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## **White Paper**

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# ***Confronting the Growing Epidemic of Childhood Obesity: Schools, Businesses, and Policymakers Working Together to Promote Wellness***

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# ***Confronting the Growing Epidemic of Childhood Obesity: Schools, Businesses, and Policymakers Working Together to Promote Wellness***



Childhood obesity continues to be a growing national concern. Over the last five years, policymakers have called childhood obesity one of the more pressing public health issues affecting youth. Nearly 17% of youth ages 2–19 are considered overweight or obese; one-third (32%) of the cases of obesity occur between the ages of 10–17. Deemed a national epidemic, this issue is unlikely to change unless communities work together to provide families with the education they need to change eating behaviors and the access they need to available and affordable healthy food.

Coupled with the growing concern for childhood obesity is the rise in hunger. A United States Department of Agriculture (USDA) study revealed that 49.1 million people, including 16.7 million children, lived in households that experienced hunger multiple times in 2008 (Nord et al., 2009). Another study by the American Dietetic Association (ADA) found that childhood obesity and diabetes result from not eating enough to meet daily nutritional requirements. Of the 1,400 children living in poverty studied, 44% consumed less than 1,400 calories a day and 33% were obese. This suggests that children were not overeating, but were making poor nutritional choices, consuming foods low in nutrients but high in calories (Trevino et al., 2008). While the prevalence of obesity and hunger may seem paradoxical, it illustrates the need to educate parents and children about making healthy food choices.

## **What Factors Lead to Childhood Obesity?**

The incidence of childhood obesity is on the rise. Between 1976–1980 and 2007–2008, obesity increased from 5% to 10.4% for preschool children aged 2–5, from 6.5% to 19.6% among those aged 6–11, and from 5% to 18% for adolescents aged 12–19, based on results from the National Health and Nutrition Examination Survey, NHANES (Ogden and Carroll, 2010). Decreases in physical exercise are exacerbating the problem. About 92% of elementary schools do not have daily physical education classes, and only about one-third of high school students take daily physical education classes. Nearly

one-third of elementary schools do not schedule recess on a regular basis (<http://www.healthiergeneration.org>).

While lack of exercise may be one factor, socioeconomic level and race play a part as well. We know that children from poor families are twice as likely to be obese as children from families in a higher socioeconomic bracket (45% vs. 22%). Regardless of race and class, children who grow up in poorer neighborhoods are more likely to be obese than those in more affluent neighborhoods (36% vs. 31%; Bethell et al., 2010). As educator Eric Tipler (2010) points out, childhood obesity continues into adulthood, contributing to a host of medical conditions throughout the obese person's lifespan, leading to poverty itself. Thus, poverty begets obesity, which in turn leads to further poverty.

Family access to healthy foods and resources in less affluent neighborhoods also impacts childhood obesity. There is growing concern that many areas of the United States are impacted by "food deserts"—areas where access to fresh produce is not only unavailable, but is of poor quality or unaffordable when it is. Children living in low-income neighborhoods, in particular, have less access to supermarkets or healthy foods. About 23 million Americans, including 6.5 million children, do not have a supermarket near their home (USDA, 2009). This is particularly true for low-income communities of color, where the availability of full-service grocery stores and other stores that sell healthy fruits and vegetables are rare or nonexistent. Studies show that food stores in lower-income neighborhoods and communities of color are less likely to stock healthier foods, offer lower quality items, and have higher prices compared to stores in higher-income or predominantly white communities (Bodor et al., 2008; Gittlesohn et al., 2008)

Not only access to healthier foods, but a shared family mealtime has an impact on children's food choice. A newly released survey conducted by the American Dietetic Association Foundation—the Family Nutrition and Physical Activity Survey—reveals that parents' increased connectedness with their children on issues of wellness increased the likelihood that children would change eating behaviors. Sharing meals together is one area that could lead to significant differences in eating healthier, although the survey acknowledged that establishing regular eating schedules is more difficult for lower and middle-income parents with some families having more than one job, varying work schedules and longer transportation times to and from work.

Another significant factor in rates of obesity is a child's racial or ethnic group, as revealed by data from NHANES (Ogden et al., 2006). In 2003–2004, minority children and youth aged 2–19 were far more likely to be obese than white children (39.2% of non-Hispanic black and Mexican-American children vs. 16.3% of white non-Hispanic children, Table 1).

**Table 1: Percentage of Obesity and Overweight by Age, Race, and Ethnicity, 2003-2004**

		Ages 2-19			
		19	Ages 2-5	Ages 6-11	Ages 12-19
<b>All Children</b>	Overweight	33.6%	26.2%	37.2%	34.3%
	Obese	17.1%	13.9%	18.8%	17.4%
<b>White</b>	Overweight	33.5%	25.0%	36.9%	34.7%
	Obese	16.3%	11.5%	17.7%	17.3%
<b>African-American</b>	Overweight	35.1%	24.0%	40.0%	36.5%
	Obese	20.0%	13.0%	22.0%	21.8%
<b>Mexican-American</b>	Overweight	37.0%	32.6%	42.9%	34.3%
	Obese	19.2%	19.2%	22.5%	16.3%

Source: Ogden et al. 2006.

