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# SCHOOL WELLNESS: Gold Standard Policy & Practice

A One-Hour, Interactive Exploration of  
Recommendations from the NJ Department of Health

## *Agenda*

### **Welcome, Introductions, & Purpose** (5 minutes)

- *You Can Quote Me: The Relationship Between Health and Academic Achievement* (10 minutes)
- School Wellness Policy & Practice: 3 Recommendations from New Jersey Department of Health (NJDOH) (30 minutes)
  - Understanding NJDOH Recommendations
  - Digging into the Model Policy
- Next Steps (10 minutes)
- Final Reflections (5 minutes)

### **Adjourn**

#### **Resource 1:**

Alliance for a Healthier Generation Model Wellness Policy

#### **Resource 2:**

New Jersey School Boards Association's *Drugs, Alcohol, Steroids, Tobacco* Policy 5131.6

#### **Resource 3:**

Excerpt from New Jersey School Boards Association's *Impact of Health and Wellness on Student Achievement: Final Report*

## Purpose of Today's Session

The purpose of today's session is to pave the way through the forest of existing school wellness resources, and to provide your school communities with a comprehensive wellness policy and list of best practices. Even for those who care deeply about promoting student wellness, the plethora of wellness resources can often be confusing and overwhelming.

This interactive workshop is intended to bring clarity to the confusion, and to create a starting place from which school communities can tailor best practice to meet their specific needs.

*As a result of today's session, you can expect to:*

- Gain an understanding of New Jersey Department of Health's 3 recommendations for implementing gold standard school wellness policy and practice
- Increase your knowledge of the essential components of a comprehensive school wellness policy (as supported by the CDC – Centers for Disease Control and Prevention)
- Consider next steps in continuing to develop your school's wellness policy and practice
- Develop an increased sense of commitment to promoting schoolwide and district-level student wellness

# ***You Can Quote Me:*** **The Relationship between Health and Academic Achievement**

(10 minutes)

## **Purpose**

For those who are passionate about wellness in schools, it's hard to understand why it's not just obvious: lively, active students are also more engaged and productive students. This activity makes sure that we're all on the same page when it comes to current research and wisdom about the relationship between school wellness and student achievement.

### **Materials Needed:**

- 1 copy for each participant of the handout *Wellness & Achievement: Perfect Together*

## **Directions**

1. Provide each member of the group with a copy of the handout entitled *Wellness & Achievement: Perfect Together*. The quotes on this page focus on the role that wellness plays in supporting student achievement.
2. Ask group members to divide into trios. Each member of each trio chooses a quote from the handout by imagining of which quote he or she would most like to have been the author.
3. Ask participants to share their quotes within their trio (taking no more than 2 minutes per person – ask someone in the group to act as timekeeper), as follows:
  - Speak the quote as if you had, indeed, written it yourself!
  - Clarify why your quote resonates for you, given your experience of schools in general and your school in particular.

## **Reflections**

- What was similar about the values and perceptions you heard? What was different?

# Wellness & Achievement: *Perfect Together*

*Which one of the 5 quotes below do you wish you'd written? Why?*

1. We can make a commitment to promote vegetables and fruits and whole grains on every part of every menu. We can make portion sizes smaller and emphasize quality over quantity. And we can help create a culture – imagine this – where our kids ask for healthy options instead of resisting them.

~ Michelle Obama

2. Scientific reviews have documented that school health programs can have positive effects on academic outcomes, as well as on health-risk behaviors and health outcomes. Similarly, programs that are primarily designed to improve academic achievement are increasingly recognized as important public health interventions.

~ *Centers for Disease Control*

[http://www.cdc.gov/HealthyYouth/health\\_and\\_academics/](http://www.cdc.gov/HealthyYouth/health_and_academics/)

3. Experts recommend that kids get 60 minutes of physical activity every day. Working these minutes into the school day not only supports a child's overall health but also helps teachers keep students focused and alert in the classroom.

~ *Alliance for a Healthier Generation*

[https://www.healthiergeneration.org/about\\_childhood\\_obesity/wellness\\_stories/healthy\\_kids\\_learn\\_better/](https://www.healthiergeneration.org/about_childhood_obesity/wellness_stories/healthy_kids_learn_better/)

4. Physically active students tend to have better grades, school attendance, cognitive performance, and classroom behaviors. Higher levels of physical activity and physical fitness levels are associated with improved cognitive performance, including concentration and memory.

~ *New Jersey School Boards Association Task Force on the Impact of Health and Wellness on Student Achievement 2014-2015: Final Report (p. 6)*

5. Students in every grade level at schools across the country are struggling in class. It's not because they're underachievers, or they're not smart, or they don't care. It's because we're working against them. The longer children and teens are forced to sit and grow roots in their chairs, the harder it will be for them to bloom.

