

Healthy, Hunger-Free Kids Act of 2010, Section 204: Local School Wellness Policies 5-Year Technical Assistance and Guidance Plan

This five-year technical assistance plan is a fluid plan that will be updated upon the completion of a needs assessment, including additional stakeholder consultations to inform its development. State agencies should direct any questions concerning this plan to their USDA Food and Nutrition Service (FNS) Regional Office.

Background

Today, many children are consuming diets with too many calories and not enough nutrients. In addition, many of these children are not getting enough physical activity. Poor diet and physical inactivity among children can lead to an increased risk for certain chronic health conditions, including high blood pressure, type 2 diabetes, and obesity.¹ During 2007–2008, 20% of U.S. children aged 6–11 years and 18% of persons aged 12–19 years were obese, percentages that have tripled since 1980.² Engaging children and adolescents in healthy eating and regular physical activity can lower their risk for obesity and related chronic diseases.³⁻⁵

Healthy eating and physical activity behaviors among children and adolescents are influenced by a variety of sectors within society, including families, communities, schools, child care settings, health-care providers, faith-based institutions, government agencies, the media, the food and beverage industries, and the entertainment industries. Each of these sectors has an important and unique role to play in improving the dietary and physical activity behaviors of youth. Schools play a significant role in the lives of children and are where children spend much of their day. As such, helping students stay healthy is a fundamental part of the mission of schools.⁶⁻⁹ Schools are an important setting for providing children and adolescents with a healthy environment where they can consume nutritious meals, snacks and beverages; get regular physical activity; and learn about the importance of lifelong healthy behaviors. Research demonstrates that eating patterns established in childhood often carry over into later life. Therefore, early interventions in adopting healthy behaviors and engaging in physical activity are essential priorities.¹⁰

Research links healthy eating and physical activity with improved academic performance and classroom behavior. Eating a healthy breakfast is associated with improved memory, reduced absenteeism, and improved psychosocial function and mood,¹¹⁻¹³ as well as improvements in academic performance.^{14,15} Adequate water consumption may also improve cognitive function in children and adolescents.¹⁶⁻¹⁸ School-based physical activity is associated with improved academic achievement, including grades and standardized test scores, as well as improved cognitive skills, attitudes, and academic behavior (including enhanced concentration, attention, and improved classroom behavior).¹⁹ Further, increasing or maintaining time dedicated to physical education may help, and does not appear to adversely impact academic performance.¹⁹

Federal Requirements for Local School Wellness Policies

Recognizing the important role schools play in ensuring children's wellness, in 2004, Congress passed the Child Nutrition WIC Reauthorization Act (Public Law 108-265, Section 204). This act required each local educational agency (LEA) participating in the National School Lunch Program (NSLP) or other child nutrition programs, such as the School Breakfast Program (SBP), to establish, for all schools under its jurisdiction, a local school wellness policy (LWP). Since the passage of the 2004 law, nearly all LEAs or school districts have developed and adopted LWPs as required by law. With the passage of the Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296, Section 204), new provisions for LWPs place greater emphasis on implementation, evaluation, and publicly reporting on progress of LWPs.

The U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) issued an implementation memo (SP-42-2011) (http://www.fns.usda.gov/cnd/Governance/Policy-Memos/2011/SP42-2011_os.pdf) to guide LEAs in implementing LWP provisions in the Healthy, Hunger-Free Kids Act of 2010.

The following is a summary chart that compares the 2004 and 2010 requirements for LWPs.