While NHANES results show a trend in the increase of obesity in all youth, it is particularly striking for Mexican-American boys and girls (Ogden and Carroll, 2010). From the period between 1988–1994 and 2007–2008, the prevalence of obesity increased:

- From 11.6% to 16.7% among non-Hispanic white boys
- From 10.7% to 19.8% among non-Hispanic black boys
- From 14.1% to 26.8% among Mexican-American boys
- From 8.9% to 14.5% among non-Hispanic white girls
- From 16.3% to 29.2% among non-Hispanic black girls
- From 13.4% to 17.4% among Mexican-American girls

The prevalence of obesity increased by more than 120% in the 1990s among African Americans and Hispanics (Strauss and Pollack, 2001). Among minority youth, Hispanics make up the largest share of American children living with hunger, and they are experiencing record levels of obesity (NCLR, 2010). These children may face additional difficulties when they go to school (Ryan, 2010).

## Impact on School Achievement

Researchers have demonstrated that the performance of students who are economically disadvantaged or at risk and from different ethnic backgrounds lag the performance of students from higher income or predominantly white communities (Figlio et al., 2009). There is a growing body of research that suggests

childhood obesity also may contribute to poor performance in school. While researchers have not been able to establish a cause-and-effect relationship between childhood obesity and academic performance, studies have shown that there is a link between obesity and lower self-esteem (Schwartz and Puhl, 2003), which often can signal possible academic underperformance (Datar et al., 2004; Crosne and Muller, 2004). Other studies reveal that persistent socioeconomic factors have a strong effect on the likelihood of childhood obesity, lower self-esteem, and school performance (Ball et al., 2004; Datar and Sturm, 2006; Datar et al., 2004).

As childhood obesity continues to rise, researchers have focused more and more on identifying its effect on student achievement. Research at the elementary level indicates that obese kindergartners tend to score significantly lower on math and reading tests than do children of recommended weights. Lower scores were also found among girls who became overweight between kindergarten and third grade. These effects may be compounded if children remain obese (Datar and Sturm, 2006; Datar et al., 2004; Gable et al., 2008). Other studies at the middle and high school levels indicate that adolescents at risk of obesity typically earn lower grades, and individuals who were obese at age 16 complete significantly fewer years of schooling than do their non-obese peers. Obese girls tend to perform poorly on math and reading tests when compared to their non-obese peers (Crosnoe and Muller, 2004; Sabia, 2007).

In their efforts to meet the challenge of raising academic performance, many school districts have reduced the opportunities for physical activity, but this could be counterproductive. Researchers investigating the relationship of decreased activity to the increase in childhood obesity and poor academic performance found that achievement test scores were significantly better for children they classified as being in the healthy fitness zone compared to students who were unable to reach the healthy zone (Wittberg et al., 2009). Healthy fitness zone standards are criterion-referenced standards established by The Cooper Institute of Dallas, Texas, and are based on NHANES data. They represent the minimum levels of fitness, measured by body composition and aerobic capacity, that offer protection against the diseases that result from sedentary living. The study assessed the physical fitness of 5th grade students and which aspects of children's fitness were associated with performance on mathematics, reading/language arts, science, and social studies.

Body composition is often expressed as the body mass index (BMI), calculated from a child's weight and height. It is a reliable indicator of body fatness for most children and teens. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking (Table 2, CDC, 2010). Children are considered "obese" if they have a BMI at or above the 95th percentile for children of the same age and sex according to the 2000 CDC growth charts. Children are considered "overweight" if they have a BMI from the 84th-94th percentile for children of the same age and sex. Health complications for children due to obesity include increased risk of type II diabetes, cardiovascular problems, sleep apnea, asthma, liver disease, cancer, orthopedic

