

Public School Wellness Policy Toolkit

**Compiled by Kaiser Permanente Northwest
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Kaiser Permanente NW Wellness Policy Introduction

Our mission is to improve the health of the people who live in the communities that Kaiser Permanente Northwest (KPNW) serves. We believe we share this responsibility with many community partners, including public schools. Schools are important social and educational institutions in every community. **This Toolkit is designed to help Kaiser Permanente staff members, parents and other community citizens participate effectively in helping public school officials develop policies and programs to promote Healthy Eating, Active Living.**

We believe KPNW health care professionals can and should encourage and advise school board members, administrators, and teachers about the health benefits of good eating choices and physical activity within the school environment.

There is an epidemic of obesity in our school-aged children. KPNW is committed to working with all community partners, including our public schools, to deal with this health emergency.

Tools in the Wellness Policy Toolkit Sample Policies and Presentations

On the following pages, you will find information about successful policies and programs that have been developed to promote healthy lifestyle choices. We encourage everyone to share these ideas with their local public schools. To help you participate in these policy discussions, The Toolkit includes sample talking points, examples of testimony that KPNW staff members have presented to their school boards; and resources for additional information.

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School Wellness Programs - Recommended Policies

Create Student-Teacher School Health Councils

These councils are created in individual schools to develop a community ownership to good health. Students and teachers together will explore and define healthier life style benefits. For example, these benefits may include running faster, less fatigue, higher self-image and more independence. Self-assessment of their school environment might lead to the development of healthy eating and active living policies and programs. Historically, developing role models are the most influential teacher.

Provide Healthy Food in Public Schools

1. School Meals – Breakfast, Free and Reduced-price Meals, Summer Food Service Programs, Meal Times and Scheduling
2. Foods and Beverages Sold Individually
 - Vending Machines/Cafeteria Ala Carte - See Appendix for KP Vending Machine Standards for Healthy Food and Beverage Selections(See page 11)
 - School Fundraisers
 - School Stores
 - Recommended Portion Sizes
3. Food used as Rewards and Classroom Celebrations
 - See Positive Food Choices (see page 14)

Promote Nutrition Education

1. School-Based Learning Experiences – Link health to school curriculum and home environment. Examples include school-based community gardens and in- school cooking demonstrations
2. Media and Commercial Influence – Teaching media literacy as part of core curriculum is essential.
 - “Commercial Influence in Portland-Area Public Schools,” NW Earth Institute, www.nwei.org/pages/actioncampaign.html
 - NW Media Literacy Center www.mediathink.org
 - TV-Turnoff Network www.tvturnoff.org
3. Educate Parents

Promote Physical Activity

- Daily Physical Education
- Daily Recess
- Physical Activity Opportunities Before and After School
- Safe Routes to Schools

Public Schools Wellness Policy Meeting/Discussions Sample Talking Points

Healthy Communities = Healthy Schools

1. Our community values a school environment that models and promotes
 - healthy enjoyable eating,
 - daily physical exercise that is fun and engaging,
 - a sustainable regional food economy,
 - children’s understanding of how food shapes our communities.
2. The school environment should be consistent **with best practices for fostering healthy lifestyle habits** in children, as school is the place where kids learn lifetime habits. Healthy lifestyles will improve academic performance.
3. All aspects of children’s experiences at school should **promote the value of fresh nutritious foods and a healthy active lifestyle**. A consistent message is crucial to change behaviors.
4. **Make the healthy Choice the Easy Choice** A healthy school environment should have healthy food and physical activity choices readily available- it should not be difficult for a child to make a healthy choice
5. Ideally students would have **access to direct learning experiences** related to the production and origin of their food, either in a school garden or on field trips to community gardens and learning gardens in the community

Healthy Eating

1. “Sell what we tell” The school food environment should reflect the nutrition education component of the curriculum, in other words, the foods sold at school (ala carte, in vending machines, at school stores and in school lunch) should not undermine the good efforts of teachers and administrators to promote a healthy lifestyle. Fundraising activities and rewards, celebrations, and school-sponsored events will meet the nutrition standards for foods and beverages sold individually.
2. If we sell/promote it, they will buy/eat it. It is true for healthy choices, it is true for unhealthy choices. Environment matters.
3. All children should have access to sufficient amounts of culturally appropriate foods of high nutritional value. Foods should be wholesome, appetizing, low in fat, sugar and salt, and should be served in appropriate serving sizes.
4. It’s “cool” to eat at school. School should be a place where kids can enjoy eating- we can strive towards an environment where children like to eat at school

5. We would like to see a school food environment where meals are served in a pleasant environment with sufficient time for eating, which fosters the important social aspect of sharing food.
6. Whenever possible, it is desired that fresh seasonal local foods are served in schools.

