

Rudolph F. Crew, Ed.D., Superintendent of Schools

SUBJECT: REQUEST THAT THE SCHOOL BOARD AUTHORIZE THE SUPERINTENDENT TO CHARGE THE FOOD, NUTRITION, AND PHYSICAL EDUCATION ADVISORY COMMITTEE WITH:

- 1) DEVELOPING A WELLNESS POLICY, PER THE REQUIREMENTS OF THE CHILD NUTRITION AND WIC REAUTHORIZATION ACT OF 2004; AND**
- 2) PROPOSING AN IMPLEMENTATION PLAN THAT ALIGNS TO THE BOARD APPROVED WELLNESS POLICY AND REFLECTS SOLUTIONS TO THE "CRITICAL WELLNESS ISSUES" OUTLINED IN ATTACHMENT A**

COMMITTEE: SCHOOL SUPPORT AND ACCOUNTABILITY

Introduction

Last spring, the Child Nutrition and WIC Reauthorization Act of 2004 requires local educational agencies to develop a School Health and Wellness Policy and Program by August 2006. Additionally, over the past months, staff has worked to identify pressing M-DCPS wellness issues, focusing on nutrition, physical activity, health literacy, and school-based healthcare. These issues are identified in Attachment A, "Critical Wellness Issues." Combined, these activities and requirements begin the process of creating a coordinated, comprehensive M-DCPS Wellness Policy and Program, which incorporates and integrates nutrition, physical education, health literacy, and school-based healthcare.

Background

National statistics on obesity clearly define an epidemic that experts predict will result in perhaps the first generation of Americans that will have a shorter life expectancy than their parents. The majority of American youth are sedentary and do not eat well. Poor nourishment and lack of physical activity can lead to learning problems in school and school-related problems that can continue into adulthood.

According to the National Center for Health Statistics:

- 16% of school-aged children and adolescents are overweight;
- One in three American children born in 2000 will develop diabetes in their lifetime. 30,000 children have non-insulin dependent diabetes, with the highest rates among African-American and Hispanics;
- The standard American diet is filled with high-fat, low-nutrient food;
- Only 30% of Americans meet the recommended daily requirement of 30 minutes of daily physical activity.

Multiple studies show a direct link between nutritional intake and academic performance and physical activity and academic performance:

- Participation in breakfast programs is associated with increased academic test scores, improved daily attendance, and better class participation.
- *The Learning Connection*, a report produced by Action for Health Kids, showed a relationship between weight problems and lower academic achievement. It reported that overweight students miss one day of school per month or nine days per year.
- There is a direct link between absenteeism and poor academic performance.

Current status

M-DCPS has instituted a number of initiatives that address the wellness of our students including the following:

- School menus comply with the Dietary Guidelines for Americans and vendor contracts include provisions to ensure that healthy beverage/snack options are available in vending machines.
- Elementary and secondary schools implement Physical Education, Health Education, and HIV/AIDS education.
- A mandatory screening program is conducted at multiple grade levels for vision, hearing, and scoliosis, as well as, follow-ups for hypertension.
- Nutrition education, as outlined in the Sunshine State Standards Health Curriculum, is provided upon request to all grade levels by nutrition educators who are Registered Dietitians.
- Recess is currently being implemented in PK-5 grades, either three times a week for 15 minutes each time or two times a week for 20 minutes each time.

While the policies and programs instituted have proven to have an impact on health issues, M-DCPS has not yet instituted a comprehensive program to improve the health of our students.

Recommendation

Attachment A, "Critical Wellness Issues," identifies current District issues relating to nutrition, physical activity, health literacy, and school-based healthcare. The chart outlines the issue and proposes appropriate action, rationale, and next steps. This chart builds upon concerns expressed by Board members and links previous work done by the Food, Nutrition, and Physical Education Advisory Committee. In addition, the Child Nutrition and WIC Reauthorization Act of 2004 requires that districts form committees, comprised of multiple stakeholders, to develop a Wellness Policy and Program. The policy must define goals for nutrition education and physical activity, nutritional guidelines, and a plan to measure implementation.

To minimize duplication of efforts, the Food, Nutrition, and Physical Education Advisory Committee will be renamed the Wellness Advisory Committee. The Wellness Advisory Committee will be charged with 1) Developing a Wellness Policy, per the requirements of the Child Nutrition and WIC Reauthorization Act of 2004 by March 2006; and 2) Proposing an implementation plan that aligns to the Board approved Wellness Policy and reflects solutions to the "Critical Wellness Issues" outlined in Attachment A by May 2006. The co-chairs of the School Health and Medical Advisory Committee, Dr. Joycelyn Lawrence, Physician, North Miami Beach School-Based Health Clinic, and Dr.

