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## Creating Healthy States: Building Healthy Schools

### Summary

The prevalence of obesity among U.S. students contributes to poor academic performance, increases health and education costs, and threatens to constrain state budgets and economic growth. Several recent U.S. Surgeons General have said that children and adolescents not only must be healthy to learn, but also must learn to be healthy.

More than 54 million students attend U.S. schools on any given school day.<sup>1</sup> These institutions are uniquely positioned to be agents for positive change. As the primary instrument of government affecting children and adolescents, schools afford governors an opportunity to play an important role in student wellness.

This brief examines initiatives to improve the health of children and adolescents by promoting nutrition and physical activity in schools. Governors can help achieve success by taking steps to:

- **Advocate for improved health within the school environment.** Governors can work to promote healthy school environments by advocating for improved health education, including nutrition education and physical education curriculum and instruction. Governors can also facilitate the development of state guidelines related to nutrition and physical activity and support staff wellness programs in schools to highlight the importance of adult role models for students.
- **Engage partners in developing healthier school environments.** Governors can engage parents in developing healthier school environments by informing them of school fitness activities and their student's fitness level and encouraging them to play a role in their children's nutrition habits. Governors can also convene an industry forum with companies that contribute to healthier environments, such as those selling healthy foods to schools or promoting physical education and activity opportunities.
- **Promote the use of strategic policy tools.** Governors can encourage local districts and schools to use the School Health Index, an evidence-based tool the U.S. Centers for Disease Control and Prevention developed to assist schools with their individual nutrition and physical activity environment assessments. They can also encourage the creation of local district-coordinated school health councils or committees to support the development of health education, including nutrition education, physical education, and physical activity policies.



- **Integrate community resources to improve school health outcomes.** Governors can promote before- and after-school nutrition and physical activity programs. Governors can also foster creative local and statewide supplemental programs tied to schools, such as those engaging parents and community resources to address specific local, rural, or urban needs.

Governors are afforded a unique opportunity to implement the following strategies as schools work to meet federal law requirements which now require all school districts with a federally funded school meals program to have a school wellness policy in place by the beginning of the 2006-07 school year. Governors can support schools in their efforts and encourage the development of holistic policies in child wellness in all districts. Schools are excellent venues for fostering healthy habits, especially among young people. By using these nine strategies, supporting schools as they implement their own wellness policies, as well as other effective approaches, governors can improve nutrition and fitness among children and adolescents, lay a strong foundation for creating healthy habits for future generations, and, ultimately, benefit all Americans.

## Introduction

Schools play a critical role in the lives of children and adolescents. More than 54 million students attend schools on any given school day.<sup>2</sup> Including faculty, staff, and other adults working in supporting roles, one-fifth of the United States population is in a school building each instructional day.<sup>3</sup>

Schools greatly influence the habits children and adolescents establish and maintain, habits that may determine educational and occupational attainment as well as duration and quality of life. Students spend more time in school than in any other social institution; on school days they spend almost as many waking hours in school as they spend at home. Teachers are identified as role models for children and adolescents nearly as often as parents.

Schools afford governors unparalleled venues for helping them achieve elements of their state's wellness agenda among children and adults. School-based efforts to improve health can occur at a time when the burdens associated with being overweight, being obese, and suffering from related chronic diseases are growing.

Different governance structures and decisionmaking arrangements in state public health and education agencies present difficulties in working toward mutual goals. Engaging schools to improve health outcomes poses numerous cultural, institutional, and social challenges for both state and local policymakers. Public health is governed by a myriad of state rules and regulations, while education—both jurisdictionally and philosophically—is deemed a local matter. Although the two sectors have recognized the importance of collaborating on specific issues, such as child immunizations, partnerships to prevent chronic diseases are primarily in their infancy.

In addition to organizational and structural challenges to improve child wellness, all school-based efforts take place within larger community environments that can impact success. Community-based challenges sometimes include limited availability and affordability of healthier foods, particularly in areas affected by poverty. Neighborhoods that once hosted children playing outside may no longer be safe. Children who once walked or biked to school are now being driven in the family car or by bus because of safety concerns. These home and community environment issues heighten the difficulty of improving health outcomes through school-based efforts.

Even at school, children and adolescents sometimes receive mixed messages on nutrition and physical activity. School meal programs serve healthy meals while offering less healthy *a la carte* foods or vending items. Teachers encourage physical activity while recess and physical education programs are deleted from the daily schedule. Students who participate in health education and physical education programs—instruction that promotes the establishment and maintenance of healthy behaviors—find these subjects disappear from curricula during the middle school and high school years, precisely when young people begin to take responsibility for their own nutrition and physical activity behaviors.

