

## STUDENT WELLNESS REGULATION

### **BACKGROUND**

RESULTS OF DATA OBTAINED THROUGH BMI CALCULATIONS BASED UPON HEIGHT AND WEIGHT OF 1667 ROCKBRIDGE COUNTY STUDENTS AND CALCULATED TO OBTAIN AGE APPROPRIATE PERCENTILES INDICATED THAT 23% OF ROCKBRIDGE COUNTY STUDENTS GRADES K-8 ARE OVERWEIGHT AND THAT 17% ARE AT-RISK OF BECOMING OVERWEIGHT. THIS PLACES OUR DIVISION FAR ABOVE THE 16% REPORTED IN THE FOLLOWING PARAGRAPHS. CLEARLY ACTION IS NEEDED TO INCREASE THE HEALTH AND WELL BEING OF OUR STUDENTS.

RESULTS FROM THE 1999-2002 NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES), USING MEASURED HEIGHTS AND WEIGHTS, INDICATE THAT AN ESTIMATED 16 PERCENT OF CHILDREN AND ADOLESCENTS AGES 6-19 YEARS ARE OVERWEIGHT.

### **Prevalence of overweight among children and adolescents ages 6-19 years, for selected years 1963-65 through 1999-2002**

Age (years) <sup>1</sup>	NHANES 1963-65 1966-70 <sup>2</sup>	NHANES 1971-74	NHANES 1976-80	NHANES 1988-94	NHANES 1999- 2002
6-11	4	4	7	11	16
12-19	5	6	5	11	16

<sup>1</sup>Excludes pregnant women starting with 1971-74. Pregnancy status not available for 1963-65 and 1966-70.

<sup>2</sup>Data for 1963-65 are for children 6-11 years of age; data for 1966-70 are for adolescents 12-17 years of age,

### **(On-line report: Healthy America: Wellness Where We Live, Work, and Learn **Call to Action: an Agenda for America's Governors**)**

"THE TERMINOLOGY FOR ADULTS AND CHILDREN DIFFER. CHILDREN AND TEENS THAT EXCEED THE NORMAL WEIGHT RECOMMENDATIONS ARE CONSIDERED "AT RISK FOR BECOMING OVERWEIGHT," OR "OVERWEIGHT." DUE TO VARIATIONS IN PATTERNS OF GROWTH AND DEVELOPMENT, TYPICALLY THEY ARE CONSIDERED SEVERELY OVERWEIGHT.

A NUMBER OF FACTORS INFLUENCE INDIVIDUAL BODY WEIGHT, INCLUDING GENETICS, METABOLISM, BEHAVIOR, ENVIRONMENT, CULTURAL NORMS, AND SOCIOECONOMICS. BUT FOR MOST PEOPLE, EXCESS BODY WEIGHT RESULTS FROM TAKING IN MORE CALORIES THAN THEY EXPEND. WEIGHT GAIN IS THE RESULT OF AN ENERGY EQUATION IN WHICH ENERGY IN—IN THE FORM OF CALORIES CONSUMED—IS GREATER THAN ENERGY OUT—IN THE FORM OF CALORIES BURNED THROUGH ACTIVITY.

MANY STUDIES SHOW A DIRECT LINK BETWEEN NUTRITIONAL INTAKE AND ACADEMIC PERFORMANCE, AS WELL AS BETWEEN PHYSICAL FITNESS AND ACADEMIC ACHIEVEMENT. EMERGING RESEARCH ALSO SUGGESTS AN ASSOCIATION BETWEEN WEIGHT PROBLEMS AND LOWER ACADEMIC ACHIEVEMENT, PERHAPS DUE TO ABSENTEEISM CAUSED BY WEIGHT-RELATED HEALTH CONDITIONS. A META-ANALYSIS OF NEARLY 200 STUDIES OF THE EFFECTIVENESS OF EXERCISE ON COGNITIVE FUNCTIONING FOUND THAT REGULAR PHYSICAL ACTIVITY SUPPORTS BETTER LEARNING.

THE OBESITY EPIDEMIC APPEARS TO BE TAKING TOLL ON OUR SCHOOL SYSTEMS. ONE STUDY FOUND THAT SEVERELY OVERWEIGHT STUDENTS MISS ONE DAY OF SCHOOL PER MONTH OR NINE DAYS PER YEAR. MISSED TIME FROM INSTRUCTION IMPACTS STUDENTS' PERFORMANCE ON HIGH STAKES TESTS THAT IMPACT SCHOOL AND DISTRICT ACCREDITATION AND MORE IMPORTANTLY, STUDENTS' OVERALL SUCCESS AND ATTACHMENT TO SCHOOL."

