

VII. Appendix

APPENDIX A: SPECIAL RECOGNITION

CSBA and California Project LEAN extend their appreciation to the following partners for extensive collaboration, review and feedback in the development of the “Healthy Food Policy Resource Guide” as well as this Guide:

Jim Bogden, MPH

Safe and Healthy Schools Project Director
National Association of State Boards of Education

Teri Burns

Deputy Superintendent
California Department of Education
School Board Member
Natomas Unified School District

Marlene Canter

School Board Member
Los Angeles Unified School District

Kathleen Corrigan M.B.A., R.D.

Director, Food and Nutrition Services
Mt. Diablo Unified School District

Priscilla Cox

School Board Member
Elk Grove Unified School District

Dawn Davey

Co-coordinator, Food Service
Capistrano Unified School District

Nancy Gelbard, M.S., R.D.

California Obesity Prevention Initiative
School Health Connections
California Department of Health Services

Thomaysa Glover

School Board Member
San Juan Unified School District

Harold Goldstein, Dr.P.H.

Executive Director
California Center for Public Health Advocacy

Wanda Grant

Food Service Director
El Monte Unified School District

Paul Green, Jr.

Former School Board Member
Grant Joint Unified School District

Brenda Z. Greene

Director, School Health Programs
National School Boards Association

Lynnelle Grumbles, R.D., SFNS

Food Service Director
Kingsburg Charter School District

Genethia Hayes

School Board Member
Los Angeles Unified School District

Enid Hohn, R.D.

Director, Child Nutrition Services
Vista Unified School District

LeConté, J. Dill, M.P.H.

Food Access Policy Coordinator
California Food Policy Advocates

Jan Lewis, M.A., R.D.

Nutrition Education Consultant,
Nutrition Services Division
California Department of Education

Therese Llanes, M.S., R.D.

Public Health Nutrition Consultant
Cancer Prevention and Nutrition Section
California Department of Health Services

Helen Magnusson, MPH, R.D.

Nutrition Education Consultant
Cancer Prevention and Nutrition Section
California Department of Health Services

Letha McWey

School Board Member
Vista Unified School District

Bill Potts-Datema, MS

Director, Partnerships for Children's Health
Harvard School of Public Health

Katy Roberson

School Board Member
Coronado Unified School District

Caroline Roberts, MPH, R.D.

Administrator
School Health Connections
California Department of Education

Barbara Ryan

School Board Member
Santee Unified School District

Al Schieder

Food Service Director
Folsom Cordova Unified School District

Dan Siegel, ESQ.

School Board Member
Oakland Unified School District

Terri Soares, R.D.

Nutrition Education Coordinator,
California Nutrition Network
California Department of Health Services

Nancy Spradling

Executive Director
California School Nurses Organization

Julie Stauss, MPH, R.D.

Nutritionist Team Nutrition/CND/FNS
United States Department of Agriculture

Estelle Werve

School Board Member
San Juan Unified School District

Cindy Wong

Vice President, Health Commission
California State Parent Teacher Association

California Project LEAN Regions

Gold Country: Melissa Guajardo
Bay Area: Holly Weber

Sierra-Cascade: Karen Bellacera

Southern Coast: Naomi Butler and Joan Rupp

North Central Coast: Janine Nunez-Robinette

Great South: Jeanne Silberstein and Elaine McFadden

Gold Coast: Susan Klucker and Susan Horne

Los Angeles: Johanna Asarian-Anderson, Shirley
Thornton and Andrea Giancoli

Central Valley: Patty Minami

North Coast: Joyce Houston and Melissa Martin

APPENDIX B: GLOSSARY

A la carte - the sale of individual food items in snack bars, school stores and vending machines that compete with school meals for students' appetites, time and money.

Anemia - a condition in which the blood is deficient in red blood cells, in hemoglobin or in total volume.

Bone Mass - the amount of calcium in a given amount of bone.

Body Mass Index (BMI) - a ratio of children's heights and weights plotted for age and sex, and compared against historic population references. Children are defined as overweight with a BMI for age at or above the 95th percentile of the Centers for Disease Control Growth Charts, and are considered at risk if they are between the 85th and 95th percentiles.

Cardiovascular Disease - a disease of the heart or blood vessels.

Cholesterol - a waxy substance made by the liver and also supplied in the diet through animal products such as meats, poultry, fish and dairy products. High cholesterol is a leading risk factor for coronary heart disease. Excess cholesterol in the bloodstream can form plaque (a thick, hard deposit) in artery walls. The cholesterol or plaque build-up causes arteries to become thicker, harder and less flexible, slowing down and sometimes blocking blood flow to the heart.

Cognitive Development - the development of intelligence, conscious thought and problem-solving ability that begins in infancy.

Competitive Foods - foods sold in competition with the National School Lunch Program and the School Breakfast Program during the school's designated lunch or breakfast periods, including foods of minimal nutritional value (FMNV) such as soda and certain candy.

