

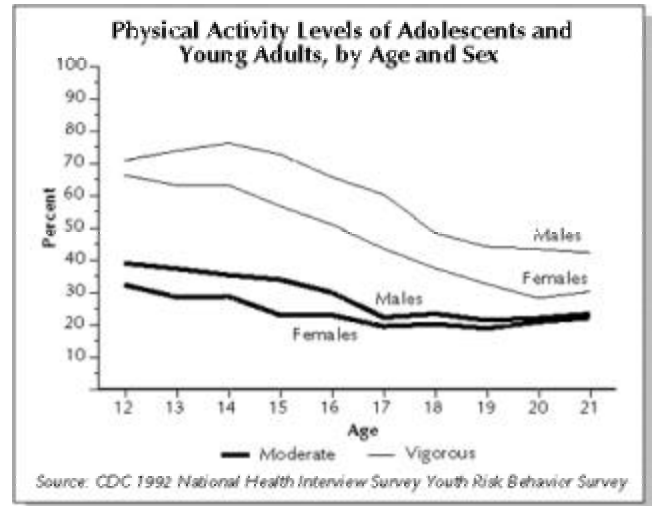
IHS Best Practice Model

School Health – Physical Activity and Nutrition

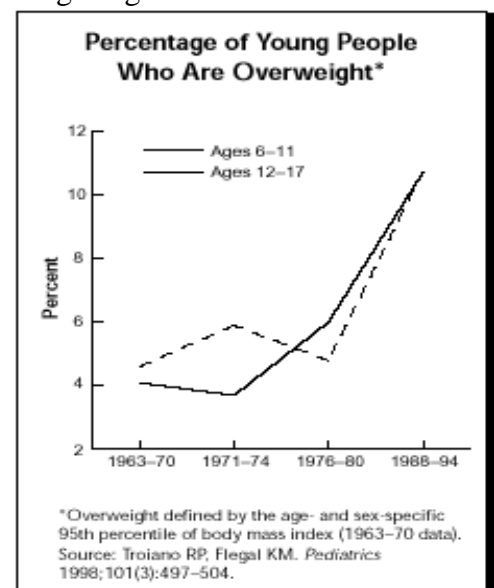
Why is this important?

The school setting, ranging from preschool to college, is an important avenue to reach the entire population and educate children and youth.

- Physical inactivity has contributed to an unprecedented epidemic of childhood obesity that is currently plaguing the United States. The percentage of young people who are overweight has doubled since 1980. Of children aged 5 to 15 who are overweight, 61% have one or more cardiovascular disease risk factors, and 27% have two or more. The negative health consequences linked to the childhood obesity epidemic include the appearance in the past two decades of a new and frightening public health problem: **type 2 diabetes among adolescents**. Type 2 diabetes was previously so rarely seen in children or adolescents that it came to be called “adult-onset diabetes.” Now, an increasing number of teenagers and preteens must be treated for diabetes and strive to ward off the life-threatening health complications that it can cause.



- Obesity in adolescence also has been associated with poorer self-esteem and with obesity in adulthood. Among adults today, 25% of women and 20% of men are obese. The total costs of diseases associated with obesity have been estimated at almost \$100 billion per year, or approximately 8% of the national health care budget.
- Nearly half of American youth aged 12-21 years are not vigorously active on a regular basis. About 14% of young people report no recent physical activity. Inactivity is more common among females (14%) than males (7%). Participation in all types of physical activity declines strikingly as age or grade in school increases.
- Most young people in the United States make poor eating choices that put them at risk for health problems. More than 84% of young people eat too much fat, and more than 91% eat too much saturated fat. Only one in five young people eats the recommended five daily servings of fruits and vegetables. Fifty-one percent of children and adolescents eat less than one serving a day of fruit, and 29% eat less than one serving a day of vegetables that are not fried. One in five students aged 15–18 regularly skips breakfast.
- Hungry children are more likely to have behavioral, emotional, and academic problems at school. Research suggests that not having breakfast can affect children's intellectual performance.
- Poor diet and inactivity cause at least 300,000 deaths among U.S. adults each year.



We can change this.

The benefits of moderate physical activity and healthy eating are well known: lowered risk for heart attack and stroke, reduced risk of progression to type 2 diabetes, reduced weight, and improved mood. The potential savings if all inactive Americans became physically active could be \$29.2 billion in 1987 dollars, or \$76.6 billion in 2000 dollars. Establishing healthy eating habits at a young age is critical because changing poor eating patterns in adulthood can be difficult. Schools can help young people improve their eating habits and activity levels by implementing effective policies and educational programs.

Potential benefits of regular physical activity for children:

- Builds and maintains healthy bones, muscles, and joints.
- Helps control weight, build lean muscle and reduce fat.
- Improves sense of self-image and autonomy.
- Fosters healthy social and emotional development.



Potential benefits of healthy eating for children:

- Helps young people grow, develop, and do well in school.
- Prevents childhood and adolescent health problems such as obesity, type 2 diabetes, eating disorders, dental caries, and iron deficiency anemia.
- May help prevent health problems later in life, including heart disease, cancer, and stroke—the three leading causes of death.

What measures are used?

- ▶ The **Healthy People 2010 Objective on school health:** Increase the proportion of middle, junior high and senior high schools that provide school health education to prevent unhealthy dietary patterns and inadequate physical activity. The objective specifies that 90 % of children and youth receive school health education on increasing physical activity and 95 % receive school health education on healthy dietary patterns.

How does your program compare?

- ▶ Find out if your local schools provide health education. Do the schools offer a comprehensive school health program? Do the schools provide healthy eating and physical activity education?
- ▶ What percentage of children and youth in your community are receiving school health education on nutrition and have the opportunity to participate in school based physical activity programs? Write those numbers in here: ___Preschool ___Elementary ___Jr. High ___High School

If your numbers are lower than the national averages, your diabetes grant program may want to consider focusing on a school health program. Here are some things your program can consider:

- ▶ Assess your local schools to determine if healthy meals are served. Make foods available through the school that are low in fat, sodium, and added sugars.
- ▶ Purchase and implement a school health curriculum that focuses on increased physical activity and healthy eating. Provide training for teachers.
- ▶ Establish a physical activity program in the schools that promotes regular non-competitive and competitive physical activities appropriate for differing ages and abilities.
- ▶ Utilize the CDC School Health Index to determine needs of community. Involve the parents, school staff and community to develop a physical activity and nutrition program that best fits the students and families.

Web Resources:

Promoting Better Health for Young People Through Physical Activity and Sports

A Report to the President From the Secretary of Health and Human Services and the Secretary of Education, Fall 2000

CDC's Guidelines for School and Community Health Programs

Promoting Lifelong Healthy Eating <http://www.cdc.gov/nccdphp/dash/nutguide.htm>

School Health Index for Physical Activity and Healthy Eating: A Self-Assessment and Planning Guide, CDC
<http://www.cdc.gov/nccdphp/dash/SHI/index.htm>

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