	Old Requirements Child Nutrition WIC Reauthorization Act, 2004	New Requirements Healthy, Hunger-Free Kids Act of 2010
Overview	Directs local educational agencies (LEAs) to have in place a LWP for each school under its jurisdiction.	Strengthens LWPs and adds rules for public input, transparency, and implementation.
Elements of the Local School Wellness Policy	LWP to include, at a minimum, goals for nutrition education, physical activity, and other school-based activities to promote student wellness, as well as nutrition guidelines for all foods available on school campus.	In addition to the 2004 requirements, the LWP is also to include goals for <u>nutrition promotion</u> .
Stakeholder Involvement	LEAs are required to involve parents, students, and representatives of the school food authority, the school board, school administrators and the public in the development of LWP.	In addition to the 2004 requirements, LEAs are now required to permit <u>teachers of physical education</u> and <u>school health professionals</u> to participate in the development of LWP.
Stakeholder Participation	The stakeholders named above are required to participate in the development of the LWP.	In addition to the 2004 requirements, LEAs are now required to permit <u>all stakeholders named above and in 2004</u> to participate in the <u>implementation</u> and <u>periodic review and update</u> of LWP.
Local Discretion	LEAs can determine the specific policies appropriate for the schools under their jurisdiction, provided that those policies include all required elements specified in the Act.	Same as 2004 requirement.
Public Notification	None.	LEAs are required to inform and update the public (including parents, students, and others in the community) about the content and implementation of the LWP.
Measuring Implementation	LEAs are required to establish a plan for measuring implementation of the LWP.	LEAs are required to measure periodically and make available to the public an assessment on the implementation of LWP, including the extent to which schools are in compliance with LWP, the extent to which the LWP compares to model LWP, and to describe the progress made in attaining goals of LWP.
Local Designation	LEAs are required to establish a plan for measuring implementation of the LWP, including designation of one or more persons within the LEA or at each school, as appropriate, charged with operational responsibility for ensuring that the school meets the LWP.	LEAs are required to <u>designate one or more LEA officials or school officials</u> , as appropriate, to ensure that each school complies with the LWP.

Local School Wellness Policy Interagency Workgroup

USDA FNS convened a workgroup including the US Department of Education (ED) and the Health and Human Services, acting through the Centers for Disease Control and Prevention (CDC). This Interagency Workgroup is charged with providing information and technical assistance to LEAs, school food authorities, and State educational agencies to meet the new LWP requirements and establish healthy school environments that are intended to promote student health and wellness. For this purpose, the Workgroup is developing this fluid, five-year technical assistance plan, which will be updated upon the completion of a needs assessment.

FNS, ED, and CDC are working together to identify and develop resources and training on designing, implementing, promoting, disseminating, and evaluating LWPs and overcoming barriers to the adoption of LWPs. Technical assistance will include model LWPs and best practices recommended by Federal agencies, State agencies, and nongovernmental organizations; as well as other technical assistance as required to establish healthy school environments that promote healthy eating and physical activity. Technical assistance will be consistent with the specific needs and requirements of LEAs.

Needs Assessment

The Local School Wellness Policy Interagency Workgroup is in the process of conducting a needs assessment to determine the training and technical assistance needs of LEAs and other stakeholders in meeting the new federal requirements for LWPs. The findings from the needs assessment will inform the technical assistance plan. The needs assessment activities to date and a short description follow. Additional needs assessment activities will include a literature review, key informant interviews, stakeholder roundtables, and focus groups.

Needs assessment activities to date have included:

- A survey with key experts in the field (researchers and practitioners) to identify gaps in training and technical assistance;
- Informal conversations with school nutrition professionals; and
- Conversations with state, district, and local education administrators and other staff.

Survey with Key Experts

The Interagency Workgroup identified nine key experts on LWP, including researchers and practitioners, to help identify gaps in, and provide recommendations for, resources, training, and technical assistance to support LWP implementation. The survey results highlighted the following needs:

- Tools, resources, trainings, and ongoing technical assistance on how to assess, monitor, and evaluate the implementation of LWPs.
- Strong leadership at the State, district, and school levels.
- Framing LWP as an educational issue to garner support from decision-makers.
- Getting buy-in from key stakeholders in schools and communities.
- Support for monitoring and enforcement from State agencies.

Conversations with School Nutrition Professionals

The Interagency Workgroup engaged in initial conversations with school nutrition professionals at a national meeting to gain insight into their needs around LWP. Findings from these conversations indicate that:

- More support is needed from school and district personnel, including teachers, principals, and superintendents, to implement and enforce LWPs.

- There needs to be clear communication about the new LWP requirements from the State agencies through to the school level.
- There is a need for easy-to-use guidance and resources to help school districts assess, implement, and measure the implementation of their LWPs.
- District and school personnel need additional training on what LWPs are, why they are important, and ways they can help to ensure that they are implemented.
- Resources that address the academic, financial, and health benefits associated with LWPs would be useful for gaining support from key stakeholders.