Coordinated School Health - Centers for Disease Control model in which schools provide a critical facility where many agencies work together to maintain the well-being of young people. The following are the eight components of a coordinated school health program: 1) health education; 2) physical education; 3) health services; 4) nutrition services; 5) health

promotion for staff; 6) counseling and psychological services; 7) health school environment; and 8) parent/community involvement.

Dental Caries - formation of cavities in the teeth by the action of bacteria; tooth decay.

Dietary Guidelines for Americans - describe a healthy diet as one that:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products;
- Includes lean meats, poultry, fish, beans, eggs and nuts; and
- Is low in saturated fats, trans fats, cholesterol, salt (sodium) and added sugars.

Extracurricular activities – refers to school-sponsored voluntary programs that supplement regular education and contribute to the educational objectives of the school.

Food Guide Pyramid – revised by the U.S. Department of Agriculture in 2005, the Food Guide Pyramid renamed “My Pyramid, Steps to a Healthier You,” includes dietary recommendations for the general public over 2 years of age. It includes the recommended daily servings of grains, fruits, vegetables, milk, meats, beans, fats, sugars, salt and physical activity.

Intramurals – refers to physical activity programs that provide opportunities for all students to participate in sport, fitness and recreational activities within their own school.

Interscholastic athletics – refers to organized individual and team sports that involve more than one school.

Junk Food - foods that provide calories primarily through fats or added sugars and have minimal amounts of vitamins and minerals.

Foods of Minimal Nutritional Value (FMNV) - food items providing less than 5 percent of the U.S. Recommended Daily Allowances for eight specified nutrients per serving. Regulations prohibit the sale of these items (such as carbonated beverages, chewing gum, water ices and most hard candies) in the food service area while school meals are being served. These regulations do not restrict the sale of chips, noncarbonated drinks and most candy bars in the food service area

or the sale of any food in other areas of the school building or campus at any time. USDA requires schools to set policies, that at a minimum, prohibit the sale of FMNV in the food service area during meal time.

National School Lunch Program/School Meal Program

- designed “to help safeguard the health and well-being of the nation’s children by assisting the states in providing an adequate supply of foods” (P.L. 79-396, the National School Lunch Act of 1946) for all children at moderate cost. Additional assistance is provided for children determined by local school officials to be unable to pay the “full established” price for lunches. Like the Food Stamp program, the National School Lunch Program is administered by the Food and Nutrition Service of the U.S. Department of Agriculture through state educational agencies or through regional USDA nutrition services for some nonprofit private schools.

Nutrition Standards – federal, state or local guidelines for the nutritional content of foods and beverages. Nutrition standards for the National School Lunch Program were enhanced in 1995. In accordance with the U.S. Dietary Guidelines, schools began offering healthier meals that were lower in fat and sodium and offered more fruits and vegetables. (Guidelines for fat limit it to providing no more than 30 percent of the total calories with saturated fat providing less than 10 percent of the total calories.) School breakfasts and lunches must be planned to provide one fourth and one third of the RDAs, respectively, for protein, vitamins A and C, iron, calcium and energy when analyzed over one week. State law limits food that may be sold outside of the federal nutrition program by requiring that 50 percent of any food sold must come from a list of nutritious options, however, there are no nutrition standards for the foods on the list. Additionally, state law bans soda and other non-nutritious beverages from being sold anywhere on elementary school campuses at any time and anywhere on middle school campuses during the school day.

Obesity – a high amount of body fat. A person is considered obese if he or she has a body mass index (BMI) of 30 kg/m² or greater.

Osteoporosis – porous bones. Weight-bearing exercise and the consumption of calcium-rich foods during childhood

and adolescence are critical to ensure peak bone mass and reduce the risk of osteoporosis later in life. Since prevention occurs by reaching optimal bone mass during adolescence, it is not possible to make up any deficiencies later in life.

Overweight – condition of being too heavy for one’s height. It is defined as a body mass index of 25 to 30 kg/m². Body weight comes from fat, muscle, bone and body water. Overweight does not always mean over-fat.

Sleep Apnea - Literally means “without breath.” People with untreated sleep apnea stop breathing repeatedly during their sleep, sometimes hundreds of times during the night and often for a minute or longer. Untreated, sleep apnea can cause high blood pressure and other cardiovascular disease, memory problems, weight gain, impotency, and headaches.

Soft Drink – includes soda, fruit-flavored and part-juice drinks and sports drinks.

