) must adhere to the following standards.”</p>	<p>The National School Breakfast and Lunch Programs are excluded from this policy because the USDA already regulates them.</p>
<p>Why is this statement in a section about what the beverage product line will consist of?</p> <p>“Soft drinks, fruit drinks with minimal nutritional value, and sports drinks cannot be sold anywhere in school buildings or on the school campus.”</p>	<p>It is important to make a clear, explicit statement that soft drinks, fruit drinks and sports drinks will not be sold on campus.</p>
<p>Why exclude soda?</p>	<p>Soda has no nutritional value. It provides unnecessary calories, sugar and caffeine, and often takes the place of milk in children's diets.</p> <p>According to the National Institute of Child Health and Human Development, “...more than 85 percent of all girls ages 12 to 19 do not get the recommended amount of calcium.... Getting too little calcium may lead to health problems later in life, such as osteoporosis and fragile bones. <i>(For more information, see fact sheet on soft drinks, p.9)</i></p>
<p>Why exclude sports drinks?</p>	<p>The American College of Sports Medicine Position on Exercise and Fluid Replacement, 1996: “During exercise lasting less than 1 hour, there is little evidence of physiological or physical performance differences between consuming a carbohydrate-electrolyte drink and plain water.” It's important to remember that “carbohydrate” means “sugar” and “electrolytes” is sodium in sports drinks. Sports drinks are salty sugar water with artificial flavors and artificial colors.</p>

<p>Why limit the amount of fruit juice?</p> <p>“Fruit and/or vegetable based drinks composed of no less than 100% fruit/vegetable juices with no added sweeteners, not to exceed 12 oz.”</p>	<p>While 100% juice has vitamins, it is very high calorie. It is the consensus of many who are working on policy that to exclude juice and limit beverages only to water and milk would undermine the ability to get any policy passed. Therefore, in the sample policy, we have written in a size limit for juice containers.</p>
<p>Why sell only low- and non-fat milk, and not full fat milk?</p>	<p>Full fat milk for undernourished children will still be available in the cafeteria through the National School Breakfast and Lunch Programs. Otherwise children do not need full fat milk. Switching to 1% or fat-free milk is one of the easiest ways for children to get the calcium and vitamin D they need, while reducing their saturated-fat intake and heart-disease risk.</p> <p>According to the National Institute of Child Health and Human Development, drinking low-fat and fat-free milk makes it “easy for children and teens to get enough calcium without adding extra fat to their diets....” After age five, children should drink low and non-fat milk.</p> <p>According to the Center for Science in the Public Interest, “Choosing 1% or fat-free milk instead of whole or 2% milk is an important strategy for keeping children’s hearts healthy and arteries clear.”</p>
<p>Why include flavored milks if they contain sugar?</p> <p>“Low-fat (1%) or fat-free-flavored milks, containing no more than 30 grams of total sugars per 8 ounce serving.”</p>	<p>Children like flavored milks, and will drink more milk in general if they are flavored. Milk is a source of calcium and other nutrients.</p>
<p>Why sell soy and rice drinks?</p> <p>“Soy and Rice Drinks must be calcium and vitamin fortified and contain no more than 30 grams total sugars.”</p>	<p>Soy and rice drinks are an alternative to children who are lactose-intolerant.</p>
<p>Who wrote these standards?</p> <p>“Only foods that meet the following guidelines shall be sold (excluding the National School</p>	<p>These standards are taken from <i>The Massachusetts A la carte Food and Beverage Standards to Promote a Healthier School Environment</i>. January 2004, written by the</p>

<p>Breakfast and Lunch Program): Total Fat: No more than 30 percent of total calories from fat or 7 grams maximum per serving, (with the exception of nuts and seeds); Saturated and Trans Fat: 10 percent or less of its total calories from saturated plus trans fat (or 2 grams maximum); Carbohydrates: Each package of grains, fruits or vegetables with not more than 30 grams of total carbohydrates (including natural and added sugar); each package of dairy with not more than 4 grams per ounce of total carbohydrate (including added sugar and natural milk sugar).</p>	<p>Massachusetts Action for Healthy Kids, which is a coalition* composed of leaders in children’s nutrition, education, health and physical activity.</p> <p>The Massachusetts Chapter of the American Academy of Pediatrics endorsed these standards in 2005.</p>
<p>Why limit high fat, high sugar candy and snacks from classrooms?</p> <p>“Principals and staff will promote a school environment supportive of healthy eating. Adults are encouraged to model healthy eating by serving nutritious food at school meetings and events, and by refraining from using candy and snacks of minimal nutritional value as rewards for students, and will limit their use (and seek non-food alternatives) in holiday and birthday parties in the classroom. If schools participate in fundraising involving food, the fundraiser should support a healthy school environment and be free from solicitation of foods that do not meet the specifications of the Dietary Guidelines for Americans.</p>	<p>Teachers and principals can set a healthy “tone” in their schools by limiting the amount of snacks and candy that children get in class, at parties, and for fundraisers.</p> <p>If high fat, high sugar snacks were very occasional “treats” in children’s diets, we would not worry about the parties and rewards etc. But, given that junk food and high fat fast food are more and more becoming staples of children’s diets, we are adding to the obesity problem by allowing them these treats in school on a regular basis.</p>

*The Massachusetts Action for Health Kids Coalition members include: Boston Medical Center’s Nutrition and Fitness for Life Program, Foodplay Productions, Harvard Prevention Research Center/Harvard School of Public Health, MA Department of Education School Nutrition, Safety and Climate Unit, MA Department of Public Health, MA Dietetic Association, MA General Hospital, MA Public Health Association, MA School Foodservice Association, New England Dairy and Food Council, Project Break, U Mass E Extension Nutrition Education Program, and USDA Food and Nutrition Service Child Nutrition Programs, Northeast Region.

READ MORE

**The A-List
“A-acceptable” Vending Items Listed by Product and Manufacturer**

The John C. Stalker Institute of Food and Nutrition, a partnership of the Massachusetts Department of Education, Nutrition Programs and Food Services, and Framingham State College, has compiled and is continually updating a list of vending and snack products that meet the standards in this kit, which are taken from *the Massachusetts A la carte Food & Beverage Standards to Promote a Healthier School Environment (Massachusetts Standards)*.

Go to: <http://www.johnstalkerinstitute.org> and click on “Healthy School Snacks” for a complete list.

Check back on their website periodically for updates.