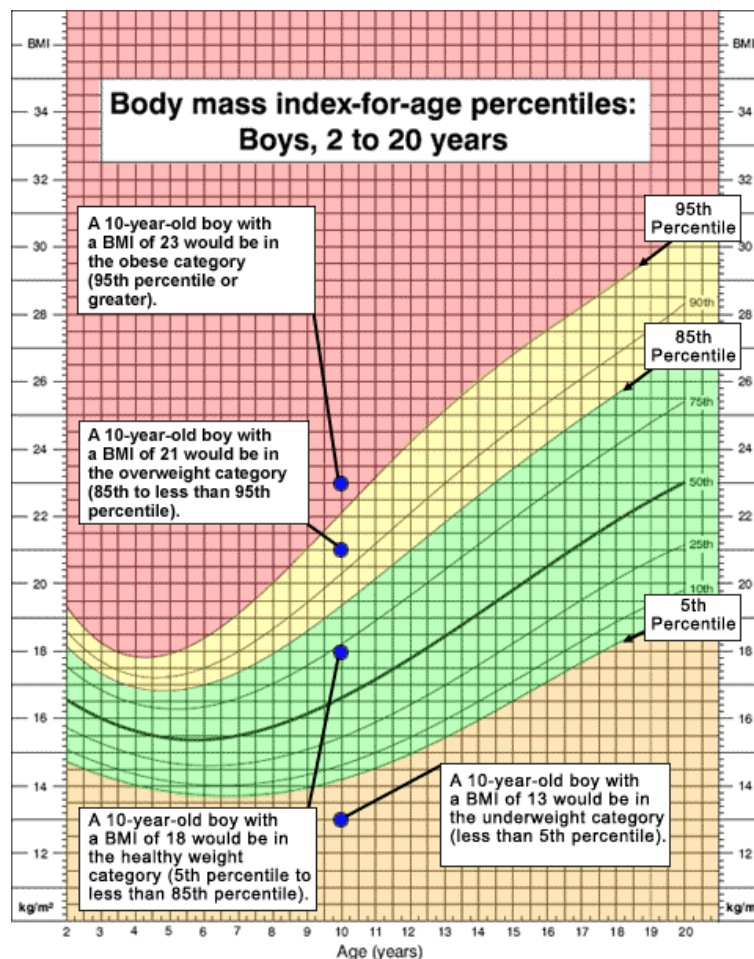
complications, reduced quality of life, depression, anxiety, eating disorders, and increased risk for becoming obese adults.

**Table 2: Body Mass Index for Age Weight Status Categories and Corresponding Percentiles**

Body Mass Index Centers for Disease Control and Prevention	
Weight Status Category	Percentile Range
Underweight	Less than 5 <sup>th</sup> percentile
Normal	5 <sup>th</sup> percentile to less than 85 <sup>th</sup> percentile
Overweight	85 <sup>th</sup> percentile to less than 95 <sup>th</sup> percentile
Obese	Greater than or equal to 95 <sup>th</sup> percentile

Source: CDC, 2010

Figure 1 shows how some sample BMI numbers would be interpreted for a 10-year-old boy.



**Figure 1: Body Mass Index-for-Age Percentiles: Boys, 2-20 Years** (Source: CDC, 2010)

## A Call to Action

As these statistics accumulate, federal and state governments, private foundations, not-for-profit organizations, and schools have begun to create solutions to this persistent problem. The Child Nutrition Reauthorization, Healthy, Hunger-Free Kids Act of 2010, provides funding to improve nutrition, improve access to healthy foods, and ultimately reduce childhood obesity. Through this act, the USDA will set nutritional standards for all foods sold in schools during the day and in vending machines, the “a la carte” lunch lines, and school stores. It also helps communities establish local farm to school networks and school gardens. Schools that meet updated nutritional standards will receive additional funding for federal subsidized lunches—the first real reimbursement rate increase in over 30 years. Finally, more students will become eligible for in-school federally subsidized breakfast and lunch programs.

The Act further supports First Lady Michelle Obama’s Let’s Move campaign (<http://www.letsmove.gov>), launched in February 2010 as an effort to combat the epidemic of childhood obesity. Let’s Move is engaging every sector that has an impact on the health of children to achieve the national goal of reducing childhood obesity. It is providing schools, families, and communities with simple tools to help kids be more active, eat better, and get healthy. To support this initiative, the nation’s leading children’s health foundations have come together to create a new independent foundation—the Partnership for a Healthier America—that will accelerate existing efforts addressing childhood obesity and facilitate new commitments towards the national goal of solving childhood obesity within a generation. A first-ever Task Force on Childhood Obesity has been developed to review every program and policy relating to child nutrition and physical activity. This task force will develop a national action plan that maximizes federal resources and sets concrete benchmarks toward the First Lady’s national goal.

***"The physical and emotional health of an entire generation and the economic health and security of our nation is at stake."***

*- First Lady Michelle Obama  
at the Let's Move! Launch  
on February 9, 2010*

Key elements of the Let’s Move campaign include:

- ✓ Helping Parents Make Healthy Family Choices through better product labeling, a commitment from the American Pediatrics Association to educate parents about healthy eating, increased public information and awareness about issues of obesity, an improved USDA food pyramid (<http://www.Mypyramid.gov>), and creation of a food environment atlas showing healthy food communities across the United States.

- ✓ Serving Healthier Foods in School via the Healthy, Hunger-Free Kids Act of 2010, which provides an additional \$10 billion in funds to improve the quality of the National School Lunch and Breakfast programs, increase the number of children participating in these programs, provide resources to schools to make changes, increase healthy food choices in schools, and train workers about good nutrition. The campaign also strives to double the number of schools participating in the HealthierUS School Challenge and garner commitments from major school food suppliers to offer healthier food choices. The School Nutrition Association, the National School Board Association, the Council of Great City Schools, and the American Association of School Administrators Council support and endorse the national Let's Move goals. They have set a primary goal of having every urban school meet the HealthierUS School gold standard within five years.
- ✓ Accessing Healthy, Affordable Food by eliminating food deserts and increasing the number of farmer's markets through the Farmer's Market Promotion Program, a proposed \$5 billion program in President Obama's 2011 budget. The National Council of La Raza has partnered with the United States Department of Education and the Let's Move program to develop solutions that foster an environment where healthy produce is affordable and accessible to Latino families.
- ✓ Increasing Physical Activity by expanding and updating the President's Physical Fitness Challenge and doubling the number of Presidential Active Lifestyle awards. Through the re-authorization of the Elementary and Secondary School Education Act, the United States Department of Education will develop the Safe and Healthy Schools fund to improve the quality and availability of physical education activities. Professional athletes from the National Football League, Major League Baseball, Women's National Basketball Association, and Major League Soccer, along with First Lady Michelle Obama, will promote the "60 minutes of play a day" public service campaign through various media outlets.