Type 2 Diabetes – previously known as “noninsulin-dependent diabetes mellitus” or “adult-onset diabetes.” Type 2 diabetes is the most common form of diabetes mellitus. About 90 to 95 percent of people who have diabetes have type 2 diabetes. People with type 2 diabetes produce insulin, but either do not make enough insulin or their bodies do not use the insulin they make. Most of the people who have this type of diabetes are overweight. Therefore, people with type 2 diabetes may be able to control their condition by losing weight through diet and exercise. They may also need to inject insulin or take medicine along with continuing to follow a healthy program of diet and exercise. Although type 2 diabetes commonly occurs in adults, an increasing number of children and adolescents who are overweight are also developing type 2 diabetes.

Undernourishment – the state of inadequate nutrition resulting from lack of food or failure of the body to absorb or assimilate nutrients properly. Under-nutrition can result in delays in cognitive development and problem-solving abilities.

Vigorous Physical Activity – activities that bring about sweating and hard breathing.

Well Nourished – being properly nourished.



SUCCESSFUL STUDENTS
Through Healthy Food and Fitness Policies
ACT NOW FOR ACADEMIC EXCELLENCE

Nutrition, Physical Activity and Academic Achievement

Nutrition

Improved nutritional status has a positive and direct impact on academic achievement. When children's basic nutritional and fitness needs are met, they have the cognitive energy to learn and achieve. Schools continue to be a core place for students to learn and practice healthy eating habits.¹

Research shows that healthy, well-nourished children are more prepared to learn, more likely to attend school and class, and able to take advantage of educational opportunities. Studies demonstrate:

- Chronically undernourished children attain lower scores on standardized achievement tests, are more irritable, have difficulty concentrating, and have lower energy levels. Undernourished students have less ability to resist infection and are more likely to become sick, and therefore miss school, resulting in reduced revenues to schools.²
- Undernourishment impacts the behavior of children, their school performance and their ability to concentrate and perform complex tasks.³
- Children's brain function is diminished by short-term or periodic hunger or malnutrition caused by missing or skipping meals.⁴
- Inadequate consumption of key food groups deprives children of essential vitamins, minerals, fats and proteins that are necessary for optimal cognitive function.⁵
- Iron deficiency is one of the most prevalent nutritional problems of children in the United States. Iron deficiency can increase fatigue, shorten attention span, decrease work capacity, reduce resistance to infection, and impair intellectual performance. Consequently, anemic children tend to do poorly on vocabulary, reading and other tests.⁶

School Breakfast

Research shows a direct relationship between a nutritious breakfast and educational achievement.

- Students who eat breakfast show a general increase in math grades and reading scores, increased attention,

reduced nurse visits and improved behaviors.⁷

- Children who begin their school day without breakfast pay less attention in the late morning, have a negative attitude toward schoolwork, and attain less in class.⁸
- Increases in participation in the School Breakfast Program is associated with increases in academic test scores, daily attendance and class participation, and reductions in absenteeism and tardiness.⁹

Physical Activity

Studies suggest a connection between physical activity and increased levels of alertness, mental function and learning.

Research indicates that:

- Schools that offer intense physical activity programs see positive effects on academic achievement. These include increased concentration, improved mathematics, reading and writing test scores, and reduced disruptive behavior, even when time for physical education classes reduces the time for academics.¹⁰
- A review of results from nearly 200 studies including adults and children found that physical activity supports learning.¹¹
- Students participating in daily physical education exhibit better attendance, a more positive attitude towards school, and superior academic performance.¹²
- Moderate physical activity has a positive effect on immune function. Coupled with good nutrition, it can help prevent colds and the flu, two of the most common childhood ailments.¹³
- Higher achievement is associated with higher levels of fitness for fifth-, seventh- and ninth-graders. Females demonstrated higher achievement levels than males, particularly at higher fitness levels.¹⁴

**For more information, contact
California Project LEAN
www.CaliforniaProjectLEAN.org**

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Nutrition and Youth Health Statistics

Consumption Habits

- American children obtain 50 percent of their calories from added fat and sugar (35 percent and 15 percent, respectively), and only 1 percent eat diets that resemble the Food Guide Pyramid.¹
- About 25 percent of what adolescents eat is considered junk food, such as deep-fried foods, desserts, regular soft drinks, candy, cookies, pies and cakes.²
- Only 2 percent of teenagers in California met five key diet and physical activity recommendations.³

Overweight and Obesity

- Physical inactivity, obesity, and overweight costs California more than \$21.7 billion in medical care.⁴
- Obesity is associated with 112,000 annual excess adult deaths in the United States.⁵
- Nationally, an estimated 16 percent of children and adolescents ages 6-19 years were classified as overweight in 1999-2002, a 45 percent increase over the previous reporting period (11 percent in 1988-1994); another 15 percent are at risk of becoming overweight based on their BMI.^{6,7}
- Over the past three decades, the childhood obesity rate has more than doubled for preschool children aged 2-5 years and adolescents aged 12-19, and it has more than tripled for children aged 6-11 years.⁸
- More than one quarter of California's children are overweight.⁹
- Latino adolescents were most likely to be overweight. More than one out of three Latino adolescents in California were overweight or at risk for overweight.¹⁰
- Approximately one-third of overweight preschool children and about half of overweight school-aged children become overweight adults.¹¹
- Consumption of sugar-sweetened beverages, such as soda and fruit-flavored drinks, is associated with obesity in children.¹²