SAMPLE POLICY

(NAME) PUBLIC SCHOOLS NUTRITION POLICY AND GUIDELINES FOR BEVERAGES AND FOODS SOLD ON CAMPUS (excluding the National School Breakfast and Lunch Programs)

IMPLEMENTATION GUIDELINES

Beverages and foods sold in all (NAME) Public Schools or on school grounds (excluding the National School Breakfast and Lunch Program) must adhere to the following standards.

Beverages

The total beverage product line will be limited to the following:

1. Soft drinks, fruit drinks with minimal nutritional value, and sports drinks cannot be sold anywhere in school buildings or on the school campus.
2. Fruit and/or vegetable based drinks composed of no less than 100% fruit/vegetable juices with no added sweeteners, **not to exceed 12 oz.**
3. Drinking water with no additives except those minerals normally added to tap water.
4. Drinking water and seltzer with essences that are pure flavor and aroma products with a maximum dilution of 0.5 to 1 per 1000 and contain no added sweeteners, flavoring or colors.
5. Milks and flavored milks, **not to exceed 16 oz.**
 - Pasteurized fluid types of unflavored, low fat (1%), skim milk (fat-free), or lactose free milk, which meet USDA, state and local standards and regulations for milk. All milk should contain Vitamins A and D at levels specified by the Food and Drug Administration and be consistent with the state and local standards for such milk.
 - Low-fat (1%) or fat-free-flavored milks, containing no more than 30 grams of total sugars per 8 ounce serving.
 - Caffeinated beverages containing naturally occurring caffeine in cocoa with less than 15 milligrams per 8 ounce serving.
 - Milk products sold in vending machines should **not exceed 16 oz.**
6. Soy and Rice Drinks must be calcium and vitamin fortified and contain no more than 30 grams total sugars.
7. Beverage products, except for drinking water, not to exceed 16 ounces. As new products become available from manufacturers, (NAME) will transition to smaller portion sizes.

Snacks and Sweets: (Per serving)

In all (NAME) schools or on school grounds, only foods that meet the following guidelines shall be sold (excluding the National School Breakfast and Lunch Program):

1. Total Fat: No more than 30 percent of total calories from fat or 7 grams maximum per serving, (with the exception of nuts and seeds);
2. Saturated and Trans Fat: 10 percent or less of its total calories from saturated plus trans fat (or 2 grams maximum);
3. Each package of grains, fruits or vegetables with not more than 30 grams of total carbohydrates (including natural and added sugar); each package of dairy with not more than 4 grams per ounce of total carbohydrate (including added sugar and natural milk sugar).
4. Limited to the following maximum portion sizes:
 - a. One and one-quarter ounces (1.25 oz.) for chips, crackers, popcorn, cereal, trail mix, nuts, seeds, dried fruit or jerky
 - b. Two ounces (2 oz.) for cookies and cereal bars
 - c. Three ounces (3 oz.) for bakery items, including, but not limited to pastries, muffins, and donuts
 - d. Three fluid ounces (3 oz.) for frozen desserts, including but not limited to ice cream
 - e. Eight ounces (8 oz.) for non-frozen yogurt
 - f. Two tablespoons (1.1 oz.) nut butters or 2 oz. cheese
5. At least 50% of *a la carte* items offered must provide high nutritional value as defined by the USDA school guidelines.

TO ENSURE THE HEALTH OF OUR YOUTH

Principals and staff will promote a school environment supportive of healthy eating. Adults are encouraged to model healthy eating by serving nutritious food at school meetings and events, and by refraining from using candy and snacks of minimal nutritional value as rewards for students, and will limit their use (and seek non-food alternatives) in holiday and birthday parties in the classroom. If schools participate in fundraising involving food, the fundraiser should support a healthy school environment and be free from solicitation of foods that do not meet the specifications of the Dietary Guidelines for Americans.

DEFINITIONS

Food of Minimal Nutritional Value: Food that provides less than five percent of the Reference Daily Intakes (RDI) for each of eight specified nutrients per serving.

***A la carte* Foods:** Sold typically in the cafeteria by the school food service department. They are separately and individually priced and are not usually part of the NSLP.

Competitive Foods: Foods and/or beverages sold to students that compete with the school's operation of the NSLP or NSBP. Items include those sold in vending machines, student stores, or food carts by students, parents or school administrative staff, or any other person, company or organization.

READ MORE

SAMPLE INTRODUCTION TO THE POLICY

This is the introduction written for the Boston Public School's *Focus on Children, Superintendent's Circular* NUMBER: FNS-3 DATE: September 1, 2004

NUTRITION POLICY AND GUIDELINES – VENDING MACHINES, A LA CARTE AND COMPETITIVE FOODS

In response to growing concerns regarding childhood overweight and obesity as well as other diet-related diseases in our city's school-aged children, the Boston School Committee has directed the Superintendent and appropriate BPS staff to create, implement and administer guidelines regarding the sale of beverages and foods in schools. These guidelines will cover items that are sold over the counter to students within school buildings or on school grounds, in the student stores, cafeterias, classrooms, hallways, and vending machines, all of which are sold in competition with the school meal programs.

These guidelines will take effect July 1, 2004, and will be implemented with the start of school in September 2004. This document is intended to assist Principals, Headmasters and other Administrative Heads in implementing the guidelines in their schools.

Schools across the city, state and nation have been grappling with developing meaningful and applicable guidelines on this issue for the past decade. Earlier "Competitive Food Guidelines," set forth by USDA and individual State Departments of Education, prohibited only the sale of foods of minimal nutritional value: (Federal Register: 7 CFR Part 210.11). These standards attempted to address types of foods and beverages sold within school buildings. While some state standards may have been useful thirty years ago, most are outdated as they do not address the growing availability of vending machines, foods, candy and soda sold inside and outside of the cafeteria at fund raisers or in student stores. Competitive foods are relatively low in nutrient density and high in fat, added sugar and calories. Neither *a la carte* nor competitive foods is bound by dietary guidelines that the National School Lunch Program (NSLP) must adhere to.

National and State Departments of Education, School Boards, Food Policy Advocacy Organizations, the American Academy of Pediatrics, the Center for Science in the Public Interest, State Dietetic and School Food Service Associations and other representative groups have met over the past several years to establish or recommend nutrition standards to promote healthy eating habits among children. *Massachusetts A la carte Food Standards to Promote a Healthier School Environment* is a guideline that has been established by the Massachusetts Action For Healthy Kids, adopted in January 2004 and scheduled to be distributed to school districts by Summer 2004.