Notwithstanding these challenges, it is imperative that a culture of healthy eating, physical activity, and positive decisionmaking on wellness and prevention be built. Schools are ideal places to create such a culture for children and adolescents. As a significant force in public life, schools can also influence life by engaging parents. Focusing on wellness in schools can result in citizens who live longer, healthier, and more productive lives.

### **Making the Case for Healthy Schools**

Several recent U.S. Surgeons General have said that students not only must be healthy to learn, but must also learn to be healthy. Research is increasingly reinforcing this assertion as studies reveal important connections among students' health status, health behaviors, and school achievement.

Emerging evidence indicates a tie between obesity and poor school performance. Although the relationship between obesity and lower academic achievement is not yet well understood, self-esteem, depression, and health problems associated with obesity may be contributing factors.<sup>4</sup> During 2004, Howard Taras, Ph.D., of the University of California–San Diego, led the National Coordinating Committee on School Health and Safety in completing reviews and analyses of two decades of related research. Published in the *Journal of School Health*, the articles establish associations among obesity, poor nutrition, physical inactivity, and poor student academic performance.<sup>5</sup>

Other studies have identified compelling linkages between school performance and physical fitness.<sup>6</sup> The **California** Department of Education recently released a second analysis of children's fitness status compared with achievement levels on educational standardized testing across a large population.<sup>7</sup> Strong and direct correlations were found; students who were more fit scored significantly higher on state tests. Although these associations between physical fitness and academic achievement cannot yet be characterized as cause-and-effect relationships, they indicate that providing more physical activity each school day through school-based physical education, recess, and structured physical activity breaks results in no diminishment of academic performance, despite the time these activities draw from classroom instruction.<sup>8</sup>

Other reviews address health conditions and behaviors such as asthma,<sup>9</sup> duration and quality of sleep,<sup>10</sup> and management of chronic diseases (e.g., diabetes, which is affecting an increasing number of young people).<sup>11</sup> In each case, a connection could be drawn to student achievement in school or intellectual capacity.

Governors, state and local governments, and the federal government are working to close student achievement gaps. The struggle to close these gaps is complex, challenging, and often overwhelming for educators and communities nationwide. Though student health status and health behaviors are key areas to examine, answers are difficult to find, particularly in regions where poverty is prevalent. Similarly, disparities among racial and ethnic groups in the duration and quality of life are some of the most vexing and persistent issues in public health, and awareness is growing that educational achievement likely plays an important role.

Promoting student wellness is essential for reasons other than its impact on student achievement. The obesity epidemic seems to be taking an economic toll on school districts. One study found that severely overweight students miss one day of school per month, or nine days per year. In the nine states where attendance helps determine the level of state funding for schools, a single-day absence can cost a district between \$9 and \$20 per student.<sup>12</sup> Furthermore, the costs of treating a snowballing caseload of obesity-related chronic diseases are straining the health care system to its limits and our nation's economy.

Children and adolescents are America's future leaders, workers, and citizens. The development of communities and the competitiveness of state economies depend on healthy citizens now and in the future. Students not only must be healthy to learn, but also must learn to be healthy. The

critical role schools play in molding health outcomes for citizens and states is often overlooked or not appreciated. A focus on improving child wellness and their understanding about how to be healthy will lay a foundation for wellness and prevention that will ultimately benefit all.

### **State Strategies for Wellness Where We Learn**

Governors can play an important role in improving nutrition and physical activity among children and adolescents, though determining the appropriate level of support and intervention can sometimes prove difficult. Building a culture of wellness will help children and adolescents and their families enjoy better health outcomes and prevent chronic diseases. It will also help states curb rising education and health care costs that threaten their budgets and economic growth.

Governors can capitalize on the growing interest in improving wellness by taking specific actions to promote nutrition and physical activity in schools. Examples of successful initiatives exist in all states and many local communities and may serve as promising models for promoting wellness in schools.

#### ***Advocate for Improved Health within the School Environment***

*Advocate for Improved Health Education.* Governors can support local school districts' consideration of curricula that, based on evidence, have proven effective in improving health outcomes for children and adolescents. Health education, including nutrition and physical education curriculum can be incorporated as core curricular subjects. Governors may consider encouraging their adoption by incorporating these issues into state standards and assessments. In addition, governors can encourage the use of interdisciplinary programs that incorporate nutrition and physical activity into subjects such as science, mathematics, language arts, and the social sciences.