Diabetes

- An increase in type 2 diabetes among children has paralleled the rising rates of obesity.¹³ As many as 30,000 children have non-insulin-dependent diabetes that was once limited to adults.¹⁴
- One in three children born in 2000, and half of all children of color, are expected to develop type 2 diabetes during their lifetime.¹⁵

Osteoporosis

- Female adolescents and young adult women (ages 9-19) do not meet the recommended intake for calcium, with only about 1 in 10 consuming the recommended number of daily servings of milk products.¹⁶
- Soda consumption has almost doubled in the last 20 years.¹⁷ When children and adolescents replace milk with soft drinks, they consume fewer valuable nutrients such as calcium and vitamin D, which are needed for bone development and can help to prevent osteoporosis (porous bones). Since prevention occurs by reaching optimal bone mass during adolescence, it is not possible to make up any deficiencies later in life.

Dental Caries

- Dental caries affect over 50 percent of youths ages 5-17. More than 51 million hours of school time are lost every year because of dental-related illnesses.¹⁸
- Frequent exposure to sugar-sweetened soft drinks and candy increases risk for and severity of tooth decay.¹⁹
- Poor oral health has been related to decreased school performance, poor social relationships and less success later in life.²⁰

**For more information, contact
California Project LEAN
www.CaliforniaProjectLEAN.org**

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Physical Activity and Youth Health Statistics

Physical Fitness

- Nearly 40 percent of California children are not physically fit.¹
- Among California children in grades five, seven and nine who were tested with the state's mandated physical fitness test in 2004, 73 percent failed to meet the state's minimum fitness standards for all six areas of the test. Only about half met the minimum standard for aerobic capacity.²

Physical Activity Rates

- Only 29 percent of adolescents report getting the recommended minimum of one hour of physical activity per day.³
- Children ages 9-11 spend an average of 152 minutes over 10 days engaged in physical education versus the California state-mandated 200 minutes.⁴
- Participation in all types of physical activity declines as age or grade in school increases.⁵
- Only 63 percent of California adolescents report any vigorous activity in the previous month. Males participate in vigorous physical activities at higher levels than females (70 percent and 56 percent, respectively).⁶

Overweight/Obesity

- Physical inactivity, obesity, and overweight cost California more than \$21.7 billion in medical care.⁷
- Obesity is associated with 112,000 annual excess adult deaths in the United States.⁸
- Nationally, an estimated 16 percent of children and adolescents ages 6-19 years were classified as overweight in 1999-2002, a 45 percent increase over the previous reporting period (11 percent in 1988-1994); another 15 percent are at risk of becoming overweight based on their BMI.⁹

- Over the past three decades, the childhood obesity rate has more than doubled for preschool children aged 2-5 years and adolescents aged 12-19, and it has more than tripled for children aged 6-11 years.¹⁰
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- Latino adolescents were most likely to be overweight. More than one out of three Latino adolescents in California were overweight or at risk for overweight.¹²
- Approximately one-third of overweight preschool children and about half of overweight school-aged children become overweight adults.¹³

**For more information, contact
California Project LEAN
www.CaliforniaProjectLEAN.org**

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Commercial Activities in Schools

Research has shown that children and youth are vulnerable to the persuasive influence of advertising.¹ Marketing through schools — through product sales, direct advertising or indirect advertising — adds credibility to marketing activities by associating the company’s name and product with trusted schools or teachers.²

Commercial activities in schools has increased in visibility in the previous decade.³ Most commercial activities occur in high schools (e.g., vending machines, display of corporate advertising), although coupon redemption programs are largely an elementary school enterprise.⁴

Product Sales: Competitive Foods and Beverages

Foods and beverages served or sold outside the school’s meal programs represent a significant share of the available foods that students purchase and consume. Approximately 98 percent of senior high schools, 73.9 percent of middle/junior high schools and 43.0 percent of elementary schools have either a vending machine or a school store, canteen or snack bar. Most commonly these include soft drinks, sports drinks, fruit juices that are not 100 percent juice, and salty snacks or baked goods that are not low in fat.⁵

Of all product sales in schools, exclusive soft drink contracts are the fastest growing venture.⁶ A national survey found that 71.9 percent of high schools, 50.4 percent of middle/junior high schools, and 38.2 percent of elementary schools have a contract with a company to sell soft drinks.⁷ Of those schools with soft drink contracts:

- 91.7 percent receive a specific percentage of soft drink sales receipts
- 37.6 percent allow advertising by the company in the school building
- 27.7 percent allow advertising by the company on school grounds
- 2.2 percent allow advertising by the company on school buses

In a survey of California school board members and superintendents, 32 percent of responding board members and 41 percent of superintendents reported that

beverage vendors had an exclusive contract with their district; 48 percent of board members and 64 percent of superintendents reported that vendors had an exclusive contract with at least one school in their district.⁸

Advertising

Among California high schools:⁹

- Nearly 72 percent allow advertising for fast food and beverages on campus, while only 13 percent prohibit such advertising.
- The most common fast food or beverage advertisements are on vending machines (48 percent), scoreboards or signs (31 percent), and posters (23 percent).