Fermin Leguen, Chief Physician, Miami-Dade County Department of Health, would be invited to participate on the Wellness Advisory Committee.

RECOMMENDED:

Request that The School Board of Miami-Dade County, Florida, authorize the Superintendent to charge the Food, Nutrition, and Physical Education Advisory Committee (also referred to as the Wellness Advisory Committee) with:

- 1) Developing a Wellness Policy, per the requirements of the Child Nutrition and WIC Reauthorization Act of 2004 by March 2006 and reflects solutions to the "Critical Wellness Issues" outlined in Attachment A; and
- 2) Proposing an implementation plan that aligns to the Board approved Wellness Policy by May 2006

CRITICAL WELLNESS ISSUES

Issue for M-DCPS	Proposed Action	Rationale	Status	Proposed Next Steps	Cost
<p><u>NUTRITION:</u> ALL STUDENTS SHOULD HAVE ACCESS TO AND TAKE ADVANTAGE OF HIGH-NUTRIENT FOOD OPTIONS</p> <p>Less than 25% of students eat breakfast at school</p>	<ul style="list-style-type: none"> Increase the number of free school breakfasts served to students Develop plan to address operational (transportation, facilities, etc.) issues to increase number of children eating breakfast at school to 58% 	<ul style="list-style-type: none"> There is a direct relationship between improved nutritional intake helps improve academic performance There is a direct link between eating breakfast and the ability to stay alert during school. 	<p>Currently being implemented</p> <ul style="list-style-type: none"> Breakfast is free to ALL students Schools are promoting breakfast during announcements, Open House, newsletters Increase in participation is part of principal's performance plans Food Service Managers will receive "marketing training" Developing incentive program for participation 		<p>No cost Federally reimbursed program</p>
<p>There is unlimited/ unmonitored access to low-nutrient food by way of a la carte sales, vending machines, student stores, and/or fundraisers during school day</p>	<ul style="list-style-type: none"> Establish a policy across all sites that <ul style="list-style-type: none"> Replaces remaining carbonated beverages in vending machines with high nutrient beverages Removes low-nutrient dense snacks from vending machines, and a la carte sales Changes fundraising rules to prohibit the sale of low-nutrient dense food Current vending machine access fee bid requires that <ul style="list-style-type: none"> 2/3 of beverages sold in machines to be milk, juices, waters or sports drinks all snacks must contain non fat, less than 240 mg. of sodium, and less than 35% of calories from fat Establish and enforce repercussions for vendors that do not adhere to nutritional guidelines Build partnership with vendors to improve nutritional value of food sale options (i.e., Nestle) 	<ul style="list-style-type: none"> Offering nutritional selections to students reinforces the education they receive on healthy eating and reduces students' access to low-nutrient foods. 		<p>Conduct cost analysis to determine financial impact of changing food sale items</p> <p>Enforce District nutritional regulations for vending machine sales</p> <p>Educate school site personnel on vending machine sales and their role in enforcing policy</p> <p>Remind/Inform current vending machine suppliers of guidelines and repercussions for violations</p> <p>Inform vendors that carbonated beverages need to</p>	<p>To be determined</p>

