



THE SCHOOL DISTRICT OF
PHILADELPHIA

Are SDP Schools Meeting Wellness Policy Guidelines?

Results from the School Health Index 2017-18

Eat.Right.Now (ERN) is a federally funded program through USDA SNAP-Ed. Seven ERN partners provide education and programs to 214 schools in the School District of Philadelphia (SDP) to increase the likelihood that SNAP recipients make healthy choices.

In the 2017-18 school year, ERN partners assisted their assigned schools in completing a modified version of the School Health Index (SHI). This report provides a summary of SHI results related to SDP Wellness Policy guidelines.

Key Findings

There are five areas where schools in our sample might need additional support to meet Wellness Policy guidelines:

1. Ensuring all fundraisers meet USDA Smart Snacks in School Nutrition Standards
2. Prohibiting using food as reward or punishment
3. Prohibiting withholding recess or Physical Education as punishment
4. Implementing movement breaks throughout the day in all classrooms
5. Increasing staff wellness opportunities and ensuring staff model healthy eating and physical activity behaviors

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Introduction

Eat.Right.Now (ERN) is a federally funded program through USDA SNAP-Ed, which is the educational component of the Supplemental Nutrition Assistance Program (SNAP). The goal of ERN is to provide education and programs that increase the likelihood that SNAP recipients make healthy choices. ERN programming is delivered to 214 schools in the School District of Philadelphia (SDP) by seven community partners: (1) School District of Philadelphia– 65 schools, (2) Drexel University – 60 schools, (3) Einstein Medical Center – 29 schools, (4) The Food Trust – 25 schools, (5) Health Promotion Council – 18 schools, (6) Agatston Urban Nutrition Initiative – 14 schools, and (7) Vetri Community Partnership – 3 schools.

This report is one part of a larger evaluation project, and provides an analysis of School Health Index responses from 58 schools and how they align with SDP’s Wellness Policy. ¹

About the SDP Wellness Policy

As part of the National School Lunch Program, school districts are federally mandated to develop and maintain a District Wellness Policy that will support students and staff to become fit, healthy, and ready to learn. The SDP [Wellness Policy](#) was first passed in 2006, and updated in September 2017 to reflect new standards established by the USDA.

The SDP Wellness Policy establishes mandated regulatory procedures for the following topics:

1. Coordinated School Wellness Councils
2. Nutrition standards for all foods available on school property during the school day
3. Nutrition education
4. Nutrition promotion
5. Physical education
6. Physical activity
7. Other school-based activities

The ERN program coordinates across District departments and external partners to support Philadelphia’s students and families. Part of this work includes promoting guidelines related to nutrition and physical activity in the Wellness Policy. For more information about the SDP Wellness Policy and specific compliance rules, see the SDP [Division of Food Services](#) website.

¹ For more information about the project and related reports, see <https://www.philasd.org/research/programsservices/projects/eat-right-now>

About the School Health Index

In the 2017-18 school year, ERN partners assisted their partner schools in completing the School Health Index (SHI) using the Alliance for a Healthier Generation’s [Healthy Schools Program online tool](#). The SHI is a self-assessment and planning tool developed by the Centers for Disease Control (CDC) to help schools meet CDC recommendations for various health and wellness-related topics. The modified version of the SHI used by ERN includes 50 questions related to nutrition and physical activity across six modules.

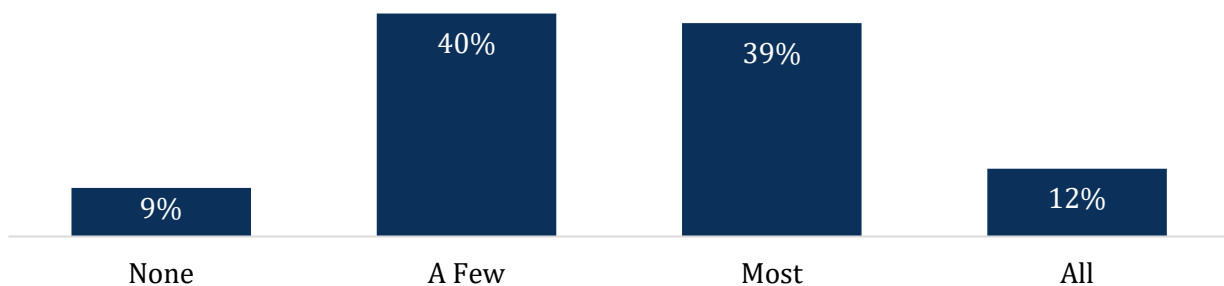
As of June 2018, 58 schools completed the School Health Index. For each question in the SHI, schools chose a response between 0 and 3, where 3 means the recommendation is fully in place, 2 means the recommendation is partially in place, 1 means the recommendation is under development, and 0 means the recommendation is not in place.

Why this Study?

The second question on the School Health Index asks whether the school has implemented all of the required components in the district’s wellness policy. The question lists the required components, which include nutrition education and promotion activities, physical activity opportunities, nutrition standards, marketing, and parent and community engagement.

Of the 57 SDP schools that responded to this question on the School Health Index (SHI) in 2017-18, 29 schools (51%) reported implementing most or all of the components of the Wellness Policy, while 28 schools (49%) indicated they have implemented a few or none (Figure 1). School responses to this question led us to investigate implementation of the Wellness Policy more in depth.

Figure 1. SHI Question #102: Has your school implemented all of the following components* of the District’s local wellness policy? (n=57)



*Components include nutrition education and promotion, physical activity, nutrition standards, marketing, parent participation, and compliance measurement.

Exploratory Questions

Forty of the 50 questions on the SHI are directly related to SDP Wellness Policy guidelines. For this report, we examined two research questions that examine school responses to the SHI and the SDP Wellness Policy:

1. To what extent do school responses on the SHI indicate alignment with the District Wellness Policy?
2. In which areas do schools need the most support in meeting Wellness Policy guidelines? How can this inform ERN programming as well as District-level initiatives?

To answer these questions, we used SHI data from 58 schools, including 49 schools that completed the SHI in 2017-18 and 9 schools that had responses to at least 40 of the 50 SHI questions. We looked at SHI questions that were aligned to Wellness Policy guidelines and identified seven categories with sufficient overlap: (1) School Meals, (2) Competitive Food, (3) Non-Sold Competitive Food, (4) Health Education Curriculum, (5) Physical Education Curriculum, (6) Physical Activity, and (7) Staff Wellness.

For a full list of SDP Wellness Policy guidelines and corresponding School Health Index questions, see Appendix B.

Findings

This section provides information about the SHI questions that correspond to each of the seven SDP Wellness Policy categories identified by ORE. For each category, the report lists relevant guidelines from the Wellness Policy which align with School Health Index questions. A summary of information reported by 58 schools on the SHI is then provided for each guideline, including the percentage of schools that gave each response and the mean score for each question (0-3).

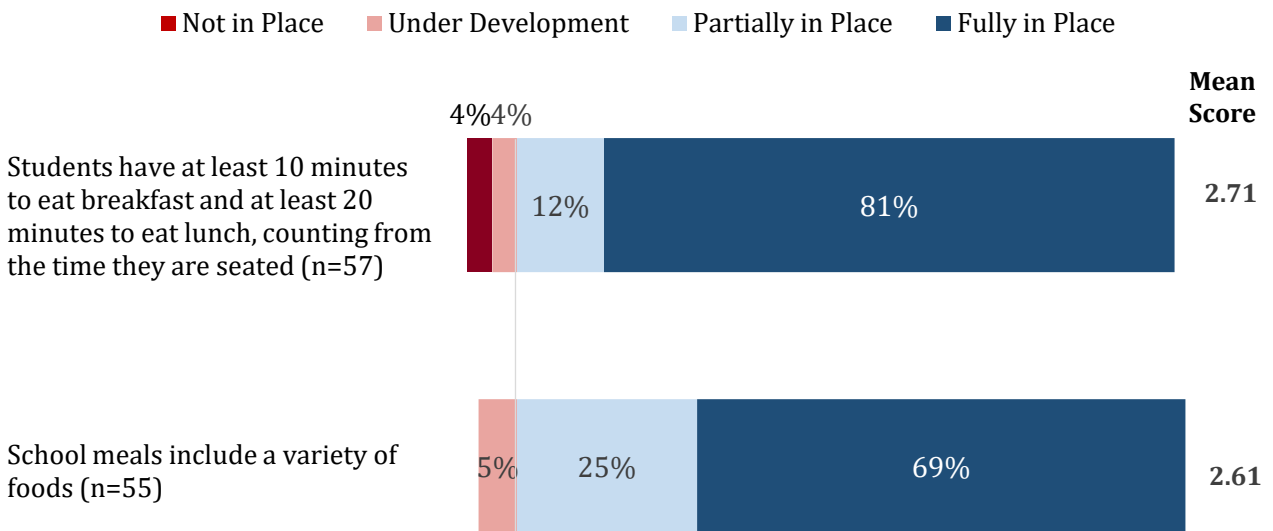
Wellness Policy Category #1: School Meals

SDP Guideline 1: *Students shall be provided with at least ten (10) minutes to eat after sitting down for breakfast and twenty (20) minutes after sitting down for lunch.*

SDP Guideline 2: *All reimbursable school meals served through the National School Lunch and School Breakfast Programs, After School Feeding Program, and any other reimbursable school meal programs implemented by the district shall offer a variety of fruits and vegetables daily, including dark green, red/orange, and legumes weekly.*

The majority of schools (46 of 57) reported on the SHI that students have adequate time to eat school meals based on CDC recommendations (Figure 2). When asked whether school meals include a variety of foods, 94% of schools responded that their school meals meet at least three to five of the CDC's criteria for variety.