Among schools in a national survey:¹⁰

- 23.3 percent allow promotion of candy, meals from fast food restaurants, and soft drinks through coupons
- 14.3 percent allow promotion of these products through sponsorship of school events
- 7.7 percent allow promotion of these products through school publications
- 24.8 percent prohibit or discourage faculty and staff from using these items as rewards

These findings are significant because a study of primary school children found that exposure to advertising influenced which foods children claimed to like.¹¹ Another study showed that labeling and signage on a vending machine had an effect on what was bought by secondary school students.¹²

Board Member and Superintendent Attitudes

A minority of California board members (26 percent) and superintendents (44 percent) responding to a survey agree with the practice of having exclusive beverage vendors. In addition, the large majority of board members (80 percent) support limiting and monitoring food and soda advertisements in schools, and significant percentages (57 percent of board members) would even go so far as to ban such advertisements.

For further information, see “School-Based Marketing of Foods and Beverages: Policy Implications for School Boards,” California School Boards Association, 2005, www.csba.org.

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California High School Fast Food Survey

Research and Methods:

The Public Health Institute commissioned Samuels & Associates to work with California Project LEAN (Leaders Encouraging Activity and Nutrition) on both the 2000 and 2003 “California High School Fast Food Surveys.” The purpose of the 2003 survey was to gather information that described the forces that shape the environment in which California high school students make food choices. The primary research objectives were to (1) determine the extent of fast food sales on high school campuses, and (2) identify new issues that were not described by the initial “2000 California High School Fast Food Survey.” The following findings and recommendations are based on responses from both of the surveys.

Findings:

- 95 percent of responding school districts reported selling fast foods as a la carte items.
- The two primary reasons that school districts report selling fast foods are: 1) students like fast foods (65 percent) and 2) fast foods keep food service out of the red (29 percent).
- 63 percent reported that a la carte items such as pizza, chips, and soda generated up to 60 percent of their food service operating budgets.
- Fast food profits are used to support a variety of school operations including food service (70 percent), facilities and equipment improvements (30 percent), extracurricular activities (20 percent), and athletic programs (17 percent).
- The most frequent a la carte items sold on high school campuses were chips (75 percent), pizza (73 percent), cookies (72 percent), burritos (71 percent), and soda (71 percent).
- The most frequently reported brands of foods and beverages sold through food service were Coke (36 percent), Pepsi (32 percent), Taco Bell (26 percent), Domino’s Pizza (25 percent), and school district brands (24 percent).
- 18 percent reported contracting promotion rights to fast food or beverage companies.

- 67 percent reported that overall student participation rates in the National School Lunch Program are below 50 percent.

Recommendations:

- Explore new opportunities to generate support and revenue that are not based on the sale of unhealthy foods.
- Eliminate the sale of foods and beverages that do not meet state nutrient standards.
- Examine the use of schools as a channel for food and beverage company promotions.
- Eliminate exclusive contracts with food and beverage vendors in order to decrease unhealthy food and beverage advertising at school, which will in turn give school districts more control over the types of foods and beverages they can sell.
- Give food service control over all food sales on campus to decrease competition.

Full Reports:

Visit www.CaliforniaProjectLEAN.org and search for Fast Food Survey.

**For more information, contact
California Project LEAN.**

Prevalence and Specifics of Districtwide Beverage Contracts in California’s Largest School Districts

Research and Method

The California Endowment commissioned the Public Health Institute and Samuels & Associates to work with California Project LEAN (Leaders Encouraging Activity and Nutrition) to conduct a comprehensive study to better understand how soda consumption and sales are affecting the landscape of California’s public school system and children’s health. The study, conducted in 2001, surveyed the state’s 25 largest school districts with a combined enrollment representing one-third of the state’s 6 million student population.

Of the 25 districts, 20 completed the questionnaire for an 80 percent response rate. All districts indicated that soda was available to students within the district through various mechanisms, such as districtwide contracts, school-controlled contracts and soda sales agreements. In 15 cases, school districts delegate responsibility for soda availability to individual school site administrators. Five districts utilize districtwide contracts to manage soda sales to students. Because of the high-profile nature of and the large dollar sums involved in districtwide contracts, this report looks closely at the five districtwide contracts and seeks to explain provisions that could have ramifications for children’s health.

