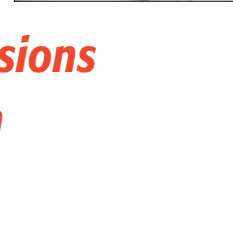
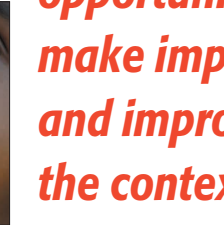
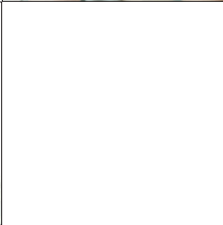
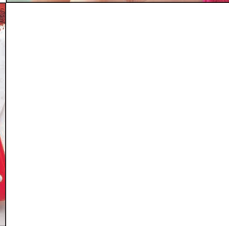
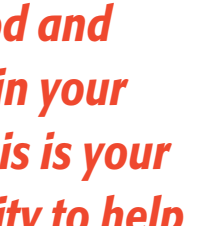
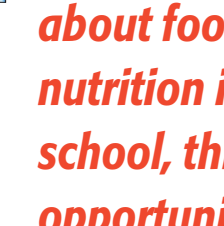
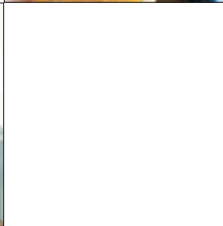
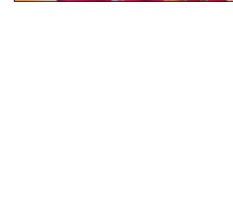
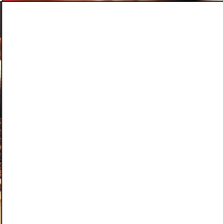
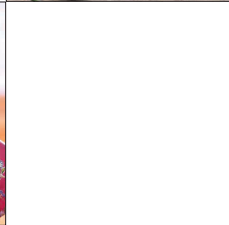
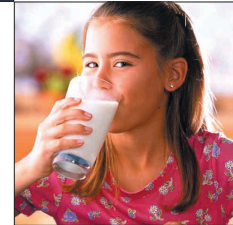
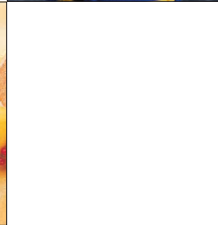
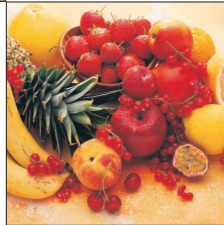
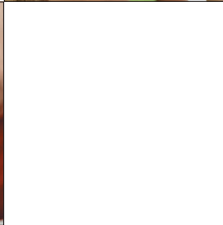
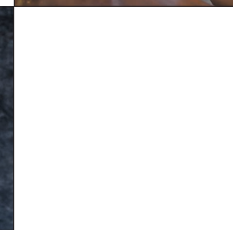
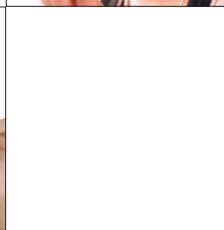
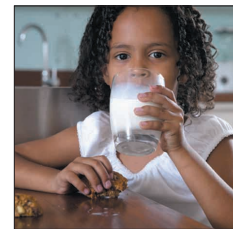


SCHOOL WELLNESS

HOW-TO MANUAL

A golden opportunity for kids' health and academic success



If you care about children's health or have concerns about food and nutrition in your school, this is your opportunity to help make important decisions and improvements in the context of school wellness policies.



In this tool kit, you will find everything you need to get involved in school wellness policies in your local district, including:

- *Background information on the health, weight, and nutrition issues facing American children today*
- *Evidence for the connection between health concerns and education issues, like academic performance and behavior at school*
- *Minimum requirements for school wellness policies as established by federal legislation and USDA guidance*
- *Links to agencies and groups working on school nutrition and physical activity in all 50 states, and to model policies (if available)*
- *Specific suggestions for effective involvement in school wellness policies at the local level*
- *General timeline for school wellness policy development, approval, and implementation at the local level*
- *Updated reprints from School Foodservice & Nutrition, the journal of the School Nutrition Association, which provide important information on the nutrition needs of children during various lifestages (These articles may be copied for distribution as needed.)*
- *MyPyramid poster, MyPyramid for Kids poster, and relevant charts illustrating the nutritional status of youth and food sources of some essential nutrients*