At the state level, the National Governors Association Center for Best Practices has convened the Shaping a Healthier Generation Advisory Council to help governors and other policymakers develop policies that address childhood obesity. Working with state agencies, this group is launching strategies that affect child care, education, health care, and school communities in an effort to develop a coordinated agenda to advance the well-being of all families in all states. Other groups, such as the National League of Cities, are forming multi-state coalitions to address these issues. Four southern cities—Baton Rouge, LA; Little Rock, AK; North Little Rock, AK; and Tupelo, MS—are receiving in-depth technical assistance from the Municipal Leadership for Healthy Southern Cities initiative, with support from the Robert Wood Johnson Foundation through its Leadership for Healthy Communities national program, as they take steps to promote physical activity and access to healthy foods.

Local communities are also taking action via school-based wellness programs that affect children and their families. Schools, due to their near universal enrollment of children as well as position in the community, are a central place where families can acquire the knowledge and skills necessary to make healthy food choices that will ultimately affect their lives. School cafeterias can become healthy food environments, providing nutrition to students that fuel learning. By training food service workers, providing students with nutrition information that helps them learn how to make healthy food choices, and changing school menus by increasing the availability of fresh fruits and vegetables and nutritious entrees, schools and students can work together to change the eating behaviors that contribute to childhood obesity.

Some schools have coupled changes in school cafeterias with added curricula that address nutrition. However, curricular changes rely heavily on additional available school resources, willingness of school administrators and teachers to participate, and the prioritization of obesity as a school district-wide goal, in addition to other demands that schools face (Bruss et al., 2010).

Other school interventions include models that bring together public and private organizations and agencies, such as the Healthy Schools Program, created by the Alliance for A Healthier Generation—a partnership of the American Heart Association and the William J. Clinton Foundation (<http://clintonfoundation.org>). This program uses a capacity-building approach with the goal of sustaining and continuing policy and program change in schools over time. One key tenet to the Healthy Schools Program model is to guide schools and school districts towards evidence-based policies and programs through the Healthy Schools Program Framework (2009). The framework outlines best practice criteria and how they translate to bronze, silver, gold, and platinum awards opportunities. These criteria were developed based on the best available evidence of programs, policies, and practices that positively impact healthy eating and physical activity behaviors among students and staff. The criteria are reviewed and revised annually by the American Heart Association and the Healthy Schools Program Expert Panel.

A second key tenet is to train schools and school districts on a continuous improvement process to help them phase in policies and programs over time. Schools embracing the Healthy Schools Program must make establishing a healthy school environment an education priority. To do this, schools must provide healthier food options for students during the regular and extended school day, increase opportunities for students to exercise and play, and develop programs for teachers and staff to become healthy role models.

Federal and state governments, private foundations, not-for-profit organizations, and schools have begun to take steps in the battle against childhood obesity, but they are not alone. The private sector has joined the fight.

## The ARAMARK Education Response: Healthy for Life™

ARAMARK Education <sup>1</sup>reaches students across the country in its food operations, serving more than 300 million school meals annually. From a foundation of research, the company's K-12 experts work closely with schools and school districts to educate, enable and encourage people of all ages to adopt healthier eating practices and more active lifestyles to help in the fight against obesity and other diseases.

In 2010, ARAMARK Education conducted the Student ViewPOINT™ Study, asking nearly 40,000 middle and high school students to describe their eating habits at breakfast and lunch and in the cafeteria. The research revealed that parent-child communications have a significant influence on the nutritional habits of children. ARAMARK Education found that when parents talk to their children about healthy choices, children's interest in healthy food increases dramatically, from 44% to 73% (ARAMARK Education, 2010). The research also showed that with parental involvement, children are more likely to read nutrition labels to help them make better food choices, increasing from 27%to 63%. However, less than half (49%) of the students said that their parents frequently talk to them about making healthy choices, and 39% said they wish their parents would make healthier food choices.

The research also reveals why creating healthy school environments, educating students about making good food choices, and offering a variety of fresh foods is important. Most students are eating lunch in school and using the school cafeteria. According to survey results, slightly more than half of the students (51%) prefer to get lunch at school, and that percentage increases to 63% if their favorite foods are available. Parents are either paying for cafeteria food (49%) or students receive free and reduced lunch (19%), so the majority of students have access to school lunch.

