

Enhancing School Health in Nevada

School Health Program 2016

Introduction

In the United States, obesity has more than doubled among children and quadrupled in adolescents over the past 30 years.¹ In Nevada, more than one in four adolescents (26 percent) are either overweight or obese.² Children and adolescents who are obese are likely to be obese as adults, and are at higher risk for developing chronic diseases, such as heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.³

As children are still at novice stage in establishing lifestyle behaviors, it is easier and more effective to implement an intervention to develop healthy behaviors among children than to change unhealthy behaviors among adults.⁴ Schools play a critical role in promoting the health and academic achievement of youth and helping them establish lifelong skillsets and healthy behavior patterns. Research shows a link between the health outcomes of young

people and their academic success.⁵ In order to have the most positive impact on the health outcomes of school-aged children, government agencies, community organizations, schools, and other community members must work together through a collaborative and comprehensive approach, which is indicated in the Whole School, Whole Community, Whole Child Model.



*Whole School, Whole Community, Whole Child Model. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity and Obesity, Atlanta, GA, 2016. Available at: <http://www.cdc.gov/healthyschools/wsc/index.htm>.

¹ Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of childhood and adult obesity in the United States, 2011-2012. JAMA. 2014 Feb 26;311(8):806-14.

² Nutrition, Physical Activity and Obesity Data, Trends and Maps web site. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity and Obesity, Atlanta, GA, 2015. Available at <http://www.cdc.gov/nccdphp/DNPAO/index.html>.

³ Centers for Disease Control and Prevention. Childhood Obesity Facts. Available at: <http://www.cdc.gov/obesity/data/childhood.html>.

⁴ Center for Disease Control and Prevention. Division of Nutrition, Physical Activity, and Obesity. Adult Obesity Facts. Available at: <http://www.cdc.gov/obesity/data/adult.html>.

⁵ Centers for Disease Control and Prevention. Healthy Schools. Whole School, Whole Community, Whole Child. Available at: <http://www.cdc.gov/healthyschools/wsc/index.htm>.

Problem Statement

There is a link between healthy eating, physical activity and improved academic achievement.⁵ For the next generation in the United States to be bright and healthier, it is essential to make investments on improving students' eating habits, physical fitness and school environments. However, schools in Nevada face gaps in addressing students' well-being and healthy behaviors. Among Nevada students, 41.2 percent

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do not consume fruits daily and 42.1 percent do not consume vegetables daily.² Also, approximately 1 in 4 students do not engage in daily physical activity (24 percent) or daily physical education (25.9 percent).² Among the schools in Nevada, 77 percent sell less nutritious foods and beverages in vending machines, snack bars and school stores. In contrast, only 60.2 percent of schools offer health snacks such as fruits or non-fried vegetables during celebrations.⁶ Additionally, only 30.9 percent of students participate in physical activity breaks in classrooms during the school day.⁶ Lastly, Nevada has not implemented a state-level guidance on policy for joint or shared-use agreement for recreational facilities in schools or state-level farm-to-school policy to enhance access to healthy local foods.²

Strategies

Policy, Systems & Environmental Change

School Wellness Policy (SWP)

1. Each Local Education Agency (LEA) needs to implement their newly revised local SWP to ensure schools are meeting requirements for providing 30 minutes or more per day of moderate to vigorous physical activity for students and nutrition guidelines on calorie, sodium, and sugar content of foods and beverages provided at schools.
2. Establish an advisory board committee to review the schools' progress on school wellness goals based on nutrition promotion and education, physical activity (PA) and other activities that promote students' wellbeing needed to comply with local SWP.
3. Designate a SWP coordinator at each LEA to facilitate a leadership in implementation of the local SWP.

Community Engagement

1. Work with before and after school programs in Nevada to conduct professional development trainings for Physical education/physical activity (PE/PA) and nutrition, and increase the understanding and implementation of evidence-based best practices.
2. Partner with Safe Routes to School to increase and promote active transportation to and from schools.

Professional Development Trainings

1. Assess LEAs' needs for professional development trainings on nutrition standards and PE/PA practices in schools.
2. Work with LEAs to provide professional development trainings to school staff on how to implement best practices for nutrition and PE/PA, which includes a Comprehensive School Physical Activity Program and the USDA's Smart Snack Nutrition Standards for all foods sold in schools.
3. Increase the skills and ability of LEAs to implement evidence-based best practices to promote healthy eating and physical activity in schools, and obtain greater support and understanding from stakeholders, teachers, parents and community members.

Recommendations

In 2014, the Nevada School Wellness Policy was revised to meet federal standards on school nutrition and physical activity. Within the SWP it requires that each school district implement evidence-based best practices with nutrition and physical activity. However, In Nevada, elementary and middle schools are not mandated to have daily physical activity.

Nutrition

1. Implement Smart Snack Standards with all foods sold and given away to students within schools.

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2. Smart Snack Standards should be included in all options available within vending machines available at schools.

Physical Activity

3. Schools should implement an evidence-based Comprehensive School Physical Activity Program (CSPAP) to help reach the required 30 minutes of moderate to vigorous daily physical activity stated within the SWP or the national recommendation of 60 minutes per day.

In order to increase physical activity among students, some states, such as California, have implemented legislation to mandate physical activity among schools. Over time, these states have observed positive association between daily physical activity and students' academic achievements in the classroom.⁷ The recommendation due to these findings being evidence-based and from the National Association of Sport and Physical Education (NASPE) is to provide at least 150 minutes per week of school-based PE for elementary students and 225 minutes per week for middle and high school students.⁸

4. Students should be given physical activity opportunities in bouts of 10 minutes at a minimum and physical activity should not be withheld as punishment.

⁶ Demissie Z, Brener N, McManus T, Shanklin SL, Hawkins J, Kann L. School Health Profiles 2014. Characteristics of Health Programs Among Secondary Schools. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. 2015.

⁷ Active living research. 2012. Using Evidence to Prevent Childhood Obesity and Create Active Communities. Retrieve from http://activelivingresearch.org/files/Brief_ActiveEducation_Factsheet_July2012.pdf.

⁸ Toporek, Bryan Few State Physical Education Mandates Meet Recommended Guidelines 2012. Available at: http://blogs.edweek.org/edweek/schooled_in_sports/2012/07/few_state_physical_education_mandates_meet_recommended_guidelines.html

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