2

INTRODUCTION

to school wellness policies

In 2004, when the US Congress authorized funding for nutrition programs in schools (breakfast, lunch, and snacks), they added a new requirement. As part of the **Child Nutrition and WIC Reauthorization Act of 2004** (P.L. 108-265), each local educational agency receiving US Department of Agriculture (USDA) funds for meals must develop and implement a school wellness policy. This Federal law requires that all schools receiving Child Nutrition Program funds have an approved policy in place no later than the first day of the 2006-07 school year.

The Congressional mandate for school wellness policies is part of a larger effort to address growing concerns about the health of American children. A quote by Senator Tom Harkin (Iowa), a major sponsor of the legislation, addressed the dual nature of these concerns:

"On one hand, the specter of malnutrition and hunger continues to haunt millions of Americans, especially children. At the same time, we are confronted with a grave public health threat in the form of obesity and overweight, which are quickly becoming a major threat not just to individuals but to our Nation as a whole."

With this new requirement, Congress recognized that schools play a critical role in creating a healthy environment for the prevention of childhood obesity and for combating problems, like Type 2 diabetes, that are associated with poor nutrition and physical inactivity. The law places the responsibility of developing a school wellness policy with each local educational agency (like a district), so that the specific needs of each school community can be addressed most effectively.



The **Child Nutrition and WIC Reauthorization Act of 2004** outlines general *minimum* requirements for local wellness policies, but it does not mandate a uniform policy for all schools across the country. Almost all state agencies have taken a similar approach. Many have provided *model* wellness policies, but most have left the actual policy development and implementation for local school boards to control.

This new requirement for *local* wellness policies provides a golden opportunity for concerned community members to get involved in nutrition and physical activity issues in their schools. In fact, the **Child Nutrition and WIC Reauthorization Act of 2004** requires the *“involvement of parents, students, representatives of the school food authority, the school board and school administrators, and the public, in developing the wellness policy.”*

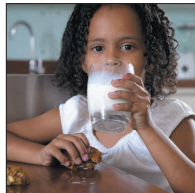
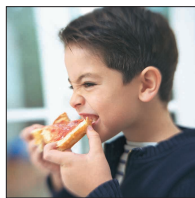
A note about
“WELLNESS”

The use of the word “wellness” in the context of these policies has caused some confusion, especially for health professionals. Several aspects of the broader conception of “wellness” were not directly addressed in the **Child Nutrition and WIC Reauthorization Act of 2004**, which focuses only on nutrition and physical activity in schools. This tool kit, as well as the resources and policies referenced in it, are also focused on these two components of health and well-being.

School districts across the country, with support from the Centers for Disease Control and Prevention (CDC), have established comprehensive school health programs. The eight integrated components of a Coordinated School Health Program (CSHP) model are:

- Nutrition Services;**
- Physical Education;**
- Health Education;**
- Healthy School Environment;**
- Health Services;**
- Counseling, Psychological and Social Services;**
- Health Promotion for Staff; and**
- Family/Community Involvement.**

If your school district already has a Coordinated School Health Program, the new requirement for a school wellness policy would become part of their ongoing efforts. In these cases, schools often include nutrition and physical activity issues within a more comprehensive health policy.





WHY do American schools need wellness policies?

There are many reasons why the time has come for wellness policies in American schools. Some of the issues are in the news almost daily; others are not discussed nearly as frequently. All of them are important and, in combination, they have a serious impact on children's health and their academic performance.

Understanding these issues is essential for creating *effective* school wellness policies. The more you know about them, the better you will be able to help your district develop and implement a policy that meets the food and fitness needs of all children.

In this section, the major nutrition and physical activity problems facing young Americans are briefly outlined, along with their connections to health and education concerns. The background materials included in this tool kit (from the School Nutrition Association and Action for Healthy Kids) provide more details and in-depth discussions of children at different ages (preschool, elementary school, tweens, and teens). Additional sources of current information are listed at the end of the section.

Here are the distressing facts about children's weight, eating habits, activity patterns, and health issues in the United States today.

American children are increasingly overweight.