~ Spark

[www.sparkpe.org/blog/how-physical-activity-affects-academic-performance/#sthash.hSyhmZkw.dpuf](http://www.sparkpe.org/blog/how-physical-activity-affects-academic-performance/#sthash.hSyhmZkw.dpuf)

# School Wellness Policy & Practice: 3 Recommendations from New Jersey Department of Health (NJDOH)

(30 minutes)

## Purpose

This activity is designed to immerse participants in the components of the New Jersey Department of Health (NJDOH) comprehensive wellness package, including policy and best practice, and to give educators the opportunity to compare their own district's wellness policy to the model policy recommended here.

## Directions

### STEP 1. Understanding NJDOH Recommendations (10 minutes)

Participants briefly review the handout entitled *School Wellness Policy & Practice: 3 Recommendations from New Jersey Department of Health (NJDOH)*. As the group either (a) shares a read-aloud of these recommendations or (b) reads silently, group members underline any particularly intriguing points in the recommendation and jot down any questions they have.

Following the reading, the facilitator asks participants to share anything they found intriguing and offer their current questions. Some questions may be simple to answer on the spot; others may be better answered after the group begins to dig into the resources provided.

### STEP 2. Digging into the Model Policy (10 minutes)

*The facilitator notes the following:*

- For many, focusing on daily wellness practice is the most natural and rewarding place to spend one's thoughts and time.
- At the same time, policy has a different power – one that can be enduring, and which can also gain the eye and ear of everyone from the superintendent to the school board to the community.
- Thus, we will focus on the NJDOH recommended school wellness policy: *Alliance for a Healthier Generation Model Wellness Policy*.

#### Materials Needed:

- 1 copy for each participant of the handout *School Wellness Policy & Practice: 3 Recommendations from New Jersey Department of Health* (see pp 7-8 of this packet)
- 1 copy for each participant of *Observations About Your District's Wellness Policy* (see pp 9-10 of this packet)
- A copy of each participant's district wellness policy – NOTE: PLEASE SOLICIT THESE FROM PARTICIPANTS IN ADVANCE OF YOUR SESSION
- Pencil or pen

The group briefly reviews the handout (pages 9-10) entitled *Observations About Your District's Wellness Policy*:

- In the left-hand column, which provides an outline of the *Alliance for a Healthier Generation Model Wellness Policy*, note that the categories in bold represent an outline of the policy.
- Note that these same categories are printed in the right-hand column, with space to write notes about your own district's policy.
- If participants are all from the same district and are looking at the same district wellness policy, then they may work in pairs or trios to complete the *Observations* table. If participants are all from different districts, they can each work on their own district's policy. To complete the *Observations* table, participants consider each category in the table and take notes on the following questions (which you may want to post on a white board or on flipchart paper):
  - Where do I see differences between my district's current policy and the *Alliance* model policy?
  - In what ways is my district's current policy aligned to the *Alliance* model policy?

**Note to Facilitators:**

If any member of your group does not have a copy of his or her district's wellness policy, please ask participants to share and work collaboratively.

**STEP 3. Report Out** (5 minutes)

Each small group reports out to the large group *one similarity* and *one difference* that they noted between the model policy and their own district policy.

**Reflections** (5 minutes)

- What patterns did you hear across participants' responses as they compared their own district's policy to the *Alliance* policy?
- What strengths does your district's wellness policy have, currently, that you feel good about? Where do you think your district's policy could benefit from stronger alignment with the *Alliance* policy?
- What was it like for you to engage in this activity? What was surprising to you about exploring these policies?

## School Wellness Policy & Practice: 3 Recommendations from New Jersey Department of Health

Recommendation	Description & Rationale	Link to Recommended Resource
<p><b>RECOMMENDATION 1.</b> <b>Adopt a Gold Standard School Wellness Policy</b></p> <p>NJDOH recommends adoption of the <i>Alliance for a Healthier Generation Model Wellness Policy</i>.</p>	<p>While many model school wellness policies align with the <i>minimum</i> CDC standards, the Alliance for a Healthier Generation offers a policy with <i>comprehensive guidelines</i> for creating a Wellness Council, fostering student nutrition and physical activity, involving the community in school wellness, and evaluating the effectiveness of wellness practices.</p> <p>The thorough nature of this policy and its alignment with federal standards make it an ideal policy model.</p> <p>In addition, this policy is designed as a template for districts to tailor to their own context.</p> <p>For instance, in 2015, Trenton Public Schools tailored this model to create their own policy, including relevant Trenton district statistics and a valuable additional policy component from “Safe Routes to Schools” (see link at right).</p>	<p><i>Alliance for a Healthier Generation Model Wellness Policy:</i> <a href="https://www.healthiergeneration.org/take_action/schools/wellness_committees_policies/wellness_policies/">https://www.healthiergeneration.org/take_action/schools/wellness_committees_policies/wellness_policies/</a></p> <p><i>Trenton Public Schools District Wellness Policy</i> <a href="http://www.straussesmay.com/portal/Public/DistrictPolicy.aspx?id=d869aa2e299245a8b02ad50437478be8&amp;PolicyID=8505">http://www.straussesmay.com/portal/Public/DistrictPolicy.aspx?id=d869aa2e299245a8b02ad50437478be8&amp;PolicyID=8505</a></p> <p><i>Safe Routes to School NJ Policy Sample:</i> <a href="http://www.saferoutesnj.org/resources/tips-tools-and-more/">http://www.saferoutesnj.org/resources/tips-tools-and-more/</a></p>