Coordinated Approach To Child Health (CATCH) is a coordinated school health program in **Texas** built by an alliance of parents, teachers, school staff, community partners, and child nutrition personnel. It aims to teach children and their families how to be healthy throughout their lifetimes. Developed by the University of Texas' Health Sciences Center at Houston, CATCH incorporates a classroom curriculum, school nutrition guide, and family activities to reinforce positive, healthy behaviors.<sup>13</sup>

Two programs developed by Harvard University's School of Public Health, *Eat Well and Keep Moving*, for upper elementary grades, and *Planet Health*, for middle schools, incorporate nutrition information and physical activity in lessons designed for use in science, mathematics, language arts, and social science classes. Fitness activities and a special focus on reducing television and media time are featured.<sup>14</sup>

Wellness Incorporated, the Mississippi Alliance for Self-Sufficiency, and the International Life Science Institute's Center for Health Promotion are collaborating with cooperative extension agents and elementary schools in the Delta regions of **Arkansas, Louisiana, and Mississippi** on the Delta Health Options for People through Extension (H.O.P.E.) Tri-State Initiative to help implement and evaluate classroom-based interventions. The program presents "OrganWise Guys" characters to help teach young children physiology and promote lifelong healthy behaviors, including healthy eating, through dolls, games, read-along books, and an informational video. It also encourages the integration of short segments of physical activity within academic lessons.<sup>15</sup>

*Facilitate the Development of State Guidelines.* Governors can provide support for state education agencies, in collaboration with local school boards, local school board associations, or local education agencies, to develop consensus on healthy school policies and guidelines. They can also help educate other policymakers and opinion leaders on the importance of developing such policies and guidelines. State and local data should also be used in decision making and policy decisions.

Action for Healthy Kids (AFHK) is a national organization composed of education partnerships between national nongovernmental organizations working in the fields of education and public health and for-profit corporate partners with an interest in nutrition and physical activity. Fifty-one state teams and 48 major nonprofit organizations work nationwide to develop policy and program options to improve nutrition and physical activity for children and adolescents. AFHK was formed to address recommendations related to schools outlined in the 2001 *Surgeon General's Report on Prevention of Overweight and Obesity*.

The Massachusetts AFHK State Team worked in concert with the **Massachusetts** Department of Education to develop guidelines for *a la carte* foods sold and served in schools. AFHK state teams nationwide are using the guidelines to help school food service managers decide which foods to sell in addition to school lunches.<sup>16</sup>

The Washington State School Directors' Association worked with the **Washington** Office of Superintendent of Public Instruction, the Washington Department of Health, the Washington Alliance for Health, Physical Education, Recreation and Dance, and others to develop a sample policy for local school boards to use in guiding their district's efforts to promote good student nutrition and physical fitness. The policy recommends that districts adopt a comprehensive curriculum on health, fitness, and nutrition consistent with the state's essential learning requirements; ensure a variety of healthy food choices be available whenever food is sold or served; regulate the sale or serving of foods or snacks high in fat, sodium, or added sugars; and ensure school breakfasts and lunches meet state and federal nutritional standards. The partners developed a website to guide local school districts.<sup>17</sup>

The Public Health Institute in California and the **California** Department of Health Services developed Successful Students through Healthy Food Policies, an initiative that seeks to educate school board members about the link between healthy eating and academic performance. Their initiative has improved school food offerings and provided resources and information to teens, parents, and local policymakers. Increased servings of fruits and vegetables are promoted. Using an integrated approach, they have educated consumers, decisionmakers, and students and their parents to make changes for better health.<sup>18</sup>

*Support Staff Wellness Programs in Schools.* Governors can highlight the importance of adult role models for students and encourage school staff to set healthy examples related to nutrition and physical activity. Using their connections to business leaders, governors can encourage public-private partnerships that aim to bring lessons learned from corporate wellness programs into school environments. Governors may also support the use of certification and professional development opportunities for staff to assist them in better modeling and teaching healthy behaviors.