Active Living

1. Physical education teachers shall develop and implement a curriculum that connects and demonstrates the interrelationship between physical activity, good nutrition and health. 43% of Oregon 8th graders reported participation in daily physical education and only 15% 11th graders¹
2. Classroom health education will compliment physical education by reinforcing the knowledge and self management skills needed to maintain a physically-active lifestyle and to reduce time spent on sedentary activities, such as watching television
3. Classroom teachers will provide short physical activity breaks between lessons or classes, as appropriate
4. Physical activity will not be used as punishment (running laps, pushups, no recess)
5. We need to actively promote communities to be designed to encourage healthy physical activity including safe walking/biking routes to schools and using school facilities for community after school/weekend physical activities.

The Paradox of Escalating Obesity and Chronic Hunger In Oregon²

1. Over 25% of 8th graders and 20% of 11th graders in Oregon are either overweight or at risk of becoming overweight.
2. 12% of Oregon households are food insecure and 5.8% of households suffer from hunger. One out of eight Oregonians received an emergency food box.
3. 75% of Oregon students don't eat the recommended number of servings of fruits and vegetables each day
4. In Oregon, over 50% of 11th graders and 40% of 8th graders eat breakfast less than five days a week
5. Only 20% of Oregon high school students consumed 3 or more glasses of milk per day.

¹ Food Choices in Oregon Schools Task Force” Oregon School Board Association, www.osba.org/hotopics/atrisk/hklb/nutritn/issues.pdf page 9.

² “The Facts: Nutrition Issues Affecting Oregon Youth,” Oregon School Board Association, www.osba.org/hotopics/atrisk/hklb/nutritn/issues.pdf

Challenging Health Care Statistics

In Oregon, estimated medical cost related to obesity among adults was \$781 million for 2003 representing 5.7% of Oregon’s total health care bill. Clearly promoting positive health and nutrition habits at an early age can prevent this type of drain on the health care system as students move into adulthood.³

³ Food Choices in Oregon Schools Task Force” Oregon School Board Association, page 9, www.osba.org/hotopics/atrisk/hklb/nutritn/issues.pdf

Sample KPNW Presentations

Testimony by Keith Bachman, MD.
Portland Public School Board
November, 2005

My name is Keith Bachman I am speaking today as a Kaiser Permanente physician and as a parent of a PPS student. As a physician, my practice specializes in adult obesity - it is clear to me that the problem of clinical obesity is easier prevented than treated, either in adults or children.

We all know the scope of the problem is enormous-and that childhood overweight has increased 3 fold over the past 30 years. This is directly related to changes in the physical and cultural environment our children live in -changes including changes in activity environment. Changes in how children spend the hours of their week-including 2 hours less for unstructured play each week and 6 hours greater each week of time spent in school. The number of children walking to school has decreased over the past 15 years from 20% to 12%.

The food environment has also changed. Over the past 20 years there has been a doubling of caloric intake from of sugar calories from soft drinks, tripling of nutrient poor carbohydrate intake from chips, pretzels, popcorn, similar snacks. And at the same time patterns of food consumption have changed-- decreased time spent in meals, increased snacking, increased consumption of food away from home.

These changes have resulted in an increased prevalence of overweight and overweight related chronic medical conditions in children. Data from our own health information systems indicate that overweight children are two times as likely as normal weight children to have problems with asthma, chronic pain, and depression--all conditions that are highly likely to be carried into adulthood. Its also clear that overweight disproportionately affects Mexican American, African American, and socio-economically disadvantaged families.

The solutions to this problem will come from many directions, including health care, community and worksite based interventions promoting healthy eating and active living, as well as school based initiatives. We applaud PPS efforts in having these community forums and taking seriously the charge of the Wellness Policy initiative.

In the health care setting, Kaiser Permanente is doing its part. We are training pediatric clinical staff to detect pediatric overweight using routine BMI measurement and to have positive conversations with children and families about healthy eating and active living. We have kept our messages simple.: They include including limiting screen time to less than one hour daily, avoiding TV sets in bedrooms, playing hard at least 30-60 minutes daily, eating at least 5 servings of fruits and vegetables daily, and cutting back on juices and sodas. As a large Portland employer we are also making changes in our worksite environments. We are in the process of making changes to our vending machines, have improved our food environment by sponsorship of a farmers market at our Interstate campus, and have promoted

pedometer based fitness programs to many employees. I support the following recommendations in the PPS setting. The overall goal is to foster lifelong healthy lifestyles in the schools setting and promote the health, wellness, and academic benefits of a physically active lifestyle and consumption fresh nutritious foods. Positive changes will affect the physical and mental health of our students, and should be seen as another way of improving academic performance. As students learn better by observing action than words, implementation of these policies in our actions is critical.