We know from this study that being healthy matters. Students say they make healthy choices to stay healthier, live longer, have more energy, be stronger, and feel better. However, when students are asked about healthy food choices, few select those foods that are the healthiest. This is interesting particularly because a majority of students say that taste of food and freshness of food are their top preferences (74%) in the school cafeteria. Emphasizing how selecting nutritious foods can impact long-term health may be an important first step in helping students take the steps necessary to stay healthier, feel better, and have more energy to learn.

ARAMARK Education used this information to develop Healthy For Life™, a new comprehensive wellness and nutrition education program aimed at engaging parents and students in wellness. The

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<sup>1</sup>ARAMARK Education has provided quality food and nutrition, facility, uniform, and other support services for over 55 years and serves more than 3,000 K-12 schools nationwide. (<http://www.aramarkschools.com>.)

program is designed to help improve the health and academic potential of the nation's schoolchildren and supports the goals of the First Lady's Let's Move campaign. It strives to educate children in the fundamental principles of sound nutrition and life-long healthy habits to empower students to make good food choices and live healthier lives. Now in place at 1,000 schools, Healthy for Life™ focuses on creating healthier school environments through nutritious menus, nutrition education and curriculum, parental resource materials, a nutrition mascot, health fairs, and school events.

The educational components of the Healthy for Life™ program allow educators, administrators, parents, and guardians to aid children in taking small steps each day to develop good health habits. These practical tools include a Wellness Education Center located in the school's main office, featuring monthly nutrition tips, Ask the Dietitian, and other informational resources for parents. Healthy menu messages and icons, posters, and other materials highlight nutrition and wellness messages for students, including Understanding Serving Sizes and What is a Healthy Diet.

Healthy for Life™ is enhanced by ARAMARK Education's vibrant, age-specific dining environments: Cool\*Caf™ features a fruit and vegetable bar and faster service lines for elementary students, 12-Spot™ is a high-energy café designed specifically for "tweens" in middle schools, and U.B.U. Lounge™ offers high school students a chance to relax on couches and listen to music while refueling with a nutritious meal. ARAMARK Education also offers a fruit and vegetable of the month program to introduce students of all ages to seasonal produce.

Printed materials such as the parent education brochure, adult quarterly newsletter, nutrition news fact sheet, and Ask the Dietitian FAQs promote nutrition awareness. ARAMARK Education has partnered with the American Dietetic Association to positively impact public health and encourage the selection of nutritious food by K-12 students, the only professional food services company invited to do so.

*Healthy for Life™ is based on four distinct pledges, made by ARAMARK Education to the district communities it serves:*

***Pledge #1: Provide a Wide Variety of Nutritious Foods***

***Pledge #2: Teach Students to Make Healthy Choices***

***Pledge #3: Create Appealing and Healthy Eating Environments***

***Pledge #4: Build Healthy Resources for the Community***

## ARAMARK Education: Working With K-12 Districts to Promote Health and Wellness

School districts around the country are using Healthy For Life™ to promote wellness in their communities. Some of the more predominate ways include programs for nutrition education, increasing fruit and vegetable consumption, parent communication and community engagement, school breakfasts, and menu changes.

### Nutrition Education Programs

#### *ACE® Nutrition Mascot Program*

The ARAMARK elementary school nutrition mascot, ACE, shares his Stay Healthy wellness message through a monthly themed program tied to the school lunch menu. An educational gift with nutrition fun facts provides a monthly opportunity to reinforce the importance of healthy eating with the youngest students. The ACE Live show and video series, with lesson plans and activity sheets, also teach students about the importance of making healthy choices and staying fit. A corresponding ACE fan club gives students even more opportunities to engage with ACE and learn more about ways they can eat well-balanced meals (visit [www.acefanclub.com](http://www.acefanclub.com)).



In the William Floyd School District in New York, ACE shares his Stay Healthy wellness message by dispensing information and coloring books focused on healthy eating to students as part of the school district's "Get Fit with Floyd" theme. The ACE Mascot also comes right to the classroom to talk to students about eating healthy.

#### *Chef Patrick's Pals*

Chef Patrick Sandoval, the ARAMARK chef in Pflugerville ISD, Texas, created a live cooking and nutrition demonstration program. He travels to each PISD campus to show students how to make healthy and tasty recipes, while helping them to understand the importance of making sound nutritional food choices. Chef Patrick started his program in 2009, and in 2010 his live demonstrations doubled in popularity with students. The chef also has worked with the school district to create a learning website with menu news, healthy recipes, and tips.

#### *CATCH Program*

The state of Texas mandates that each school district choose a Coordinated School Health Plan (CSHP) to include in its overall health and wellness plan. CATCH (Coordinated Approach to Child Health) is a

CSHP program that integrates physical fitness into the classroom and educates students on healthy eating. Pflugerville ISD and Round Rock ISD are just two of the many school districts in Texas that partner with ARAMARK Education to successfully implement this program.