*(continued next page)*

<b>Recommendation</b>	<b>Description &amp; Rationale</b>	<b>Link to Recommended Resource</b>
<p><b>RECOMMENDATION 2.</b> <b>Add a Second Gold Standard Policy to Aug Wellness Policy</b></p> <p>In conjunction with adopting Alliance for a Healthier Generation Model Wellness Policy, NJDOH recommends adoption of New Jersey School Boards Association’s Drugs, Alcohol, Steroids, Tobacco Policy 5131.6.</p>	<p>NJDOH recognizes that prevention of substance misuse and abuse is a key component to student wellness, and therefore recommends New Jersey School Boards Association’s “Drugs, Alcohol, Steroids, Tobacco” policy (5131.6). In particular, the tobacco portion of this policy represents a gold standard that is not included in most tobacco policies. Given that tobacco is a gateway drug, this policy’s emphasis on intervention and cessation, instead of punitive measures like suspension, is particularly important in supporting a wellness focus for all students.</p>	<p><i>New Jersey School Boards Association Task Force on the Impact of Health and Wellness on Student Achievement: Final Report:</i> <a href="http://www.njsba.org/wp-content/uploads/2016/02/wellness-task-force-final-report-october16.pdf">http://www.njsba.org/wp-content/uploads/2016/02/wellness-task-force-final-report-october16.pdf</a> (see Appendix H, pages 74-85)</p>
<p><b>RECOMMENDATION 3.</b> <b>Support Gold Standard Policy with Daily Best Practice</b></p> <p>NJDOH recommends that schools consult a resource entitled <i>Task Force on the Impact of Health and Wellness on Student Achievement: Final Report</i> (note that this Task Force was convened and paper published by New Jersey School Boards Association) to ensure best practice in developing an effective school health model.</p>	<p>Policy must be married to daily, tangible practice. The NJSBA report provides detailed lists of best practices (see pages 21-34 of the <i>Task Force on the Impact of Health and Wellness on Student Achievement: Final Report</i>).</p> <p>Districts and schools can pick and choose which practices best fit the needs of their specific communities. School Wellness Committees and other relevant stakeholders are instrumental in determining which practices to prioritize in their community.</p>	<p><i>New Jersey School Boards Association Task Force on the Impact of Health and Wellness on Student Achievement: Final Report:</i> <a href="http://www.njsba.org/wp-content/uploads/2016/02/wellness-task-force-final-report-october16.pdf">http://www.njsba.org/wp-content/uploads/2016/02/wellness-task-force-final-report-october16.pdf</a> (see pages 21-34)</p>

**Questions? Please contact us if we can support your policy and practice goals for School Wellness.**

New Jersey Department of Health partnered with Center for Supportive Schools to conduct research in this area of School Wellness policy and practice. Please contact Kristina Knight of Center for Supportive Schools with any questions you may have about these recommendations; she can be reached at [kknight@supportiveschools.org](mailto:kknight@supportiveschools.org).





# Next Steps

(10 minutes)

*This session will be most valuable if participants spend 10 minutes planning next steps before adjourning. Briefly review the 3 action categories below (note that these 3 action categories parallel the 3 recommendations that New Jersey Department of Health is offering to schools regarding School Wellness), and if helpful, use the action plan template on page 14 to note any steps you decide to take.*

## 1. Possible Actions Regarding Your District's Wellness Policy

*Consider the following possible action steps or any of your own that make sense in your context:*

- Communicate with your school principal about your findings in comparing your district's policy and the recommended model policy
- Gain a deeper understanding of how your district's wellness policy is currently affecting your school – for better, for worse, or not at all
- With your principal, consider how most effectively to communicate with your district's superintendent or school board about your policy findings
- Other actions?

## 2. Possible Actions Regarding Your District's Substance Policy

*Consider the following possible action steps or any of your own that make sense in your context:*

- Utilize 2 handouts in this packet (pages 12-13) to learn what makes the recommended substance policy from New Jersey School Boards Association (NJSBA) a gold standard policy, particularly when it comes to the gateway drug of tobacco (see *Resource 2* in this packet, or click the *hyperlink* provided on page 8 of this packet)
- Perform a comparative analysis between your district's tobacco/substance policy and the recommended policy from NJSBA (again, utilizing pages 12-13 of this packet will help you know what to look for in your policy compared to the gold standard policy)
- Other actions?

## 3. Possible Actions Regarding Your School's Day-to-Day Wellness Practices

*Consider the following possible action steps or any of your own that make sense in your context:*

- Carefully review the lists of best practices provided in the school wellness categories outlined on pages 21-34 of the *Task Force on the Impact of Health and Wellness on Student Achievement: Final Report* (see *Resource 3* in this packet, or click the *hyperlink* provided on page 8 of this packet)
- Select priority action areas for your school; compare your accomplishments with the best practice link
- Other actions?

