School Board Briefing/Proposed Action Report

☐ **Informational** (no action required by Board) ☒ **Action Report** (Board will be required to take action)

DATE: July 20, 2015
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I. TITLE

Approval of Policy No. 3405, Student Wellness

For Introduction: August 19, 2015
For Action: September ~~9~~23, 2015

II. WHY BOARD ACTION IS NECESSARY

As the governing body with the authority to adopt policy, Board action is required for this motion.

III. FISCAL IMPACT/REVENUE SOURCE

Fiscal impact to this action is anticipated to be dependent on master scheduling discussions that may include adding minutes to the school day and potential increase in costs for health and physical education. This policy will need to be implemented within fiscal constraints and additional revenue will need to be allocated and secured.

Expenditure: ☐ One-time ☒ Annual ☐ Other Source

IV. POLICY IMPLICATION

The adoption of Policy No. 3405, Student Wellness, will provide an overarching policy detailing the Board and District's commitment to student wellness.

V. RECOMMENDED MOTION

I move that the Seattle School Board adopt Policy No. 3405, as attached to the Board Action Report.

VI. BOARD COMMITTEE RECOMMENDATION

This motion was discussed at the Curriculum & Instruction Policy Committee meeting on August 10, 2015. The Committee reviewed the motion moved the item forward to the full Board with a recommendation for approval.

VII. BACKGROUND INFORMATION

The development of this policy is in response to The Child Nutrition and Women Infant and Children (WIC) Reauthorization Act of 2004 and the Healthy, Hunger-Free Kids Act of 2010 (HHFKA). The policy was prepared by the Seattle Public Schools Wellness Task Force, as a combined effort of the Nutrition Sub-Committee and the Physical Education, Physical Activity and Health Education Sub-Committee. Each Sub-Committee is comprised of 11 experts representing district and school staff, families, community based organizations and the general community. These Sub-Committees have met a total of 33 times [PE=16, Recess=3, Nutrition=11, Joint Committee=3] from January 2014-June 2015 to discuss issues, define purpose and develop policy.

This policy follows the U.S. Department of Agriculture's Wellness Policy Requirements by addressing all the required elements as well as issues identified by Seattle's families and communities. This is the third policy to be recommended by the Task Force. A roster of Sub-Committee members, topics, and meeting notes can be found at: *http://sps.ss8.sharpschool.com/cms/One.aspx?portalId=627&pageId=18930*

VIII. STATEMENT OF ISSUE

In 2004 and again in 2010, the US Congress and President passed The Child Nutrition and WIC Reauthorization Act of 2004 and the Healthy, Hunger-Free Kids Act of 2010 (HHFKA) requiring districts that receive federal funding from the National School Lunch Program and School Breakfast Program to establish Wellness Committees. The main charge of the Wellness Committee is to update the district's Local Wellness Policies, an important tool for parents, local education agencies (LEAs) and school districts in promoting student wellness and preventing and reducing childhood obesity. Section 204 of the Healthy Hunger-Free Kids Act of 2010 expands the scope of wellness policies; brings in additional stakeholders in its development, implementation and review; and requires public updates on the content and implementation of the wellness policies.

This motion addresses the issue of reviewing and revising current wellness policies mandated by the Healthy, Hunger-Free Kids Act of 2010 by transforming the Seattle Public Schools' current practices as they pertain to student health and wellness throughout the district. Along with other King County school districts, Seattle Public Schools was recently recognized for the accomplishments of the Communities Putting Prevention to Work Grant. It revealed that the school districts who received funding from this grant saw significant differences in obesity rates compared with those districts who did not participate, proving that systems-level change around physical activity and nutrition improves the health of our student population[i]. We also know that school wellness policies can have a major impact on student behavior to improve student nutrition and prevent obesity. While only 4% of Seattle students purchased a sugar sweetened beverage (SSB) at school in the past week, 15% of Washington (WA) students purchased a SSB in school. This is thanks to Seattle's groundbreaking 2004 policy to limit SSB availability at schools.

Schools have a responsibility to build upon that work and ensure that the school environment reduces any barriers that impede students from leading healthy and academically rich lives. Placing importance on wellness at a systemic level sets an exemplary model for students, the community we live in, as well as for schools across the nation to follow. Strong wellness policies set the stage to create a culture of wellness that this committee has envisioned for Seattle School District. When the environment in which a child goes to school promotes and supports wellness through policies and practice, it also sows the seeds for a healthy change. Nurturing a healthy school environment from within has the capacity to changes children's lives for generations to come by empowering the teachers, students and the community the Seattle school district serves to share a part of that healthy change.

IX. ALTERNATIVES

Adopt the exact language of the Washington State School Directors' Association (WSSDA) model policy. This alternative is not recommended as the Task Force recommendations include and strengthen the WSSDA model policy.

Do not approve this motion. This alternative is not recommended because we would be out of compliance with Federal mandates.

