# **Wellness Policies in Schools**

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### What is a wellness policy?

The School Wellness Policy mandate, which was part of the Child Nutrition and WIC Reauthorization Act of 2004, created a federal law to combat childhood obesity at the school district level. The Reauthorization Act of 2004 required local school districts to establish wellness policies by the beginning of School Year 2006-2007. Section 204 of Public Law 108-265 of the Child Nutrition and WIC Reauthorization Act of 2004 required that, at a minimum, the wellness policy: (a) include goals for nutrition education, physical activity, and other school-based activities that are designed to promote student wellness; (b) include nutrition guidelines for all foods available on each school campus during the school day; (c) provide an assurance that guidelines for reimbursable school meals shall not be less restrictive than regulations and guidance issued by the Secretary of Agriculture; (d) establish a plan for measuring implementation of the local wellness policy, including designation of one or more persons responsible for ensuring that the school meets the local wellness policy; and (e) involve parents, students, representatives of the school food authority, the school board, school administrators, and the public during development of the school wellness policy.

### What is the background of wellness policy legislation?

The percentage of overweight children has more than doubled in the past 20 years, and rates among adolescents have more than tripled (Hedley et al., 2004; Ogden, Flegal, Carroll, & Johnson, 2002). In 2002, 16% of children ages 6 to 9 years old were overweight (Hedley et al., 2004). Among minorities and lower-income youth, rates of overweight were higher (Gordon-Larsen, Adair, & Popkin, 2003). Several weight-related conditions observed in adults have been increasingly diagnosed in children and adolescents (Fagot-Campagna, 2000). Almost unknown among children and adolescents in 1990, Type-2 diabetes currently accounts for nearly half of all new cases of diabetes among youth in some communities (Fagot-Campagna, 2000). Children and adolescents who are overweight have a greater risk of being overweight as adults (HHS, 2001). Further, obese adults who were obese as children have more severe obesity than adults who became obese later in life (Freedman, Khan, Dietz, Srinivasan, & Berenson, 2001).

#### How were schools enlisted in the fight against obesity?

Physical activity and eating behaviors are shaped by a variety of influences in our society including families, businesses, churches, community organizations, government agencies, health care providers, media, and schools, requiring the involvement of all sectors to reverse the epidemic (Fox, Crespinak, Connor, & Battaglia, 2004; Wechsler, Brener,

Kuester, & Miller, 2001). Schools are particularly well positioned to play an important role in fighting the rising childhood obesity rate, because students spend a significant part of the day, and much of the year, in school. It has been argued that schools can play a major role in helping reduce childhood obesity by altering various policies and practices (Shek, 2004) and providing a healthy school environment, ensuring coordination of a comprehensive nutrition education program, providing well run child nutrition programs, and engaging the support of community partners (American Dietetic Association, Society for Nutrition Education, & American School Food Service Association, 2003).

## As a parent, what you can do to support the wellness policy in your school.

Contact your school district to find the latest version of the wellness policy. Ask your foodservice director and principal how the implementation is coming along. Check with them on student acceptance and need for parent support. Ask if problems have developed with finding non-food fundraisers. Also, check if the increasing price of food has created problems for the foodservice department and the implementation of the wellness policy. Support good nutrition in your school in the face of rising expenses.

- American Dietetic Association, Society for Nutrition Education, and American School Food Service Association. (2003). Nutrition services: An essential component of comprehensive health programs. *Journal of the American Dietetic Association*, 103, 505-514.
- Fagot-Campagna, A. (2000). Emergence of type 2 diabetes in children: Epidemiological evidence. *Journal of Pediatric Endocrinology and Metabolism*, 13, 1395-1402.
- Fox, M. K., Crespinak, M. K., Connor, P., & Battaglia, M. (2004). *School nutrition dietary assessment study II: Summary of findings* (Report CN-010SNDAII). Retrieved July 31, 2006, from
- http://www.fns.usda.gov/oane/menu/published/cnp/files/ sndaiifindsum.htm Freedman, D. S., Khan, L. K., Dietz, W. H., Srinivasan, S. R., & Berenson, G. S. (2001). Relationship of childhood obesity to coronary heart disease risk factors in adulthood: The Bogalusa heart study. *Pediatrics*, *108*, 712-718.
- Gordon-Larsen, P., Adair, L. S., & Popkin, B. M. (2003). The relationship of ethnicity, socioeconomic factors, and overweight in United States adolescents. *Obesity Research*, 11(1), 121-129.
- Hedley, A. A., Ogden, C. L., Johnson, C. L., Carroll, M. D., Curtin, L. R., & Flegal, K. M. (2004). Prevalence of overweight and obesity among United States children, adolescents, and adults, 1999-2002. *Journal of the American Medical Association*, 291, 2847-2850.
- Ogden, C. L., Flegal, K. M., Carroll, M. D., & Johnson, C. L. (2002). Prevalence and trends in overweight among United States children and adolescents, 1999-2000. *Journal of the American Medical Association*, 288, 1728-1732.
- Wechsler, H., McKenna, M. L., Lee, S. M., & Dietz, W. H. (2004). The role of schools in preventing childhood obesity. *The State Education Standard*, 5(2), 4-12.