The Washoe County School District in **Nevada** maintains a comprehensive staff wellness program designed to promote daily physical activity, healthy eating, preventive screenings, and healthy personal choices. It works to address social, emotional, financial, intellectual, physical, and spiritual health. While the district's insurance committee developed the Wellness Program in response to increasing medical costs and premiums, the program was subsequently approved by the employee associations and the superintendent's executive cabinet as a distinct program separate from district insurance programs. The Good Health Incentive Program, a significant part of the committee-developed Wellness Program, allows for a financial incentive for employees to participate in the Annual Good Health Incentive Screening and provides resources to help implement proactive health programs.<sup>19</sup>

### ***Engage Partners in Developing Healthier School Environments***

*Engage Parents in Developing Healthier School Environments.* Parents and guardians should be encouraged to be active partners with schools in improving nutrition and physical activity for their children. Informing parents and guardians of school fitness activities and their student's physical activity and fitness levels and urging them to play a role in their children's nutrition habits can strengthen the partnership.

Governors can use the bully pulpit to promote healthy habits at home. They can encourage parents and guardians to improve their own eating and physical activity habits to serve as role models for their children. This messaging also ensures that children and adolescents are receiving consistent messages on health and fitness at school and at home. Governors can also encourage parents to get involved in setting healthy policies within their district and learn of any nutrition and fitness activities occurring within their children's school.

School districts nationwide use the FITNESSGRAM® assessment tool to gauge students' ability to perform strength, endurance, and flexibility tasks. To involve parents, a student's individual FITNESSGRAM® report showing their student's fitness level can be made available and discussed at set times during the year, such as parent teacher conferences. These reports can also be made available on the school's website through a secure student login. This type of access permits students to share their progress with their families, update their personalized profile throughout the day, after school hours, or during the summer.<sup>20</sup>

Several districts across the nation use swipe-card systems embedded within student identification cards to enable parents to monitor the food purchases of their children and adolescents. Parents of students in some **Iowa** districts can monitor and restrict what foods students may buy, empowering parents to guide healthy food choices. Such systems in K–12 schools also support confidentiality for students in free and reduced-price school food programs.<sup>21</sup>

The National Parent-Teacher Association (PTA) has developed “Healthy Lifestyles at Home and School,” a resource that can help guide parent activities. It is available by e-mail from the PTA's health and wellness staff. Related articles and resources also are available on the PTA website.<sup>22</sup>

### ***Convene an Industry Forum with Companies that Contribute to Healthier Environments.***

Governors have unique opportunities to positively influence business leaders. Across the nation, many businesses are promoting products that contribute to good nutrition and physical activity. Governors can convene these industries, attract attention to their initiatives, and provide a forum for sharing best practices and cultivating consensus on state-level action to improve wellness in

schools. Opportunities for coordinating and integrating efforts across state agencies and with non-governmental organizations in conjunction with business leaders can also be facilitated at an industry forum.

Governors can invite companies that sell healthy foods, as well as companies that provide fitness equipment and supplies to schools to participate in an industry forum. Showcasing large companies and small businesses that contribute to healthier environments may motivate schools to model those practices.

The national AFHK organization held an industry forum during the September 2005 national Healthy Schools Summit in Washington, D.C. High-level representatives from corporations with a stake in schools and an interest in nutrition and physical activity shared their perspectives and challenges on a panel that also included experts in education and public health. The dialogue afforded opportunities to identify common ground for action.<sup>23</sup>

Kids First helps its state affiliates develop trade shows that bring food buyers from schools, universities, hospitals, worksites, and child care providers together with vendors and distributors of healthy foods. In 2005, **Rhode Island** and the Rhode Island AFHK State Team developed the Northeast Regional Healthy School Foods Marketplace, a healthy vending trade show. The event connected companies that sell kid-friendly, nutritional foods with buyers from schools and child care organizations. More than 50 vendors from throughout New England participated. In addition, Rhode Island Kids First<sup>24</sup> has shared information on the 2nd Northwest Healthy Foods Expo in **Washington**.<sup>25</sup>

#### ***Promote the Use of Strategic Policy Tools***

*Encourage Local Districts and Schools to Use the School Health Index.* Governors can provide important support to encourage local school districts to conduct evidence-based assessments, such as the School Health Index, and act on the findings. The U.S. Centers for Disease Control and Prevention (CDC) developed the School Health Index to help schools with their individual school nutrition and physical activity environment assessments. Schools can use the results to develop a schoolwide plan for improvement. Students and community members should also be encouraged to participate in the assessment process. Local action can engender ownership and foster sustainable solutions by citizens eager to see improvements in nutrition and physical activity. Governors can also encourage businesses and foundations to fund assessments and related activities.<sup>26</sup>