# Critical Components of a Comprehensive Tobacco-Free School Policy

## *The policy stipulates:*

- No tobacco use of **any kind** (including smokeless tobacco or any product resembling tobacco products excluding quit products)
- No tobacco use by **anyone** (including students, administration, faculty, staff and visitors)
- No tobacco use **anywhere** (including any building, facility, or vehicle owned, leased, rented or chartered by the school district, on school grounds and school property, and at any school-sponsored or school-related events on or off campus)
- No tobacco use at **any time** (including after-school hours on school grounds and school property or at any school-sponsored/school-related events on or off campus)

## *The policy explicitly defines:*

- Tobacco use as a public health hazard
- Tobacco as a highly addictive gateway drug
- Tobacco-products
- Tobacco-use
- The state and federal laws that support the policy

## *The policy makes provisions for:*

- A communication plan to inform students, administration, faculty/staff, and visitors about the policy
- Procedures for compliance that emphasize prevention/education and intervention over punishment

## *The policy ensures the implementation of the following:*

- An Alternative-to-Suspension program that includes counseling and/or cessation for students who violate the policy
- Mechanism for connecting all students and faculty/staff who use tobacco with cessation services
- Tobacco-Free Schools signage posted indoors and outdoors on school property
- Compliance with tobacco core curriculum standards as set by the New Jersey Department of Education

# Comparing a CTFSP to a Conventional School Policy on Tobacco

Conventional school policies on tobacco often ...	In a CTFSP, you will see ...
... refer to “smoking,” not “tobacco.”	... a definition of tobacco that includes not only cigarettes, but all tobacco-related products.
... refer to students only, versus all school faculty and visiting adults.	... clear expectations established for <i>all</i> populations.
<p>...leave gaps that enable loopholes such as the following:</p> <ul style="list-style-type: none"> <li>▪ <i>Use of smokeless tobacco products</i></li> <li>▪ <i>Use of tobacco on school grounds if it’s after hours</i></li> <li>▪ <i>Use of tobacco at school-related events that are not on school grounds</i></li> <li>▪ <i>Use of tobacco by contractors in schools</i></li> <li>▪ <i>Use of tobacco by school-related personnel such as bus drivers</i></li> </ul>	<p>... absolute clarity, such as the following:</p> <ul style="list-style-type: none"> <li>▪ No tobacco use of <i>any kind</i> (including smokeless tobacco or any product resembling tobacco products but excluding quit products)</li> <li>▪ No tobacco use by <i>anyone</i> (including students, administration, faculty, staff and visitors)</li> <li>▪ No tobacco use <i>anywhere</i> (including any building, facility, or vehicle owned, leased, rented or chartered by the school district, on school grounds and school property, and at any school-sponsored or school-related events on or off campus)</li> <li>▪ No tobacco use at <i>any time</i> (including after-school hours on school grounds and school property or at any school-sponsored/school-related events on or off campus)</li> </ul>
...assign punitive consequences to all infractions.	...intervention and cessation measures valued over punitive measures like suspension, which has not been shown to decrease tobacco use in schools.

<b>Action</b>	<b>Driver for This Action</b>	<b>Date for Completion</b>

# Final Reflections

*(5 minutes)*

- ✧ What is something that you'll walk away still thinking about, from our session today?
  
- ✧ What's a question that's on your mind right now?
  
- ✧ What is something you would like to say to our group before we end today's session?





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## RESOURCE 1

### **Alliance for a Healthier Generation Model Wellness Policy**

[https://www.healthiergeneration.org/take\\_action/schools/wellness\\_committees\\_\\_policies/wellness\\_policies/](https://www.healthiergeneration.org/take_action/schools/wellness_committees__policies/wellness_policies/)

*Every school...safe, supportive, engaging, and inspiring.*

## **[School District] Wellness Policy**

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## **[School District] Wellness Policy**

*[Note: This “Basic” district-level wellness policy template meets the minimum Federal standards for local school wellness policy implementation under the Healthy, Hunger-Free Kids Act of 2010, the Alliance for a Healthier Generation Healthy Schools Program “Bronze”-level recognition criteria, and minimum best practice standards accepted in the education and public health fields. Where appropriate, the template includes optional policy language school districts can use to establish a stronger policy that meets the Healthy Schools Program “Silver” or “Gold” levels. School districts should choose policy language that meets their current needs and also supports growth over time.]*

### **Preamble**

**[Insert School District name]** (hereto referred to as the District) is committed to the optimal development of every student. The District believes that for students to have the opportunity to achieve personal, academic, developmental, and social success, we need to create positive, safe, and health-promoting learning environments at every level, in every setting, throughout the school year.