STEP SIX: PRESENT THE POLICY TO THE SCHOOL COMMITTEE

Arrange for a member of your Committee to present your policy to the School Committee and ask to be put on their meeting agenda. It may go first to a policy subcommittee.

Recruit a large group to attend the School Committee meetings.

- Each committee member should recruit two other parents to attend the hearings and write letters in support of the policy, to be submitted at the hearings.
- If you made presentations or announcements at meetings of local community groups, clubs and professional associations, ask representatives from those groups to attend the school committee hearing and/or write letters of support.

Attend and testify

- Assign a subcommittee (including parents) to testify at the School Committee hearing. The subcommittee should be prepared to respond to arguments against the policy.
- Prepare written as well as oral testimony.
- Present the recommendations from national organizations calling for similar school policies.
- Present evidence from other schools that the policy changes will not result in permanent loss of revenue.
- In your written testimony, include the recommendations from national organizations and the Surgeon General on eliminating junk foods and sodas from schools. (See pp. 51-56.)
- **Have parents testify** on the importance of the policy, using examples of their children's experiences at school.

If your policy is approved, CONGRATULATIONS! Please call MPHA and let us know (617-524-6696 X 103) and then go on to Step Seven.

If your policy is NOT approved, PLEASE CALL MPHA AND LET US HELP YOU STRATEGIZE ON YOUR NEXT STEPS. Here are some possibilities:

Convene a committee meeting to evaluate:

- What are your group's strengths, and how can you build on them? Are there other "experts" you can ask into the group? Do you need to involve more students?
- What are your weaknesses, and what will you do to overcome them?
- Do you need to increase the public awareness of the issue, and get more people involved?
- Call your media contacts and let them know that your policy was not approved. Talk about your next steps, and how you won't take no for an answer.
- Did the City Council pass a resolution? If not, talk to those who voted against it and find out why. Then, try again.

Don't give up! You may not have gotten your policy passed, but you SUCCEEDED in forming a committee and raising public awareness of the issue. After you have evaluated your process, try again. For the health of our children...don't take NO for an answer!

READ MORE

- A list of possible arguments against the policy, and responses, p.49
- Policy statements of several national and region-wide organizations, p.51
- Examples of schools that have implemented a policy without losing revenue, p.57

READ MORE

ARGUMENTS AND RESPONSES

Argument: This policy will mean a loss of revenue for the schools that they can't afford.

Responses:

- Schools should not be making a profit at the expense of children's health.
- Children should not fund their education with their own pocket change.
- Adequate funding of public schools is the responsibility of government; that is what our taxes are for.
- The economic incentive for schools to sell more unhealthy sodas is counter-productive to good education and protecting children from harm.
- Soda companies are not "donating" money to schools at all; rather, they are exploiting schools' need for funds to benefit their own bottom line and build brand loyalty among an impressionable and captive audience.
- Many schools are making as much or even more money selling more healthful options such as 100% juice and water. (Examples include cities in California, Maine, Minnesota and Pennsylvania.)
- Changing the food offerings may not necessarily mean a loss of revenue. Some districts are reporting that they made the changes and are making more money.

Argument: These changes will take away children's freedom of choice; they need to learn how to choose.

Responses:

- As it stands now, the children don't have the freedom to choose HEALTHFUL foods in school. They can always bring soda and candy from home, or buy it once they leave school grounds.
- We don't allow cigarette sales in schools so that children can have "choices."
- We restrict children's choices in all sorts of ways in order to protect them.
- We need to create the right environment in which children can make healthful choices.
- As occasional treats, parents might want to give their kids sodas or candy, and they can do so at home. But children are not drinking soda or eating snacks high in fat, sugar and calories in moderation, or as occasional treats. Schools should not encourage the consumption of such foods and beverages as a regular part of a child's diet.
- Schools have a responsibility to provide children with healthful choices.

Argument: This policy will not solve the problem of overweight and obesity in our children. Consumption of junk foods and sodas is not the only cause.

Responses:

- Soda and junk foods are significant enough contributors to obesity, diabetes, and other health problems that they should be a very limited part of a child's diet.

- Children are drinking more soda instead of milk, and therefore not getting the nutrients they need from milk.
- Very few children eat the recommended daily number of fruits and vegetables, and sodas and junk foods often displace the healthful nutrients that children need. Schools should be setting an example of healthful eating.

Argument: The overweight and obesity problem in children is only about exercising, not about the food they eat.

Responses:

- It is about *both* eating and exercise!
- One 20-ounce soda has 17 teaspoons of sugar--250 “empty” calories. A child who drinks one soda a day for a week would need to bicycle for 4 hours and 20 minutes just to burn off the calories from the soda.

Argument: It is the parents’ responsibility to feed their children healthful food, not the schools’.

Responses:

- Schools act in place of parents for 6-8 hours a day, five days a week.
- Parents trust schools not to undermine the education efforts they make at home.
- Parents should not have to worry about how their children are spending their lunch money.

Thank you to Michele Simon, Director of the Center for Informed Food Choices, Oakland, CA, for compiling this list of arguments and responses. www.informedeating.org.

READ MORE

AMERICAN ACADEMY OF PEDIATRICS POLICY STATEMENT on SOFT DRINKS IN SCHOOLS

Organizational Principles to Guide and Define the Child Health Care System and/or Improve the
Health of All Children
Committee on School Health

BACKGROUND AND INFORMATION

Overweight Overweight is now the most common medical condition of childhood, with the prevalence having doubled over the past 20 years. Nearly 1 of every 3 children is at risk of overweight (defined as body mass index [BMI] between the 85th and 95th percentiles for age and sex), and 1 of every 6 is overweight (defined as BMI at or above the 95th percentile).

Complications of the obesity epidemic include high cholesterol, high blood pressure, type 2 Diabetes mellitus, coronary plaque formation, and serious psychosocial implications. 2–6 Annually, obesity-related diseases in adults and children account for more than 300 000 deaths and more than \$100 billion per year in treatment costs.