- Pflugerville ISD (with a Hispanic population of 43%) is a CATCH Leader, piloting and testing coordinated nutrition programs through CATCH. The school district is testing a fruit and veggie consumption program at elementary schools. It is also piloting the “Get Your H2O” water promotion, producing the “Eat Smart Guide” video series for the online Coordinated Health Institute, and rolling out the Middle School CATCH program.
- Round Rock ISD (with a Hispanic population of 30%) supports CATCH by identifying foods as GO, SLOW, and WHOA! A picture menu was developed to help teachers take their morning meal counts. Because of the diverse ethnic profile of the school district, many students speak English as a second language and are not familiar with American foods. The picture menu shows the foods in the meals, giving students who may just be learning English a clear picture of what their choices are.

#### *Fuel Up to Play 60 Program*

As part of its health and wellness initiatives, ARAMARK Education supports the Fuel Up to Play 60 Program (FUTP60) of Dairy Management, Inc., a U.S. dairy farmer-funded, not-for-profit organization. FUTP60 is an in-school nutrition and physical activity program launched by Dairy Management’s National Dairy Council and the National Football League (NFL), with support from the U.S. Department of Agriculture. The program engages and empowers youth to take action for their own health by implementing long-term, positive changes for themselves and their schools. Students are provided tools and resources, and they work with adults in their schools to make healthy lifestyle changes.

FUTP60 is a natural extension of ARAMARK Education’s Healthy for Life™ initiative, and ARAMARK team members have been working with Dairy Management leaders to spread the good word about FUTP60 to school districts where ARAMARK Education manages food and nutrition. Currently close to 2,000 ARAMARK schools are enrolled in the program. The William Floyd School District in New York, for example, held a “Get Fit with Floyd” initiative last year, featuring FUTP60 initiatives and visits by NFL players to promote healthy eating and exercise.

#### *Culinary Classes for Elementary School Students*

Using a Federal Department of Defense Education Activity grant, ARAMARK Education and the Fountain-Fort Carson School District in Colorado conducted two culinary classes for fourth and fifth grade students and their parents at the Abrams Elementary School. The ARAMARK Education onsite Food Service

Director and Food Production Manager shared food and nutrition knowledge with parents and students, who then used their new skills to make items like “health smart” pizza.

## **Increasing Fruit and Vegetable Consumption Programs**

Low fruit and vegetable intake is a major contributing factor to vitamin and mineral deficiencies, which in turn can lead to debilitating nutritional disorders and perhaps even cardiovascular diseases. Encouraging people to eat more fruits and vegetables is therefore often at the top of nutrition educators’ to-do list. Through a number of programs, ARAMARK Education is working with school districts to make fruit and vegetables more enticing to students.

### *Cool\*Caf™ Elementary Dining Brand*

ARAMARK Education’s Cool\*Caf™ is a place that reflects the imagination and creativity of young customers, makes healthy eating fun and interactive, and provides smart choices for each student. In the Cool\*Caf™, the ARAMARK Education nutrition mascot, ACE, and his friends also reinforce healthy habits. Recognized by USA Today for promoting fruit and vegetable consumption among elementary students, the Cool\*Caf™ features a Fresh Fruit and Veggie Bar, which is helping promote fruit and vegetable consumption in school districts across the country. In Central Bucks County School District, Pennsylvania, the Cool\*Caf™ was so well-received after its introduction that a second fruit and veggie bar has been added at the largest elementary location. Similarly, in Johnston, Rhode Island, the popularity of the Cool\*Caf™ has resulted in the addition of more fruit and veggie bars in area schools. The school district has applied for a grant to provide nutrition education with a focus on the importance of selecting fruits and vegetables as part of a healthy meal.



### *USDA Fruit and Vegetable Grants*

In 2010, the United States Department of Agriculture (USDA) awarded a Fruit and Vegetable Grant — worth more than \$21,000 — to the Lorain City’s Jacinto Elementary School in Illinois. The federal grant application was written and submitted to the USDA by the ARAMARK Education Cafeteria Manager and the School Facilitator at Jacinto Elementary. The school has plans for more classroom education and is advocating healthy eating by offering fresh fruit and vegetables as snacks in the afternoon. Because of this grant, Jacinto students have a great opportunity to try new, tasty, and healthy foods they may never have eaten, such as pomegranates, edamame, and ugli fruit.

### *Go for More Program*

In Pflugerville ISD, Texas, ARAMARK sponsors the Go for More program, which enables elementary school students who purchase a lunch to “go for more” fruits and vegetables for free. This program was

launched at all elementary schools during the 2009–2010 school year. The school district's elementary schools now provide over 5,000 extra servings of fresh fruit and vegetables to students each day through the program. The district also received a portion of a Texas Department of Agriculture grant to help support the program.

#### *Locally Grown Produce Program*

Midway ISD in Texas features a program that offers locally grown produce every Thursday at the K–6 campuses. The school district is looking to expand the program to all campuses. Districts in New York such as Katonah, Chappaqua, and Irvington support local farms during New York Harvest Week for Kids. During its first year, an ARAMARK Education Locally Grown Produce Program was adopted in 19 school districts in New York and sourced approximately 12% of fresh produce from local and regional farms.