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 U.S. Department of Agriculture’s (USDA) School Breakfast Program is associated with higher grades and standardized test scores, lower absenteeism, and better performance on cognitive tasks.<sup>1,2,3,4,5,6,7</sup> Conversely, less-than-adequate consumption of specific foods including fruits, vegetables, and dairy products, is associated with lower grades among students.<sup>8,9,10</sup> In addition, 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.<sup>11,12,13,14</sup>

This policy outlines the District’s approach to ensuring environments and opportunities for all students to practice healthy eating and physical activity behaviors throughout the school day while minimizing commercial distractions. Specifically, this policy establishes goals and procedures to ensure that:

- Students in the District have access to healthy foods throughout the school day—both through reimbursable school meals and other foods available throughout the school campus—in accordance with Federal and state nutrition standards;
- Students receive quality nutrition education that helps them develop lifelong healthy eating behaviors;
- Students have opportunities to be physically active before, during, and after school;
- Schools engage in nutrition and physical activity promotion and other activities that promote student wellness;
- School staff are encouraged and supported to practice healthy nutrition and physical activity behaviors in and out of school;
- The community is engaged in supporting the work of the District in creating continuity between school and other settings for students and staff to practice lifelong healthy habits; and

- The District establishes and maintains an infrastructure for management, oversight, implementation, communication about, and monitoring of the policy and its established goals and objectives.

This policy applies to all students, staff, and schools in the District.

*[Recommended Optional language includes:*

- *The District will coordinate the wellness policy with other aspects of school management, including the District’s School Improvement Plan, when appropriate.*
- *NOTE: Will also include any relevant data or statistics from state or local sources supporting the need for establishing and achieving the goals in this policy.]*

## **I. School Wellness Committee**

### ***Committee Role and Membership***

The District will convene a representative district wellness committee (hereto referred to as the DWC or work within an existing school health committee) that meets at least **four** times per year **[or specify frequency of meetings, with a minimum of four meetings per year]** to establish goals for and oversee school health and safety policies and programs, including development, implementation, and periodic review and update of this district-level wellness policy (heretofore referred as “wellness policy”).

The DWC membership will represent all school levels (elementary and secondary schools) and include (to the extent possible), but not be limited to: parents and caregivers; students; representatives of the school nutrition program (ex., school nutrition director); physical education teachers; health education teachers; school health professionals (ex., health education teachers, school health services staff [i.e., nurses, physicians, dentists, health educators, and other allied health personnel who provide school health services], and mental health and social services staff [i.e., school counselors, psychologists, social workers, or psychiatrists]; school administrators (ex., superintendent, principal, vice principal), school board members; health professionals (ex., dietitians, doctors, nurses, dentists); and the general public. To the extent possible, the DWC will include representatives from each school building and reflect the diversity of the community.

*[Optional additional policy language:*

- *Each school within the District will establish an ongoing School Wellness Committee (SWC) that convenes to review school-level issues, in coordination with the DWC.]*

### ***Leadership***

The Superintendent or designee(s) will convene the DWC and facilitate development of and updates to the wellness policy, and will ensure each school’s compliance with the policy.

**The name(s), title(s), and contact information (email address is sufficient) of this/these individual(s) is:**

Name	Title	Email address	Role

Each school will designate a school wellness policy coordinator, who will ensure compliance with the policy. Refer to Appendix A for a list of school level wellness policy coordinators.

**II. Wellness Policy Implementation, Monitoring, Accountability, and Community Engagement**

***Implementation Plan***

The District will develop and maintain a plan for implementation to manage and coordinate the execution of this wellness policy. The plan delineates roles, responsibilities, actions, and timelines specific to each school, and includes information about who will be responsible to make what change, by how much, where, and when, as well as specific goals and objectives for nutrition standards for all foods and beverages available on the school campus, food and beverage marketing, nutrition promotion and education, physical activity, physical education, and other school-based activities that promote student wellness. It is recommended that the school use the [Healthy Schools Program online tools](#) to complete a school level assessment based on the Centers for Disease Control and Prevention’s School Health Index, create an action plan that fosters implementation, and generate an annual progress report.

This wellness policy and the progress reports can be found at: **INSERT URL for DISTRICT’s WEBSITE.**

***Recordkeeping***

The District will retain records to document compliance with the requirements of the wellness policy at **[District’s Administrative Offices, Room #]** and/or on **[District’s central computer network]**. Documentation maintained in this location will include but will not be limited to:

- The written wellness policy;
- Documentation demonstrating compliance with community involvement requirements, including (1) Efforts to actively solicit DWC membership from the required stakeholder groups; and (2) These groups’ participation in the development, implementation, and periodic review and update of the wellness policy;
- Documentation of annual policy progress reports for each school under its jurisdiction; and
- Documentation of the triennial assessment\* of the policy for each school under its jurisdiction;

- Documentation demonstrating compliance with public notification requirements, including: (1) Methods by which the wellness policy, annual progress reports, and triennial assessments are made available to the public; and (2) Efforts to actively notify families about the availability of wellness policy.

### **Annual Progress Reports**

The District will compile and publish an annual report to share basic information about the wellness policy and report on the progress of the schools within the district in meeting wellness goals. This annual report will be published around the same time each year [in MONTH], and will include information from each school within the District. This report will include, but is not limited to:

- The website address for the wellness policy and/or how the public can receive/access a copy of the wellness policy;
- A description of each school's progress in meeting the wellness policy goals;
- A summary of each school's events or activities related to wellness policy implementation;
- The name, position title, and contact information of the designated District policy leader(s) identified in Section I; and
- Information on how individuals and the public can get involved with the DWC or SWC.