Soft Drinks and Fruit Drinks

In the United States, children's daily food selections are excessively high in discretionary, or added, fat and sugar. This category of fats and sugars accounts for 40% of children's daily energy intake. Soft drink consumers have a higher daily energy intake than non-consumers at all ages. Sweetened drinks (fruitades, fruit drinks, soft drinks, etc) constitute the primary source of added sugar in the daily diet of children. High-fructose corn syrup, the principle nutrient in sweetened drinks, is not a problem food when consumed in smaller amounts, but each 12-oz serving of a carbonated, sweetened soft drink contains the equivalent of 10 teaspoons of sugar and 150 kcal. Soft drink consumption increased by 300% in 20 years, and serving sizes have increased from .5 oz in the 1950s to 12 oz in the 1960s and 20 oz by the late 1990s. Between 56% and 85% of children in school consume at least 1 soft drink daily, with the highest amounts ingested by adolescent males. Of this group, 20% consume 4 or more servings daily. Each 12-oz sugared soft drink consumed daily has been associated with a 0.18-point increase in a child's BMI and a 60% increase in risk of obesity, associations not found with "diet" (sugar-free) soft drinks. Sugar-free soft drinks constitute only 14% of the adolescent soft drink market. Sweetened drinks are associated with obesity, probably because overconsumption is a particular problem when energy is ingested in liquid form and because these drinks represent energy added to, not displacing, other dietary intake. In addition to the caloric load, soft drinks pose a risk of dental caries because of their high sugar content and enamel erosion because of their acidity.

Calcium

Milk consumption decreases as soft drinks become a favorite choice for children, a transition that occurs between the third and eighth grades. Milk is the principle source of calcium in the typical American diet. Dairy products contain substantial amounts of several nutrients, including 72% of calcium, 32% of phosphorus, 26% of riboflavin, 22% of vitamin B12, 19% of protein, and 15% of vitamin A in the US food supply. The percent daily value for milk is considered either "good" or "excellent" for 9 essential nutrients depending on age and gender. Intake of protein and micronutrients is decreased in diets low in dairy products. The resulting diminished calcium

intake jeopardizes the accrual of maximal peak bone mass at a critical time in life, adolescence. Nearly 100% of the calcium in the body resides in bone. Nearly 40% of peak bone mass is accumulated during adolescence. Studies suggest that a 5% to 10% deficit in peak bone mass may result in a 50% greater lifetime prevalence of hip fracture, a problem certain to worsen if steps are not taken to improve calcium intake among adolescents.

PEDIATRICS (ISSN 0031 4005). Copyright © 2004 by the American Academy of Pediatrics.

152 PEDIATRICS Vol. 113 No. 1 January 2004

STATEMENT OF PROBLEM

Soft drinks and fruit drinks are sold in vending machines, in school stores, at school sporting events, and at school fund drives. “Exclusive pouring rights” contracts, in which the school agrees to promote one brand exclusively in exchange for money, are being signed in an increasing number of school districts across the country, often with bonus incentives tied to sales. Although they are a new phenomenon, such contracts already have provided schools with more than \$200 million in unrestricted revenue. Some superintendents, school board members, and principals claim that the financial gain from soft drink contracts is an unquestioned “win” for students, schools, communities, and taxpayers. Parents and school authorities generally are uninformed about the potential risk to the health of their children that may be associated with the unrestricted consumption of soft drinks. The decision regarding which foods will be sold in schools more often is made by school district business officers alone rather than with input from local health care professionals. Subsidized school lunch programs are associated with a high intake of dietary protein, complex carbohydrates, dairy products, fruits, and vegetables. The US Department of Agriculture, which oversees the National School Lunch Program, is concerned that foods with high sugar content (especially foods of minimal nutritional value, such as soft drinks) are displacing nutrients within the school lunch program, and there is evidence to support this. There are precedents for using optimal nutrition standards to create a model district-wide school nutrition policy, but this is not yet a routine practice in most states. The discussion engendered by the creation of such a policy would be an important first step in establishing an ideal nutritional environment for students.

RECOMMENDATIONS

1. Pediatricians should work to eliminate sweetened drinks in schools. This entails educating school authorities, patients, and patients’ parents about the health ramifications of soft drink consumption. Offerings such as real fruit and vegetable juices, water, and low-fat white or flavored milk provide students at all grade levels with healthful alternatives. Pediatricians should emphasize the notion that every school in every district shares a responsibility for the nutritional health of its student body.
2. Pediatricians should advocate for the creation of a school nutrition advisory council comprising parents, community and school officials, food service representatives, physicians, school nurses, dietitians, dentists, and other health care professionals. This group could be one component of a school district’s health advisory council. Pediatricians should ensure that the health and nutritional interests of students form the foundation of nutritional policies in schools.
3. School districts should invite public discussion before making any decision to create a vended food or drink contract.
4. If a school district already has a soft drink contract in place, it should be tempered such that it does not promote over consumption by students.

- Soft drinks should not be sold as part of or in competition with the school lunch program, as stated in regulations of the US Department of Agriculture.
 - Vending machines should not be placed within the cafeteria space where lunch is sold. Their location in the school should be chosen by the school district, not the vending company.
 - Vending machines with foods of minimal nutritional value, including soft drinks, should be turned off during lunch hours and ideally during school hours.
 - Vended soft drinks and fruit-flavored drinks should be eliminated in all elementary schools.
 - Incentives based on the amount of soft drinks sold per student should not be included as part of exclusive contracts.
 - Within the contract, the number of machines vending sweetened drinks should be limited. Schools should insist that the alternative beverages listed in recommendation 1 be provided in preference over sweetened drinks in school vending machines.
 - Schools should preferentially vend drinks that are sugar-free or low in sugar to lessen the risk of overweight.
5. Consumption or advertising of sweetened soft drinks within the classroom should be eliminated.

Committee on School Health, 2002–2003

Howard L. Taras, MD, Chairperson

Jane W. McGrath, MD

Robert D. Murray, MD *Lead author*

Janis Hootman, RN, PhD, National Association of School Nurses

Janet Long, MEd, American School Health Association

Barbara L. Frankowski, MD, MPH

Cynthia J. Mears, DO

Thomas L. Young, MD

Jerald L. Newberry, MEd, National Education Association, Health Information

Mary Vernon-Smilely, MD, MPH, Centers for Disease Control and Prevention

Su Li, MPA

The full text of the article, including references, is available on request (617) 524-6696 x 103.

**Institute of Medicine of the National Academies
Excerpt from Fact Sheet, September 2004
“Schools Can Play a Role in Preventing Childhood Obesity”**

Schools are one of the primary locations for reaching the nation's children and youth. In 2000, 53.2 million students were enrolled in public and private elementary and secondary schools in the United States. Research suggests that children today are spending more of their time away from home in school, after-school programs, or daycare. Both inside and outside of the classroom, schools present opportunities for students to learn about healthful eating habits and regular physical activity; engage in physical education; and make food and physical activity choices during school meal times and through school-related activities.