Massachusetts Blue Cross Blue Shield and the Massachusetts AFHK State Team provided funding and technical assistance for high school students to conduct a School Health Index assessment. Using the CDC tool, students developed recommendations for their local school boards, leading to improvements in nutrition and physical activity policies.<sup>27</sup>

Cargill Foods partnered with the CDC Foundation, the CDC Division of Adolescent and School Health, and the American School Health Association on a grant program to support physical activity or nutrition-related activities that are part of action plans developed using the School Health Index. Schools in 39 states where Cargill has operations were eligible to apply. More than 1,200 applications were submitted, indicating a high level of interest in the program.<sup>28</sup>



*Encourage the Creation of Local School Health Councils or Committees.* Governors can propose legislation to require coordinated school health councils or committees. Such boards have served as popular low- to no-cost systems for organizing school health-related programs that coordinate, plan, and implement activities to improve health outcomes.<sup>29</sup>

Local district-coordinated school health councils or committees could support the development of health education, including nutrition education, physical education, and physical activity policies. These boards could also support the use of these policies in the context of comprehensive school wellness and healthy school environment policies. School health councils or committees should use model policies—for example, on food availability and pouring and vending contracts—as they develop and implement their own policies.

**Texas** requires school health advisory committees in elementary, middle and junior high schools in each district, and provides technical support for implementation through regional education service centers funded by the state<sup>30</sup>. Parents must account for at least six of the 14 membership seats, or nearly 50 percent of local council membership.<sup>31</sup>

The **Iowa** Department of Public Health developed “Promoting Healthy Youth, Schools and Communities: A Guide to Community School Health Advisory Councils. This publication was used in other states as they implemented school health advisory committees. It is reprinted and available through the Iowa Department of Public Health.<sup>32</sup>

The **Mississippi** Department of Education maintains a partnership with the Bower Foundation, a private foundation. A grant program offered through the foundation offers technical assistance from the state education and public health departments and enables local districts to create healthier school environments.<sup>33</sup>

### ***Integrate Community Resources to Improve School Health Outcomes***

*Promote Before- and After-School Nutrition and Physical Activity Programs.* Children and adolescents should be encouraged to use the skills they learn through physical education coursework in active pursuits outside school hours. Governors can encourage the development of after-school programs that foster healthy eating and physical activity. They also can encourage businesses and community leaders to raise funds and in-kind resources for such programs and urge the programs to partner with state agencies and nonprofit organizations.

The national AFHK organization, in cooperation with the National Football League, has developed *Recharge!* The after-school program aims to help students in grades three through six learn about and practice good nutrition and physical activity habits. The program also focuses on students setting goals and learning to work as a team. National standards for health education, physical activity, and parental involvement are emphasized, and the U.S. Department of Agriculture Dietary Guidelines for Americans are promoted.<sup>34</sup>

Fun 5 is a program developed through a partnership involving the **Hawaii** Department of Education; the Hawaii Medical Service Association, an independent licensee of the Blue Cross Blue Shield Association; and the University of Hawaii. Fun 5 promotes physical activity and nutrition in the After School Plus (A+) program and encourages children to develop a lifelong commitment to physical activity and healthy dietary habits. Fun 5 offers various organized, noncompetitive, nongender-specific physical activities in which children of all skill levels can participate and succeed.<sup>35</sup>

Nationwide, YMCAs provide after-school programs that promote physical activity and healthy eating. The national YMCA organization has developed the Activate America initiative, received funding as part of the federal Steps to a HealthierUS program, and established partnerships with major foundations and corporate funding sources. YMCA is also evaluating its efforts.<sup>36</sup>

*Foster Creative Local and Statewide Supplemental Programs Tied to Schools.* It is important to develop local solutions that engage parents and community resources. Programs can be simple, focused on a single school or district, and supported through philanthropic, business, or community groups. The initiatives can address specific local rural or urban needs, involve many community partners, and attract support from previously untapped sources to ultimately make a profound difference in young people's lives.

Governors can play an important role in communicating how supplemental programs can support comprehensive approaches to improving nutrition and physical activity. They can highlight successful programs within their state by conducting personal visits to the program sites and encouraging media coverage of those visits.