The prevalence of overweight among American children ages 6-11 more than doubled in the past 20 years, going from 7% in 1980 to 16% in 2002. The rate of overweight among adolescents ages 12-19 has more than tripled during the same time period, increasing from 5% to 16%.

These national statistics may not tell a complete story about overweight in your community. Studies in several states and towns have measured overweight rates from 20% (6- to 19-year-old children in rural Pennsylvania) to 27% (5th graders in West Virginia). In a statewide Arkansas study, 25% of public school children met the criteria for being overweight.

These studies use Body Mass Index (BMI) to classify a child as overweight. News stories often lump the *overweight* and *at risk of overweight* categories together – reporting the number of children at or above the 85th percentile BMI-for-age. This does make the statistics even more alarming, with estimates running from 30% of elementary school kids to more than 46% in states like Arkansas and West Virginia.

Health implications of overweight in childhood

- Overweight children are at a higher risk of many serious health problems, including early onset of Type 2 diabetes, elevated cholesterol levels, high blood pressure, asthma, and joint problems.
- The rising rates of early weight gain have led some medical experts to predict that today's youngsters may be the first generation to have a shorter life span than their parents.

Educational implications of being overweight

- Children who are overweight have more school absences than children with a healthy weight. Missing school can affect their academic success – and a loss of state funding for local schools.
- Seriously overweight children report a lower quality of life, which can include harassment, discouragement, and even discrimination at school, according to the National Education Association.

American children are often overfed, but still undernourished.

Clearly, American children are getting plenty of calories. It would be one thing if these calories came from nutrient-rich foods. Sadly, this is not true. Whether they are overweight or not, children in the US are often overfed, but poorly nourished in a land of plenty. Here are just a few of the statistics:

- According to USDA's Healthy Eating Index (HEI), 76% of 4- to 6-year olds and 80% of 7- to 9-year olds have diets that "need improvement." Another 7% of children 4 to 6 years and 8% of 7- to 9-year olds reported diets that were "poor."
- Although average intakes of most vitamins and minerals meet recommended levels, many children often do not consume adequate amounts of several micronutrients, including vitamin E, folate, magnesium, and potassium.
- Calcium intakes fall dramatically when children reach school age. Less than 40% of boys and 30% of girls ages 6 to 11 years consume an adequate amount of calcium. The situation is even worse for teens: Only about 10% of teen girls and 30% of teen boys get enough calcium.
- Iron deficiency anemia is still the most common nutrient deficiency among American children – and it continues to exceed the 2010 national health objective to reduce anemia.
- Among children 2- to 9-years old, 63% do not eat the recommended number of fruit servings per day and 78% do not meet vegetable recommendations.

Health implications of overfeeding and undernutrition

- The current nutrition intake of children may have serious repercussions for both their current and future health. Inadequate intake of phytonutrients (from fruits and vegetables) and other micronutrients can increase the risk of cancer and heart disease later in life.
- Inadequate nutrient intake can have a serious affect on bone growth and development. Children and adolescents with low intakes of protein, calcium, and other nutrients have a higher risk of fractures.

Educational implications of being undernourished

- Many studies show a direct link between nutrition intake and academic performance. For example, increased participation in breakfast programs is associated with higher test scores, improved daily attendance, and better class participation.
- Optimal nutrition is necessary for optimal cognitive functioning; sub-optimal nutrition can affect academic performance and even IQ scores. Zinc and iron (along with other nutrients) are critically important to brain development and function.

American children are leading sedentary lives.

When it comes to physical activity, the statistics are equally bleak. Fewer and fewer American kids meet the government guidelines that *"school-age youth should participate daily in 60 minutes or more of moderate to vigorous physical activity that is developmentally appropriate, enjoyable, and involves a variety of activities."*

Although American children are more active than adults, CDC surveys indicate that 48% of girls and 26% of boys do not get vigorous activity on a regular basis. Activity levels are lowest among girls, non-Hispanic blacks, and Mexican Americans. Participation in physical activity declines strikingly as children get older.

Participation in school-based physical education classes has dropped substantially – and some schools have even begun to restrict recess in order to increase classroom instructional time. In 2003, more than one-third of high school students did not regularly engage in vigorous physical activity and only 28% of high school students attended physical education class daily.