Specific recommendations include:

- Support for development of school based wellness councils to discuss wellness policies meaningful to the school community. Kaiser Permanente has committed to providing professional support for these councils as requested.
- Implementation of a high-quality evidence based physical education curriculum on a daily basis to children in K-12
- Offering of appropriately portioned, nutritious options in cafeterias, which meet minimum predefined nutritional requirements, are low in fat, calories, and added sugars and are tasty.
- Elimination of nonnutritive food items in vending machines and ala cart sale times
- Ensuring that food used for fundraising and rewards meets the minimum nutritional standards.
- Encouraging communities and school collaboration to design and develop adequate walking and biking paths or programs to facilitate active transportation to school.
- Encouraging community use of schools for evening and weekend active recreational programs.

Thank you for your time and your interest in improving health in school settings by implementation and discussion of wellness policies.

**Testimony by Jean Rystrom, Regional Practice Director for Pediatric Specialties
Portland Public School Board
November, 2005**

My name is Jean Rystrom. I am the Regional Practice Director for Pediatric Specialties at Kaiser Permanente, and I have a 9 year-old child in PPS. Congratulations on being part of this inclusive process for creating a wellness policy!

Food

The school environment should be consistent with the best practices for fostering healthy lifestyle habits. School is, and should be, a place where the well-being of children is paramount, where children are taught things that will be important for their entire lives, not just that school year. They need to be taught not only in the classroom, but also taught by example. Consistency between what is being taught and what is being demonstrated (offered to eat) is imperative to avoid creating confusion or worse yet, disillusionment.

The environment should support making the healthiest choice. Children, like adults, are very susceptible to temptation. Environment matters. I showed the results from a study on adults*: how many Hershey' s Kisses were consumed, varying by proximity and visibility. The author of this study stated "The less visible and less convenient the candy, the less people thought about it and were tempted." The same might be said for vending machine snacks, a la carte menu items and other sources of foods in the school. If we sell or provide it, they will buy or eat it - whether it' s fresh fruit or whether it' s candy.

Screen time

One of the strongest links with obesity is screen time (TV, video, non-work computer use). The more hours per day kids watch, the more they weigh (in population studies). This may relate to both what they eat and how much they eat (advertising, munching, etc.) and their overall level of physical activity (time spent being sedentary - more sedentary than "doing nothing"). Screen time also correlates with reduced scholastic achievement. Therefore schools have at least two reasons to carefully consider screen time. Other considerations include violent and aggressive behavior, alcohol and tobacco abuse, eating disorders, and possibly ADHD. The number of kids watching 2 or more hours of TV per day is increasing. The number of kids playing 2 or more hours per day of video games is increasing. The number of kids spending 2 hours or more per day surfing the Internet is increasing. These are additive. What can be done?

Model

Look closely at how TV, video and computer games are used in school settings.

Teach

Media literacy is important and needs to be taught early and often.

Support

TV-Turnoff week is at the end of April every year (April 24-30, 2006), and supporting the Turnoff is a great way to engage the school community (Kaiser produces materials for this each year and would love to distribute them through PPS).

Activity

In addition to food policy and screen time, as the parent of a very energetic child, I can attest that he needs an opportunity to move his body every day, or he won' t be able to do well in school!

* "How visibility and convenience influence candy consumption" by James E Painter, et al, in the journal "Appetite", 2002

KPNW Region School Districts

Oregon Region School District List

(www.osba.org/edlinks/districts.htm)