Food and Beverages in Schools

All food and beverages sold or served to students in school should be healthful and meet an accepted nutritional content standard. However, many of the "competitive foods" now sold in school cafeterias, vending machines, school stores, and school fundraisers are typically high in calories and low in nutritional value. At present, only minimal federal standards exist for the sale of competitive foods in schools.

Competitive Foods

More recently, “competitive foods”—foods and beverages served or sold that are not part of the federal school meal programs—are being offered in schools. These foods represent a significant share of the available foods that students purchase and consume at school, particularly high schools, and are typically high in fat or sugar and low in nutrients. Regulation for these foods is minimal, although 21 states have policies that restrict competitive foods beyond federal regulations.

New policies are needed to ensure that foods available at schools are consistent with current nutritional guidelines and to support students in making healthy food choices.

Key Facts

Schools should provide a consistent environment that is conducive to healthful eating behaviors and regular physical activity.

- **Develop and implement nutritional standards for all competitive foods and beverages sold or served in schools.**
- Ensure that all school meals meet the Dietary Guidelines for Americans.
- Ensure that all children and youth participate in a minimum of 30 minutes of moderate to vigorous physical activity during the school day, including expanded opportunities for physical activity through classes, sports programs, clubs, lessons, after-school and community use of school facilities, and walking and biking to school program.
- Enhance school health curricular (including developing innovative approaches to teaching and staffing) and the use of school health services for obesity prevention efforts;
- Ensure that schools are as advertising-free as possible.
- Conduct annual assessments of students’ weight, height, and body mass index and make that information available to parents.
- Assess school policies and practices related to nutritional, physical activity, and obesity prevention.

For the full document, go to <http://www.iom.edu/report.asp?id=22596>

READ MORE

The Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity

U.S. Department of Health and Human Services. [Rockville, MD]: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; [2001].

1. Provide age-appropriate and culturally sensitive instruction in health education that helps students develop the knowledge, attitudes, skills, and behaviors to adopt, maintain, and enjoy healthy eating habits and a physically active lifestyle.
2. Ensure that meals offered through the school breakfast and lunch programs meet nutrition standards.
3. **Adopt policies ensuring that all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with the *Dietary Guidelines for Americans*.**
4. **Provide food options that are low in fat, calories, and added sugars, such as fruits, vegetables, whole grains, and low-fat or nonfat dairy foods.**
5. **Ensure that healthy snacks and foods are provided in vending machines, school stores, and other venues within the school's control.**
6. **Prohibit student access to vending machines, school stores, and other venues that compete with healthy school meals in elementary schools and restrict access in middle, junior, and high schools.**
7. Provide an adequate amount of time for students to eat school meals, and schedule lunch periods at reasonable hours around midday.
8. Provide all children, from pre-kindergarten through grade 12, with quality daily physical education that helps develop the knowledge, attitudes, skills, behaviors, and confidence needed to be physically active for life.
9. Provide daily recess periods for elementary school students, featuring time for unstructured but supervised play.
10. Provide extracurricular physical activity programs, especially inclusive intramural programs and physical activity clubs.
11. Encourage the use of school facilities for physical activity programs offered by the school and/or community-based organizations outside of school hours.

RECOMMENDATIONS AND ACTION ITEMS of the STRATEGIC PLAN FOR THE PREVENTION AND CONTROL OF OVERWEIGHT AND OBESITY IN NEW ENGLAND

The New England Coalition for Health Promotion and Disease Prevention (NECON) is a coalition of the New England state health departments, the region's schools of public health and federal health agencies led by Region I of the U.S. Department of Health & Human Services, as well as educators, legislators and representatives from industry, labor, and voluntary associations. Its mission is to serve as a vehicle for the development and enhancement of disease prevention and health promotion public policies in New England.

**Schools
Strategic Plan Action Items**

1. Mobilize commitment for a unified health promoting nutrition and physical education environment that encourages weight control.
2. Enforce requirements and commit adequate resources to nutrition and physical education programs for pre-school through grade 12. Upgrade school food service, **limit availability of soda and junk food** and increase opportunities for children, faculty and staff to be physically active.
3. Expand the health education curriculum to include weight control and incorporate related information and skills in core subjects. Teach children about nutrition, the importance of fruits and vegetables, how to read labels, plan and prepare meals and be a nutrition-conscious shopper and eater. Partner with farmers' market programs.
4. Expand the physical education curriculum and require certified physical education instructors. Teach children to play physically active games and lifetime sports, to walk or bicycle ride for short trips and to substitute these activities for TV and other electronic media. All students should have at least one opportunity for supervised physical activity every day and weekly time with a qualified instructor as follows:
 - a. A minimum of 150 minutes/week for grades K through 5 or 6
 - b. A minimum of 225 minutes/week for middle and secondary school students
5. Conduct annual evaluations using the CDC-DASH School Health Index. Identify strengths and weaknesses and prioritize changes.
6. Hold an annual meeting of regional Coordinated School Health Programs.
7. Provide students with safe ways to walk or bicycle to school.
8. Reach out to families. Communicate with parents about weight control, including early childhood years, and emphasize the importance of spending time with children around the dinner table, taking a walk or participating in a sport.
9. Partner with companies to make recreational facilities available to communities after school and on the weekends. Pay special attention to inner-city neighborhoods and at-risk children.
10. **Support legislation to improve school food, nutrition and physical education, recreational facilities and before and after-school community programs.**

READ MORE

SCHOOLS AROUND THE COUNTRY THAT HAVE ELIMINATED JUNK FOOD AND SODA WITHOUT LOSING REVENUE

Arizona Schools Pilot Study (Fall 2004)

A pilot study in eight schools in Arizona shows that the schools can make substantially as much money, or more, with healthful foods in vending machines, rather than pushing sugar and saturated fats on students. The study required the schools to remove all sugared sodas, candies and gum and replace them with more healthful food products like water, juice, low-fat milk, granola bars, pretzels and fruits and vegetables. The study results are available on line at www.ade.state.az.us/health-safety/cnp/teamnutrition/results2003-2004.

Folsom Cordova, CA Unified School District

In 1995, the district had \$1.7 million in food sales with a \$200,000 loss; in 2003, sales were **\$3.6 million with a \$600,000 surplus** after the district got rid of all vending, junk food, and *a la carte* food in the cafeteria. Participation in school lunch increased; participation in school breakfast has increased to 92% at the neediest schools.