Figure 2. Sample School Responses to SHI Questions Related to School Meals

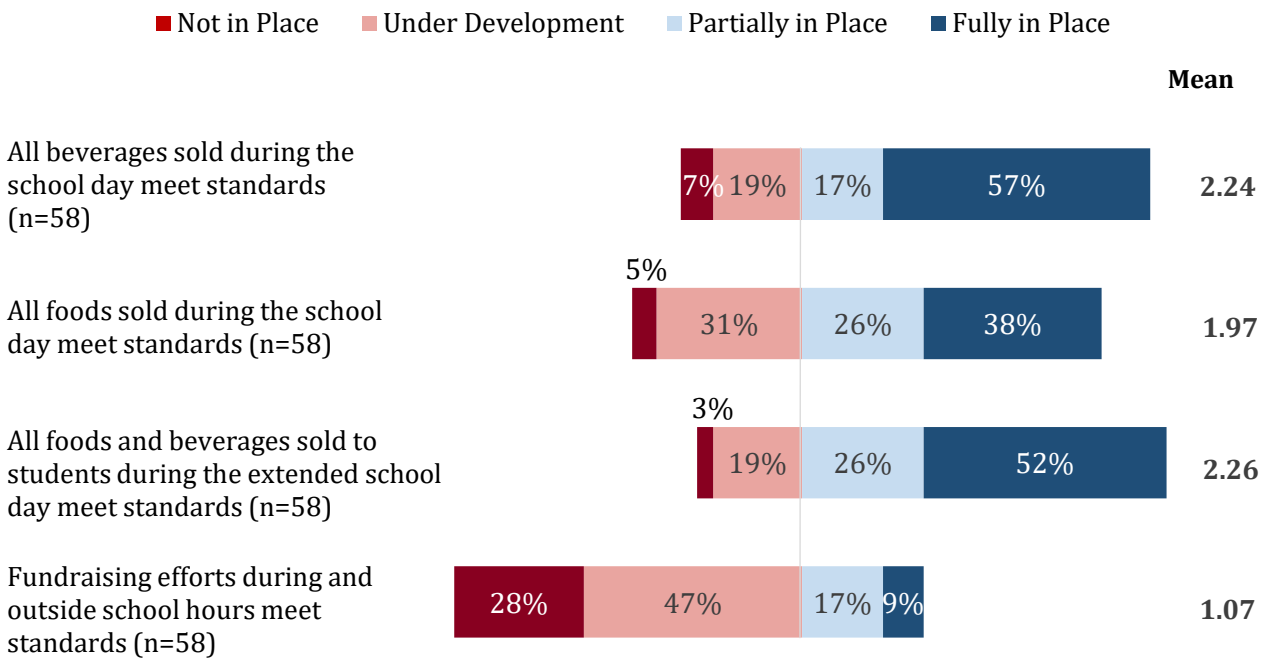


Wellness Policy Category #2: Competitive Food

SDP Guideline: All competitive foods available for sale to students in district schools shall meet or exceed the established federal nutrition standards (USDA Smart Snacks in School). Competitive foods include items sold a la carte, in vending machines, at school stores, during fundraisers, or at any other venue that sells food/beverages during the school day.

While most schools are meeting or partially meeting CDC recommendations on SHI questions related to competitive foods, 16 schools (28%) reported that none of their fundraisers meet USDA Smart Snacks Standards (Figure 3). Mean scores were higher for meeting beverage guidelines (2.24) than food (1.97).

Figure 3. Sample School Responses to SHI Questions Related to Competitive Food



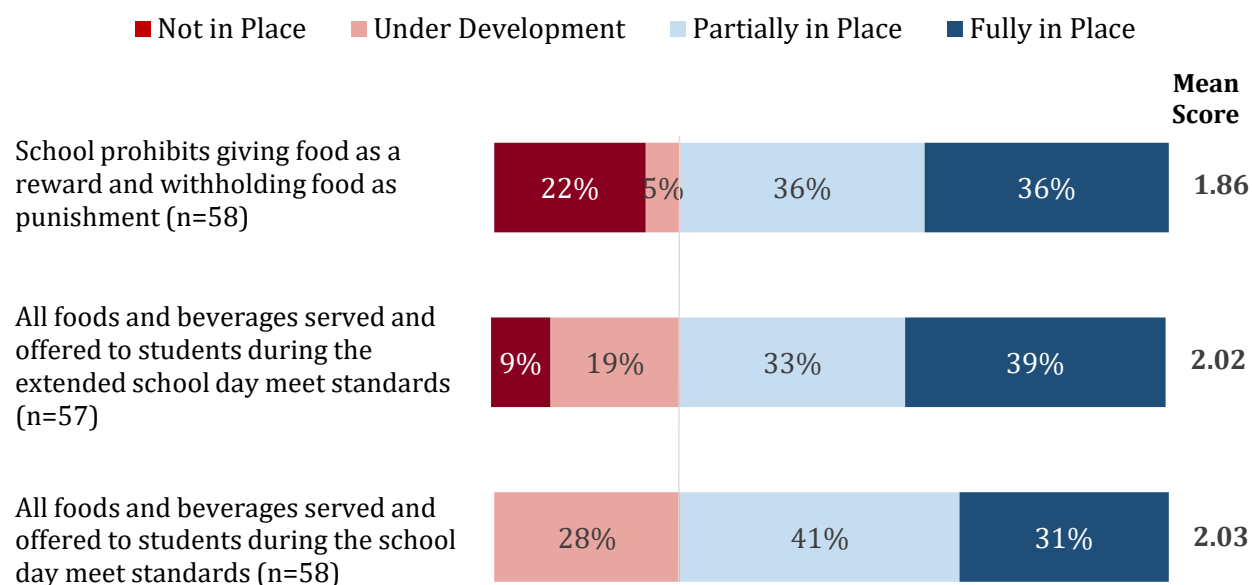
Wellness Policy Category #3: Non-Sold Competitive Food

Guideline 1: *Non-sold competitive foods include but are not limited to foods and beverages offered as rewards and incentives, at classroom parties and celebrations, or as shared classroom snacks, and shall meet or exceed Smart Snacks in School nutrition standards.*

Guideline 2: *District schools will not use unhealthy foods or beverages as rewards for academic performance or good behavior.*

Most schools (72%) reported fully or partially meeting the CDC recommendations for all three SHI questions that correspond to non-sold competitive food guidelines (Figure 4). Of the three SHI questions in this category, the prohibition of the use of food as a reward or punishment had the lowest mean score (1.86), and 13 schools (22%) reported that neither practice is prohibited.

Figure 4. Sample School Responses to SHI Questions Related to Non-Sold Competitive Food



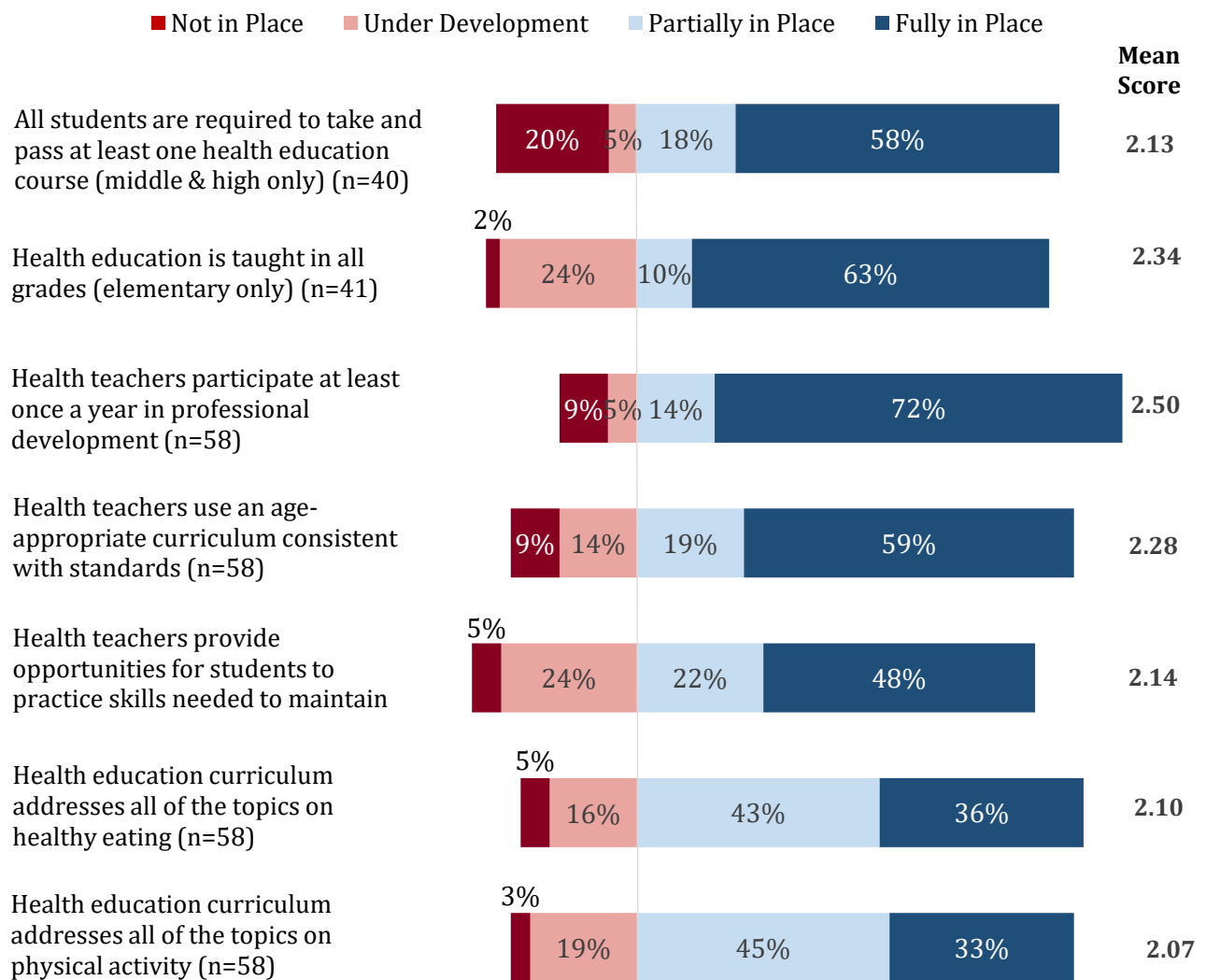
Wellness Policy Category #4: Health Education Curriculum

Guideline: Health and nutrition education programs will:

- Be consistent with law, regulations, and established academic standards for Health, Safety and Physical Education, and Family and Consumer Sciences.
- Teach, encourage, and support healthy eating by students.
- Provide professional development to teachers and nutrition professionals to enhance their skills in nutrition education training.
- Include enjoyable, developmentally appropriate, culturally relevant, participatory activities such as contests, promotions, taste testing, farm visits and school gardens.
- Promote fruit, vegetables, whole grain products, low-fat and fat-free dairy products, healthy food preparation methods, and health enhancing nutrition practices.
- Emphasize caloric balance between food intake and energy expenditure.
- Teach media literacy with an emphasis on food marketing.