X. RESEARCH AND DATA SOURCES / BENCHMARKS

Research shows that two components, good nutrition and physical activity before, during, and after the school day, are strongly correlated with positive student outcomes. For example, student participation in the USDA's School Breakfast Program is associated with higher grades and standardized test scores, lower absenteeism, and better performance on cognitive tasks.[ii,iii,iv,v,vi,vii,viii] Conversely, less-than-adequate consumption of specific foods including fruits, vegetables, and dairy products, is associated with lower grades among students.[ix,x,xi] Students who are physically active through active transport to and from school, recess, physical activity breaks, high-quality physical education, and extracurricular activities, do better academically.[xii,xiii,xiv,xv] Additionally, children who participate in daily physical education classes exhibit better attendance, a more positive attitude to school, and superior academic performance[xvi]. Overweight children of elementary age have significantly lower test scores on math and reading compared to children who are not overweight [xvii].

At first glance, addressing these issues may seem not to 'fit' within a school's job. However, students spend most of their waking hours within the school environment and, when examining Seattle Public Schools' guiding principles and Board goals to improve academic achievement for all students, there are connections that make addressing the issue of student inactivity and nutrition an imperative. Those guiding principles extend beyond student achievement and academic success to equitable access for all students.

Current research has documented:

- "There are significant racial and age disparities in obesity prevalence among children and adolescents. In 2011-2012, obesity prevalence was higher among Hispanics (22.4%) and non-Hispanic black youth (20.2%) than non-Hispanic white youth (14.1%). The

prevalence of obesity was lower in non-Hispanic Asian youth (8.6%) than in youth who were non-Hispanic white, non-Hispanic black or Hispanic"[xviii].

- Children struggling with obesity in the U.S. are at greater risks than the general population of becoming obese adults [xix]. Adult obesity leads to higher rates of heart disease, diabetes and cancers [xx]. Obesity in adults occur at higher rates in racial / ethnic minority populations such as African American and Hispanic Americans, compared with White Americans. Women and persons of low socioeconomic status within minority populations appear to be particularly affected by obesity [xxi]. Not only are minorities more likely to be affected by health disparities, the onset of these diseases happens for them at younger ages, thus creating a cycle that perpetuates health inequities.
- Students from underserved populations are particularly impacted by lack of fitness opportunities due to lack of transportation, lack of opportunities in their area, safety and expense [xxii]. Healthy Youth Survey(2012) data from Seattle indicated that low socio-economic status (SES) students were much less likely to be physically active for 60 minutes/per day than high SES students (15% vs 22% respectively).[xxiii]
- Significant disparities also exist in terms of access to nutritious food in Seattle. Forty percent of Seattle Public Schools' low SES middle and high school student did not eat breakfast today, compared to 27% of moderate/high SES students. A similar disparity exists by race/ethnicity, with 32% of students of color not eating breakfast today, compared to 18% of white students. Only 25% of low SES students consume the recommended 5 servings of fruit or vegetables daily, compared to 33% of moderate/high SES students[xxiv].
- As a result, Healthy Youth Data (2012) revealed that students of color had higher overweight/obesity rates (Hispanic 27%, Black 29%, Pacific Islander 33%, American Indian 34%) than the Washington State average (23%). [xxiv]
- Centers for Disease Control and Prevention (CDC) in their Health Disparities and Equality Report put out two years ago stated that unfair differences in health inequities are avoidable. The CDC also said future health of the nation will be determined to a large extent by how effectively the federal, state, local agencies and private organizations work together with communities to eliminate health disparities among those populations experiencing a disproportionate burden of disease, disability and death [xxv].
- "Children are increasingly exhibiting risk factors for cardiovascular disease, such as obesity, elevated blood lipids, and hypertension; conditions which are known to track into adulthood".[xxv]

The School Board has a responsibility to ensure that the school environment upholds the value of wellness because of the direct correlation to academic performance. The Seattle Public School's 2013-18 Strategic Plan's Core Beliefs state, "We believe it is our responsibility to do whatever it takes to ensure that every child, regardless of race, gender, socioeconomic status, language proficiency, learning style, or disability, achieves to their highest level." Access to nutritious food and physical activity is an important barrier that many students in Seattle Public Schools face and the research supports the when children's nutrition and fitness needs are met, they have the cognitive energy to learn and achieve, which falls in line with the value of helping kids meet their full potential.

XI. TIMELINE FOR IMPLEMENTATION / COMMUNITY ENGAGEMENT

The policy was prepared by the Seattle Public Schools Wellness Task Force, as a combined effort of the Nutrition Sub-Committee and the Physical Education, Physical Activity and Health Education Sub-Committee. Each Sub-Committee is comprised of 11 experts representing district and school staff, families, community based organizations and the general community. These Sub-Committees have met a total of 33 times [PE=16, Recess=3, Nutrition=11, Joint Committee=3] from January 2014-June 2015 to discuss issues, define purpose and develop policy. The existing Wellness Task Forces work ends at the end of June 2015.

Upon approval of this motion, the policy will go into effect. The policy will be posted on the district's website. Superintendent procedures will be developed with community input. Schools will be informed to ensure the Board policy on Wellness is known, discussed and implemented. The Superintendent may recommend use of a Task Force to support the development of Superintendent Procedures.

XII. ATTACHMENTS

- Policy No. 3405, Wellness Policy (for approval)

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