Philadelphia School District, PA

The Philadelphia School District instituted a 100% juice, milk, and water policy district-wide, which was fully implemented in July 2004. They have restrictions on fat (7 grams total, 2 grams saturated) and sodium (360 mg) for snacks. In their pilot beverage vending changes, monthly sales averages **increased from \$304 to \$333** in one middle school and **from \$653 to \$667** in one high school.

Venice High School, CA Student Store (LA Unified School District)

The student store changed from soda and junk foods to healthful snacks and beverages for the school year 2002-2003. **Revenue for the year increased from \$6,163 the previous year to \$7,358 for that school year.**

Portland, OR Middle Schools

Changes instituted September 2003 restricted beverages (only milk, juice and water sold during lunch) and sizes sold, and size and nutritional content of *a la carte* offerings. In October, total lunchroom revenue was down \$790 per day over revenue in October 2002 (mostly through lost *a la carte* sales); in February 2004, daily revenue was down \$352 over that month last year. But when an enrollment drop of 6.5% between the years was taken into account, **October losses were just \$180 per day, while February totals gained \$217 per day.** If the enrollment is taken into account, **lunch meal sales were up in February 9.0% over last year.**

Aptos Middle School, San Francisco, CA

After changing from soda to bottled water in locker room machines, the Physical Education department reported **an increase in revenue from the machines.**

STEP SEVEN: PUBLICIZE THE POLICY TO HELP IMPLEMENT IT

Once your policy is approved, the committee can help the school staff who will implement it, by publicizing it widely. This will ensure a smooth transition in the change to more healthful nutrition in your schools. The committee can also aid in implementation by discussing and preparing for possible problems that may arise.

Implement the policy during summer so children come back to fresh changes, rather than mid-year when you're more likely to incur opposition.

Communicate the changes in writing:

- Write an article for the Superintendent's newsletter and distribute it to teachers and principals at a Back To School Training in the Fall. If the Superintendent doesn't circulate a newsletter, ask him/her to write and distribute a special memo.
- Write a letter to school nurses, food service workers, parents, and individual school councils.
- Create a flyer for teachers and parents announcing the changes.
- Create a flyer for students and distribute it around the school (nurse's office, central office, cafeteria etc.)
- Engage student groups to come up with creative ways to announce and support the changes.
- Give teachers the list of non-food alternatives for fundraising, classroom rewards and incentives. It begins on page 60.
- Ask the PTO/PTA to hold parents' meetings to announce the changes and answer questions and concerns.

Contact your state representative and senator to let them know you've been successful, and tell them about the legislation that would accomplish the same goal statewide. To find out who your legislators are, go on line to <http://www.wheredoivotema.com/bal/myelectioninfo.php>

Congratulations on your good work! **With such a powerful committee in place, consider tackling the next set of issues**, such as working to pass the state legislation that mandates that all schools institute a similar policy; or helping ensure that physical education classes are taught every day in school (see **READ MORE** for a fact sheet and legislation); or that children get unstructured play time ("recess") every day; or that they are allowed long enough lunch periods to actually get through the line, and have time enough to sit and eat.

For more information on other possibilities, please contact the Massachusetts Public Health Association in Boston (Roberta Friedman, 617-524-6696 x103), Springfield (AJ Juarez 413-750-2060) or Worcester (Sara Kanevsky 508-414-0976).

Potential implementation problems:

- Teachers may be supportive of the idea of students not drinking sodas, but may be unhappy about losing access to soda in the teachers' lounge machines. Remind them that they can

bring soda from home if they must, but encourage them to model good nutritional habits by not drinking it in front of the students.

- There may be independent lunch cart vendors parked outside your school buildings. Initially, students may rush to them to buy the sodas and candy they can no longer find in machines in the halls. Negotiate, if possible, for the vendors to change their offerings as well.
- Principals may ignore the policy, or look the other way at fundraising tables set up by students. Parents should set up a meeting with their principal, followed up by a reinforcing letter, to encourage him or her to enforce the new policy.
- You may need to build in some “penalty” for lack of enforcement. If your school system is large, you may need to pick a handful of schools to begin with, make the changes there, and as they are successful, continue with the rest.
- School managers worry about the potential loss of revenue. Many school systems across the country that have made similar changes report an actual increase in revenue. (See the supporting documents under Step Five on schools that have changed to healthier alternatives and retained their revenue.)

READ MORE

- A list of non-food alternatives to fundraisers and parties, p.61
- *An Act to Improve Quality Physical Education*, p.69
- Fact sheet: *Why is An Act to Improve Quality Physical Education Needed?*, p.70

**Food is not the only fun:
Alternatives for
fundraising, classroom
rewards and incentives**

**A resource list for teachers,
principals, after-school teachers,
youth workers and students**



This list was compiled by the Massachusetts Public Health Association (MPHA), with the help of our intern, Catherine DeFuria, and with many ideas from the World Wide Web. We hope to keep expanding it. If you have ideas to add to it, please contact: Roberta Friedman, Director of Education, MPHA (617) 524-6696 x 103 or Rfriedman@mphaweb.org

NON-FOOD REWARDS FOR TEACHERS TO USE AS INCENTIVES

- Be a helper in the room with younger children
- Be first in line
- Be leader of a class game
- Choose a movie for the class to watch
- Choose any class job for the week
- Choose the music for lunch
- Draw on the chalkboard
- Extra recess time
- Get first pick of recess equipment
- Have a teacher read a special book to the class
- Have a student read a special book to the class
- Have breakfast or lunch in the cafeteria with the principal
- Have lunch with your favorite person
- Have the teacher phone parents to tell them what a great job the student did
- Listen to music while working
- Operate the projector
- Play a computer game
- Read outdoors
- Sit at the teacher's desk
- Take care of the class animal for the day
- Use the computer
- Use the couch or beanbag chair for the day
- Use the teacher's chair

MORE REWARD IDEAS FOR TEACHERS

Auction

Once a week have an auction. Money is earned by a point system. One point equals one dollar of play money. At the end of the week the students can use the money they have earned to bid on different non-food prizes. Be sure to mark your money so students cannot bring extra from home. Or use "play" money with the principal's picture on it.

Banking and Check Books

Each student is given a play checkbook. During the day, teachers will reward students with play money for completing a task. At the end of the day, the students will deposit their money earned and record that amount into their checkbooks. At the end of the week or month, students can write checks for prizes. Each prize is given a price. Once that prize is purchased, that amount is subtracted from their bank account.