American children (and adults) are spending more and more recreational time in sedentary pursuits – with video games, computers, TV, DVD, and other media. A 2005 Kaiser Family Foundation survey found that kids devoted an average of 6-1/2 hours a day to recreational media use – more than 44 hours per week.





Health implications of sedentary lifestyles

- Physical inactivity increases the risk of premature death in general, and of heart disease, hypertension, colon cancer, and diabetes in particular.
- Regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, helps control weight, reduces anxiety and stress, increases self-esteem, and may improve blood pressure and cholesterol levels.
- Positive experiences with physical activity at a young age help lay the basis for being regularly active throughout life.

Educational implications of sedentary lifestyles

- Research has shown a positive relationship between overall fitness levels and scores on standardized tests in math and reading.
- Excessive screen time undermines kids' education, reduces the time that children have to read, do homework, and explore the world around them.

American young people struggle with dieting and body image.

While there is no doubt that excessive weight and weight gain are a major health concern for America's youth, it is important to look at the spectrum of weight-related issues. We live in a society obsessed with thinness – where dieting is the norm and a supplement industry promotes the use of potentially dangerous products.

Many normal, and even some underweight, adolescents feel pressure to be thin – encouraged by the recent attention to the obesity epidemic and the unrealistic images they see constantly in the media. CDC's 2003 Youth Risk Behavior Surveillance System (YRBSS) reported that 29.6% of teens thought they were overweight – and 43.8% were trying to lose weight. However, in this same sample, *only 12.1% were actually overweight.*

Teens also do not always use healthy, effective weight-management strategies. After all, many of their adult role models are following fad diets and using over-the-counter weight-loss preparations. In the 2003 YRBSS survey:

- 18.3% of teen girls and 8.5% of teen boys had gone more than 24 hours without food in an effort to lose weight
- 11.3% of female and 7.1% of male teenagers had taken diet pills, powders, or liquids without a doctor's advice
- 8.4% of girls and 3.7% of boys had vomited or taken laxatives to lose weight or to avoid gaining weight

The combination of body dissatisfaction and risky dieting behaviors can become a serious, life-threatening, disease. In the US, an estimated five to ten million adolescent girls and women, and 1 million boys and men struggle with eating disorders and related conditions. Teachers, counselors, and therapists report younger and younger children with disordered eating patterns and diagnosable eating disorders.

Health implications of dieting and body dissatisfaction

- Dieting actually may promote weight gain. A three-year survey of over 14,000 boys and girls showed dieters gained more weight than non-dieters. They were also more likely to engage in binge eating.
- Eating disorders can cause serious health problems, and in some cases, death, including: fainting, fatigue, and overall weakness; muscle loss and weakness; reduction of bone density (osteoporosis); severe dehydration leading to kidney failure; and the risk of heart failure rises as heart rate and blood pressure levels fall.

Educational implications of dieting and body dissatisfaction

- Children and teens who diet or develop eating disorders may not get the nutrients they need for optimal school performance. Their diets are often particularly low in protein, iron, zinc, and calcium.
- When students regularly skip meals or restrict calories, they are less able to pay attention in school or to participate successfully in classroom activities.

For more information:

Action for Healthy Kids (AFHK)

The Learning Connection: The Value of Improving Nutrition and Physical Activity in Our Schools

www.actionforhealthykids.org/special_exclusive.php

Centers for Disease Control and Prevention (CDC)

Healthy Youth – Childhood Obesity

www.cdc.gov/HealthyYouth/nutrition/facts.htm

Healthy Youth – Physical Activity

www.cdc.gov/HealthyYouth/physicalactivity/facts.htm

YRBSS: Youth Risk Behavior Surveillance System

www.cdc.gov/HealthyYouth/yrbs/index.htm

Institute of Medicine

Preventing Childhood Obesity: Health in the Balance

www.iom.edu/report.asp?id=22596

National Eating Disorders Association (NEDA)

Eating Disorders Information Index

www.nationaleatingdisorders.org/p.asp?WebPage_ID=294

National Parent Teacher Organization (PTA)

Health and Wellness Resources for Parents

www.pta.org/pr_category_details_1117232379734.html

Purdue Extension: Family and Consumer Sciences

Resources for Children and Body Weight Issues

www.cfs.purdue.edu/extension/children-wt/index.html

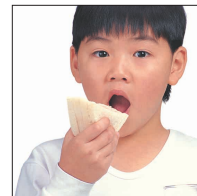
WHAT must be included in local wellness policies?