Mean scores were lowest on corresponding SHI questions about whether the health education curriculum addresses all topics on healthy eating (2.10) and physical activity (2.07) (Figure 5). Ten middle and high schools (25%) reported that they do not require all students to take and pass at least one health education course.

Figure 5. Sample School Responses to SHI Questions Related to the Health Education Curriculum



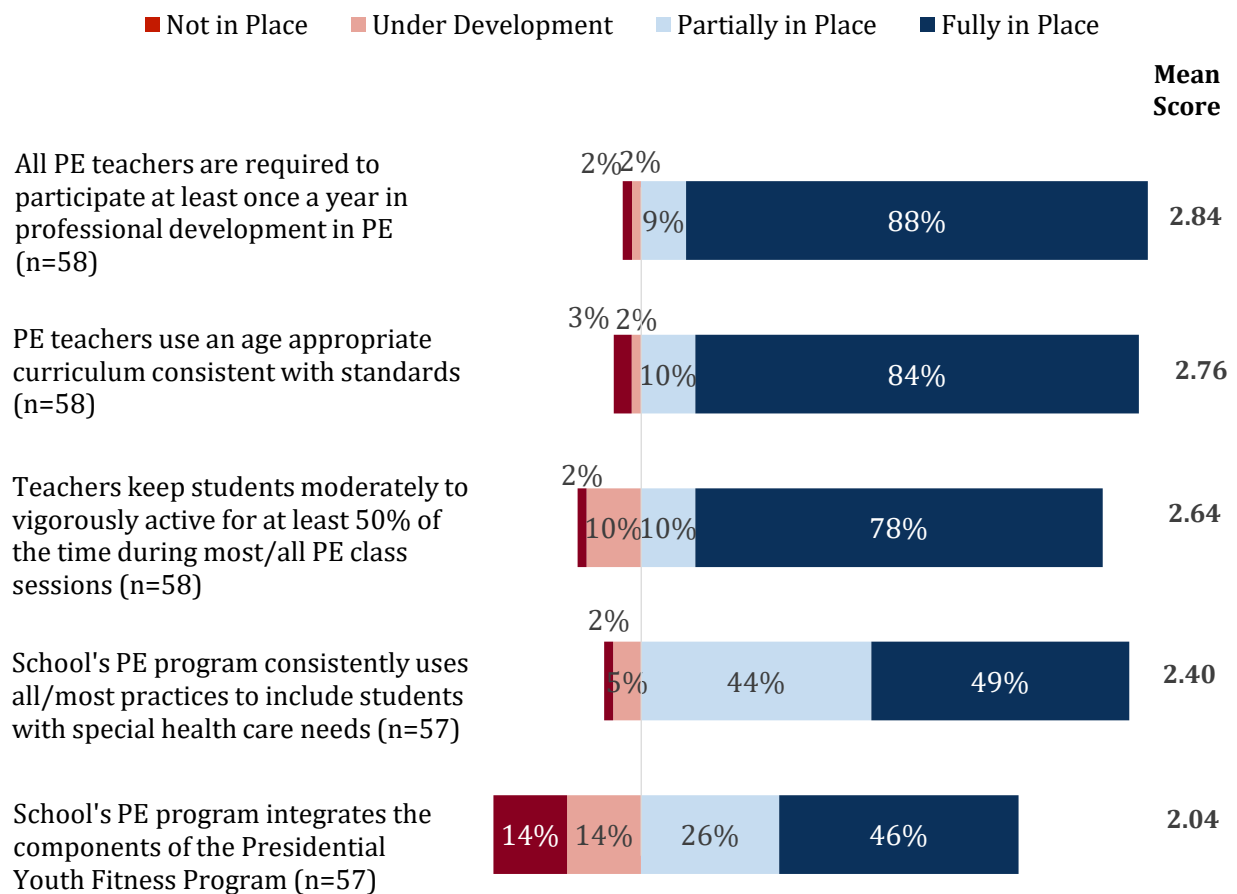
Wellness Policy Category #5: Physical Education Curriculum

Guideline: *The Physical Education (PE) program will:*

- *Be recognized as an integral part of the core curriculum, K-12*
- *Devote at least 50% of class time to moderate vigorous physical activity*
- *Include a physical fitness assessment for each student, using a fitness assessment tool for grades 3 to 12*
- *Be designed to meet the needs of all students (athletic and nonathletic)*
- *Provide quality professional development to all PE teachers to stay current with research and current programs.*

Many schools are meeting CDC recommendations for SHI questions related to Physical Education. In response to corresponding SHI questions, the lowest mean score was for integrating components of the Presidential Youth Fitness Program (2.04), yet most schools (42 of 58) reported integrating at least 2 components into the physical education curriculum (Figure 6). Most schools reported that they consistently use at least some of the recommended practices to accommodate students with special health care needs, and 28 schools (49%) are using all or most practices.

Figure 6. Sample School Responses to SHI Questions Related to the Physical Education Curriculum



Wellness Policy Category #6: Physical Activity

SDP Guideline 1: Time will be devoted, in the elementary schedule, for supervised and safe recess.

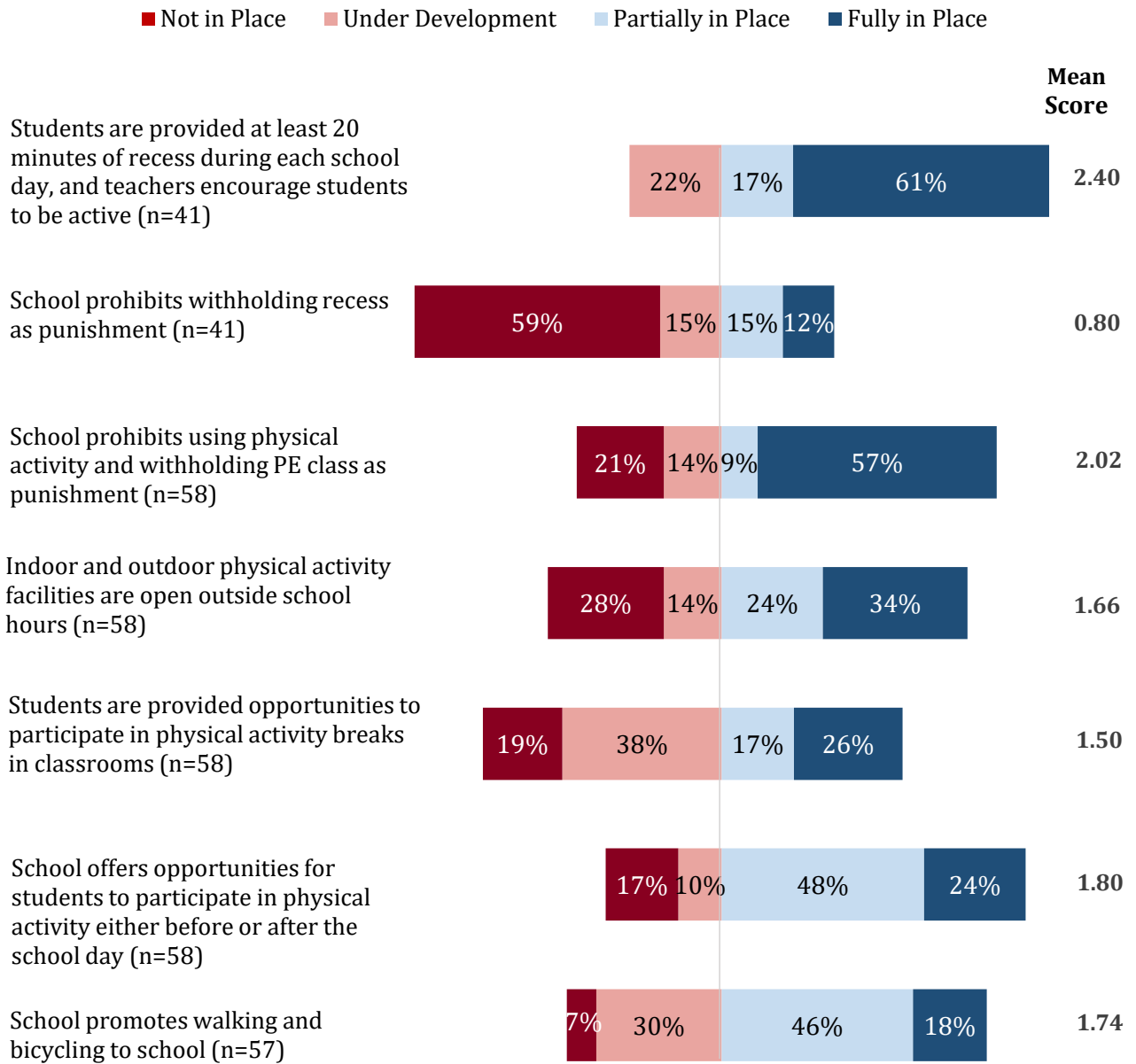
SDP Guideline 2: Physical activity shall not be used as a form of punishment or consequence.

SDP Guideline 3: Opportunities will be provided before and after school for school physical activities, including clubs, intramurals, and interscholastic athletics.

SDP Guideline 4: The district will encourage active commuting to and from school.

Mean scores were relatively low for physical activity questions on the SHI. The recommendation to prohibit using recess as punishment received the lowest mean score (0.80), and 24 elementary schools (59%) reported that this practice is not prohibited (Figure 7). Most elementary schools (25 of 41) offer at least 20 minutes of recess during each school day and report that teachers or recess monitors encourage students to be active, while nine elementary schools (22%) report that recess is provided each day but for less than 20 minutes, or it is provided on some days but not all days. In addition, 11 schools (19%) report that they do not offer Movement Breaks in classrooms.