Findings

- Soda is available to students in all of the school districts that responded through district-level and school-level contracting.
- Soft drink companies use a variety of tactics to incorporate soda sales onto the school setting.
- Although the study found the same soda company holds four of the five districtwide contracts, the contracts varied in terms of sales and advertising characteristics. These contracts are not governed by comprehensive statewide policies or by a general consensus among district administrators.
- The district beverage contracts examined in this report contain provisions that limit school district

control over the beverages sold at school, directly affecting students’ nutritional choices.

- Only one of the five contracts examined included a nutrient analysis of the products available to students.
- Soda companies advertise to students through various mediums dictated by contracts including, but not limited to, product donations, software programs, scoreboards and marquees, signage, clothing, and school supplies.
- Some soda companies mandate, through their contracts, the number of vending machines required per student population, the location, hours of operation and inventory to be stocked at all times. Some contracts contain language that can limit the amount of information that can be legally disclosed to the public.
- Because both the school district and soda company income are tied directly to the volume of beverages sold on campus, the more beverages sold, the greater the revenue for the district and the soda company.

Recommendations

Financial Factors

- Fund schools and student activities adequately so they do not have to rely on children’s soft drink consumption to fund educational and extracurricular needs.
- Set lower prices for healthy beverages like 100 percent fruit juice, water and low-fat milk.
- When fundraisers are utilized, ensure that the money provided by students, families and community members overwhelmingly goes to the school. Minimize the amount given back to outside businesses and organizations.

Advertising and Promotion

- Set school district policies that ensure students have more access to healthy beverages than to unhealthy ones.

- Eliminate school advertising and promotional events that promote unhealthy beverages.
- Educate school personnel and students that water provides adequate re-hydration for most student athletes.

School District Control

- Establish autonomous school district control, not soda company control, over all aspects of beverage sales and advertising at school.
- Widely publicize and solicit public comment before entering into a beverage contract at individual schools and school districts.
- Eliminate confidentiality clauses that prohibit school districts from sharing with the general public all facts associated with their beverage contracts.
- Set contract provisions that allow for yearly public review of the contract, including changes or cancellation of the contract to meet student health needs.

Beverage Contract Administration

- Establish a committee of school personnel, students, parents and community health professionals to evaluate and improve school district beverage policy.
- Administer beverage contracts as a part of the school district's overall child nutrition program

Full Reports:

Visit www.CaliforniaProjectLEAN.org and search for soda study.

**For more information, contact
California Project LEAN**

School Health Policies and Program Study

Research

SHPPS is a national survey periodically conducted to assess the school health policies and programs at the state, district, school and classroom levels. Following are results from the SHPPS conducted in 2000.

Food Services

- Among schools in which food is ordered at the school level, on average 62.8 percent of all milk ordered by these schools in a typical week is either 2 percent or whole milk.
- The foods and beverages most commonly offered a la carte are fruits or vegetables (73.6 percent of schools); 100 percent fruit or vegetable juice (62.9 percent); baked goods that are not low in fat (59.2 percent); and pizza, hamburgers, or sandwiches (56.2 percent).
- 19.7 percent of schools usually give students less than 20 minutes to eat lunch once they are seated.
- During the 12 months preceding the study, 54.9 percent collected suggestions from students about the school food service program, 40.5 percent provided students with information on the nutrition and caloric content of foods available, and 34.7 percent conducted taste tests with students.
- 20.8 percent of schools require fruits or vegetables to be offered at settings outside the cafeteria, such as student parties, after-school programs, and concession stands; 12.4 percent of schools prohibit junk food (i.e., food that provides calories primarily through fats or added sugars and have minimal amounts of vitamins and minerals) in these settings.
- 43.0 percent of elementary, 73.9 percent of middle/junior high, and 98.2 percent of senior high schools have either a vending machine or a school store, canteen or snack bar where students can purchase food or beverages — most commonly soft drinks, sports drinks, or fruit juices that are not 100 percent juice; salty snacks that are not low in fat; and cookies and other baked goods that are not low in fat.
- Among teachers of required health education, elementary school teachers who provided nutrition

education spent a median of five hours per school year teaching the topic, middle/junior high school teachers spent a median of four hours, and senior high school teachers spent a median of five hours.

Physical Education/ Physical Activity

- 8 percent of elementary schools (excluding kindergarten, which has requirements that are consistently lower than those for grades 1 through 5), 6.4 percent of middle/junior high schools, and 5.8 percent of senior high schools provide daily physical education or its equivalent (150 minutes per week for elementary schools; 225 minutes per week for middle/junior and senior high schools) for the entire school year for students in all grades in the school.
- 16.7 percent of elementary schools exempt students from required physical education courses for one or more of the following reasons: high physical competency test scores, participation in other school activities, participation in community sports activities, and participation in community service activities.
- 25.3 percent of middle/junior high schools and 40 percent of senior high schools exempt students from required physical education courses for one or more of the following reasons: high physical competency test scores, participation in other school activities, participation in community sports activities, participation in community service activities, enrollment in other school courses, participation in school sports, and participation in vocational training.
- Physical activity facilities are used for community-sponsored sports teams, classes, “open gym,” or unsupervised programs for children in 71.6 percent of schools and for adults in 56.6 percent of schools during one or more of the following times: before school, after school, evenings, weekends, or during school vacations.