RESEARCH FOUND IN THE CENTER FOR HEALTH AND HEALTH CARE IN SCHOOLS (MARCH 2005) REPORTS THAT

OVER-WEIGHT CHILDREN ARE AT RISK FOR:

- TYPE II DIABETES – ALONG WITH THE COMPLICATIONS OF LOSS OF VISION, KIDNEY DISEASE, CIRCULATORY PROBLEMS RESULTING IN LOSS OF LIMBS, HEART DISEASE
- SLEEP APNEA
- HEART DISEASE
- PSYCHOSOCIAL PROBLEMS
- ASTHMA
- BETWEEN 40-80% OF OVER-WEIGHT ADOLESCENTS WILL BECOME OBESE AS ADULTS WHICH THEN CAN LEAD TO ALL OF THE ABOVE AS WELL AS OSTEOARTHRITIS, STROKE, CANCER, GALLBLADDER DISEASE

BASED UPON THE RESEARCH AND THE DATA COLLECTED FROM OUR DIVISION THE SCHOOL HEALTH ADVISORY BOARD IS RECOMMENDING THE FOLLOWING ACTION PLAN FOR THE "WELLNESS POLICY" FOR ROCKBRIDGE COUNTY SCHOOLS. OUR CHILDREN ARE A PRECIOUS COMMODITY AND WE HAVE TO HAVE HEALTHY CHILDREN IN ORDER FOR THE HIGHEST QUALITY EDUCATIONAL PRACTICES TO BE MOST EFFECTIVE FOR THE INDIVIDUAL STUDENT AND THE SUCCESS OF THE SYSTEM. THIS IS NOT A SIMPLE TASK AND WILL REQUIRE DILIGENCE IN IMPLEMENTATION AND COMMITMENT TO CONTINUE THE PROCESS AND PROGRESS THAT IS REALIZED AS A RESULT OF THESE ACTIONS.

THE PARTNERSHIP AMONG THE SCHOOLS, DIVISION LEVEL STAFF, THE COMMUNITY, PARENTS AND THE SCHOOL HEALTH ADVISORY BOARD REQUIRES THAT EACH MEMBER OF ROCKBRIDGE COUNTY SCHOOLS PLAYS A PART IN THE IMPLEMENTATION OF THIS PLAN. THE BUILDING PRINCIPAL WITH THE SUPPORT OF CENTRAL OFFICE WILL BE RESPONSIBLE FOR THE ACTIVITIES OF THEIR BUILDING AND THE SUCCESS OF THE PROGRAM.

"WELLNESS MUST BE A PREREQUISITE TO ALL ELSE. STUDENTS CANNOT BE INTELLECTUALLY PROFICIENT IF THEY ARE PHYSICALLY AND PSYCHOLOGICALLY UNWELL."

DR. ERNEST L. BOYER

<u>Category</u>	<u>Short Range Goals (over the next 2 years)</u>	<u>Actions/Evaluation</u>
Nutrition	<ul style="list-style-type: none"> <li>• The school cafeterias serve food and function as a “learning laboratory” to allow students to apply critical thinking skills taught in the classroom</li>   <li>• Students will be encouraged to start each day with a healthy breakfast</li>   <li>• Food available on campus will comply with the current USDA Dietary Guidelines for Americans: (vending machines, A la carte, beverage contracts, fundraiser, concession stands, student stores, school parties and celebrations</li>   <li>• Nutrition information for products offered in snack bars, a la carte, vending and school stores is readily available to parents and students upon request or if a related medical condition is identified by nursing staff</li>   <li>• Students will have adequate time to eat lunch (at least 10 minutes for breakfast and 20 minutes for lunch from the time they are seated). Plans will include efforts to reduce waiting time in line</li>   <li>• Drinking water is available at no cost at meals for students</li>   <li>• Dining areas are attractive, have adequate seating and student behavior is respectful of environment and adult supervision allows for a relaxed, orderly environment</li> </ul>	<ul style="list-style-type: none"> <li>• At least three times annually, observations of student choices and behaviors, in the school cafeteria environment will be conducted and recorded (Develop survey for observation that include environment, interaction of adults and students, student interviews)</li>   <li>• Promote and support through scheduling in schools students taking part in school breakfast program (RCHS pilot project with Central Elementary is a primary model)</li>   <li>• Review with principals contents of vending machines yearly, school board will use guidelines in making fundraiser decisions, elementary schools will provide written suggestions for healthier choices for parties and celebrations</li>   <li>• Availability of product information, record of parent requests and information given for medical conditions</li>   <li>• Review of schedules for meals and observation during routine reviews</li>   <li>• Schools will develop strategies to allow student access to free water</li>   <li>• Schools will develop a plan to address expectations of students and the adults supervising students during meals and off-time use of dining areas</li> </ul>