Figure 7. Sample School Responses to SHI Questions Related to Physical Activity



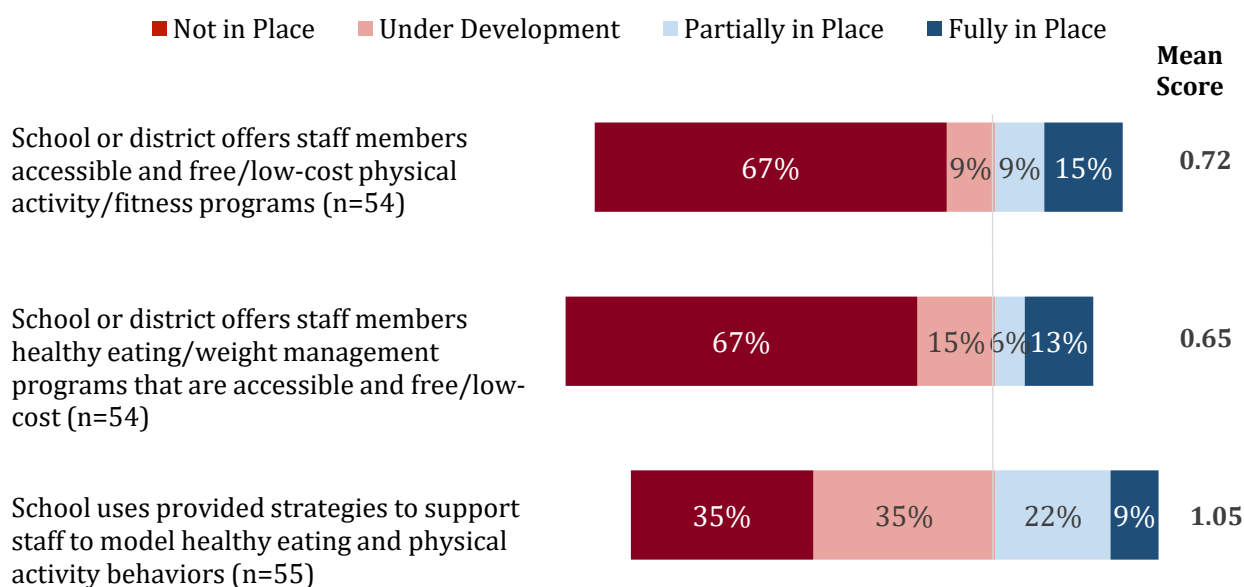
Wellness Policy Category #7: Staff Wellness

Guideline 1: *The district will encourage and may provide opportunities and programs related to staff wellness, in collaboration with employee unions, insurance providers and outside agencies.*

Guideline 2: *Opportunities for district staff to be physically active will be encouraged.*

Schools scored low on SHI questions related to staff wellness. Most schools (36 of 54) reported providing no programs for staff to encourage physical activity or healthy eating (Figure 8). Furthermore, 17 schools (31%) reported using 3 to 5 strategies to support staff in modeling healthy eating and physical activity behaviors.

Figure 8. Sample School Responses to SHI Questions Related to Staff Wellness



Limitations of the School Health Index

The SHI is not meant to be an evaluative tool at the school level and has some analysis limitations. For example, the assessment includes only self-reported information by school staff and/or community members. There may be some bias in responses based on who has completed the assessment. In addition, the sample of schools that completed the SHI was not random, and may not reflect the District as a whole.

Despite these limitations, the results from the sample of 58 schools provide us with information about what all SDP schools might be facing when trying to implement health and wellness initiatives.

Conclusion and Recommendations

The Alliance for a Healthier Generation’s modified School Health Index presents an opportunity to examine the extent to which schools are meeting CDC’s recommendations for nutrition and physical activity, which are reflected in SDP’s District Wellness Policy. Based on SHI results from the 58 schools in our sample, it is clear that schools face various challenges to meeting some CDC recommendations as well as guidelines set forth in the SDP Wellness Policy. Specifically, there are five areas where schools indicated they may need additional support to meet Wellness Policy guidelines:

1. Ensuring all fundraisers meet USDA Smart Snacks in School Nutrition Standards
2. Prohibiting using food as reward or punishment
3. Prohibiting withholding recess or Physical Education as punishment
4. Implementing movement breaks throughout the day in all classrooms
5. Increasing staff wellness opportunities and ensuring staff model healthy eating and physical activity behaviors

As part of their ongoing work, ERN partners are developing ways to support the implementation of policy, systems, and environmental changes in schools to help students and families eat healthier and move more. To help schools meet the recommendations and guidelines, multiple district departments need to work together. ORE offers recommendations for three levels of work that should be addressed to improve health and wellness in our schools.

1. School District of Philadelphia – This includes central office leadership who can work to support schools and programs in improving health and wellness across the District.
2. ERN-SDP District-level – SDP’s ERN office has multiple touchpoints with District departments and can help coordinate various offices to support health and wellness.
3. ERN Partners – This includes program-level recommendations for ERN Partners to improve health and wellness at individual schools.

Recommendations for the School District of Philadelphia

Recommendation #1: Clearly communicate health and wellness as a priority for schools.

During the process of assisting schools in completing the School Health Index, ORE held introductory meetings with 64 schools (32 of which are included in the SHI results analysis).² At every meeting, ORE asked about any challenges the school faced in improving health outcomes of their students.

One of the key challenges raised by principals and key school staff during introductory meetings was that math and literacy initiatives were prioritized by district leaders and that schools do not have the time, capacity, or support to focus on health and wellness activities. While many school staff acknowledged a connection between health and academics and wanted to do the work to support students in making healthy choices, they expressed concern about receiving support from higher levels within the District.

One principal at a K-5 school said that while he agrees health is important, schools face many demands around achievement and testing, and specifically stated: “This needs to come from the top.” Another K-8 principal said that giving the recommended 150 minutes per week of PE was “impossible” due to other academic demands from the central office leadership.

ORE recommends three strategies to communicate the importance of health and wellness and encourage schools to prioritize activities that improve healthy choices:

- 1. Communicate that health and wellness activities are a priority by encouraging and supporting these activities from the highest levels of district leadership.*

Several principals expressed concern about facing pushback from district leadership if they focused on initiatives other than academics. A nurse at a K-5 school expressed hesitation about completing the School Health Index because the principal might not fully support the work since there are so many other priorities the school had to improve and focus on.

To echo the principal quoted above, school principals and staff need to know “from the top” that health and wellness is a priority and that they will not be penalized for focusing on initiatives to improve nutrition and physical activity. ERN presented to Assistant Superintendents in July 2018 about the link between health and academics and on findings related to physical activity in elementary schools. District leaders, including Assistant Superintendents, should encourage principals to emphasize health and wellness in their schools.

² For more information about qualitative data collected during Introductory Meetings, see report titled [The School Health Index 2017-18: Challenges to Promoting Health and Wellness in SDP Schools](#)

2. Include a health and wellness component in accountability systems.

One potential strategy for encouraging schools to focus on health is to include a health and wellness component in accountability measures, such as the School Progress Report (SPR) and/or School Improvement Plans (SIPs). Several schools mentioned in introductory meetings that they wished the work they already did around health and wellness was recognized by Central Office leadership, and one principal at a K-5 school recommended a score be included in the SPR so that schools get credit for this type of work. Health and wellness could potentially be added as a component to the climate score, which is already included in the SPR.

The National Association of Chronic Disease Directors (NACDD) developed a Whole School, Whole Community, Whole Child (WSCC) [Guide to Implementation](#) that advises on strategies to incorporate health and wellness into District and School Improvement Plans and use the SHI as supporting data for interventions. In their [Guide for Incorporating Health & Wellness into School Improvement Plans](#), NACDD provides examples of districts that incorporate wellness-related components in their SIPs, including , the state of Arkansas, which requires it by law for every district in the state (p. 18); Austin, Texas, which requires it for every school (p. 24); and 72% of schools in Tennessee that include health goals in their SIPs (p. 13).

The new Every Students Succeeds Act (ESSA) added a requirement for states to report on one non-academic indicator (PA reports on chronic absenteeism), and also added a component to support “well-rounded education activities” which includes health and physical education topics (Fobbs, 2016). With these new requirements, SDP has an opportunity to include health and wellness as a critical component of any SIP, making it clear that these are priority issues within the District.

3. Train school-based designees to lead wellness initiatives in collaboration with school leaders.

[The SDP Wellness Policy](#) mandates that every school develop a Coordinated School Wellness Council using the CDC Coordinated School Health Program Model as a template. ORE found that most schools we connected with throughout the year did not have a designated Wellness Council, and that many schools felt they did not have the time or capacity to build such a team.

ORE recommends that the District require each school to identify someone to lead the School Wellness Council and provide these people with adequate training to form and sustain Councils at their schools. This strategy has been successful in other districts. For example, the Superintendent of the San Diego Unified School District (SDUSD) sent a letter to all principals in the beginning of the school year asking them to identify a “Wellness Lead” who was trained at the district to set up Wellness Committees at each school. Committees were formed at 178 schools in the district, and each selected a specific strategy to focus on with the support of district and community partners (NACDD, 2016).

Recommendation #2: Create and maintain a Central Wellness Council that meets the criteria in the Wellness Policy and is comprised of appropriate internal and external district partners.

The SDP Wellness Policy mandates the creation of a Central Level School Wellness Council, which shall be comprised of but not limited to internal and external health and wellness partners and shall serve as an advisory committee regarding student health issues. The Council is required to meet four times per year and open meetings to the public.

The Council met once in the 2017-18 school year on May 4, 2018. Several health-related internal and external partners (including ERN-SDP) reported on activities that took place in the past school year. Several members expressed interest in the topic of healthy fundraising, and ERN-SDP coordinated a subcommittee to focus on this effort.

The Central Level School Wellness Council should meet the required four times per year, and ensure all district departments that identify with one of the ten Whole School, Whole Community, Whole Child (WSCC) components (Appendix A) send a delegate to participate. Meetings should be used to strategize ways to improve student health and generate and report on a district-level Action Plan that seeks to mitigate challenges to meeting Wellness Policy guidelines.

Recommendation #3: Coordinate SDP divisions related to the ten components of the Whole School, Whole Community, Whole Child (WSCC) model to support health and wellness across the district.