Conversations with School and District Administrators, School Board Members, and School Staff

The Interagency Workgroup hosted two town hall-like sessions at the US Department of Education, Office of Safe and Drug Free Schools National Conference on August 8, 2011 in Maryland to obtain input from approximately 150 district and school administrators, school board members, principals, teachers, and other school health stakeholders from across the country. Highlights from these sessions are as follows:

- There is a need for simple and standardized tools for implementation, monitoring, and reporting related to LWPs, as well as concrete evaluation guidelines and tools.
- There is a request for model policies and examples of policies.
- It is important to get buy-in from school administration to ensure LWP success.
- There is an interest in district and school success stories with details on how success was achieved.

Technical Assistance and Guidance – Five-Year Plan (2011-2015)

Goals

To assist LEAs in creating a healthy school environment enabling children and adolescents to make healthy eating choices and be physically active in order to learn and thrive, technical assistance and guidance will help:

- Increase the skill and capacity of LEAs to meet or exceed the new Federal requirements for LWPs;
- Increase the capacity of State educational agencies and their partners to provide technical assistance to LEAs in meeting the new Federal requirements for LWPs; and
- Improve the strength and quality of LWPs.

Objectives*

As a part of the technical assistance and guidance plan, the Interagency Workgroup will:

1. Conduct needs assessment activities to identify training and technical assistance needs of LEAs and other stakeholders in meeting the new federal requirements for LWPs.
2. Update USDA/FNS, CDC, and ED LWP web pages and existing resources.
3. Create new or update existing tools and resources to reflect the new requirements of LWPs.
4. Facilitate a series of webinars targeting LEAs and other stakeholders on a variety of topics related to LWPs.
5. Establish and sustain national and state partnerships to assist with the implementation of the five-year technical assistance and guidance plan.
6. Establish a mechanism of gathering success stories and best practices specific to LWPs.
7. Draft Team Nutrition Training Grant request for proposals to include a focus on LWP activities.

** USDA FNS and the Interagency Workgroup will report on the progress of current objectives and add additional objectives as the technical assistance and guidance plan is finalized.*

Activities

Based on findings from the needs assessment and monitoring of activities from State agency reviews (i.e. Coordinated Review Effort [CRE]), technical assistance activities may include:

- Webinars/conferences/trainings
- Online publications and resources (existing and new)
- Peer-to-peer mentoring
- Sharing best practices in all aspects of LWPs
- Grant and other funding opportunities
- Other activities as identified through the Interagency Workgroup's needs assessment process

Timelines and Deliverables

The following timelines highlight key activities and deliverables over the course of the five-year plan. These will be updated periodically.

Short-Term (March through December 2011)

- Convene Interagency Workgroup between FNS, CDC, and ED.
- Conduct a needs assessment to identify training and technical assistance needs of LEAs and other stakeholders in meeting the new federal requirements for LWPs.
- Consult with key stakeholders to inform the initial needs assessment, and training and technical assistance activities.
- Synthesize the findings from the initial needs assessment to develop a five-year technical assistance and guidance plan to assist states and LEAs in meeting the new federal requirements.
- Update USDA/FNS, CDC, and ED LWP web pages with current requirements and related links (<http://www.fns.usda.gov/tn/healthy/wellnesspolicy.html>).
- Initiate coordination with other agencies, through national and state partnerships, to assist with implementation of the technical assistance and guidance plan.
- Revise FNS' CRE Procedures Manual, Forms and Instructions to include a review of the LEAs' LWPs.

Mid-Range (Winter 2012 through Fall 2012)

- Finalize the five-year technical assistance and guidance plan.
- Launch implementation of five-year technical assistance and guidance plan activities.
- Continue to update USDA/FNS, CDC, and ED LWP web pages as needed with new guidance and resources: <http://www.fns.usda.gov/tn/healthy/wellnesspolicy.html>.
- USDA to publish Proposed Rule in the Federal Register (Fall 2012), accept comments from the public on the rule, and analyze comments.
- Continue to coordinate with other agencies, through national and state partnerships, to assist with implementation of technical assistance and guidance plan.
- Include additional LWP guidance in the CRE Procedures Manual, Forms and Instructions.

Long-Term (Winter 2013 thru Fall 2014)

- Continue to develop and implement guidance, trainings, and resources based on five-year technical assistance and guidance plan and/or new and emerging issues.
- Continue to disseminate guidance and resources.
- USDA FNS to publish Final Rule (Fall 2013), which will define key terms and provide regulations and guidance for LEAs, school food authorities, and State agencies to implement the provisions set forth in the law.
 - This 5-year technical assistance and guidance plan is intended to support the Final Rule.

