

Coordinating School Efforts to Help Address the Obesity Epidemic in North Carolina

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While the world is getting flatter, Americans—especially our young people—are getting rounder. According to Thomas Friedman, New York Times columnist and author of *The World Is Flat*,¹ America is working in a globally competitive world in which the field is increasingly “flat” or equally competitive for all developed nations. With everyone seeking an advantage, the terms “lean and mean” take on even greater significance. Healthy workers are more productive, learn more effectively and cost less in the long run than unhealthy workers. Research indicates that there is a positive link between healthy students and greater academic gain. This ultimately leads to a healthier and more competitive workforce.

The causes of the “rounding of America” are well known. Some of the culprits include the sedentary use of technology for learning, shopping as recreation, greater access to fast food, cola consumption, a “quantity is quality” attitude about food, less time and safe space available for exercising, and over-scheduled families relying on multiple remote controls. Could schools unintentionally be culprits as well? With a wide array of vending machines, little time scheduled for physical activity and even less time for students to choose and eat a healthy lunch, they may also be culpable. Even students who want to be healthier during the school day, often encounter unintentional obstacles.

Today, educators are being asked to prepare students to successfully compete in a world that many adults could not have imagined. In response to this challenge, a wide range of educators, advocacy groups and businesses are enthusiastically emphasizing strategies focused largely on assessments of student academic performance and teacher effectiveness. With this framework in place, it is no surprise that our schools have become environments, for students and teachers alike, of the over-tested and over-stressed! It is time to utilize our educational

resources to provide a winning strategy for healthy students in an even healthier school environment.

The best way for schools to address the obesity epidemic is to work in a coordinated effort to do what they do best... educate! Former United States Senator William Cohen from Maine said, “It is clear that children must be healthy to be educated and they must be educated to be healthy.” While this might appear to be the old chicken or the egg quandary, we must address learning to be healthy and being healthy to learn, simultaneously. A school health program that effectively addresses students’ health improves their ability to learn.

North Carolina is fortunate to be one of 23 states in the nation to receive competitive funding from the Centers for Disease Control and Prevention to promote Coordinated School Health Programs (CSHP) at the state and local levels. The model promotes eight components of a healthy school with school professionals working together to address health issues. The model combines their collective wisdom, experience, and efforts in order to provide the greatest benefit to the students.

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According to Marx, Wooley, and Northrop, authors of *Health is Academic*,² the recognized template for establishing a Coordinated School Health Program, each of the eight components described below contribute to students’ health in unique ways and at the same time, they enhance each other. A Coordinated School Health Program (CSHP) includes:

- Comprehensive School Health Education
- Physical Education
- School Nutrition Services
- Healthy School Environment
- School Health Services
- School Counseling, Psychological and Social Services

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- School-Site Health Promotion for Staff
- Family and Community Involvement in Schools

Comprehensive School Health Education focuses on the health information, strategies, and objectives taught to students. This classroom-based education addresses the physical, mental, emotional, and social dimension of health; develops health knowledge, attitudes, and skills; and is tailored to each age level. It is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. Typically, North Carolina elementary students receive health instruction taught by their classroom teacher in lessons often integrated into other subjects. Time for health instruction is in competition with other equally important and tested subjects during the elementary student's day. In middle school, grades six to eight, students receive health instruction from certified health and/or physical education teachers in a variety of ways. Health and physical education are referred to as Healthful Living and students usually receive health instruction in the classroom setting, alternated with physical education held in the gymnasium or other activity facility or athletic fields. In high school, students have one Healthful Living unit graduation requirement, which is typically half health and half physical education. Over 95% of high school students complete the Healthful Living graduation requirement in the ninth grade. The Healthful Living Standard Course of Study guides the grade-level objectives utilizing national standards and health methods and theory. While health has its own discipline, health objectives are frequently integrated into other subjects such as examining the nutritional composition of the foods in a foreign culture through a social studies class, plotting a graph of the number of steps recorded on a pedometer in math class, reading a book about an unhealthy rabbit in language arts or discovering the effects of a compromised immune system due to HIV infection in a biology class. The North Carolina Department of Public Instruction has written the Balanced Curriculum Document to assist educators in pacing and balancing time to allow them to teach the entire curriculum. The Healthful Living Standard Course of Study is available at www.ncpublicschool.org.

Physical Education is planned, sequential instruction that promotes lifelong physical activity. It is designed to develop basic motor skills, sports skills and physical fitness as well as to enhance the students' mental, physical, social and emotion abilities. Physical activity is a behavior that is cultivated and includes a variety of activities, with the focus on being active. The Centers for Disease Control and Prevention suggests a minimal requirement of 60 minutes of moderate to rigorous physical activity each day for optimal health. In North Carolina, students receive 30 minutes of daily physical activity during the school day as required by the Healthy Active Children Policy. This policy suggests that elementary schools should consider the benefits of having 150 minutes of physical education weekly and that middle schools should move toward having 225 minutes of Healthful Living education per week.