One of the biggest challenges to implementing the WSCC model (Appendix A) in school districts is the lack of connection between district departments that work on some aspect of health and wellness. Some districts are doing this well; for example, Boston Public School District developed an Office of Social Emotional Learning and Wellness which includes eight divisions: Athletics, Behavioral Health Services, BPS Cares, Health Services, Guidance Services, Health & Wellness, Safe & Welcoming Schools, and Opportunity Youth.

SDP offices that relate to health are in separate departments, and groups sometimes work in silos and duplicate work. A cross-office working group or unified Office for Health and Wellness could improve collaboration between such as Food Services, School Climate & Safety, Student Health Services, Health/PE, Athletics, the GreenFutures initiative, and health-related programs like ERN. A coordinator for the Central Level Wellness Council could also reside in this unified office. Other large urban districts such as Boston and New York City have implemented a unified office approach to school wellness.

Recommendations for the ERN-SDP Program Office

SDP's ERN program is uniquely situated to be able to connect ERN's work with other SDP offices. ERN-SDP should continue to coordinate various district departments to ensure schools have the supports they need to meet Wellness Policy guidelines regarding health and physical activity, and work towards the Whole School, Whole Community, Whole Child Model.

ORE recommends ERN-SDP continue and/or expand their work with the following offices:

Climate & Safety

- Work with Positive Behavioral Interventions and Supports (PBIS) to create a framework for discipline and rewards that does not include withholding recess or physical activity as punishment and uses healthier or non-food rewards as incentives.
- Work with Prevention & Intervention to link food access and physical activity with Trauma-Informed Care practices.

Environmental Management & Services

- Work with GreenFutures to meet [Healthy Schools, Healthy Living](#) Action Plan items.

Facilities & Maintenance

- Ensure all schools have adequate working hydration stations to promote water consumption.
- Work to ensure general school cleanliness so staff trust that the building will be kept clean and pest-free if initiatives like Breakfast in Classroom (BIC) were to be implemented.

Family and Community Engagement (FACE)

- Connect with School Advisory Councils (SAC) to complete the School Health Index and engage parents and families in health-related decisions.
- Present at the SAC Academy workshop series to provide SAC members with resources to improve health at their schools.

Food Services

- Encourage schools to use alternative breakfast model to increase breakfast participation.
- Connect with school-level Food Services to relate ERN lessons to daily menus.
- Promote healthy fundraisers and ensure schools are meeting Wellness Policy guidelines.
- Support Food Services in their efforts to make school food more appealing.

Health, Safety, and Physical Education

- Promote awareness of the SDP Wellness Policy across schools and administrative offices.

- Participate in Professional Development days for Health and PE teachers to generate buy-in and increase capacity for ERN program activities.

Office of Schools

- Continue to share research with Assistant Superintendents on the relationship between health and academics as well as actionable steps to improve health and wellness.

Planning and Evidence-Based Supports Office (PESO)

- Work with the PESO office to incorporate nutrition and physical activity interventions into School Improvement Plans under the School Climate section.
- Develop a resource guide for PESO Senior Associates, Assistant Superintendents, and Principals.

Student Health Services (SHS)

- Coordinate with Student Health Services to ensure that the Central-Level Wellness Committees and School Health Advisory Council meets regularly and includes all relevant stakeholders and decision-makers.
- Coordinate the wellness components of the SNAP-Ed work with the wellness components of the CDC grant, “Promoting Adolescent Health Through School-Based HIV Prevention.”

Recommendations for ERN Partners

Recommendation #1: Work with ERN-SDP to align programming based on District needs.

After reviewing the results of the 2017-18 SHI, ERN partners began identifying ways to align programming and services that support district needs. For example, ERN partners are each thinking about how to support movement breaks in classrooms, how to increase breakfast participation, and how to encourage healthy fundraisers across their schools.

ORE recommends that ERN partners continue to align their programming and coordinate with SDP to ensure their services meet the needs of the District.

Recommendation #2: Provide resources to show best practices and strategies schools can easily implement.

While principals and school staff often agreed that certain practices at the school level might be harmful to student health (e.g. withholding recess as punishment or using food as reward), they expressed a need for support in figuring out alternatives. ORE recommends ERN develop resources for schools that include best practices and strategies for a range of potential action items, and provide professional development or other technical assistance activities to support schools in implementing healthy policies and practices. Topics can include how to implement healthy

fundraisers or movement breaks, ideas for nonfood rewards to use as incentives, and processes for engaging parents and families in health-related initiatives.

For more information about the findings from the School Health Index, please refer to the other reports in this project which can be found at

<https://www.philasd.org/research/programsservices/projects/eat-right-now>.

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Appendix A: The Whole School, Whole Community, Whole Child Model in SDP

The Whole School, Whole Community, Whole Child (WSCC) model (Figure A.1) was developed by the Centers for Disease Control and Prevention (CDC) and ASCD (formerly the Association for Supervision and Curriculum Development) in 2014.

The model places the child in the center and identifies five tenets that are important to foster when considering student success and well-being: healthy, safe, engaged, supported, and challenged. The blue ring identifies ten school district components that support physical, social, and emotional indicators: (1) health education, (2) physical education & physical activity, (3) nutrition environment & services, (4) health services, (5) counseling, psychological, & social services, (6) social & emotional climate, (7) physical environment, (8) employee wellness, (9) family engagement, and (10) community involvement. The community is recognized as integral part of the process and wraps around school district supports and resources (yellow ribbon). The model calls for collaboration and buy-in across all sectors to fully integrate health and learning and build collaboration.

SDP has multiple internal departments and external partners that are working to collaborate to address the needs of the Whole Child. Because the ERN program is both an internal SDP program and is made up of six external partners, it is in a unique position to help coordinate health and wellness work across the district using the WSCC framework.

Figure A.1. Whole School, Whole Community, Whole Child Model



Appendix B: SDP Wellness Policy and School Health Index Crosswalk

SDP Student and Staff Wellness Policy

Alliance for a Healthier Generation’s Healthy Schools Program – School Health Index

| WELLNESS POLICY GUIDELINES | SCHOOL HEALTH INDEX QUESTIONS |
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| Central Level Wellness Council | |
| <p>1. The Health, Safety and Physical Education Department will coordinate the Central Level School Wellness Council, which shall be comprised of but not be limited to, internal and external health and wellness partners and include the following: SRC member, district administrators. The Central Level School Wellness Council may also include representatives from private and public agencies, as determined by the council leadership. The Council will meet 4 times per year, advertise the meetings and open them to the public.</p> <p>Each school shall establish a School Wellness Council comprised of school health professionals, faculty and administration, a student if a secondary school, a parent representative and community representatives.</p> | <p>101. Does your school have a representative committee or team that meets at least four times a year and oversees school health and safety policies and programs?</p> |
| <p>2. The Central Level School Wellness Council shall serve as an advisory committee regarding student health issues and shall be responsible for developing, implementing and periodically reviewing and updating a Wellness Policy that complies with law to recommend to the SRC for adoption.</p> | |
| <p>3. The Central Level School Wellness Council shall review and consider evidence-based strategies and techniques in establishing goals for nutrition education and promotion,</p> | |

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| <p>physical activity and other school based activities that promote student wellness as part of the policy development and revision process .</p> | |
| <p>4. The Central Level School Wellness Council may evaluate current health-related SRC policies and administrative procedures, and raise awareness about student health issues.</p> | |
| <p>5. The Central Level School Wellness Council may identify and communicate health-related issues from local school wellness councils to upper administration and the SRC.</p> | |
| <p>Nutrition Guidelines for all Food/Beverages at School</p> | |
| <p>All foods and beverages available in district schools during the school day shall be offered to students with consideration for promoting student health and reducing childhood obesity.</p> <p>Foods and beverages provided through the National School Lunch or School Breakfast Programs shall comply with established federal nutrition standards</p> | |
| <p><i>School Meal Guidelines</i></p> | |
| <p>1. Information shall be shared with parents/guardians and students about the nutritional content of meals.</p> | |
| <p>2. The district shall engage students and parents/guardians in focus groups using taste-tests of new entrees and surveys to identify new, healthful and appealing food choices.</p> | <p>801. Do families and other community members help with school decision making?</p> <p>802. Do students and family members have opportunities to provide both suggestions for school meals and other foods and beverages sold, served, and offered on school campus and feedback on the meal programs and other foods and beverages sold, served, and offered on school campus?</p> |
| <p>3. The district shall arrange bus schedules and utilize various methods to serve school breakfasts, including serving</p> | <p>401. Does the school offer school meals (both breakfast and lunch) programs that are fully accessible to all students?</p> |

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| <p>breakfast in the classroom, “grab-and-go” breakfast, or scheduled breakfast in the cafeteria.</p> | |
| <p>4. Parents/Guardians and students shall be notified of the availability of school meal programs and the possibility of providing free or reduced-price meals</p> | |
| <p>5. Parents/Guardians shall be encouraged to provide a healthy breakfast for their child(ren) through newsletter articles, take-home materials, or other means.</p> | |
| <p>6. Students shall be discouraged from sharing their foods or beverages with one another, given concerns about allergies and diet restrictions.</p> | |
| <p>7. District schools will not withhold food or beverages as a punishment.</p> | <p>109. Does your school prohibit giving students food as a reward and withholding food as punishment? Is this prohibition consistently followed?</p> |
| <p>All reimbursable school meals served through the National School Lunch and School Breakfast Programs, After School Feeding Program, and any other reimbursable school meal programs implemented by the district shall:</p> <ol style="list-style-type: none"> 1. Be appealing and attractive to students. 2. Be served in clean and pleasant settings. 3. Be in compliance, at a minimum, with nutrition requirements established by local, state, and federal statutes and regulations, including USDA guidelines under the School Meals Initiative. 4. Ensure that all grains offered in meals are whole grain rich. 5. Ensure that foods are free of artificial sweeteners, flavors or colors. 6. Offer a variety of fruits and vegetables daily, including dark green, red/orange and legumes weekly. | <p>110. Do all foods and beverages served and offered to students during the school day meet or exceed the USDA’s Smart Snacks in School nutrition standards? This includes snacks that are not part of a federally reimbursed child nutrition program, birthday parties, holiday parties, and school-wide celebrations.</p> <p>112. Do all foods and beverages served and offered to students during the extended school day meet or exceed the USDA’s Smart Snacks in School nutrition standards? This includes snacks that are not part of a federally reimbursed child nutrition program, birthday parties, holiday parties, and school-wide celebrations.</p> <p>402. Do school meals include a variety of foods that meet the following criteria: LUNCH</p> <ul style="list-style-type: none"> • Go beyond the National School Lunch Program requirements to offer one additional serving per week from any of the 3 vegetable subgroups (dark green, red and orange, dry beans and peas) |