The annual report will be available in [insert appropriate language(s) spoken in District].

The District [and ideally also, insert: "and individual schools"] will actively notify households/families of the availability of the annual report.

The DWC, [if appropriate, insert: "in collaboration with individual schools/SWCs"] will establish and monitor goals and objectives for the District's schools, specific and appropriate for each instructional unit (elementary or secondary OR elementary, middle, and high school, as appropriate), for each of the content-specific components listed in Sections III-V of this policy.

[Optional additional policy language includes:

- *The District will track, analyze, and report on any correlations between improvements in health-promoting environments with education outcomes, such as absenteeism, disciplinary referrals, test scores, average grades, or health measures such as consumption of whole grains, fruits, or vegetables through the school meal programs or BMI, or psycho-social measures such as self-reported "connectedness," or other school climate measures. The District is encouraged to collaborate with local research institutions and universities.*
- *The District will also track and annually report other related information, such as findings from food safety inspections, aggregate participation in school meals programs, income reported from competitive food sales, fundraising revenues, and other such information, as feasible.]*

### **Triennial Progress Assessments**

At least once every three years, the District will evaluate compliance with the wellness policy to assess the implementation of the policy and include:

- The extent to which schools under the jurisdiction of the District are in compliance with the wellness policy;

- The extent to which the District's wellness policy compares to the Alliance for a Healthier Generation's model wellness policy; and
- A description of the progress made in attaining the goals of the District's wellness policy.

The position/person responsible for managing the triennial assessment and contact information is \_\_\_\_\_ *(list the person responsible here, their title, and their contact information)*.

The DWC, in collaboration with individual schools, will monitor schools' compliance with this wellness policy.

The District *[or school]* will actively notify households/families of the availability of the triennial progress report.

### ***Revisions and Updating the Policy***

The DWC will update or modify the wellness policy based on the results of the annual progress reports and triennial assessments, and/or as District priorities change; community needs change; wellness goals are met; new health science, information, and technology emerges; and new Federal or state guidance or standards are issued. **The wellness policy will be assessed and updated as indicated at least every three years, following the triennial assessment.**

### ***Community Involvement, Outreach, and Communications***

The District is committed to being responsive to community input, which begins with awareness of the wellness policy. The District will actively communicate ways in which representatives of DWC and others can participate in the development, implementation, and periodic review and update of the wellness policy through a variety of means appropriate for that district. The District will also inform parents of the improvements that have been made to school meals and compliance with school meal standards, availability of child nutrition programs and how to apply, and a description of and compliance with Smart Snacks in School nutrition standards. The District will use electronic mechanisms, such as email or displaying notices on the district's website, as well as non-electronic mechanisms, such as newsletters, presentations to parents, or sending information home to parents, to ensure that all families are actively notified of the content of, implementation of, and updates to the wellness policy, as well as how to get involved and support the policy. The District will ensure that communications are culturally and linguistically appropriate to the community, and accomplished through means similar to other ways that the district and individual schools are communicating other important school information with parents.

The District will actively notify the public about the content of or any updates to the wellness policy annually, at a minimum. The District will also use these mechanisms to inform the community about the availability of the annual and triennial reports.

## **III. Nutrition**

### ***School Meals***

Our school district is committed to serving healthy meals to children, with plenty of fruits, vegetables, whole grains, and fat-free and low-fat milk; moderate in sodium, low in saturated fat, and zero grams *trans* fat per serving (nutrition label or manufacturer's specification); and to meet the nutrition needs of school children within their calorie requirements. The school meal programs

aim to improve the diet and health of school children, help mitigate childhood obesity, model healthy eating to support the development of lifelong healthy eating patterns, and support healthy choices while accommodating cultural food preferences and special dietary needs.

All schools within the District participate in USDA child nutrition programs, including the National School Lunch Program (NSLP), the School Breakfast Program (SBP), and *[include here any additional Federal child nutrition programs in which the district participates, possibly including the Fresh Fruit & Vegetable Program (FFVP), Special Milk Program (SMP), Summer Food Service Program (SFSP), Supper programs, or others]*. The District also operates additional nutrition-related programs and activities including *[if applicable, insert here a list of other programs such as Farm to School programs, school gardens, Breakfast in the Classroom, Mobile Breakfast carts, Grab 'n' Go Breakfast, or others]*. All schools within the District are committed to offering school meals through the NSLP and SBP programs, and other applicable Federal child nutrition programs, that:

- Are accessible to all students;
- Are appealing and attractive to children;
- Are served in clean and pleasant settings;
- Meet or exceed current nutrition requirements established by local, state, and Federal statutes and regulations. (The District offers reimbursable school meals that meet [USDA nutrition standards](#).)
- Promote healthy food and beverage choices using at least ten of the following [Smarter Lunchroom techniques](#):
  - Whole fruit options are displayed in attractive bowls or baskets (instead of chaffing dishes or hotel pans)
  - Sliced or cut fruit is available daily
  - Daily fruit options are displayed in a location in the line of sight and reach of students
  - All available vegetable options have been given creative or descriptive names
  - Daily vegetable options are bundled into all grab and go meals available to students
  - All staff members, especially those serving, have been trained to politely prompt students to select and consume the daily vegetable options with their meal
  - White milk is placed in front of other beverages in all coolers
  - Alternative entrée options (e.g., salad bar, yogurt parfaits, etc.) are highlighted on posters or signs within all service and dining areas
  - A reimbursable meal can be created in any service area available to students (e.g., salad bars, snack rooms, etc.)
  - Student surveys and taste testing opportunities are used to inform menu development, dining space decor, and promotional ideas
  - Student artwork is displayed in the service and/or dining areas
  - Daily announcements are used to promote and market menu options

*[Optional additional policy language includes:*

- *Menus will be posted on the District website or individual school websites, and will include nutrient content and ingredients.*
- *Menus will be created/reviewed by a Registered Dietitian or other certified nutrition professional.*
- *School meals are administered by a team of child nutrition professionals.*
- *The District child nutrition program will accommodate students with special dietary needs.*
- *Students will be allowed at least 10 minutes to eat breakfast and at least 20 minutes to eat lunch, counting from the time they have received their meal and are seated (meets HSP Gold level). Students are served lunch at a reasonable and appropriate time of day.*
- *Lunch will follow the recess period to better support learning and healthy eating.*

- *Participation in Federal child nutrition programs will be promoted among students and families to help ensure that families know what programs are available in their children's school.*
- *The District will implement at least four of the following five Farm to School activities (meets HSP Gold level; mark/circle the four activities the District plans to do):*
  - *Local and/or regional products are incorporated into the school meal program;*
  - *Messages about agriculture and nutrition are reinforced throughout the learning environment;*
  - *School hosts a school garden;*
  - *School hosts field trips to local farms; and*
  - *School utilizes promotions or special events, such as tastings, that highlight the local/regional products.]*

**Staff Qualifications and Professional Development**

All school nutrition program directors, managers, and staff will meet or exceed hiring and annual continuing education/training requirements in the [USDA professional standards for child nutrition professionals](#). These school nutrition personnel will refer to [USDA's Professional Standards for School Nutrition Standards website](#) to search for training that meets their learning needs.

**Water**

To promote hydration, free, safe, unflavored drinking water will be available to all students throughout the school day\* and throughout every school campus\* (“school campus” and “school day” are defined in the glossary). The District will make drinking water available where school meals are served during mealtimes. In addition, students will be allowed to bring and carry (approved) water bottles filled with only water with them throughout the day.

*[Optional additional policy language may include:*

- *Water cups/jugs will be available in the cafeteria if a drinking fountain is not present.*
- *All water sources and containers will be maintained on a regular basis to ensure good hygiene standards. Such sources and containers may include drinking fountains, water jugs, hydration stations, water jets, and other methods for delivering drinking water.]*

**Competitive Foods and Beverages**

The District is committed to ensuring that all foods and beverages available to students on the school campus\* during the school day\* support healthy eating. The foods and beverages sold and served outside of the school meal programs (i.e., “competitive” foods and beverages) will meet the USDA Smart Snacks in School nutrition standards, at a minimum. Smart Snacks aim to improve student health and well-being, increase consumption of healthful foods during the school day, and create an environment that reinforces the development of healthy eating habits. A summary of the standards and information are available at:

<http://www.fns.usda.gov/healthierschoolday/tools-schools-smart-snacks>. The Alliance for a Healthier Generation provides a set of tools to assist with implementation of Smart Snacks available at [www.healthiergeneration.org/smartsnacks](http://www.healthiergeneration.org/smartsnacks).

*[NOTE: In some cases, states have passed more stringent nutrition standards for competitive foods and beverages in addition to the USDA Smart Snacks in School nutrition standards. In these states, districts and schools must also comply with their state standards.]*

To support healthy food choices and improve student health and well-being, all foods and beverages outside the reimbursable school meal programs that are sold to students on the school campus during the school day\* [*and ideally, the extended school day\**] will meet or exceed the USDA Smart Snacks nutrition standards [*or, if the state policy is stronger, "will meet or exceed state nutrition standards"*]. These standards will apply in all locations and through all services where foods and beverages are sold, which may include, but are not limited to, a la carte options in cafeterias, vending machines, school stores, and snack or food carts.

### **Celebrations and Rewards**

All foods offered on the school campus will meet or exceed the USDA Smart Snacks in School nutrition standards [*or, if the state policy is stronger, "will meet or exceed state nutrition standards"*], including through:

1. Celebrations and parties. The district will provide a list of healthy party ideas to parents and teachers, including non-food celebration ideas. Healthy party ideas from the [Alliance for a Healthier Generation](#) and from the [USDA](#).
2. Classroom snacks brought by parents. The District will provide to parents a [list of foods and beverages that meet Smart Snacks](#) nutrition standards; and
3. Rewards and incentives. The District will provide teachers and other relevant school staff a [list of alternative ways to reward children](#). Foods and beverages will not be used as a reward, or withheld as punishment for any reason, such as for performance or behavior.