Farm-to-school programs are increasingly popular approaches in many states. These programs connect schools with local farms to ensure healthy that meals are served in school cafeterias, improve student nutrition, support local farmers, and provide opportunities for health and nutrition education.<sup>37</sup>

Walking clubs and walking school buses—before- and/or after-school activities where groups of children walk to school with one or more adults—are appearing in many urban communities, such as Arlington, **Massachusetts**, and Portland, **Oregon**. The clubs provide opportunities for children to safely and actively move from home to school.<sup>38</sup>

Connecting with food service professionals is another innovative trend. Public schools in New York City, **New York**, hired a professional chef to guide menu development and meal planning for school meals. In Great Britain, celebrity chef Jamie Oliver led a successful movement to improve school meals. His initiative led to a reevaluation of the government's program and an increased investment from Parliament.<sup>39</sup>

In **Pennsylvania** the Food Trust developed the School Market Program. Students take responsibility for operating a market stocked with healthy snacks in their school. Traditionally, the market has consisted primarily of fresh fruit and vegetables, but some students have experimented with other healthy snacks. Students take great pride in creating aesthetically appealing displays and taking responsibility for the financial portion of the project. Peer-to-peer marketing creates a positive image for healthy snacks. An evaluation of the School Market Program indicated that students increased their consumption of fruits and vegetables by 50 percent.<sup>40</sup>

### **Seizing the Opportunity for Action Partnerships to Improve Student Health: School Wellness Policies**

The nine strategies listed in the previous section are steps that governors can take to help improve student nutrition and physical activity. Governors will find added impetus and additional support for their efforts from the federal government. Section 204 of the *Child Nutrition and Women, Infants and Children Reauthorization Act of 2004* requires all school districts with a federally funded school meals program to develop and implement wellness policies that address nutrition

and physical activity by the start of the 2006–07 school year. The federal requirement affords an opportunity to implement holistic policies in child wellness and support school-based initiatives focused on improving nutrition and physical activity outcomes for children and adolescents. Governors can support schools as they implement their school wellness policies.

In response to the federal legislation, a number of organizations have assembled tools to assist schools. The National Alliance for Nutrition and Activity created a task force that includes national nongovernmental organization representatives from major education and public health nonprofit organizations and key university partners. The task force crafted model school wellness policies that can serve as a comprehensive blueprint for intervention.<sup>41</sup> Key areas for local school district policy development include:

- Creating, strengthening, or working within existing school health councils to develop, implement, monitor, review, and, as necessary, revise school nutrition and physical activity policies;
- Improving the nutritional quality of foods and beverages sold and served on campus by addressing school meals as well as foods and beverages sold individually outside the reimbursable meal, such as through fundraisers, school stores, vending machines, and cafeteria snack lines;
- Promoting nutrition, physical activity, and healthy food marketing, including nutrition education and promotion, integration of physical activity into the classroom, communications with parents, food marketing in schools, and staff wellness;
- Promoting physical activity opportunities and physical education, including daily physical education in kindergarten through grade 12; daily recess; physical activity opportunities before and after school; prohibitions regarding the use of, or the withholding of, physical activity as punishment; safe routes to schools; and the use of school facilities outside school hours; and
- Monitoring and reviewing policies, including recommendations for compliance reporting.<sup>42</sup>

The national AFHK organization has also developed a Web-based wellness policy tool that lists state examples and the text of wellness policies from across the nation.<sup>43</sup>

## **Conclusion**

Building a culture of wellness that reflects healthy decisionmaking, proper nutrition, and physical activity can result in generations of citizens who live longer, healthier, and more productive lives. Schools are excellent venues for fostering these values, especially among young people.

Governors can achieve success in promoting wellness by implementing strategies that engage students, parents, teachers, and the community. By leveraging schools and partnering with local education officials to establish a strong foundation of healthy habits for children and adolescents, families, employers, and states can reap the benefits of improved health and a healthy America.