The Child Nutrition and WIC Reauthorization Act of 2004

(P.L. 108-265) established minimum requirements for school wellness policies. Schools may choose to include additional features or to integrate a school wellness policy with other ongoing programs (like a Coordinated School Health Program). The federal legislation requires, at a minimum, that the following five issues be addressed in a school wellness policy:

- Goals for nutrition education, physical activity, and other school-based activities that are designed to promote student wellness in a manner that the local education agency determines is appropriate;
- Nutrition guidelines selected by the local educational agency for all foods available on each school campus under the local educational agency during the school day with the objectives of promoting student health and reducing childhood obesity;
- Assurances that guidelines for reimbursable school meals are not less restrictive than the regulations issued by the USDA;
- Ways of measuring how well the school wellness policy is being implemented, including designation of one or more persons at each school with operational responsibility for ensuring that the school is meeting the policy;
- Involvement of parents, students, representatives of the school food authority, the school board, and school administrators, and the public, in developing the wellness policy.

The federal legislation established minimum requirements, but left the specific language and standards in the control of local schools. Recognizing that local districts and their school boards might not have the time or expertise to develop *effective* wellness policies “from scratch,” **many states have created model policy templates for local schools.** Some states have also offered extensive training opportunities for school teams.





A few states, like Michigan and North Carolina, have been leaders in healthy school nutrition environments for several years. They have developed excellent materials and programs that can be used and/or modified in any school. Some other states (e.g., California, Texas, Washington, and West Virginia) have existing state legislation regarding school nutrition and physical activity policies. All state-level regulations and requirements must be reflected in local wellness policies – in addition to the federal requirements outlined on page 7.

Links to the model policies, training materials, and state legislation can be found for each state in a separate document in this packet.

If you want to know more about child nutrition in any state, the following two sites can be very useful. They are both national sites, but they offer important state-by-state information.

Action for Healthy Kids (AFHK)

www.actionforhealthykids.org/

The user-friendly AFHK site provides tools, resources, and contacts from their 2005 Summit in Washington, DC. It also includes an extensive database of both nutrition and physical activity materials that have been created by state teams around the country.

Here are a few of the resources on the AFHK site:

- Cut-and-paste tool for building an effective school wellness policy
www.actionforhealthykids.org/resources_wp.php
- Map with state-by-state listing of AFHK initiatives and team contacts
www.actionforhealthykids.org/state.php
- Searchable database of resources to improve schools
www.actionforhealthykids.org/resources.php

Some of the information and materials on this site are available only to registered users. When you register for an AFHK User Name and Password *at no charge*, you also gain access to more direct information from your state. You can sign up to join your state's AFHK team and/or receive a free monthly newsletter from the national AFHK office, *if you want*. Go to **www.actionforhealthykids.org/tools.php** and follow the directions for free registration.

School Nutrition Association (SNA)

www.schoolnutrition.org/

This is the site for the national organization of school nutrition professionals (formerly the American School Foodservice Association). SNA's 55,000+ members work in schools all across the USA. Many are active in creating school-based nutrition programs for healthy kids and, in writing, their school wellness policy. Although some sections are “for members only,” this site features news, research, and promotional kits for school meals (like National School Breakfast and School Lunch weeks), available *to the public at no charge*.

Here's what you can find on the SNA Web site:

- Information on school wellness policies from SNA
www.schoolnutrition.org/haccp.aspx?id=1075
- Listing of Web sites for state affiliates of SNA
www.schoolnutrition.org/Index.aspx?id=1108
- A comprehensive archive of news stories related to school nutrition
www.schoolnutrition.org/SchoolFoodserviceNews.aspx
- A searchable index of state legislation related to child nutrition
<http://docs.schoolnutrition.org/childnutrition/govtaffairs/statutes/>
- A searchable database of recipes, in quantity and family size
<http://docs.schoolnutrition.org/recipes/>

Key messages for nutrition and physical activity in schools

Local wellness policies should be based on sound scientific principles, rather than on a specific agenda or belief system. They must reflect a community consensus on how best to meet the nutrition and physical activity needs of all children in schools.