<p>Birthday Star Package</p> <p>Instead of celebrating a student's birthday with candy, cupcakes and a cake give him/her a birthday star package. The package can be filled with special items just for the birthday person, such as a chair cover with a happy birthday sign on it, a birthday sash, or a pencil and sticker.</p>
<p>Field Trips</p> <p>The students from each grade with perfect attendance at the end of the semester or year will go on a field trip. The principal, teachers, and/or parents take the kids to a local state park for hiking and a cookout, the zoo, or an art museum.</p>
<p>Friday Free Time</p> <p>Students are given thirty minutes at the beginning of the week and they can either earn or lose minutes according to their behavior.</p>
<p>Fun Video</p> <p>Show a video at the end of the week for which the students, as a whole, must have collected a certain amount of points to see.</p>
<p>Game Day</p> <p>Students earn letters to spell "game day." After the letters have been earned, the students can then play a game.</p>
<p>Guessing Game</p> <p>Have a jar filled with pennies, marbles, or other small objects in your classroom. After the students have completed their assignments, they guess how many items are in the jar. At the end of the week, the person who has guessed the closest receives a prize. Only students who have finished their assignment are allowed to guess.</p>
<p>P.A.T: Preferred Activity Time</p> <p>Students earn time (in minutes) throughout the week to play active games which will get them moving. When students are not tardy or make a transition quickly they all earn one or two minutes to add to their end of the week play time.</p>
<p>S.T.A.R.S: Students That Are Really Serious</p> <p>Have each student's name printed on a chart. When s/he earns a reward for handing in homework on time, participating in class, helping out, and so on, s/he receives a star sticker to place next to his or her name. At the end of the week, month, or semester, the student with the most star stickers earns a (non-food) prize.</p>

FUNDRAISING IDEAS: SPORTS		
Boston Sports Team	What they offer	Contact Information
New England Patriots Football Apparel	<ul style="list-style-type: none"> -Hats -Baseball caps -T-shirts -Sweatshirts -Long sleeved shirts 	To order go to their website at www.mvp.com .

Boston Red Sox	<ul style="list-style-type: none"> -Baseball Caps -T-shirts -Player's jersey -Shorts -World Series Champion gold coins 	Website: www.footlocker.com
Celtics	<ul style="list-style-type: none"> -Baseball caps -Wrist and headband set -T-shirts -Jerseys -Basketball shorts -Cups -Book bags -Towels -Calendar -Jacquard blanket 	Website: www.eastbay.com Phone Number 1-800-826-2205
Boston Bruins	<ul style="list-style-type: none"> -Baseball caps -Umbrellas -T-shirts -Fleece Blanket -Stitch Pillows -Team Pennant -Card Sets -Matted Photos of Players 	Website: www.citysports.com

FUNDRAISING IDEAS: OTHER

Art Fundraiser	<p>Students can create artwork such as cards, clay figures, drawings and paintings to sell to parents/teachers.</p> <p>Hold a contest for best piece of art in painting/drawing/clay categories to win non-food prizes such as art supplies.</p> <p>Resource: Cheap Joe's Art Stuff</p> <p>Contact information</p> <p>Phone Number: 1-800-227-2788</p> <p>E-mail: webteam@cheapjoes.com.</p> <p>Website: www.cheapjoes.com</p>
Breakfast in bed for a parent	<p>Make up baskets of bagels with cream cheese, a banana or orange, mug with a coffee and tea bag inside, and a low-fat muffin. Include a magazine or a rose.</p> <p>Take orders in the weeks beforehand.</p>
Carwash	<p>Students can organize for a weekend.</p>

Carnation Sale	<p>Students can buy carnations to sell to parents or to deliver to fellow students during classes. Students will like the opportunity to send a flower to the person s/he likes.</p> <p>Contact information Resources: 1-800-Flowers.com Phone Number: 1-800-468-1141 Website: www.1800flowers.com</p>
Children's Cookbook	<p>Involve the whole school in writing a book of the children's favorite recipes. Ask each child in the school to tell you: 1) What they are going to cook; 2) What ingredients they will need; 3) How they make their recipe; 4) How they cook their recipe; 5) Draw a picture of what they want to cook. Write the children's responses down exactly as they tell them to you. Compile the recipes into a book and sell them to parents, etc.</p>
Christmas Forest	<p>Provides fundraising programs for Christmas wreaths, ribbons, ornaments, or calendars.</p> <p>EZ Plan Fundraising Christmas Forest ships daily, timing your order to arrive by the requested date. They pay 10% of your EZ Plan sales to your club treasurer.</p> <p>Bulk Plan Fundraising Christmas Forest sells cases of wreaths to your club at wholesale prices and your group distributes the wreaths to your customers.</p> <p>Contact Information Address: 445 Beaver Creek Road, Curtis, Washington 98538 Phone Number: (888) 235-2142 Fax Number: (360) 245-3202 or (360) 245-3402 Website: www.christmasforest.com</p>
Gift Wrapping	<p>Set up a gift-wrapping booth for customers for Valentine's Day, Mother's Day, Father's Day or other holidays. Charge different amounts for different levels of wrapping. You will need to invest in boxes, tape, wrapping paper, and bows.</p> <p>Contact information Phone Number: 1-877-525-5608 Fax Number: 1-800-742-2098 E-mail: customerservice@innisbrook.com Website: www.innisbrook.com</p>
Delight Candles	<p>Offers a variety of handcrafted scented candles. They provide free master forms, a free consultant, a free color catalog for each participants, and free collection envelopes.</p> <p>Contact Information Address: 808 W. 34th Street, Austin, Texas 78705 Phone Number: 512-577-4589</p>

	<p>Fax Number: 512-555-5555 Website: www.fundraisingadvisor.com</p>
Gift Wrapping-Party Time Fundraising	<p>Offers a variety of designs and colors of wrapping paper as well as ribbons, tissue, rolling scissors, holiday wire garland, gift tags, holographic totes, and gift-wrap organizer.</p> <p>Contact Information Phone Number: 1-800-873-6431 Fax Number: 1-920-293-8854 E-mail: partytime2@juno.com Website: www.fundraisingbypartytime.com</p>
Parents Night Out	<p>High school students offer to baby sit for parents' night out for a babysitting fee.</p>
Penny Drive	<p>Each class decorates a large jar for their collections. The jars are set up in an accessible place, perhaps outside the school office. Dollars count FOR your class. Once the competition gets going, you can raise quite a bit of money in small change, adding pennies to your own jar or silver to competitors'.</p>
Singing Telegrams	<p>Sell tickets for singing telegrams that students perform on Valentine's Day, Mother's Day or birthdays.</p>
Talent Show	<p>Hold a talent show for parents, teachers, and other students. Or do skits or plays</p>

