



ASHA Encourages Schools to Adopt and Implement Nutrition Policy

WHEREAS, the school environment influences students' attitudes and behaviors regarding food;²

WHEREAS, healthy eating patterns during childhood promote optimal growth and development and prevent health problems, such as iron deficiency anemia, obesity, eating disorders, dental carries, coronary heart disease, cancer, stroke, and diabetes;¹

WHEREAS, Healthy People 2010 objective 7-2 calls for schools to provide health education to prevent health problems including education about unhealthy dietary patterns;⁴

WHEREAS, Healthy People 2010 objective 19-15 calls for increasing the proportion of children and adolescents aged 6 to 19 years whose intake of meals and snacks at school contributes to good overall dietary quality;⁴

WHEREAS, school-based nutrition education can improve dietary practices that affect young persons' health, growth and development;^{1,4}

WHEREAS, The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity 2001 recommends that "individuals and groups across all settings...adopt policies specifying that all foods and beverages available at school contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans";⁵

WHEREAS, in 1997, the Institute of Medicine advised that students should receive the health-related education and services necessary for them to derive maximum benefit from their education and enable them to become healthy, productive adults;³

WHEREAS, the 2004 Child Nutrition Reauthorization Act requires school districts that received funds for schools meals develop wellness policies;⁸

WHEREAS, numerous national organizations have model policies^{9, 10} or have collected samples of policies¹¹, and the federal government has guidance for such policies;^{1, 5}

WHEREAS, in 93.6% of senior high schools, 83.5% of middle schools, and 58.1% of elementary schools in the United States students can purchase soft drinks, fruit and sports drinks (not 100% juice) from vending machines, school stores, canteen, or snack bars;⁷

WHEREAS, children age nine and older are heavy consumers of sodas. By the time they are 14 years of age or older, 32% of young women and 52% of young men are consuming three or more servings of soda per day;⁷

WHEREAS, school food service managers and school officials report that expanding the number and variety of healthy food choices as part of the school breakfast and lunch program increases the likelihood that students will participate in the program; ⁶ and

WHEREAS, providing students with adequate time to eat and providing a pleasant eating environment is a step that schools can take to encourage healthy eating behaviors of their students.¹

THEREFORE, BE IT RESOLVED, that the American School Health Association encourages schools to adopt a nutrition policy that:

- 1) Requires all nutrition education, programs, and services be delivered within the context of a coordinated school health program;^{3, 12}
- 2) Requires all students to participate in nutrition education that supports lifelong healthy eating behaviors;
- 3) Discourages the use of food as a reward or a punishment for students;
- 4) Provides a safe and pleasant eating environment and allows students the time and space needed to enjoy school meals;
- 5) Establishes procedures whereby students with health problems related to poor nutrition can receive appropriate care;
- 6) Encourages a partnership with families and communities that fosters a positive nutritional environment; and
- 7) Encourages the sale of nutritionally appropriate or non-food items for school-sponsored fund-raising activities.

References

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3. Institute of Medicine. Schools and Health: Our Nation's Investment. Washington, DC: National Academy Press 1997.
4. US Department of Health and Human Services. Healthy People 2010 2nd Ed. With Understanding and Improving Health and Objectives for Improving Health. 2 Vols. Washington, DC: U.S. Government Printing Office, November 2000.
5. US Department of Health and Human Services. *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. Washington D.C.: U.S. Department of Health and Human Services, Public Health Service, 2001.
6. US General Accounting Office. 2003. School Lunch Program: Efforts Needed to Improve Nutrition and Healthy Eating. Report GAO-03-506. Washington, DC. May 9.
7. Wechsler H, et al. "Food Services and Foods and Beverages Available at school: Results from the School Health Policies and Programs Study 2000." *Journal of School Health* 2001, vol. 71, pp. 313-324.
8. Child Nutrition Reauthorization Act, June 2004.
9. Bogden JF and Vega-Matos CA. *Fit, Healthy, and Ready to Learn: A School Health Policy Guide. Part I: Physical Activity, Healthy Eating, and Tobacco Use Prevention*. Alexandria VA: National Association of State Boards of Education, 2000.
10. National Alliance for Nutrition and Activity. Model Wellness Policy. Washington DC: Center for Science in the Public Interest, 2005. Available at www.cspi.org

11. Action for Healthy Kids database of policies is available at <http://www.actionforhealthykids.org/AFHK/resources>; the National School Boards Association's database of school policies is available at www.nsba.org; a set of guidelines developed by school health experts is available at www.nationalguidelines.org.
12. Marx E and Wooley SF with Northrop D. *Health is Academic: A Guide to Coordinated School Health Programs*. New York: Teachers College Press, 1998.

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American School Health Association