School wellness policies should take a balanced approach to promoting student wellness and overall health. They should not prescribe restrictive diets or specific exercise regimens for children.

The following key messages may be helpful in discussions about school wellness policies – or any conversation about food and fitness for kids. They may be especially useful if individuals or groups are promoting extreme views about nutrition or activity.

- For children, being overweight, undernourished, and/or sedentary has serious implications for both health and education.
- When children are fit, healthy, and well nourished, they are better able to succeed in the classroom and on the playing field.
- The **2005 Dietary Guidelines** and **MyPyramid for Kids** provide the science base for making decision about foods and beverages in school.
- For overall health, smart brains, and strong bodies, children need a variety of nutrient-rich foods and beverages from all food groups.
- For optimal educational outcomes and overall good health, nutrient-rich foods and beverages should predominate in schools.
- Restrictive weight-loss diets are not appropriate for most children and should not be part of school programs.
- Good nutrition and physical activity do not cure behavior problems, but they are necessary for children to behave well in, and out, of school.
- Regular physical activity is important both for overall health and for academic achievement.
- School-aged children need at least 60 minutes of moderate to vigorous physical activity on most days of the week.
- Both physical activity and physical education (designed to promote a life-long, active lifestyle) are important parts of the instructional day.

The scientific basis for these key messages can be found in the resources sited throughout this tool kit, especially in the Resources document (government sites and general guidance), and in the articles from the School Nutrition Association.

Another excellent resource can be downloaded from the Michigan Department of Education at www.michigan.gov/documents/healthyweight_13649_7.pdf. *The Role of*

Michigan Schools in Promoting Healthy Weight: A Consensus Paper (2001) features thorough guidance on excessive weight and weight gain; social pressure for excessive slenderness; and unsafe weight-loss practices.

Role of schools

Some people have questioned whether schools are the appropriate places to address concerns about weight, nutrition, activity, and health issues. In fact, finding solutions to the problems outlined above will take action and changes in many areas of society – including families, health care, childcare, schools, media, community planning, and the food industry.

Schools, however, play a central role in creating solutions. They are places where we can educate children – and provide environments where they can learn to make healthy choices. The CDC summarizes the important role of schools in this quote:

“Schools by themselves cannot, and should not be expected to, address the nation’s most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved. However, schools could provide a critical facility in which many agencies might work together to maintain the well-being of young people.”

If you care about children’s health or have concerns about food and nutrition in your school, this is your opportunity to help make improvements. Many important discussions and decisions will occur in the context of school wellness policies, including:

- Meals and a la carte items served in school breakfast, lunch, and snack programs
- Foods and beverages allowed in school vending, student stores, and fundraising
- Nutrition education materials and messages to be used in classrooms
- Use of foods as classroom rewards and incentives
- Availability of both physical education and physical activity opportunities in school





HOW can you get involved in your district's policy?

The requirement for local wellness policies provides a golden opportunity for you to get involved in nutrition and physical activity issues in your school district. Remember, community involvement is mandated in the **Child Nutrition and WIC Reauthorization Act of 2004**. The law *requires* the:

"Involvement of parents, students, representatives of the school food authority, the school board and school administrators, and the public, in developing the wellness policy."

To get involved, you must first find out who is responsible for the school wellness policy process in your district. **NOTE:** The development of a wellness policy will probably be at a *district* level, while the implementation will be at the *school building* level.

You may be able to find out information about wellness policies on your district or school Web site – most likely on the pages labeled Cafeteria, School Meals, or Child Nutrition Program. If a policy has already been passed, it may be posted here. Some districts may also have information about their school wellness team and its meetings posted online.

Depending on the size of your district, here are some people most likely to know about the status of school wellness policies:

- Superintendent or Assistant Superintendent
- School Foodservice Director
- School Nurse
- Health and/or Physical Education Teacher
- Family and Consumer Science Teacher
- Director of Student Services
- Curriculum Director

All it takes to get started is a phone call to one of these individuals. If you don't know them, you can find out their names and phone numbers by calling the district's main office. You may also be able to find names and numbers on the school's Web site. If your child is currently enrolled in school, your building principal will be able to tell you whom to call.