FOOD-FREE CELEBRATION IDEAS

Birthday Parties	<p>There are many ways of making the birthday child feel special.</p> <ul style="list-style-type: none"> ▪ Single them out with a "V.I.P." button/badge or crown ▪ Have the birthday child be the first to do each classroom activity and/or be the line leader for the day. ▪ Book Donation - A great way to build up the classroom library and recognize the child. Have the child's family donate a book and inside label it "This book was donated to Mrs. Smith's classroom in honor of John Jones' 8th birthday" ▪ Sing the birthday song!
Christmas, Hanukah, Kwanzaa	<p>These holidays provides the opportunity to focus on community outreach. Instead of throwing a party, have each class pool its efforts in honor of a worthy cause. Examples include decorating pillowcases to give to a homeless shelter, making holiday cards for a nursing home, or collecting animal treats for the MSPCA.</p>

Easter	Decorate plastic or rubber eggs with paints, stickers and glitter. The Easter Bunny can hide small toys or coins inside plastic eggs for hunting. Easter baskets can be filled with books, legos, art supplies or washable stuffed animals, or other smaller trinkets available on line.
Halloween	There's more to Halloween than just candy. Focus the students on wearing their costumes. Make Halloween into a drama day where kids get to make their own costumes or masks and write and act out their own plays. Explore the history and legends behind Halloween.
St. Patrick's	Teach an Irish step dance.
Thanksgiving	Thanksgiving is about giving thanks for what we have and for the people we have in our lives. Have students share what they are thankful for by writing a poem, drawing a picture, or telling a story.
Valentine's Day	Have students write down one positive comment about each classmate, e.g., "you're a good friend, you have a nice smile, or you're smart" and pass them out for valentines. Have them write poems and read them aloud to the class. Vote on the best one and have a Valentine's Day assembly showcasing each classroom winner.
General activities to recognize children	The key is to recognize their efforts. Celebrate with physical activity - allow them an extra recess or gym class. Have the children design build, and run an obstacle course. Celebrate with art and music - have an art party. Divide the classroom into 4 stations and at each station have a craft activity. Play music in the background. Have a staged sleep-over - children bring in sleeping bags/pillows and lie on the floor telling ghost stories.

RESOURCES: A GENERAL SAMPLING

Bulk foods	Website: www.bulkfoods.com/snacks.asp Offers: Healthy snack food in bulk
Gift Baskets- D & B Designs	E-mail: dbond1117@aol.com Offers: Personalized gift baskets
I Party	Website: www.iparty.com Offers: Party decorations and favors
Kids Love Stickers	Website: www.medibadge.com Phone Number: 1-800-228-0040 Fax Number: 1-800-546-1072 Offers: Stickers, coloring activities, jewelry, pencil, pens, and erasers.
Makes Parties	Website: www.4fun.makesparties.com Offers: Classroom prizes, pencils, toys, treasure chests, and stickers.
Party 411	Website: www.party411.com Offers: Glow and light ups, sunglasses, masks, noisemakers, and accessories.

Shindigz	Website: www.shindigz.com Offers: Decorations and favors
Smile Makers	Website: www.smilemakers.com Phone Number: 1-800-825-8085 Offers: Stickers, toys, jewelry, balls, pencils, treasure chests, and posters
Student School Supply	Website: www.studentschoolsupply.com Phone Number: 1-800-683-7774 Offers: Student school supplies: pens, pencils, stationary, markers, etc.
Toy Connection	Website: www.toyconnection.com Offers: A variety of stickers, toys, games, key chains, tattoos, and erasers
Vickietoy	Website: www.vickietoy.com Offers: Wholesale stuffed animals

READ MORE

An Act to Improve Quality Physical Education

Lead Sponsors and Chairs of the Children's Caucus:

Senator Thomas M. McGee

Representative Stephen P. LeDuc

Whereas physical inactivity and poor nutrition are major contributors to the childhood obesity epidemic causing the current generation of youth to have a lower life expectancy than their parents generation;

Whereas childhood obesity has increased 300 percent over the last three decades leading to a dramatic increase in the incidence of heart disease, type II diabetes, and other obesity related diseases among today's children and adolescents;

Whereas the economic impact of obesity on our health care system is estimated at \$129 billion and physical activity offers young people many overall health benefits including cardiovascular endurance and maintenance of a healthy weight,

Whereas children who become competent in a wide variety of motor skills are more apt to participate in a physically active lifestyle.

Physical Education shall be a required subject in grades K-12. Physical Education shall be not less than 150 minutes per week at the elementary level and 225 minutes per week in middle and high school levels. There shall be no substitution of other instruction or activities for Physical Education.

Coursework shall be regulated under the National Association for Sport & Physical Education (NASPE) National Standards for Physical Education including program and student assessment. All courses shall be taught by certified Physical Education teachers.

READ MORE

Why is an *Act to Improve Physical Education* needed?

Massachusetts law requires Physical Education (PE) to be taught in the public schools. However in 1996, the Board of Education repealed regulations that had mandated minimum annual hours of instruction. Since 1996, local school officials have determined the amount of time for instruction in Physical Education. In reality, PE is one of the first programs to suffer when budgets are cut.

Quality Physical Education programs:

Improve overall health

- Regular physical activity is important for enhancing physiological well-being, preventing premature death, and maintaining a health body.

Address the obesity epidemic

- **Childhood obesity is an epidemic. Since the 1970s, the number of overweight children from ages 6-19 has increased nearly 300 percent. Studies show that up to 80% of overweight adolescents become overweight adults. Overweight & obese children experience the same risk factors associated with heart disease in adults such as high blood pressure, high cholesterol levels & type 2 diabetes, once known as “adult-onset” diabetes.**

Increase overall well-being

- Quality Physical Education has been shown to improve the overall welfare of students including physical, emotional, and cognitive performance.

The 2003 Massachusetts Youth Risk Behavior Surveillance Survey illustrated that:

- During an average week 1/3 of students did not participate in a PE class, and all measures of physical activity decreased with each grade level.
- Youth that attended PE class at least once a week were significantly more likely than their peers to have participated in regular vigorous physical activity, regular moderate physical activity, or muscle strengthening exercise.

PERCENTAGE OF STUDENTS WHO ATTENDED PHYSICAL EDUCATION (PE) CLASS ONE OR MORE DAYS DURING AN AVERAGE SCHOOL WEEK YOUTH RISK BEHAVIOR SURVEY