## **Parent Communication and Community Engagement Programs**

Parents play a critical role in communicating with children about healthy choices. The ARAMARK Education survey found that when parents talk to their children about healthy choices, their interest in healthy food increases dramatically and they are more likely to read nutrition labels to help them make better food choices. That's why ARAMARK Education works very hard to reach out to parents and the community at large.

In many school districts, the ARAMARK Food Service Director and staff engage with parents at PTA/PTO meetings and Back-to-School Nights, giving presentations about the food service program and menus, providing samples of new menu items, and sharing nutritional-related information via printed materials. They often administer surveys to gain continual feedback from parents. ARAMARK Education co-sponsors many community events and distributes Healthy for Life™ information and nutrition tips to community members

#### *Why Pack a Lunch Campaign*

The Why Pack a Lunch Campaign in Round Rock ISD, Texas, was developed to remind parents about the value of school lunch, both from cost and balanced nutritional perspectives. This campaign showed parents in detail how a school lunch delivers the beneficial nutrients students need, yet costs much less than a lunch packed at home. A bilingual (English and Spanish) document was produced and sent home via weekly parent folders.

#### *Summer Food Service Program*

In the summer of 2010, 1,500 children in Pennsylvania received lunches every weekday through the Scranton School District's summer food-service program. ARAMARK Education administered the

program at 39 parks, pools, and schools across the city. The federally funded lunches, which typically included a sandwich, fruit or vegetable, and milk, were offered at no cost to children ages 1–18. The program helped fill the gap from June to September, when students did not have access to a daily lunch served at school. For some of the students in the program, the lunch provided was their only complete meal of the day.

#### *Local Health Fairs and Events*

The Washoe County, Nevada, community learns about Healthy For Life™ from the Washoe County School District at local health fairs and events such as the Sierra Girl Scouts of Nevada’s Girl Power Expo 2010, Shopper’s Square Annual Back-to-School Health Fair, and Washoe County’s Forum on Obesity called “Call to Action.” Healthy For Life™ materials are also posted on the school district’s Nutrition Services website in both English and Spanish, and Healthy for Life™ information is published in a monthly newsletter that goes to all households.

#### *Chef Patrick’s Pals*

Chef Patrick Sandoval, an ARAMARK chef in Pflugerville ISD, Texas, reaches out to the community through a learning website he created with the school district that features menu news, healthy recipes, and tips. This website is a wonderful tool for the entire community.

## **Breakfast Programs**

Numerous studies have shown that breakfast improves attendance, behavior, emotional intelligence, and standardized test scores. Developing the breakfast habit at an early age helps students maintain a healthy lifestyle. A well-balanced breakfast provides the fuel their bodies demand to stay energized and alert throughout the day, while eliminating the desire to overindulge between meals. And greater breakfast participation means greater federal reimbursements to the school district under the National School Breakfast Program (NSBP).

#### *AMP Up with Breakfast Program*

ARAMARK Education developed AMP Up with Breakfast™ to help school districts maximize the potential benefits of a breakfast program and to provide students with the opportunity to jump-start their days with a healthy and nutritious meal. A comprehensive, easy-to-implement program that includes more than 450 hot and cold items, the program offers cafeteria, classroom, and grab-n-go mobile cart service options to accommodate a variety of school building needs.



In the Crowley ISD, Texas, “AMP Up with Breakfast in the Classroom” at the Parkway and Sycamore elementary schools delivers free breakfast to students at the classroom door before each school day begins. The popularity of this program is demonstrated through a dramatic increase in breakfast participation. Last year, both Parkway and Sycamore averaged slightly more than 20% of students eating breakfast. This year, approximately 75% of students at Parkway are eating breakfast, and Sycamore has seen an astounding 93% participation rate at breakfast.

### *School Breakfast Challenge*

School districts in Wisconsin were challenged by the Department of Public Instruction to increase participation in their school breakfast program. Wisconsin State Superintendent Tony Evers said, “Providing a nutritious breakfast to students can help promote healthier eating habits that can last a lifetime. It can also be the extra boost students need to stay alert in school so they can concentrate on graduating with the skills and knowledge they need to be successful in the workplace or with further studies.”

Melissa Pementel, Food Service Director for ARAMARK in the Mequon-Thiensville School District, helped to guide that school district to success. She enhanced the breakfast menu with hot and cold breakfast favorites including egg sandwiches, yogurt, cereal, pancakes, and omelettes. She also began offering student breakfasts that qualify as reimbursable meals under the NSBP, opened more service lines, and used program marketing like ARAMARK’s AMP Up with Breakfast to drive participation. As a result, the school district saw an increase of 125% in breakfast participation. As a winner, the school district received a grant for \$1,000 to be used for equipment or nutrition education materials to improve its school breakfast programs.

### *At Your Service Breakfast*

To help promote healthy breakfast habits at an early age, the Child Nutrition Department at Lubbock ISD, Texas, has implemented At Your Service Breakfast at 41 of its 54 school buildings. The program offers all students a free breakfast they can enjoy in their classroom regardless of economic status. Throughout the school district, about 14,000 students are served breakfast each day. Since implementing At Your Service Breakfast, the school district has seen increased test scores, decreased nurse visits, and improved attendance ratings.