When you call, all you have to say is:

- *What is our district doing about the new law requiring school wellness policies?*
- *I would like to get involved with our school wellness policy. What is the best way to do that?*

When you contact your local school about their wellness policy, you will probably encounter one of three scenarios. Here's how you can get involved in any of the three situations.

#1: The district has not yet started to work on a wellness policy.

This is probably the least likely scenario since schools have received plenty of warning about the upcoming deadline. However, if your district has not yet started to develop a policy, here's what you can do:

- Distribute information about the requirement for a school wellness policy to key school personnel (administrator, school foodservice director, school nurse, PTA-PTO leaders, etc.).
- Volunteer to participate as a "public" member of the team (as required in the federal legislation) – and ask when a meeting time can be established.
- Gather information about your state's resources (i.e., model policies, existing requirements, etc.) from the Web sites listed in the tool kit. Share this information with the other interested parties.
- Since the process needs to be on a "fast track" to meet the federal deadline, you can be most useful by providing resources and getting other key community members involved.

#2: A wellness policy is in development, but the school board has not yet approved it.

During the first six months of 2006, this will be the most likely situation that you encounter in your school district. Here's how to approach this situation.

- Find out who is leading the team (or working most closely with policies). Ask to review a current draft of the school wellness policy. Draft school board policies are considered public documents, so your request will be appropriate.
- Compare the policy to the requirements of the federal legislation as outlined on page 7. Review the policy carefully and look for any areas of concern, like overly restrictive guidelines that limit a specific food group.
- Ask how you can be involved in the ongoing discussions or team meetings about the policy. Find out if other parents or community members are involved.
- When the policy is presented to the school board, attend the discussions (or readings) of the policy. School board agendas are posted before meetings (in the newspaper, on a Web site, or at the school), so you will know when the policy is to be discussed.
NOTE: Most school boards will have two or three public readings of a policy before voting on it.
- Share your concerns or questions about the wellness policy at the school board meeting. If you are in favor of the policy, share the reasons for your support as well. In either situation, you can use the key messages (on page 9) and the other materials included in this tool kit to back-up your statements.
- This is an important time to influence the actual policy – and to get the school board thinking about ways to implement the policy in the future. There is always strength in numbers – so bring other like-minded parents and other concerned citizens with you to school board meetings.
- If you know school board members personally, you may also want to have one-on-one discussions with them about school wellness policies.

#3: The school board has already approved a wellness policy.

By May or June 2006, many districts will have already approved a wellness policy. Even if a policy is already in place, there is still plenty of opportunity for you to be involved – by participating in the ongoing *implementation* of the policy.

- Obtain a copy of the policy approved by the school board and review it thoroughly.
- Find out whether the policy includes administrative rules or procedures – or whether these are still to be developed. These details may be the responsibility of the administration (superintendent, principals, etc.) or they may be left to a committee or team.
- Find out if your school will have an ongoing school wellness team. Depending on the state and the district, these teams might be called:
 - School Health Advisory Councils or Committees (SHAC)
 - Coordinated School Health Teams or Committees (CSHT)
 - Team Nutrition Committee
- Join your school's team – and become a valued member by actively participating and sharing resources from this tool kit.

Getting a policy approved is just one step in creating a healthy, positive school environment. Your school may have already made some healthy changes. They will certainly need strong community support for taking future steps to fully implement a school wellness policy.





WHEN can you get involved
in your district's policy?

The simple answer is that *anytime* is right time to get involved in your local school wellness policy. The process of developing and successfully implementing a policy will take place over several years – and input from concerned citizens will be important at every step of the way.

The target date to have a school wellness policy in place, as established by the **Child Nutrition and WIC Reauthorization Act of 2004**, is no later than the first day of school in the 2006-07 school year. To meet this deadline, local school boards will typically be considering and voting school wellness policies during the late winter and spring of 2006. Policy implementation will then begin in the fall and winter of 2006 – and extend into the future.

Committed, concerned, informed parents and taxpayers will be an important part of improving nutrition and physical activity in schools. As local child nutrition programs are reviewed by state agencies for their compliance with the school wellness policy requirements, they may be checking to see how parents and the public are involved. If you get involved with your school wellness policy, it will help your school pass the review process with “flying colors.”

Bottom line: If you want your school to have an effective school wellness policy that promotes a balanced view of health and nutrition, get involved and stay involved.