The Healthy Active Children Policy is available at www.ncpublicschools.org/State_Board.

School Nutrition Services focus on the integration of nutritious, affordable and appealing meals, nutrition education, and the creation of an environment that promotes healthy eating behaviors for all children. Some people are quick to criticize the school lunch program as contributing to childhood obesity. However, reimbursable lunches meet USDA recommended guidelines for nutrients and while pizza is still served, it is made on whole-wheat crust with turkey sausage and low fat cheese. Continually problematic are the vending machines and à la carte food sales used to supplement necessary operating costs for the school lunch program. In North Carolina, great strides continue to be made to offer more fresh fruits, vegetables and healthier meals in a cost effective manner.

Healthy School Environment addresses the physical, emotional, and social climate of the school. It is designed to provide a safe physical plant, as well as a healthy and supportive environment that fosters learning. In North Carolina, the healthy schools environment deals with a range of issues from providing a tobacco-free, weapon-free, bully-free, vending-free, mold-free campus to one which addresses health disparities and equal learning opportunities for all students. A school environment where adults are role models of good health and active behaviors and where students feel safe, provides one strategy to help fight childhood obesity.

School Health Services include preventive services, education, emergency care, referral and management of acute and chronic health conditions. It is designed to identify and prevent health problems and injuries as well as to care for students. In North Carolina, health services are provided through school nurses, school-based or school-linked health centers, and local health departments, hospitals and many community health partners. Collaborative work between schools and public health agencies has proven to be tremendously successful in addressing the obesity epidemic. No one agency can or should try to address this issue, alone.

School Counseling, Psychological, and Social Services include activities that focus on the cognitive, emotional, behavioral and social needs of individuals, groups and families. It is designed to prevent and address problems, facilitate positive learning and healthy behavior and development. In North Carolina, there is a tremendous need for increased access to mental health services for students. Research indicates that many self-esteem issues and mental health concerns contribute to overeating and depression.

School-Site Health Promotion for Staff includes assessment, education and fitness activities for school faculty and staff. It is designed to maintain and improve the health and well-being of school staff, who serve as role models for students. In North Carolina, numerous staff wellness programs are conducted in school systems. When students see their teachers participating in a walking program, choosing healthy foods and teaching about the benefits of a healthier lifestyle, it helps to eliminate the "do as I say, not as I do" hypocrisy. Further, a healthy, engaged

faculty is more productive and misses fewer days of work.

Family and Community Involvement in Schools creates partnerships among schools, families, community groups, and individuals. It is designed to maximize resources and expertise in addressing the healthy development of children, youth, and their families. Efforts to involve families in their child's education has proven to contribute to the child's overall school success. Likewise, students who learn about healthy lifestyle choices at school but go home to a setting with differing choices are often conflicted. Teaching the child to be healthy can impact family health practices, particularly if the family understands and reinforces what the child is taught.

On any given school day, as part of a Coordinated School Health program, a student battling obesity will have access to a collaborative system of resources for assistance. He will receive decision-making information during a health education class, learn a life-time skill in physical education, and be able to select and eat a nutritious meal in the school cafeteria. He, along with his family, will have the opportunity to talk with the school counselor or social worker and meet with the school nurse to discuss health options as part of a Child and Family Support Team. He will interact with teachers who are good health role models and are actively taking care of their own mental and

physical health as part of the staff wellness program. He will be challenged to learn in a safe and healthy school environment and will have the opportunity to participate in an after school fitness group co-sponsored by the school and a community agency. He will function in an opportunity rich environment, which links health and academics and is designed for overall student success.

The Coordinated School Health Program is supported through 115 district level School Health Advisory Councils, which are required by the Healthy Active Children Policy and championed by the Local Education Area School Health Coordinator.

A complete overview of the Coordinated School Health Program and supporting resources is available at www.nchealthyschools.org.

Reversing the obesity epidemic requires a long-term, well-coordinated approach to reach young people where they live, learn, and play. Schools have an important role in helping to address childhood obesity. Schools provide a safe place in which to apply what is learned, encourage the development of healthy behaviors, and foster understanding of how health impacts overall student success. After all, Health is Academic! **NCMedJ**

REFERENCES

- 1 Friedman TL. *The World Is Flat*. New York: Farrar, Straus and Giroux, 2005.
- 2 Marx E, Wooley SF, Northrop D. *Health is Academic: A Guide to Coordinated School Health Programs*, New York: Teachers College Press, 1998.

Information and Support
Within Your Reach

1-800-367-2229
NC Family Health Resource Line

NC Child Care Health and Safety Resource Center
Services in English and Spanish
Monday – Friday, 8 am – 5 pm (closed on holidays)
TTY for the hearing impaired: 1-800-976-1922