**Policy Brief**

**To: Sonny Perdue**

From: Taiba Shah

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**Re: What federal actions can be made to improve school environments in the United States to combat childhood obesity?**

**Statement of Issue:** 13.7 million children and adolescents are obese (3). Childhood obesity is a major problem in the United States. Currently children ages 2 to 19 have obesity rates of 18.5%. The rate has tripled since 1976-1980 (2) (3). Healthy People 2010 ranked childhood obesity as the #1 problem, and one of the goals was to reduce the rate of childhood obesity to 5% (4). Due to lack of efforts and cooperation from different levels of society, this goal was not met, and the rate has increased. Aside from home, children spend most of their time in school, approximately 1,000 hours a year (10). Therefore, schools have the opportunity to provide a foundation for children for lifelong good health. Areas where schools can combat childhood obesity are in the classroom where they can learn skills for a healthy living, the lunchroom where they have access to healthy meals, and the gymnasium where they can engage in regular physical activity.

**One in six U.S. children and adolescents aged 2-19 years are obese** according to the most recent data form the National Health and Examination Survey (3).

**Immediate health risks in obese children** include high blood pressure, high cholesterol, type 2 diabetes, breathing problems, and musculoskeletal discomfort (5).

**Childhood obesity is related to anxiety, depression,** low self-esteem and social problems which include bullying and stigmas (5).

**Future health risks include adult obesity** which is linked with increased risk of many other conditions such as type 2 diabetes, and cancer (5)

**Multiple studies have shown that availability to competitive** **foods** such as school carts and vending machines were associated with decreased fruit and vegetable consumption and increased daily fat and saturated fat intake (11).

**70% of highschool students are not getting the recommended amount of physical activity** according to the Centers for Disease Control and Prevention (9).

**Stakeholders**

*United States Department of Agriculture, United States Department of Health and Human Services -* Create and implement policies for the health of the nation. Provide funding and guidelines for states to apply changes to all school foods, beverages and physical activity classes. Create standards to raise a healthier generation of children (13).

*State Government Stakeholders-* Provide school districts with financial and technical help to create, implement, maintain programs. Deliver training, professional development sessions, educators and support staff. State government stakeholders can create initiatives for schools to implement changes in physical education, lunchrooms and classrooms. They can also provide support tools, and messages to promote healthy eating and physical activity in schools (8).

*Schools Administrators-* Principles play an important role in the decision to implement school programs*.* They have influence on teachers and can hire the appropriate staff to teach students about nutrition and physical activity. Administrators can also lead and set goals for current teachers to promote healthy living for students. They also control scheduling, costs, and resources, and can find way to improve the health of children in an efficient way (12).

*Parents-* Parents are important decision makers in school environments. They want schools to provide the best educational experience for their children. They also want their children to be healthy and support efforts in increasing physical activity and nutritious food and nutrition education in school environments. Some parents would save time and money because they wouldn’t have to pack lunch for their children. Parents would be guaranteed that their child is gaining skills and practicing healthy eating and physical activity habits in school.

**Policy Options:**

1. Uniform national policy on all foods and beverages in school including non-FMNV competitive foods. Unhealthy foods have no place in school environments. Competitive foods are foods that are sold or available in schools, that are not a part of federally reimbursable school meal programs (1). The Institute of Medicine for Foods in School: *Leading to the Way Towards Healthier Youth* presents recommendations for competitive food and beverages, but these guidelines for the sale and availability for competitive foods is not currently required. Federal regulations for competitive foods prohibit foods of minimal nutritional value (FMNV) (6). However, there are no federal regulation for other competitive foods that are high in calories, fat, sugar, and sodium but are not identified as FMNV.

* ***Advantages*:** Limit the access of low nutritional value foods such as chips and sugary beverages to children and adolescents and increasing the access to healthier food options. The mandate would provide strict specific guidelines schools can follow when deciding to make a type of competitive food available in the school. Eliminate high calorie, fat, sugar, sodium foods available in school, while allowing students to have multiple food options. Decrease the likelihood of diet health related risks for children. Parents will be certain that the food and beverages available to their children in schools have nutritional value and are healthy (9).
* ***Disadvantages***: Mandating schools to follow federal guidelines for all foods and beverages that are available in schools limits the options schools have to profit from selling foods. Many schools are hesitant to enact policies on competitive foods fearing that it will result in decreased revenue.

1. Federal requirement for physical education to be provided to students for 60 minutes per academic day for grades kindergarten to 12th grade. Different states have their own policies on physical education (9). However, according to Physical Activity Guidelines for Americans children and adolescents should do 60 minutes of moderate to vigorous physical activity (7). This includes properly trained instructors on physical education and increase in equipment access.

* ***Advantages:*** Child and adolescent maintenance of body weight. Increased cardiovascular and muscular fitness. Physical activity can improve cardiovascular risk factors and improve bone health. Evidence indicates that physical activity improves mental health and academic achievement (9).
* ***Disadvantages:*** Schools that have less than 60 minutes of physical activity for students will have to find ways decrease class time in other subjects. Additional costs need to be allocated for training teachers to better manage and organize classes. Increase costs for physical education equipment (9).

1. Federal mandate for 50 hours of nutrition education per academic year in grades kindergarten to 12th grade. Currently each school district that is a part of the National School Lunch Program (NSLP) or School Breakfast Program (SBP) is mandated to develop and implement a school wellness policy. However, these policies have no uniformity in quality between schools. There is limited enforcement, compliance and implementation of wellness policies (8). With a federal mandate, schools will have stronger implementation to meet specific guidelines. The teachers providing nutrition education should be also trained in nutrition.

* ***Advantages:*** Students will be provided with knowledge about healthy eating practices to help establish healthful practices early in life to take to adulthood. Decrease the risk of child and adolescent overweight and obesity, also resulting in decreased risk for adult obesity. Lowers the risk of type 2 diabetes, cancer, stroke and other illness that come with obesity. Decrease the risk of weight-related bullying, discrimination, and eating disorders. Improves students’ academic behavior and attendance (8).
* ***Disadvantages:*** Funding for implementation of a nutrition program. Locating and hiring teachers with nutrition education training. Time and energy expenditure in developing interactive, evidence-based nutrition curricula. School and teachers may resist taking out time from other subjects to include nutrition education.

**Policy Recommendation:**

With higher than ever rates of childhood and adolescent obesity, urgent action is necessary to reduce the rate, risk of illnesses and prevent adulthood obesity. A multi-level approach is necessary to produce a large-scale implementation on school environments to support the fight against childhood obesity. Although some states have implemented strong mandates for school’s physical education, wellness programs and foods and beverage guidelines, there is a need for nationwide implementation to produce a significant impact on the health of our youth. A federal mandate for 50 hours of nutrition education per academic year for grades kindergarten to 12th will expand students’ knowledge on how to live a healthy life. Nutrition education would only take up 5% of the total number of hours a child spends in school in an academic year. The school can have freedom to get creative with how they implement the program, some options include having a separate stand-alone class, or intergrade nutrition into other core subjects like biology, or chemistry. The skills they acquire will lead to a reduction in childhood, adolescent and adulthood obesity. This reduction will produce a decrease in incidence of individuals with heart disease, hypertension, type 2 diabetes, musculoskeletal problems and other diseases which would cause reduction in costs for the healthcare system. The knowledge and skills students will gain in nutrition education, they will take with them to the lunchroom, kitchen, restaurants, dinner table and to their futures.

Sources:

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