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| | <ul style="list-style-type: none"> • Offer a different fruit every day of the week during lunch (100% fruit juice can be counted as a fruit only once per week) • Offer fresh fruit at least 1 day per week • Offer foods that address the cultural practices of the student population • Offer an alternative entrée option at least one time per week that is legume based, reduced fat dairy or fish based (including tuna) • Offer at least 3 different types of whole grain-rich food items each week <p>BREAKFAST</p> <ul style="list-style-type: none"> • Offer at least 3 different fruits and vegetables each week (100% fruit juice can be counted as a fruit only once per week) • Offer fresh fruit at least 1 day per week |
| <i>Meal Times and Scheduling:</i> | |
| 1. The district shall ensure that schools are open in time for student meal times. | |
| 2. Students shall be provided with at least ten (10) minutes to eat after sitting down for breakfast and twenty (20) minutes after sitting down for lunch. | 407. Do students have at least 10 minutes to eat breakfast and at least 20 minutes to eat lunch, counting from the time they are seated? |
| 3. Meal periods shall be scheduled at appropriate hours, as defined by the district. Schools should make every attempt to schedule lunch between 11 a.m. to 1 p.m. | |
| 4. Student tutoring and club or organizational meetings or activities shall not be scheduled during mealtimes, unless students may eat during such activities. | |
| 5. In elementary schools, lunch periods shall normally be scheduled to follow lunchtime recess periods. | |
| 6. Students shall be provided access to hand washing or hand sanitizing before meals or snacks. | |
| 7. The district shall accommodate the tooth-brushing regimens of students with special oral health needs (e.g., orthodontia or high tooth decay risk). | |
| Beverages | |

Drinking water shall be available and accessible to students, without restriction and at no cost to the student, at all meal periods and throughout the school day.

The district observes a stricter beverage policy than the products allowed in the Smart Snack standards of the Healthy, Hunger-Free Kids Act of 2010. Product selection for schools must be made from the guidelines listed below for beverages. Online tools cannot be used to evaluate beverage products:

1. Drinking water with no additives except those minerals normally added to tap water.
2. Unflavored low-fat milk, and unflavored nonfat milk (including nutritionally equivalent milk alternatives as permitted in the school meal programs): elementary schools – may be sold in up to 8-ounce servings; middle and high school - may be sold up to 12 ounces.
3. 100% fruit and/or vegetable juice (100% juice diluted with water, without carbonation with no added sweeteners or additives): elementary schools - maximum serving size is 8 ounces; middle and high schools - maximum serving size is 12 ounces.
4. Caffeine: Only caffeine-free beverages allowed for elementary, middle and high school students. Foods and beverages that contain trace amounts of naturally-occurring caffeine substances, such as chocolate milk, are exempt.
5. No artificial sweeteners, flavors or colors. Allowable sweeteners in beverages include but are not limited to the following: sugar (raw, refined, unrefined, cane, brown, turbinado, white), invert sugar, dextrin, sucrose, honey, corn syrup, high fructose corn syrup, cane juice, molasses, xylitol, sorbitol, mannitol, galactose, lactose, fructose and Splenda. These sugars are not chemically derived.

104. Does your school make safe, unflavored, drinking water available throughout the school day at no cost to students?

110. Do all foods and beverages served and offered to students during the school day meet or exceed the USDA’s Smart Snacks in School nutrition standards? This includes snacks that are not part of a federally reimbursed child nutrition program, birthday parties, holiday parties, and school-wide celebrations.

112. Do all foods and beverages served and offered to students during the extended school day meet or exceed the USDA’s Smart Snacks in School nutrition standards? This includes snacks that are not part of a federally reimbursed child nutrition program, birthday parties, holiday parties, and school-wide celebrations.

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| <p>Additional beverages for high school students (grades 9-12):</p> <ol style="list-style-type: none"> 1. Calorie-free beverages: maximum serving size is 16 fluid ounces. Calorie-free flavored water without carbonation. No carbonated beverages allowed in high schools. 2. Electrolyte replacement drinks that do not contain more than 20 grams of added sweetener per 8-ounce serving. Sodium should not exceed 110 milligrams per 8-ounce serving. Potassium should not exceed 60 milligrams per 8-ounce serving. Electrolytes and minerals added might include: sodium, potassium, chlorine and phosphorous. No artificial flavorings or sweeteners. These drinks will be placed in gymnasiums, field houses, and other areas where high intensity athletic activities | |
| Competitive Foods/Non-Sold Competitive Foods | |
| <p>All competitive foods available for sale to students in district schools shall meet or exceed the established federal nutrition standards (USDA Smart Snacks in School), district guidelines, and any applicable administrative procedures.</p> <p>Competitive foods are defined as all foods and beverages offered or sold to students outside the school meal programs, on the school campus, and at any time during the school day. Sold refers to the exchange of money, tokens, or the use of some type of prepaid account to purchase an item and includes items sold a la carte, in vending machines, at school stores, during fundraisers, or at any other venue that sells food/beverages to students during the school day. For purposes of this definition, school campus shall include all areas of the property under the jurisdiction of the school that are accessible to students during the school day, and school day shall include the period from the midnight before school begins until thirty (30) minutes after the end of the official school day.</p> | <p>105. Do all competitive foods sold to students during the school day meet or exceed the USDA’s nutrition standards for all foods sold to students (commonly called Smart Snacks in School)? This includes a la carte, vending, school stores, snack or food carts, and any food based fundraising (school follows fundraising exemptions and guidance set by their State agency, which also must adhere to the federal Smart Snacks in School requirement).</p> <p>106. Do all competitive beverages sold to students during the school day meet or exceed the USDA’s nutrition standards for all foods sold to students (commonly called Smart Snacks in School)? This includes a la carte, vending, school stores, snack or food carts, and any food based fundraising (school follows fundraising exemptions and guidance set by their State agency, which also must adhere to the federal Smart Snacks in School requirement).</p> <p>111. Do all foods and beverages sold to students during the extended school day meet or exceed the USDA’s Smart Snacks in School nutrition</p> |

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| | <p>standards? This includes vending machines, school stores, and snack or food carts.</p> <p>405. Do venues outside the cafeteria (e.g., vending machines, school stores, canteens, snack bars, or snack and food carts) where food is available offer fruits and non-fried vegetables?</p> |
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| <p><i>Non-Sold Competitive Foods:</i></p> | |
| <p>Non-sold competitive foods available to students, which may include but are not limited to foods and beverages offered as rewards and incentives, at classroom parties and celebrations, or as shared classroom snacks, shall meet or exceed the standards established by the district.</p> <p>If the offered non-sold competitive foods do not meet or exceed the Smart Snacks in School nutrition standards, the following standards shall apply:</p> <ol style="list-style-type: none"> 1. Rewards and Incentives: <ol style="list-style-type: none"> a. District schools will not use unhealthy foods or beverages as rewards for academic performance or good behavior. 2. Classroom Parties and Celebrations: <ol style="list-style-type: none"> a. School celebrations that involve food during the school day will occur no more than one (1) time per class per month. Each celebration should include foods or beverages that meet established nutrition standards and applicable administrative procedures. | <p>109. Does your school prohibit giving students food as a reward and withholding food as punishment? Is this prohibition consistently followed?</p> <p>110. Do all foods and beverages served and offered to students during the school day meet or exceed the USDA’s Smart Snacks in School nutrition standards? This includes snacks that are not part of a federally reimbursed child nutrition program, birthday parties, holiday parties, and school-wide celebrations.</p> <p>703. Does your school use the following strategies to support staff to model healthy eating and physical activity behaviors?</p> <ul style="list-style-type: none"> • Provide staff with information about the importance of modeling healthy eating behaviors • Provide staff with information about the importance of engaging in physical activities with students • Encourage staff not to bring in or consume unhealthy foods and beverages in front of students, in classrooms, or areas common to both staff and students • Provide staff with examples of healthy foods and beverages to bring in or consume during the regular or extended school day • Provide staff with information or strategies on how to incorporate physical activity into classrooms |

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| <p>The district shall provide a list of suggested nonfood ideas and healthy food and beverage alternatives to parents/guardians and staff, which may be posted via the district website, student handbooks, newsletters, posted notices and/or other efficient communication methods.</p> | <ul style="list-style-type: none"> • Encourage staff to use non-food items, activities, and opportunities for physical activity to recognize students for their achievements or good behavior |
| <p>Marketing/Contracting</p> | |
| <p>Any foods and beverages marketed or promoted to students on the school campus during the school day shall meet or exceed the established federal nutrition standards (USDA Smart Snacks in School) and comply with established SRC policy and administrative procedures. Exclusive competitive food and/or beverage contracts shall be approved by the SRC, in accordance with provisions of law. Existing contracts shall be reviewed and modified to the extent feasible to ensure compliance with established federal nutrition standards, including applicable marketing restrictions.</p> | |
| <p>Fundraisers</p> | |
| <p>All foods that meet the established nutrition standards may be sold for fundraising purposes on the school campus during the school day without a limit on frequency. The standards do not apply to items sold during nonschool hours, weekends, or off-campus fundraising events. A maximum of five (5) exempt fundraisers in each elementary and middle school building per year, and a maximum of ten (10) exempt fundraisers will be permitted in each high school building per year. Each fundraiser may not exceed one (1) school week. Exempt fundraisers may not be sold in the food service areas during the meal period.</p> <p>Recordkeeping - Schools must keep a record of all exempt fundraisers to assure they are not exceeding the yearly limits.</p> | <p>105. Do all competitive foods sold to students during the school day meet or exceed the USDA’s nutrition standards for all foods sold to students (commonly called Smart Snacks in School)? This includes a la carte, vending, school stores, snack or food carts, and any food based fundraising (school follows fundraising exemptions and guidance set by their State agency, which also must adhere to the federal Smart Snacks in School requirement).</p> <p>106. Do all competitive beverages sold to students during the school day meet or exceed the USDA’s nutrition standards for all foods sold to students (commonly called Smart Snacks in School)? This includes a la carte, vending, school stores, snack or food carts, and any food based fundraising (school follows fundraising exemptions and guidance set by</p> |