<u>Category</u>	<u>Short Range Goals (over the next 2 years)</u>	<u>Actions/Evaluation</u>
Nutrition (continued)	<ul style="list-style-type: none"> <li>• School staff shall use food as a reward sparingly and at the elementary level only after 2pm during the school day. The withholding of food as a punishment is prohibited</li> <li>• The Child Nutrition Program will ensure that all students have affordable access to the nutrition program and will work to increase participation in the federal CNP</li> <li>• The Food Service Supervisor will seek on-going training in research based approaches to school nutrition</li> <li>• All service personnel shall have pre-service training in food service operations</li> <li>• All food made available on campus comply with the state and local food safety and sanitation regulations. Hazard Analysis and Critical control Point (HACCP) plans and guidelines are implemented to prevent food borne illnesses in schools.</li> <li>• For the safety and security of the food and supplies, access is limited to authorized school personnel. Authorized staff will monitor use of the facility by non-school personnel.</li> </ul>	<ul style="list-style-type: none"> <li>• Principals will review with their staff the practice of connecting food with behavior</li> <li>• Schools will work closely with parents to encourage participation and to assure parents of confidentiality</li> <li>• The Food Service Supervisor will maintain a record of training attended each year</li> <li>• Keep records of training of food service personnel</li> <li>• Records of training will be kept available, records of compliance with HACCP guidelines will be maintained at each school site, and evidence of practices will be included in routine observations of facilities.</li> <li>• Appropriate authorization is secured for use of the building including food preparation areas.</li> </ul>
Nutrition Education	<ul style="list-style-type: none"> <li>• Nutrition education will be integrated into other areas of the curriculum such as math, science, language arts and social studies</li> <li>• Nutrition education will involve sharing information with families and the broader community to positively impact students and the health community</li> </ul>	<ul style="list-style-type: none"> <li>• Gather resources for teachers and distribute to curricular and grade level contacts in each school (keep a copy of resources on hand at the central office)</li> <li>• Copies of menus that include nutrition information on the back, notes of visits to PTA meetings, copies of newsletters that include nutrition information</li> </ul>

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Physical Fitness	<ul style="list-style-type: none"> <li>• Elementary students will have the opportunity to participate in moderate to vigorous activity at least 120-150 minutes per week</li> <li>• Middle school students will participate in 150-180 minutes average per week</li> <li>• High school students have the opportunity to participate in PE beyond the required credit hours for graduation</li> <li>• Students will not be pulled from physical activity as a consequence to their behavior or academic performance however, their physical activity may be modified to fit their behavioral plan</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor BMI measurements and physical fitness assessments performed by PE teachers with the support of the nursing staff</li> <li>• Monitor BMI measurements and physical fitness assessments performed by PE teachers with the support of the nursing staff</li> <li>• Monitor BMI measurements and physical fitness assessments performed by PE teachers with the support of the nursing staff</li> <li>• Monitor BMI measurements and physical fitness assessments performed by PE teachers with the support of the nursing staff – yearly trends will be communicated to the schools and the Division School Health Advisory Committee and School Board</li> </ul>
<b><u>Category</u></b> Staff and students wellness	<ul style="list-style-type: none"> <li>• Educate the staff on health issues that impact adults</li> <li>• Educate the staff on how to identify students who need intervention on health issues</li> <li>• Provide opportunities for screenings of common health concerns</li> <li>• Provide information and opportunities for physical exercise</li> <li>• Promote preventive measures for common illnesses</li> </ul>	<ul style="list-style-type: none"> <li>• Newsletters x 6 per year</li> <li>• Included in newsletter, documentation from staff development from nursing staff</li> <li>• Hold one staff screening per year for common health concerns</li> <li>• Include in newsletter, support walking clubs, encourage and support staff initiated activities</li> <li>• Hold flu shot administrations at schools, on-going BP monitoring by request, new employee screening for TB, Training for Blood Borne Pathogens , Hepatitis B Vaccines provided on request for employees</li> </ul>

<b><u>Category</u></b>	<b><u>Short Range Goals (over the next 2 years)</u></b>	<b><u>Actions/Evaluation</u></b>
Staff and students wellness (continued)	<ul style="list-style-type: none"> <li>• Classroom and health education teachers reinforce the knowledge and self-management skills needed to maintain a physically-active lifestyle and to reduce time spent on sedentary activities such as watching TV</li>   <li>• Provide opportunities to learn emergency and/or disease specific interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Classroom observation, inclusion of information in newsletters to staff and parents</li>   <li>• Provide opportunities for CPR training &amp; first aid training to meet the requirements of crisis plan, and training on request for diabetes etc needed to support students</li> </ul>

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