## **Menu Changes**

The Healthy, Hunger-Free Kids Act of 2010 and the recently announced USDA Proposed Rule for Improving Nutrition Standards in the National School Lunch and School Breakfast Programs require changes to school menus that will provide healthier alternatives (White House, 2010). The sample

Before/After Elementary School Lunch Menu in Table 3 suggests how a traditional school menu could change to incorporate fresh fruits and vegetables, and reduce fats and sugars.

**Table 3: Before/After Elementary School Lunch Menu**

Before	After
Bean and cheese burrito (5.3 oz) with mozzarella cheese (1 oz)	Submarine sandwich(1 oz turkey, .5 oz low-fat cheese) on Whole Wheat Roll
Applesauce (1/4 cup)	Refried beans (1/2 cup)
Orange Juice (4 oz)	Jicama (1/4 cup)
2% Milk (8 oz)	Green pepper strips (1/4 cup)
	Cantaloupe wedges, raw (1/2 cup)
	Skim Milk (8oz)
	Mustard (9 grams)
	Reduced fat mayonnaise (1oz)
	Low-fat ranch dip (1 oz)

*The HealthierUS School Challenge*

ARAMARK Education has partnered with schools to meet the HealthierUS School Challenge, a program that provides incentives to schools that are actively developing strategies to improve the health of the nation’s children by promoting healthier school environments (USDA, 2010). Strategies can include changing menus to improve the quality of foods served, providing students with nutrition education, and increasing opportunities for physical activity before, during, and after school.

ARAMARK Education uses the USDA guidelines and recommendations as the science-based framework when it develops menus and student-focused nutrition and education programs. ARMARK Education has developed new Gold Standard Menus that feature more whole grains, more fruit and vegetable variety, and 1% or skim milk. These menus helped Golfview Elementary School in the Carpentersville Community School District #300, Illinois, earn the top prize in the Challenge — the Gold Award of Distinction. And in Texas, the Minshew Elementary of McKinney ISD and Central Elementary School in Pflugerville ISD earned special recognition, winning gold level status. To reach a Gold level status, Minshaw and Central Elementary met the following standards:

- Enroll as a Team Nutrition School, which provides a framework for team efforts by school nutrition staff, teachers, parents, the media, and other community members to focus on nutritious school meals
- Offer reimbursable lunches that meet the USDA nutrition standards
- Meet or exceed the average daily participation for lunch minimum of 70%
- Offer school lunch menus that allow students to select a different vegetable and fruit everyday, 100% fruit juice, a whole-grain food serving, and only low-fat (1% or less) or fat-free (skim) milk
- Engage in nutrition education programs
- Offer physical education/activity classes and messages

Another Texas school district meeting the Challenge with ARAMARK Education menus is Lubbock ISD. With 54 onsite food prep locations that serve about 39,000 meals daily, Lubbock supports wellness policies by serving high-quality, nourishing, and balanced meals that meet or exceed federal and state nutrition guidelines. By working with manufacturers to reduce trans fats in recipe ingredients and prepared foods, the school district has the goal of eliminating added trans fats in the foods it serves. The school district also reduces the use of processed foods, added fats, sugar, and salt by preparing more meals from scratch using fresh, wholesome ingredients and healthy cooking techniques to create menu options that will appeal to students.

## Where Do We Go From Here?

Impressive efforts have been made toward addressing our nation's increasing health problem of childhood obesity. It is not surprising that a primary focus of prevention is in our nation's schools, because schools are the heart of many communities. Schools can be a center for wellness by opening school grounds to families for physical activity and by increasing healthy food choices for students at breakfast and lunch. Already many schools across the nation have introduced healthier alternatives not only in the school cafeteria, but in foods offered outside of the school meal program, such as in products sold in vending machines, a la carte lines, snack bars, fundraisers, and school stores. Many schools have eliminated soft drinks altogether, replacing them with water and/or fruit juices with no added sugar. Others have eliminated candy bars and offer popcorn, fresh vegetables, and fruits instead.

Although pressures related to student achievement and mounting budget constraints pose additional challenges, many schools are moving to increase physical activity opportunities. Before and after-school opportunities are beginning to appear and, hopefully, this trend will continue.

Dedicated health education courses, where possible, are supplementing nutritional information provided in school cafeterias. Certainly, information provided by professional services companies such as ARAMARK that is developed with the aid of certified dietitians and made available to students and parents in both English and Spanish will reinforce schools' efforts toward continued education about wellness.

Many schools are also emphasizing the need for school role models. ARAMARK offers training to food service workers and other school employees so they can in turn help students to make healthy food choices. Wellness councils and partnerships with agencies like the American Heart Association only strengthen the ability of school districts to educate parents and their children about the need to engage in healthy behaviors.

It is essential that schools develop a plan of action and identify the policy and program gaps that may impede the development of a sound school district-wide wellness plan. Once an action plan is developed,

schools can work with families and the community to take measurable steps toward integrating wellness throughout their community. Monitoring the success of programmatic interventions is essential to assess progress and celebrate landmark changes in their communities.

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