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| <p>Fundraising records must be kept on file for four (4) years and made available, upon request. Schools need to ensure that receipts, nutrition labels or product specifications are maintained by those designated as responsible for competitive food service at the various venues in the school. All parts of the school involved with selling food to students during the school day will have a role in meeting these requirements.</p> | <p>their State agency, which also must adhere to the federal Smart Snacks in School requirement).</p> <p>114. Do fundraising efforts during and outside school hours sell only non-food items or only foods and beverages that meet or exceed the USDA's Smart Snacks in School nutrition standards? This may include, but is not limited to, donation nights; cookie dough, candy, and pizza sales; market days; etc.</p> |
| <p>Nutrition Education</p> | |
| <p>Nutrition education programs will:</p> <ol style="list-style-type: none"> 1. Be consistent with law, regulations and established academic standards for Health, Safety and Physical Education, and Family and Consumer Sciences. 2. Teach, encourage and support healthy eating by students. 3. Be taught across the curriculum. 4. Include enjoyable, developmentally appropriate, culturally relevant, participatory activities such as contests, promotions, taste testing, farm visits and school gardens. 5. Promote fruit, vegetables, whole grain products, low-fat and fat-free dairy products, healthy food preparation methods, and health-enhancing nutrition practices. 6. Emphasize caloric balance between food intake and energy expenditure. 7. Provide links with school meal programs, other school foods, nutrition-related community services and Central Level and local Coordinated School Wellness Councils. 8. Teach media literacy with an emphasis on food marketing. 9. Provide professional development to teachers and nutrition professionals to enhance their skills in nutrition education training. | <p>204. Does your health education curriculum address all of these essential topics on healthy eating?</p> <ul style="list-style-type: none"> • The relationship between healthy eating and personal health and disease prevention • Food guidance from MyPlate • Reading and using food labels • Eating a variety of foods every day • Balancing food intake and physical activity • Eating more fruits, vegetables and whole grain products • Choosing foods that are low in fat, saturated fat, and cholesterol and do not contain transfat • Choosing foods and beverages with little added sugars • Eating more calcium-rich foods • Preparing healthy meals and snacks • Risks of unhealthy weight control practices • Accepting body size differences • Food safety • Importance of water consumption • Importance of eating breakfast • Making healthy choices when eating at restaurants • Social influences on healthy eating, including media, family, peers, and culture |

- How to find valid information or services related to nutrition and dietary behavior
- How to take steps to achieve the personal goal to eat healthfully
- Resisting peer pressure related to unhealthy dietary behavior
- Influencing, supporting, or advocating for others' healthy dietary behavior

205. Do all teachers of health education use an age-appropriate **sequential** health education curriculum that is **consistent** with state or national standards for health education?

NATIONAL HEALTH EDUCATION STANDARDS:

1. Students will comprehend concepts related to health promotion and disease prevention to enhance health.
2. Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
3. Students will demonstrate the ability to access valid information and products and services to enhance health.
4. Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
5. Students will demonstrate the ability to use decision-making skills to enhance health.
6. Students will demonstrate the ability to use goal-setting skills to enhance health.
7. Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
8. Students will demonstrate the ability to advocate for personal, family, and community health.

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| | <p>206. Do all teachers of health education provide opportunities for students to practice or rehearse the skills needed to maintain and improve their health?</p> <p>207. Do all teachers of health education participate at least once a year in professional development in health education?</p> <p>406. Do nutrition services staff members use the following methods to collaborate with teachers to reinforce nutrition education lessons taught in the classrooms?</p> <p>408. Is the school implementing any of the following Farm to School activities?</p> <ul style="list-style-type: none"> • Local and/or regional products are incorporated into the school meal program • Messages about agriculture and nutrition are reinforced throughout the learning environment • School hosts a school fruit or vegetable garden • School hosts field trips to local farms • School utilizes promotions or special events, such as tastings, that highlight the local/regional products • School hosts a farmer’s market (student and parent involvement) • Menu states local product(s) being served • Local farmers/producers participate in career day activities |
| Nutrition Promotion | |
| <p>District staff shall cooperate with agencies and community organizations to provide opportunities for appropriate student projects related to nutrition.</p> | <p>206. Do all teachers of health education provide opportunities for students to practice or rehearse the skills needed to maintain and improve their health?</p> |

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| <p>Consistent nutrition messages shall be disseminated and displayed throughout the district, schools, classrooms, cafeterias, homes, community and media.</p> <p>Consistent nutrition messages shall be demonstrated by avoiding use of unhealthy food items in classroom lesson plans and school staff avoiding eating less healthy food items in front of students.</p> <p>District schools shall encourage parents/guardians to provide healthy meals for their children through newsletter articles, take-home materials or other means.</p> | <p>703. Does your school use the following strategies to support staff to model healthy eating and physical activity behaviors?</p> <ul style="list-style-type: none"> • Provide staff with information about the importance of modeling healthy eating behaviors • Provide staff with information about the importance of engaging in physical activities with students • Encourage staff not to bring in or consume unhealthy foods and beverages in front of students, in classrooms, or areas common to both staff and students • Provide staff with examples of healthy foods and beverages to bring in or consume during the regular or extended school day • Provide staff with information or strategies on how to incorporate physical activity into classrooms • Encourage staff to use non-food items, activities, and opportunities for physical activity to recognize students for their achievements or good behavior |
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| Physical and Health Education | |
| <p>The health and physical education program will:</p> <ol style="list-style-type: none"> 1. Be consistent with law, regulations and established academic standards for Health, Safety and Physical Education. | <p>203. Does the health education curriculum address all of these topics on physical activity?</p> <ul style="list-style-type: none"> • The physical, psychological, or social benefits of physical activity • How physical activity can contribute to a healthy weight • How physical activity can contribute to the academic learning process • How an inactive lifestyle contributes to chronic disease • Health-related fitness, that is, cardiovascular endurance, muscular endurance, muscular strength, flexibility, and body composition • Differences between physical activity, exercise, and fitness • Phases of an exercise session, that is, warm up, workout, and cool down • Overcoming barriers to physical activity |

- Decreasing sedentary activities, such as TV watching
- Opportunities for physical activity in the community
- Preventing injury during physical activity
- Weather-related safety, for example, avoiding heat stroke, hypothermia, and sunburn while physically active
- Social influences on physical activity, including media, family, peers, and culture
- How to find valid information or services related to physical activity and fitness
- How to take steps to achieve the personal goal to be physically active
- How to influence, support, or advocate for others to engage in physical activity
- How to resist peer pressure that discourages physical activity

204. Does your health education curriculum address all of these essential topics on healthy eating?

- The relationship between healthy eating and personal health and disease prevention
- Food guidance from **MyPlate**
- Reading and using food labels
- Eating a variety of foods every day
- Balancing food intake and physical activity
- Eating more fruits, vegetables and whole grain products
- Choosing foods that are low in fat, saturated fat, and cholesterol and do not contain transfat
- Choosing foods and beverages with little added sugars
- Eating more calcium-rich foods
- Preparing healthy meals and snacks
- Risks of unhealthy weight control practices
- Accepting body size differences
- Food safety
- Importance of water consumption

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| | <ul style="list-style-type: none"> • Importance of eating breakfast • Making healthy choices when eating at restaurants • Social influences on healthy eating, including media, family, peers, and culture • How to find valid information or services related to nutrition and dietary behavior • How to take steps to achieve the personal goal to eat healthfully • Resisting peer pressure related to unhealthy dietary behavior • Influencing, supporting, or advocating for others' healthy dietary behavior |
| <p>2. Not be listed and referred to as a prep course. Be consistent and aligned with local, state and federal standards and guidelines.</p> | |
| <p>3. Be recognized as an integral part of the core curriculum, K-12.</p> | <p>201 (Elementary Only). Do students receive health education instruction in all grades?</p> <p>202 (Middle and High Only). Does the school or district require all students to take and pass at least one health education course.</p> <p>301. (Elementary Only) Do all students in each grade receive physical education for at least 150 minutes per week throughout the school year?</p> <p>302. (Middle and High Only) How many years of physical education are students at this school required to take?</p> |
| <p>4. Be consistent and aligned with local, state and federal standards and guidelines.</p> | <p>205. Do all teachers of health education use an age-appropriate sequential health education curriculum that is consistent with state or national standards for health education?</p> <p>NATIONAL HEALTH EDUCATION STANDARDS:</p> <ol style="list-style-type: none"> 1. Students will comprehend concepts related to health promotion and disease prevention to enhance health. |

2. Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
3. Students will demonstrate the ability to access valid information and products and services to enhance health.
4. Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
5. Students will demonstrate the ability to use decision-making skills to enhance health.
6. Students will demonstrate the ability to use goal-setting skills to enhance health.
7. Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
8. Students will demonstrate the ability to advocate for personal, family, and community health.

303. Do all teachers of physical education use an age appropriate, sequential physical education curriculum that is consistent with national or state standards for physical education?

NATIONAL STANDARDS FOR PHYSICAL EDUCATION

A physically literate individual:

1. Demonstrates competency in a variety of motor skills and movement patterns.
2. Applies knowledge of concepts, principles, strategies, and tactics related to movement and performance.
3. Demonstrates the knowledge and skills to achieve and maintain a health-enhancing level of physical activity and fitness.
4. Exhibits responsible personal and social behavior that respects self and others.