District	City
Banks School District	Banks
Beaverton School District	Beaverton
Canby School District	Canby
Cascade School District	Turner
Centennial School District	Portland
Central Linn School District	Halsey
Central School District 13J	Independence
Corbett School District	Corbett
Dallas School District	Dallas
David Douglas School District	Portland
Dayton School District	Dayton
Estacada School District	Estacada
Forest Grove School District	Forest Grove
Gaston School District	Gaston
Gervais School District	Gervais
Gladstone School District	Gladstone
Gresham-Barlow School District	Gresham
Hillsboro School District	Hillsboro
Lake Oswego School District	Lake Oswego
McMinnville School District	McMinnville
Mt. Angel School District	Mt. Angel
North Clackamas School District	Milwaukie
North Marion School District	Aurora
North Santiam School District	Stayton
Oregon City School District	Oregon City
Oregon Trail School District	Sandy
Parkrose School District	Parkrose
Philomath School District	Philomath
Portland Public Schools	Portland
Reynolds School District	Troutdale
Riverdale School District	Portland
Salem-Keizer Public Schools	Salem
Santiam Canyon School District	Mill City
Scappoose School District	Scappoose
Silver Falls School District	Silverton
St. Paul School District	St. Paul
Tigard-Tualatin School District	Tigard
Vernonia School District	Vernonia
West Linn-Wilsonville School District	West Linn
Willamina School District	Willamina
Woodburn School District	Woodburn
Yamhill-Carlton School District	Yamhill

SW Washington School Districts ESD 112 Region
(www.esd112.org/schooldistricts/index.html)

District
North Marion School District,
Battle Ground School District 119
Camas School District 117
Castle Rock School District 401
Evergreen School District 114
Green Mountain School District 103
Hockinson School District 98
Kalama School District 402
Kelso School District 458
Klickitat School District 402
La Center School District 101
Longview School District 122
Mount Pleasant School District
Ridgefield School District 122
Stevenson-Carson School District 303
Vancouver School District 37
Washington State School
for the Blind
Washington School for the Deaf
Washougal School District 112-6
Woodland School District 404

Kaiser Permanente Minimum Standards for Healthy Food and Beverage Selections in Vending Machines Food and Snack Nutrition Standards

Excellent Choices

To be labeled as an Excellent Choice, foods must meet the following criteria:	
Fat	<ul style="list-style-type: none"> • Have no more than 35% calories as fat. • Have no more than 10% saturated fat. • Contain no trans fat/hydrogenated fat.
Protein	<ul style="list-style-type: none"> • Must be a lean protein source, such as fish, chicken, turkey, tofu, legumes or beans.
Sugar/Artificial	<ul style="list-style-type: none"> • Contain no more than 35% total weight from sugar, excluding fresh SWEETENERS fruits and vegetables. • Sugar-free snacks are acceptable if fat criteria is met • Sugar-free gum is acceptable.
Nuts/Seeds	<ul style="list-style-type: none"> • Plain or with spices is acceptable. • No candy coated or yogurt coated nuts. • Nuts are exempt from the fat calorie content, as they are high in monounsaturated fats
Fruits/Vegetables	<ul style="list-style-type: none"> • Dried fruits without sugar added. • Whole or cut fruit in refrigerated machines. • Pre-made salads or pre-cut vegetables served with nonfat dressings. Low-fat dressings if made with canola oil, soybean oil or non-hydrogenated fat may be used. • Canned fruits in juice (no syrup packed fruit).
Whole Grains/Legumes	<ul style="list-style-type: none"> • Whole grain breads and cereals. Note: Select whole grain cereals low in sugar content.
Dairy Products	<ul style="list-style-type: none"> • 1% or no fat dairy products i.e. yogurt and cottage cheese. • Cheese products must be made with low-fat, non-fat cheeses. • Offer 1% low-fat and non-fat frozen dairy items
Salt/Sodium	<ul style="list-style-type: none"> • Low sodium/salt snacks will be offered. To be labeled as low sodium/salt, a snack must have no more than 140mg sodium per serving.

Acceptable Choices

The following items are acceptable choices:	
Protein	<ul style="list-style-type: none"> • Lean beef and pork meeting fat criteria.

Kaiser Permanente Minimum Standards for Healthy Food and Beverage Selections in Vending Machines Beverage Nutrition Standards

Excellent Choices

The following beverages may be labeled as healthy selections:
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| <ul style="list-style-type: none">• Water• Green Tea• Non-fat or 1% low-fat milk (exclude chocolate or flavored milk.)• 100% fruit or vegetable juices with no added sweeteners. May not be no more than 150 calories per item.• Juice drinks containing 50% juice and no added calorie sweeteners (high fructose syrup, etc.) May not be any more than 150 calories per item.• Sport drink water without added sugar or juice. May not be any more than 150 calories per item. |
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Acceptable Choices

The following items are acceptable items:
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| <ul style="list-style-type: none">• Coffee• Sugar free sodas (non-caffeinated options will be offered) |
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Other Guidelines

Portion Size Guidelines

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| <ul style="list-style-type: none">• Smaller beverage portions (i.e., 12 oz sodas) will be offered as an alternative to super-sized. |
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Pricing/Placement Guidelines