CRITICAL WELLNESS ISSUES

Issue for M-DCPS	Proposed Action	Rationale	Status	Proposed Next Steps	Cost
<p>Too many low-nutrient meal and drink offerings makes it possible for students to choose low-nutrient foods in place of higher nutrient foods and drinks.</p>	<ul style="list-style-type: none"> Improve the nutritional value of the meals/drinks 	<ul style="list-style-type: none"> There is a direct relationship between improved nutritional intake helps improve academic performance 	<p>Currently being implemented by serving:</p> <ul style="list-style-type: none"> whole grain buns, rolls, and pizza only 2% fat milk, whole/ strawberry milk no longer available vitamin fortified fruit juices low-fat cheese, reducing calories and fat by over 30% 	<p>be replaced with high nutrient beverages by June 30, 2006</p> <p>Menus will continuously be re-evaluated to improve nutritional value of meals</p>	<p>No cost</p>
<p>PHYSICAL ACTIVITY: ALL STUDENTS SHOULD ENGAGE IN 30 – 60 MINUTES OF PHYSICAL ACTIVITY DAILY</p>					
<p>There are insufficient opportunities for physical activity during school hours PE is <i>recommended</i>, not mandated. PE is often eliminated for remedial instruction and/or FCAT preparation</p>	<ul style="list-style-type: none"> Mandate physical education at elementary and middle schools to meet daily recommended levels <ul style="list-style-type: none"> 30 mins in elementary 50 mins in middle school Expand Fitness Lifestyle Design course to all high schools, including creation of fitness centers Implement <u>daily</u> 15-20 minute recess of in PK-5 	<ul style="list-style-type: none"> Multiple studies of the effectiveness of exercise on cognitive functioning found that regular physical activity supports better learning. 		<p>Determine feasibility of mandating PE at elementary and middle schools</p> <p>Develop plan to implement Fitness Lifestyle Design course to all high schools</p> <p>Evaluate implementation of recess in Jan 2006</p> <p>Explore feasibility of daily recess</p>	<p>Cost for additional PE teachers to be determined</p> <p>\$700,000 for additional fitness centers (Capital Expense)</p> <p>No cost</p>
<p>Physical activity in after-school programs are limited and unstructured</p>	<ul style="list-style-type: none"> Provide additional training for elementary after-care staff to increase impact of time allotted for outside play Establish middle school Athletic/Activity Facilitators to coordinate 	<ul style="list-style-type: none"> Physical activity in youth has consistently been related to improved self-esteem and lower levels of stress 		<p>Work with Physical Education Dept to provide training</p> <p>Secure funding source to cover cost of facilitator and coach supplements and transportation</p>	<p>No cost</p> <p>\$158,000 for facilitator and coach supplements and transportation</p>

CRITICAL WELLNESS ISSUES

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<p>High School Athletic programs are funded from sale of low-nutrient food, including vending machine access fees</p>	<ul style="list-style-type: none"> Change funding venues so that schools are not dependent on vending machine access fees to offer quality athletic program 	<ul style="list-style-type: none"> According to the Institute for the Study of Youth Sports at Michigan State University, students who participate in organized sports do better in school, have better interpersonal skills, are more team oriented, and are generally healthier. 		<p>Conduct cost analysis to determine financial impact of changing food sale items on access fees</p>	<p>To be determined (Currently vending machine access fees provide \$2 million to senior high Athletics programs)</p>
<p>HEALTH LITERACY: ALL STUDENTS ARE EDUCATED ON HOW TO MAKE "HEALTH-ENHANCING" CHOICES</p>					
<p>There is inadequate time for teaching and learning health literacy</p> <ul style="list-style-type: none"> There is no dedicated staff to teach health literacy so students do not receive comprehensive education on how to make positive health choices Many parents and school-site personnel are not well-educated on how to make positive health choices and cannot be effective role-models for students 	<ul style="list-style-type: none"> Integrate nutrition and health education at all grade levels as outlined in Sunshine State Standards Mandate that health education be taught in the elementary schools and during middle school science. Provide Health and Nutrition Classes to school-site personnel 	<ul style="list-style-type: none"> The Center for Disease Control and Prevention recommends implementing a comprehensive health education component, as part of an overall coordinated school health program, which educates students on how to maintain and improve their health, prevent disease, and reduce health-related risk behaviors 	<p>To be developed</p>	<p>Determine feasibility of</p> <ul style="list-style-type: none"> Integrating health education into elementary and middle schools offering health literacy classes through TEC and Parent Academy 	<p>To be determined</p>
<p>SCHOOL-BASED HEALTHCARE: ALL STUDENTS HAVE ACCESS TO HEALTH AND MENTAL CARE</p>					
<p>There is inadequate and insufficient school-based health care available</p> <ul style="list-style-type: none"> 19 Health Techs conduct over 200,000 mandated screenings Only 10% of students have access to some type of school-based healthcare Coordination between school-site personnel and health professionals is limited making it difficult to resolve health-based academic issues (e.g., poor vision, improper medication, and/or mental health issues) 	<ul style="list-style-type: none"> Establish school health teams composed of a School Nurse, a School Social Worker, and a Health Technician that would provide primary care, conduct all mandated screenings), psycho-educational assessments, and mental health counseling as appropriate at school sites Proposed staffing model: <ul style="list-style-type: none"> Nurse for 2 schools SSW for 2 schools HT for every school 	<ul style="list-style-type: none"> School Health Teams ensure a coordinated level of healthcare is consistently available at every school 	<p>A Planning Committee with The Children's Trust and Dept of Health has been established to develop a more refined prototype, governance/ implementation plan, including fundraising and program development strategies</p>	<p>Final proposal due to Board in January</p>	<p>\$7 million of redirected District funding, NOT additional funding</p> <p>\$40 million for current staffing model, of which \$10 million will be from The Children's Trust and \$3 million from Health Dept.</p> <p>A development plan will be included in final proposal</p>