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## Endnotes

- <sup>1</sup> U.S. Department of Education, National Center for Education Statistics, *Digest of Education Statistics, 2004*, NCES 2006-005 (Washington, D.C., 2005).
- <sup>2</sup> Ibid.
- <sup>3</sup> National Advisory Committee on Children and Terrorism, “Schools and Terrorism,” [online], [cited 24 January 2006]. Available at: <<http://www.bt.cdc.gov/children/PDF/working/school.pdf>>.
- <sup>4</sup> Taras and Potts-Datema, “Obesity and Student Performance at School,” *Journal of School Health* 75, no. 8 (2005): 291–95.
- <sup>5</sup> Taras, “Nutrition and Student Performance at School,” *Journal of School Health* 75, no. 6 (2005): 199–213.
- <sup>6</sup> Taras, “Physical Activity and Student Performance at School,” *Journal of School Health* 75, no. 6 (2005): 214–18.
- <sup>7</sup> California Department of Education, “California Physical Fitness Test: A Study of the Relationship Between Physical Fitness and Academic Achievement in California Using 2004 Test Results” (Sacramento, 2005).
- <sup>8</sup> Sallis, McKenzie, Kolody, Lewis, Marshall, and Rosengard, “Effects of Health-Related Physical Education on Academic Achievement: Project SPARK,” *Research Quarterly for Exercise and Sport* 70, no. 2 (1999): 127–34.
- <sup>9</sup> Taras and Potts-Datema, “Childhood Asthma and Student Performance at School,” *Journal of School Health* 75, no. 8 (2005): 296–312.
- <sup>10</sup> Taras and Potts-Datema, “Sleep and Student Performance at School,” *Journal of School Health* 75, no. 7 (2005): 248–54.
- <sup>11</sup> Taras and Potts-Datema, “Chronic Health Conditions and Student Performance at School,” *Journal of School Health* 75, no. 7 (2005): 255–66.
- <sup>12</sup> Action for Healthy Kids, “The Learning Connection: The Value of Improving Nutrition and Physical Activity in Our Schools,” [online], [cited 7 January 2006]. Available at: <<http://www.actionforhealthykids.org>>.
- <sup>13</sup> University of Texas School of Public Health at Houston, “Coordinated Approach to Child Health,” [online], [cited 24 January 2006]. Available at: <<http://www.sph.uth.tmc.edu/catch/>>.
- <sup>14</sup> U.S. Centers for Disease Control and Prevention, “Harvard Prevention Research Center on Nutrition and Physical Activity,” [online], [cited 24 January 2006]. Available at: <<http://www.hsph.harvard.edu/prc/>>.
- <sup>15</sup> Delta Health Options for People through Extension (H.O.P.E.) Tri-State Initiative, “The OrganWise Guys, Inc.,” [online], [cited 24 January 2006]. Available at: <<http://www.organwiseguys.com/index.asp>>.
- <sup>16</sup> Massachusetts Action for Healthy Kids, “Massachusetts A La Carte Food and Beverage Standards to Promote a Healthier School Environment,” [online], [cited 24 January 2006]. Available at: <<http://www.actionforhealthykids.org/filelib/toolsforteam/recom/MA%20-%20A%20la%20carte%20standards.pdf>>.