- | |
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| <ul style="list-style-type: none">• Items meeting the Excellent & Acceptable Choice criteria will be place in vending machines to ensure maximum visibility to vending patrons.• Items meeting the Excellent & Acceptable Choice criteria will be sold at prices that are equivalent o similar items that do not meet the criteria. |
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Percentage of Healthy Choice Guidelines

- KP's goal is to offer 50% healthy selections through vending services. KP will partner with our vending companies at demonstration sites to evaluate levels of 50% and 100% healthy choice offerings. The purpose of the demonstration sites will be to ensure the needs (i.e., taste, variety, ethnicity, pricing) of our staff and members are met. Excellent & Acceptable
- Education of our members and staff through brochures and point of sale information and/or labeling will be provided to help our members and staff make healthy food choices.

Sustainability

- The KP food policy promotes a sustainable food system that includes vending services
- General guidelines for sustainability are:
 - Energy efficiency of machines
 - Food ‘miles’ – distance from food source to point of sales
 - Minimized packaging – recyclable/compostable
 - Antibiotic and hormone free meat and dairy
 - Pesticide-free fruits/nuts

Appendix

KPNW Wellness Policy Professional Resources

- Keith Bachman, MD Clinical Lead--CMI Weight Management Initiative
- Philip Wu, MD, Pediatrician
- John Crawford, Health Education
- Janet Muckridge, Nutrition Services
- Dan Field, Government Relations
- Nancy Stevens, Community Benefits
- Jean Rystrom, Regional Practice Director for Pediatricians
- Mike Wilmington, MD, Pediatrician

Public School Wellness Policy Models

- NANA – National Alliance for Nutrition and Activity – promotes within the legislative and executive branches of government a better understanding of the importance of healthy eating, physical activity, and obesity control to the nation's health and health-care costs. www.cspinet.org/nutritionpolicy/nana.html
- Center for Ecoliteracy – The Center for Ecoliteracy is dedicated to education for sustainable living. www.ecoliteracy.org.

Positive Food Choices⁴

- Fresh Fruit and Vegetables
- Fruit Juice and Vegetable Juice
- Low-Fat Crackers and Cookies (fig bars, gingersnaps)
- Pretzels
- Bread Products (bread sticks, rolls, bagels, pita bread)
- Ready-to-Eat Low-Sugar Cereals
- Granola Bars made from Unsaturated Fat
- Low-fat or Skim Milk
- Low-fat or Nonfat Yogurt
- Raisin and other dried fruit
- Peanut Butter and Low-fat Crackers
- Bottled Water

⁴ Positive Food Choices, Oregon School Board Association – www.osba.org/hotopics/atrisk/hklb/nutritn/choices.pdf

Community Partners

- **Community Health Partnerships**
Mary Lou Hennrich, Executive Director
www.communityhealthpartnership.org/index.html
- **Portland/Multnomah County Food Policy Council**
Nancy Becker, Food Policy Council member, Policy Team Leader for Oregon Dietetic Association, Legislative Chair of the American Dietetic Association's Hunger and Environmental Nutrition Practice Group, Adjunct Professor at Portland State University.
www.sustainableportland.org/default.asp?sec=stp&pg=food_schools
- **Oregon Department of Human Services**
Joan Ottinger, Physical Activity and Nutrition Program, Health Promotion and Chronic Disease Prevention, Member of Nutrition Council of Oregon
www.healthoregon.org/hpcdp/physicalactivityandnutrition
- **Oregon Department of Education**
Food Choices in Oregon Schools Task Force, Evaluation and Recommendations for Improving the School Nutritional Environment,
www.ode.state.or.us/services/nutrition/nslp/foodchoices/task_force_report.pdf
- **Oregon School Board Association**
Healthy Kids Learn Better Toolkit
www.osba.org/hotopics/atrisk/hklb/toolkit.htm
‘Food Choices in Oregon Schools Task Force’
www.osba.org/hotopics/atrisk/hklb/nutritn/issues.pdf
‘The Facts: Nutrition Issues Affecting Oregon Youth’
www.osba.org/hotopics/atrisk/hklb/nutritn/issues.pdf
‘Positive Food Choices’
www.osba.org/hotopics/atrisk/hklb/nutritn/choices.pdf
- **NW Earth Institute**
Sara Leverette, Program Coordinator
www.nwei.org
- **Portland Public Schools Wellness Work Group**
Dilafruz Williams, Portland Public School Board Member www.pps.k12.or.us
Portland Public School Wellness Work Group <http://159.191.14.139/docs/pg/10429>
- **Trust for America's Health**, <http://healthyamericans.org/>