For more information visit the Centers for Disease Control and Prevention at www.cdc.gov/shpps

Creative School Fundraising Ideas

Things to do

- Gift wrapping, such as gift wrapping for donations at bookstore during holidays
- Fun runs; walk-a-thon (pre-kindergarten: each child gets sponsorship for each lap walked – up to 8 laps/\$1 per lap); bike-a-thon; jump-rope-a-thon; sled-a-thon
- 3-on-3 basketball tournament (charge a team \$40 for entrance; local businesses donate prizes)
- Car wash (pre-sell tickets as gifts, ask for pledges per car in advance, operate a food stand with coffee, bagels and juice)
- “Chuck a puck at the rink” (A hockey team plays this game between the 2nd and 3rd periods of the hockey game. Each puck is numbered and sold for \$1. Everyone throws them on the ice and the one closest to the center gets half of the money sold.)
- Singing telegrams
- Talent shows/recital/lip-sync contest (local businesses donate items for raffle)
- Read-a-thon; spelling bees; science fairs
- Carnivals (Halloween, Easter)
- Dances (kids, father/daughter, family, Sadie Hawkins)
- Bowling night/bowl-a-thon
- Skate night/skate-a-thon
- Raffles (teachers do a silly activity)
- Magic show
- Family/glamour portraits
- Penny wars (pennies +1 point, nickels +5, quarters +25, team with most points wins)
- Raffle (movie passes, theme bags, theme baskets assembled by students). Check your local laws governing raffles.
- T-shirts/caps
- Students volunteer for odd jobs to raise money, end of “work” day dinner and dance held for volunteers
- School event planners (includes all school event dates)

Things that involve the community

- Catering (district food service department caters events)
- Workshop/class
- Conference
- Treasure hunt/scavenger hunt
- Tennis/horseshoe competition
- Recycling cans/bottles/paper/Christmas trees
- Golf tournament
- Rent-a-teen-helper (rake leaves, water gardens, mow lawns, wash dog)
- Auction or money jars for students to place money in (teacher does something for kids at set increments, e.g. dress as a cheerleader, do cheers, act out a scene from a play)
- Dinner fundraiser with a live or silent auction (goods, services and talents)
- Community job fair (charge an exhibit fee)
- Bricks with engraved donor names
- Candles/crafts/books/plant sales
- Halloween insurance (\$1 insurance sold for guaranteed cleanup the day after Halloween. Usually minimal clean ups and volunteers tipped.)
- Sell seat cushions at sporting events (sell advertisements on cushions for local businesses)
- School clothing or rummage sale
- Bingo nights (parents with kids in sports or involved in organizations man the tables)

For more information, contact California Project LEAN

Ideas excerpted from Shasta County Public Health Department

Constructive Classroom Rewards: Promoting Good Habits

While Protecting Children’s Health

Rewarding children in the classroom need not involve candy and other foods that can undermine children’s diets and health and reinforce unhealthy eating habits. A wide variety of alternative rewards can be used to provide positive reinforcement for children’s behavior and academic performance. The best policy is not to use food to reward children for good behavior or academic performance. At a minimum, children should not be rewarded using foods of poor nutritional quality, including at classroom parties.

The harm in using food to reward children

Providing food based on performance or behavior connects food to mood. This practice can encourage children to eat treats even when they are not hungry and can instill lifetime habits of rewarding or comforting themselves with food behaviors associated with unhealthy eating or obesity.

Physical activity and food should not be linked to punishment

Punishing children by taking away recess or physical education classes reduces their already-scarce opportunities for physical activity. Another counter-productive punishment is forcing children to do physical activity such as running laps or pushups. Children often learn to dislike things that are used as punishments. Thus, penalizing children with physical activity might lead them to avoid activities that are important for maintaining wellness and a healthy body weight. In addition, food should not be withheld as a means of punishing children. The U.S. Department of Agriculture prohibits withholding meals as a punishment for any child enrolled in a school participating in the school meal programs.

Examples of Beneficial — and Inexpensive — Rewards for Children

1. Social rewards

“Social rewards” involve attention, praise, or thanks and are often more highly valued by children than a toy or food. Simple gestures like pats on the shoulder, verbal praise (including in front of others), nods, or smiles can mean a lot. These types of social rewards affirm a child’s worth as a person.