- The Final Rule will be printed in the Federal Register, the Code of Federal Regulations, and on the USDA FNS web page:
http://www.fns.usda.gov/cnd/Governance/Legislation/CNR_2010.htm.
- Continue to coordinate with other agencies, through national and state partnerships, to assist with implementation of the technical assistance and guidance plan.

References:

1. US Department of Health and Human Services. *The Surgeon General's call to action to prevent and decrease overweight and obesity*. Rockville, MD: US Department of Health and Human Services, editor. US Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001.
2. Ogden CL, Carroll MD, Curtin LR, Lamb MM, Flegal KM.. Prevalence of high body mass index in U.S. children and adolescents, 2007–2008. *JAMA* 2010;303:242–9.
3. Daniels S, Arnett D, Eckel R, et al. Overweight in children and adolescents: pathophysiology, consequences, prevention, and treatment. *Circulation* 2005;111:1999–2012.
4. US Department of Health and Human Services, Public Health Service, Office of the Surgeon General. *The Surgeon General's vision for a healthy and fit nation*. Washington, DC: US Department of Health and Human Services; 2010.
5. *Solving the Problem of Childhood Obesity Within a Generation*. Washington, DC: White House Task Force on Childhood Obesity Report to the President, 2010.
6. Dewey JD. Reviewing the relationship between school factors and substance use for elementary, middle, and high school students. *J Prim Prev* 1999;19:177–225.
7. Dunkle MC, Nash MA. *Beyond the health room*. Washington, DC: Council of Chief State School Officers, Resource Center on Educational Equity; 1991. Available at <http://www.eric.ed.gov/PDFS/ED340681.pdf>. Accessed July 1, 2011.
8. Mandell DJ, Hill SL, Carter L, Brandon RN. *The impact of substance use and violence/delinquency on academic achievement for groups of middle and high school students in Washington*. Seattle, WA: Washington Kids Count, Human Services Policy Center, Evans School of Public Affairs, University of Washington; 2002. Available at <http://www.preventionworksinseattle.org/uploads/Impact%20of%20Substance%20Abuse%20on%20Academic%20Achievement.pdf>. Accessed July 22, 2011.
9. Shephard R. Habitual physical activity and academic performance. *Nutrition Reviews* 1996;54:S32–36.
10. US Department of Agriculture. *Dietary Guidelines for Americans, 2010*. 7th Edition, Washington, DC: U.S. Department of Agriculture and U.S. Department of Health and Human Services, 2010.
11. Rampersaud GC, Pereira MA, Girard BL, Adams J, Metz J. Breakfast habits, nutritional status, body weight, and academic performance in children and adolescents. *J Am Diet Assoc* 2005;105:743–60.
12. Taras HL. Nutrition and student performance at school. *J Sch Health* 2005;75:199–213.
13. Hoyland A, Dye L, Lawton CL. A systematic review of the effect of breakfast on the cognitive performance of children and adolescents. *Nutr Res Rev* 2009;22:220–43.
14. Murphy JM, Pagano MR, Nachmani J, Sperling P, Kane S, Kleinman RR. The relationship of school breakfast to psychosocial and academic functioning. *Arch Pediatr Adolesc Med* 1998;152:899–07.
15. Kleinman R, Hall S, Green H, et al. Diet, breakfast, and academic performance in children. *Ann Nutr Metab* 2002;46(Suppl 1): S24–30.
16. D'Anci KE, Constant F, Rosenberg IH. Hydration and Cognitive Function in Children. *Nutrition Reviews* 2006;(64(10): 457-464.
17. Popkin BM, D'Anci KE, Rosenberg IH. Water, hydration, and health *Nutrition Reviews* 2010;(68(8):439–458.
18. Kempton MJ, Ettinger U, Foster R, Williams SCR, Calvart GA, Hampshire A, Zelaya FO, O'Gorman RL, McMorris T, Owen AM and Smith MS. Dehydration Affects Brain Structure and Function in Healthy Adolescents. *Hum Brain Mapp* 2011; 32:71–79.
19. CDC. The association between school-based physical activity, including physical education, and academic performance. Atlanta, GA: US Department of Health and Human Services; 2010. Available at http://www.cdc.gov/healthyyouth/health_and_academics/pdf/pa-pe_paper.pdf. Accessed July 22, 2011.