- <sup>17</sup> Washington Department of Education, “Healthy Schools in Washington,” [online], [cited 24 January 2006]. Available at: <<http://depts.washington.edu/waschool/>>.
- <sup>18</sup> California Project Lean, “Successful Students through Healthy Food Policies,” [online], [cited 24 January 2006]. Available at: <<http://www.californiaprojectlean.org/resourceLibrary/genResourceLibraryDetail.asp?CGUID=%7BF5511C32%2DD3AE%2D4A05%2D8CAC%2DE869A518BA0B%7D&CIID=res%5F1068&CIV=1&CATNID=1048&CATNGUID=%7B52E16AC8%2D0D78%2D4B11%2DA0C2%2DBC839B1AA155%7D>>.
- <sup>19</sup> Washoe County School District Wellness Program, “WCSD Wellness Program,” [online], [cited 24 January 2006]. Available at: <<http://www.washoe.k12.nv.us/wellness/wcsdwellness.shtml>>.
- <sup>20</sup> The Cooper Institute, “Fitness and Activity Assessments for Children and Youth,” [online], [cited 24 January 2006]. Available at: <<http://www.cooperinst.org/ftginfo.asp#Overview>>.
- <sup>21</sup> Information Services USA, “School Dining System,” [online], [cited 24 January 2006]. Available at: <<http://is-usa.com/sdssoftware.asp>>.
- <sup>22</sup> National Parent-Teacher Association, “Healthy Lifestyles at Home and School,” [online], [cited 24 January 2006]. Available at: <[http://www.pta.org/achive\\_article\\_details\\_1127342488046.html](http://www.pta.org/achive_article_details_1127342488046.html)>.
- <sup>23</sup> Action for Healthy Kids, “Healthy Schools Summit,” [online], [cited 24 January 2006]. Available at: <[http://www.actionforhealthykids.org/special\\_summit.php](http://www.actionforhealthykids.org/special_summit.php)>.
- <sup>24</sup> Rhode Island Team Nutrition USDA, “Kids First Rhode Island,” [online], [cited 24 January 2006]. Available at: <<http://www.kidsfirstri.org/index6.html>>.
- <sup>25</sup> Kids First Rhode Island, “2nd Northwest Healthy Foods Expo,” [online], [cited 24 January 2006]. Available at: <<http://www.kidsfirstri.org/news.html>>.
- <sup>26</sup> U.S. Centers for Disease Control and Prevention, “School Health Index,” [online], [cited 24 January 2006]. Available at: <<http://apps.nccd.cdc.gov/SHI/Default.aspx>>.
- <sup>27</sup> U.S. Centers for Disease Control and Prevention, “Overweight and Obesity: State-Based Programs: Massachusetts,” [online], [cited 24 January 2006]. Available at: <[http://www.cdc.gov/nccdphp/dnpa/obesity/state\\_programs/massachusetts.htm](http://www.cdc.gov/nccdphp/dnpa/obesity/state_programs/massachusetts.htm)>.
- <sup>28</sup> American School Health Association, “School Health Index Implementation Mini-Grants,” [online], [cited 24 January 2006]. Available at: <[http://www.ashaweb.org/mini\\_grants.html](http://www.ashaweb.org/mini_grants.html)>.
- <sup>29</sup> U.S. Centers for Disease Control and Prevention, “Coordinated School Health Programs,” [online], [cited 24 January 2006]. Available at: <<http://www.cdc.gov/HealthyYouth/CSHP/>>.
- <sup>30</sup> Texas Education Agency, “2005 Comprehensive Annual Report on Texas Public Schools,” [online], [cited 24 January 2006]. Available at: <[http://www.tea.state.tx.us/research/pdfs/2005\\_comp\\_annual.pdf](http://www.tea.state.tx.us/research/pdfs/2005_comp_annual.pdf)>.
- <sup>31</sup> Texas Department of State Health Services, “Texas Guide to School Health Programs,” [online], [cited 24 January 2006], pp. 851–65. Available at: <<http://www.dshs.state.tx.us/schoolhealth/chap15.pdf>>.
- <sup>32</sup> Iowa Department of Public Health, “Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Advisory Councils,” [online], [cited 24 January 2006]. Available at: <[http://www.idph.state.ia.us/hpcdp/common/pdf/family\\_health/Covers.pdf](http://www.idph.state.ia.us/hpcdp/common/pdf/family_health/Covers.pdf)>.



<sup>33</sup> Mississippi Department of Education, “Office of Healthy Schools,” [online], [cited 24 January 2006]. Available at: <<http://www.mde.k12.ms.us/HealthySchools/Initiatives.html>>.

<sup>34</sup> Action for Healthy Kids, “ReCharge!” [online], [cited 24 January 2006]. Available at: <[http://www.actionforhealthykids.org/special\\_after.php](http://www.actionforhealthykids.org/special_after.php)>.

<sup>35</sup> Hawaii Medical Service Association, “Fun 5,” [online], [cited 24 January 2006]. Available at: <<http://www.hmsa.com/community/programs/fun5/#A>>.

<sup>36</sup> YMCA, “Activate America,” [online], [cited 24 January 2006]. Available at: <<http://www.ymca.net/activateamerica/>>.

<sup>37</sup> Farm-to-School, “Farm-to-School,” [online], [cited 24 January 2006]. Available at: <<http://www.farmtoschool.org/>>.

<sup>38</sup> Walking School Bus, “Starting a Walking School Bus,” [online], [cited 24 January 2006]. Available at: <<http://www.walkingschoolbus.org>>; and U.S. Centers for Disease Control and Prevention, “KidsWalk-to-School,” [online], [cited 24 January 2006]. Available at: <<http://www.cdc.gov/nccdphp/dnpa/kidswalk/resources.htm>>.

<sup>39</sup> Feed Me Better, “Feed Me Better,” [online], [cited 24 January 2006]. Available at: <<http://www.feedmebetter.com/>>.

<sup>40</sup> The Food Trust, “School Market Program,” [online], [cited 24 January 2006]. Available at: <<http://www.thefoodtrust.org/php/programs/school.market.program.php>>.

<sup>41</sup> National Alliance for Nutrition and Activity, “Model School Wellness Policies,” [online], [cited 24 January 2006]. Available at: <<http://schoolwellnesspolicies.org/>>.

<sup>42</sup> Ibid.

<sup>43</sup> Action for Healthy Kids, “Wellness Policy Tool,” [online], [cited 24 January 2006]. Available at: <[http://www.actionforhealthykids.org/resources\\_wp.php](http://www.actionforhealthykids.org/resources_wp.php)>.