2. Recognition

- Trophy, plaque, ribbon, or certificate in recognition of achievement or a sticker with an affirming message (e.g., “Great job”)
- Recognizing a child’s achievement on the school-wide morning announcements and/or the school’s website
- A photo recognition board in a prominent location in the school
- A phone call, email, or letter sent home to parents or guardians commending a child’s accomplishment
- A note from the teacher to the student commending his or her achievement

3. Privileges

- Going first
- Choosing a class activity
- Helping the teacher
- Having an extra few minutes of recess with a friend
- “No homework” pass
- Teaching the class
- Playing an educational computer or other game
- Reading to a younger class
- Reading the school-wide morning announcements
- Helping in another classroom
- Eating lunch with a teacher or principal
- Listening with a headset to a book on tape or CD
- Going to the library to select a book to read
- Taking a walk with the principal or teacher
- Designing a class or hall bulletin board
- Writing or drawing on the blackboard/whiteboard
- Taking care of the class animal for a day

- Allowing a child to choose an extra recess activity for the class on his/her birthday

4. Rewards for a class

- Extra recess
- Eating lunch outdoors
- Going to the lunchroom first
- Reading outdoors
- Holding class outdoors
- Extra art, music, PE, or reading time
- Listening to music while working
- Dancing to music
- Playing a game or doing a puzzle together
- “Free choice” time at the end of the day
- A book read aloud to the class by the teacher

5. School supplies

- Pencils: colored, with logos, or other decorations
- Pens
- Erasers
- Notepads/notebooks
- Boxes of crayons
- Stencils
- Stamps
- Plastic scissors
- Bookmarks
- Highlighters
- Chalk (e.g., sidewalk chalk)
- Markers
- Coloring books

Excerpted from the Center for Science
in the Public Interest
www.cspinet.org

Coordinated School Health Program

The coordinated school health approach embraces the link between health and education. It contains eight essential components, with the ultimate goal being to fulfill young people's over-all health* needs so that students can be in the classroom and learning. The eight-component model involves the entire school system, home and community working in a coordinated way to support the health of young people in a school setting and to eliminate duplication and gaps. Resources and energy are strengthened in this coordinated, concentrated effort.

The result is a cohesive team that has a sum greater than its parts, working to benefit the health and well-being of students.

*** The term "health" is used in the broadest sense. Health is much more than simply the absence of disease; health involves optimal physical, mental, social, and emotional functioning and well-being.**

—World Health Organization, 1996

The 8 components of coordinated health

1 Health education

Classroom instruction that addresses the physical, mental, emotional and social dimensions of health.

2 Family and community involvement

Partnerships among schools, parents and community groups to maximize resources and expertise in supporting the health of young people.

3 Healthy school environment

The school's physical, emotional and social climate, providing a safe physical plant and a healthy, supportive environment for learning.

4 Physical education

School-based instructional program that provides students with the skills, knowledge, attitudes and confidence to be physically active for life.

5 Nutrition services

Reinforcement of classroom-based nutrition education, promotion of healthy eating behaviors and integration of nutritious, affordable and appealing meals.

6 Health promotion for staff

Assessment, education and wellness activities for school faculty and staff.

7 Health services

Preventive services, education, emergency care, referral and management of acute and chronic health conditions to ensure health of students.

8 Psychological and counseling services

Activities that focus on cognitive, emotional, behavioral and social needs in the school and home.

School Health Councils

School health councils are useful in addressing all eight areas of coordinated school health. A school health council, sometimes called a school health advisory council, is an advisory group of individuals who represent segments of the school and community. The group acts collectively to provide advice to the school district on health-related issues, programs and activities.

The concept of school health councils has been supported by a number of leadership organizations, most notably the American Cancer Society. Recently, school health councils have been a recommended approach for developing wellness policies required by the Child Nutrition and WIC Reauthorization Act of 2004.

Generally, the members of a school health council are appointed by the school district. Ideally, members represent the varying components of coordinated school health and include public health and community-based professionals and volunteers, school nurses, health educators, school administrators, nutrition services staff, physical education teachers, counseling and psychological services, parents, students, and others interested in and concerned about school health.

Examples of roles that are commonly assigned to school health councils include, but are not limited to:

- program planning;
- advocacy;
- fiscal planning;
- liaison with district, county and state agencies;
- direct intervention and policy implementation; and
- evaluation, accountability, and quality control.

School board members are called upon to address many health issues. Given that many health and social issues are interrelated, school health councils are a useful forum for schools and community members to support optimum health and academic achievement of children and youth.

Sources:

Health Framework for California Public Schools: Kindergarten Through Grade Twelve – Adopted by the California State Board of Education (2003)

“Improving School Health: A Guide to School Health Councils,” American Cancer Society

**For more information, contact
School Health Connections
California Department of Health Services
www.dhs.ca.gov/schoolhealth**