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| | <p>5. Recognizes the value of physical activity for health, enjoyment, challenge, self-expression and/or social interaction.</p> |
| <p>5. Ensure that every effort is made to optimize physical education time in shared spaces (cafeterias, auditoriums, etc.).</p> | |
| <p>6. Include a physical fitness assessment for each student, using a fitness assessment tool for grades 3 to 12.</p> | <p>304. Does the school’s physical education program integrate the components of the Presidential Youth Fitness Program?</p> |
| <p>7. Devote at least fifty percent (50%) of class time to moderate to vigorous physical activity.</p> | <p>310. Do teachers keep students moderately to vigorously active for at least 50% of the time during most or all physical education class sessions?</p> |
| <p>8. Be designed to meet the needs of all students (athletic and nonathletic), feature cooperative as well as competitive activities, and focus on understanding and ownership of personal fitness and wellness for life.</p> | <p>306. Does the school’s physical education program consistently use all or most of the following practices as appropriate to include students with special health care needs?</p> <ul style="list-style-type: none"> • Encouraging active participation; modifying type, intensity, and length of activity if indicated in Individualized Education Plans, chronic health condition action plans, or 504 plans • Offering adapted physical education classes • Making necessary accommodations for students with special health care needs for participation in recess (e.g., game modifications) • Using modified equipment and facilities • Ensuring that students with chronic health conditions are fully participating in physical activity as appropriate and when able • Monitoring signs and symptoms of chronic health conditions • Encouraging students to carry and self-administer their medications (including pre-medicating and/or responding to chronic health condition symptoms) in the gym and on playing fields; assisting students who do not self-carry • Encouraging students to actively engage in self-monitoring (i.e., using a peak flow meter, recognizing triggers) in the gym and on playing fields (if the parent/guardian, health care provider, and school nurse so advise) |

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| | <ul style="list-style-type: none"> • Using a second teacher, aide, physical therapist, or occupational therapist to assist students, as needed • Using peer teaching (e.g., teaming students without special health care needs with students who have such needs) |
| <p>9. Include components related to self-management, movement, cooperation, fair play, social skills, healthy decision-making and advocacy for wellness.</p> | |
| <p>10. Take into account gender and cultural differences in students' interests.</p> | |
| <p>11. Encourage classroom teachers to integrate concepts of movement and wellness across the curriculum.</p> | <p>703. Does your school use the following strategies to support staff to model healthy eating and physical activity behaviors?</p> <ul style="list-style-type: none"> • Provide staff with information about the importance of modeling healthy eating behaviors • Provide staff with information about the importance of engaging in physical activities with students • Encourage staff not to bring in or consume unhealthy foods and beverages in front of students, in classrooms, or areas common to both staff and students • Provide staff with examples of healthy foods and beverages to bring in or consume during the regular or extended school day • Provide staff with information or strategies on how to incorporate physical activity into classrooms • Encourage staff to use non-food items, activities, and opportunities for physical activity to recognize students for their achievements or good behavior |
| <p>12. Be an enjoyable experience.</p> | |
| <p>13. Provide quality professional development to all health and physical education teachers to stay current with research and current programs.</p> | <p>207. Do all teachers of health education participate at least once a year in professional development in health education?</p> <p>311. Are all teachers of physical education required to participate at least once a year in professional development in physical education?</p> |

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| <p>14. Encourage and actively engage families and community members to become advocates for quality physical education.</p> | <p>305. Does the school’s physical education program use three or more methods to promote student participation in a variety of community physical activity options?</p> |
| <p>15. Not support or include “contract” or “waiver” opportunities for students.</p> | |
| <p>16. Include topics of pedestrian and bicycle safety and traffic rules at appropriate grade levels.</p> | |
| <p>17. Prevention education, including topics of substance abuse, violence, HIV/STD/teen pregnancy, mental health and suicide, CPR/AED and fire/water safety will be provided to appropriate grades using appropriate resources and curriculum.</p> | |
| <p>All district students must participate in physical education.</p> | |
| <p>Physical Activity</p> | |
| <p>1. Students will acquire the knowledge and skills to understand the benefits of being physically active.</p> | <p>203. Does the health education curriculum address all of these topics on physical activity?</p> <ul style="list-style-type: none"> • The physical, psychological, or social benefits of physical activity • How physical activity can contribute to a healthy weight • How physical activity can contribute to the academic learning process • How an inactive lifestyle contributes to chronic disease • Health-related fitness, that is, cardiovascular endurance, muscular endurance, muscular strength, flexibility, and body composition • Differences between physical activity, exercise, and fitness • Phases of an exercise session, that is, warm up, workout, and cool down • Overcoming barriers to physical activity • Decreasing sedentary activities, such as TV watching • Opportunities for physical activity in the community • Preventing injury during physical activity |

- Weather-related safety, for example, avoiding heat stroke, hypothermia, and sunburn while physically active
- Social influences on physical activity, including media, family, peers, and culture
- How to find valid information or services related to physical activity and fitness
- How to take steps to achieve the personal goal to be physically active
- How to influence, support, or advocate for others to engage in physical activity
- How to resist peer pressure that discourages physical activity

303. Do all teachers of physical education use an age appropriate, sequential physical education curriculum that is consistent with national or state standards for physical education?

NATIONAL STANDARDS FOR PHYSICAL EDUCATION

A physically literate individual:

1. Demonstrates competency in a variety of motor skills and movement patterns.
2. Applies knowledge of concepts, principles, strategies, and tactics related to movement and performance.
3. Demonstrates the knowledge and skills to achieve and maintain a health-enhancing level of physical activity and fitness.
4. Exhibits responsible personal and social behavior that respects self and others.
5. Recognizes the value of physical activity for health, enjoyment, challenge, self-expression and/or social interaction.

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| <p>2. Time will be devoted, in the elementary schedule, for supervised and safe recess.</p> | <p>103. Are students provided at least 20 minutes of recess during each school day, and do teachers or recess monitors encourage students to be active?</p> |
| <p>3. Elementary students will be given “Movement Breaks” every ninety (90) minutes of seat time.</p> | <p>309. Are all students provided opportunities to participate in physical activity breaks in classrooms, outside of physical education, recess, and class transition periods on all or most days during a typical school week?</p> |
| <p>4. Opportunities will be provided before and after school for school physical activities, including clubs, intramurals and interscholastic athletics.</p> | <p>113. Are indoor and outdoor physical activity facilities open to students, their families, and the community outside school hours?</p> <p>308. Does the school offer opportunities for students to participate in physical activity either before or after the school day (or both); for example, through organized physical activities or access to facilities or equipment for physical activity?</p> |
| <p>5. Opportunities for district staff to be physically active will be encouraged.</p> | <p>702. Does the school or district offer staff members accessible and free or low-cost physical activity/fitness programs?</p> |
| <p>6. The Coordinated School Wellness Council at each school will apprise students, staff and families of programs that support physical activity and wellness in the community.</p> | |
| <p>7. Physical activity shall not be used as a form of punishment or consequence.</p> | <p>107. Does the school prohibit using physical activity and withholding physical education class as punishment? Is this prohibition consistently followed?</p> |
| <p>8. The district will encourage active commuting to and from school for both students and staff.</p> | <p>307. Does the school promote or support walking and bicycling to school in the following ways?</p> <ul style="list-style-type: none"> • Designation of safe or preferred routes to school • Promotional activities such as participation in International Walk to School Week, National Walk and Bike to School Week • Secure storage facilities for bicycles and helmets (e.g., shed, cage, fenced area) • Instruction on walking/bicycling safety provided to students • Promotion of safe routes program to students, staff and parents via newsletters, websites, local newspaper |

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| | <ul style="list-style-type: none"> • Crossing guards • Crosswalks on streets leading to schools • Walking school buses • Documentation of number of children walking and or biking to and from school • Creation and distribution of maps of school environment (sidewalks, crosswalks, roads, pathways, bike racks, etc.) |
| Other School-Based Activities | |
| <p>Other school-based activities related to student and staff wellness shall ensure that:</p> <ol style="list-style-type: none"> 1. A non-stigmatizing atmosphere is provided for all students. 2. Screenings are provided for students for optimum health. 3. Care is provided to students for chronic conditions. 4. A safe, clean and hygienic environment is maintained in all schools. 5. Students may be involved in menu selections through various means, including annual student surveys. 6. To the extent possible, the district shall utilize available funding and outside programs to enhance student wellness. | |
| Staff Wellness | |
| <p>The district will encourage and may provide opportunities and programs related to staff wellness, in collaboration with employee unions, insurance providers and outside agencies.</p> | <p>701. Does the school or district offer staff members accessible and free or low-cost health assessments at least once a year?</p> <p>702. Does the school or district offer staff members accessible and free or low-cost physical activity/fitness programs?</p> <p>705. Does the school or district offer staff members healthy eating/weight management programs that are accessible and free or low-cost?</p> |

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| | <p>706. Do all foods and beverages served and sold at staff meetings, school-sponsored staff events, and in the staff lounge meet USDA Smart Snacks in School nutrition standards?</p> |
| <p>Safe Routes to School</p> | |
| <p>The district shall cooperate with local municipalities, public safety agency, police departments and community organizations to develop and maintain safe routes for students to travel to and from school.</p> | <p>307. Does the school promote or support walking and bicycling to school in the following ways?</p> <ul style="list-style-type: none"> • Designation of safe or preferred routes to school • Promotional activities such as participation in International Walk to School Week, National Walk and Bike to School Week • Secure storage facilities for bicycles and helmets (e.g., shed, cage, fenced area) • Instruction on walking/bicycling safety provided to students • Promotion of safe routes program to students, staff and parents via newsletters, websites, local newspaper • Crossing guards • Crosswalks on streets leading to schools • Walking school buses • Documentation of number of children walking and or biking to and from school • Creation and distribution of maps of school environment (sidewalks, crosswalks, roads, pathways, bike racks, etc.) |
| <p>Assessment of Wellness Program</p> | |
| <p>Assessment methods shall be implemented in accordance with established guidelines and/or administrative procedures. Designated administrators, the Central Level School Wellness Council, and the Coordinated School Wellness Council at each school shall participate, at different levels, in the assessment of this policy and established guidelines and/or administrative procedures.</p> | |

1. The Superintendent or designee shall oversee the implementation, monitoring and assessment of this policy, related policies and established guidelines and/or administrative procedures. S/He shall be responsible for monitoring district schools, programs and curriculum to ensure compliance.
2. The Superintendent or designee shall provide assessment results to the SRC.
3. Implementation, assessment and monitoring of this policy are subject to review and approval by the Superintendent or designee.

The Superintendent or designee and the established Central Level School Wellness Council shall conduct an assessment at least once every three (3) years on the contents and implementation of this policy as part of a continuous improvement process to strengthen the policy and ensure implementation.