*[Meets HSP Silver]*

### **Fundraising**

Foods and beverages that meet or exceed the USDA Smart Snacks in Schools nutrition standards may be sold through fundraisers on the school campus\* during the school day\*. The District will make available to parents and teachers a list of healthy fundraising ideas [*examples from the [Alliance for a Healthier Generation](#) and the [USDA](#)*].

*[Given the pervasiveness of food fundraisers in many schools and the wide availability of profitable, healthy fundraising options, additional policy language is encouraged:*

- *Schools will use only non-food fundraisers, and encourage those promoting physical activity (such as walk-a-thons, jump rope for heart, fun runs, etc.).*
- *Fundraising during and outside school hours will sell only non-food items or foods and beverages that meet or exceed the Smart Snacks nutrition standards. This may include but is not limited to, donation nights at restaurants, cookie dough, candy and pizza sales, market days, etc. (Meets HSP Gold)]*

### **Nutrition Promotion**

Nutrition promotion and education positively influence lifelong eating behaviors by using evidence-based techniques and nutrition messages, and by creating food environments that encourage healthy nutrition choices and encourage participation in school meal programs. Students and staff will receive consistent nutrition messages throughout schools, classrooms, gymnasiums, and cafeterias. Nutrition promotion also includes marketing and advertising nutritious foods and beverages to students and is most effective when implemented consistently through a comprehensive and multi-channel approach by school staff and teachers, parents, students, and the community.

The District will promote healthy food and beverage choices for all students throughout the school campus, as well as encourage participation in school meal programs. This promotion will occur through at least:

- Implementing evidence-based healthy food promotion techniques through the school meal programs using [Smarter Lunchroom techniques](#); and
- Promoting foods and beverages that meet the USDA Smart Snacks in School nutrition standards. Additional possible promotion techniques that the District and individual schools may use are available at [www.healthiergeneration.org/smartsnacks](http://www.healthiergeneration.org/smartsnacks).

### **Nutrition Education**

The District aims to teach, model, encourage, and support healthy eating by students. Schools will provide nutrition education and engage in nutrition promotion that:

- Is designed to provide students with the knowledge and skills necessary to promote and protect their health;
- Is part of not only health education classes, but also integrated into other classroom instruction through subjects such as math, science, language arts, social sciences, and elective subjects;
- Include enjoyable, developmentally-appropriate, culturally-relevant, and participatory activities, such as cooking demonstrations or lessons, promotions, taste-testing, farm visits, and school gardens;
- Promote fruits, vegetables, whole-grain products, low-fat and fat-free dairy products, and healthy food preparation methods;
- Emphasize caloric balance between food intake and energy expenditure (promotes physical activity/exercise);
- Link with school meal programs, cafeteria nutrition promotion activities, school gardens, Farm to School programs, other school foods, and nutrition-related community services;
- Teach media literacy with an emphasis on food and beverage marketing; and
- Include nutrition education training for teachers and other staff.

*[Optional additional policy language includes:*

- *In elementary schools, nutrition education will be offered at each grade level as part of a sequential, comprehensive, standards-based health education curriculum that meets state and national standards (meets HSP Silver/Gold level).*
- *All health education teachers will provide opportunities for students to practice or rehearse the skills taught through the health education curricula (meets HSP Silver/Gold level).]*

### **Essential Healthy Eating Topics in Health Education**

The District will include in the health education curriculum the following essential topics on healthy eating:

- The relationship between healthy eating and personal health and disease prevention
- Food guidance from [MyPlate](#)
- Reading and using USDA's food labels
- Eating a variety of foods every day
- Balancing food intake and physical activity
- Eating more fruits, vegetables, and whole grain products
- Choosing foods that are low in fat, saturated fat, and cholesterol and do not contain *trans* fat

- Choosing foods and beverages with little added sugars
- Eating more calcium-rich foods
- Preparing healthy meals and snacks
- Risks of unhealthy weight control practices
- Accepting body size differences
- Food safety
- Importance of water consumption
- Importance of eating breakfast
- Making healthy choices when eating at restaurants
- Eating disorders
- The Dietary Guidelines for Americans
- Reducing sodium intake
- Social influences on healthy eating, including media, family, peers, and culture
- How to find valid information or services related to nutrition and dietary behavior
- How to develop a plan and track progress toward achieving a personal goal to eat healthfully
- Resisting peer pressure related to unhealthy dietary behavior
- Influencing, supporting, or advocating for others' healthy dietary behavior

[USDA's Team Nutrition](#) provides free nutrition education and promotion materials, including standards-based nutrition education curricula and lesson plans, posters, interactive games, menu graphics, and more.

### ***Food and Beverage Marketing in Schools***

The District is committed to providing a school environment that ensures opportunities for all students to practice healthy eating and physical activity behaviors throughout the school day while minimizing commercial distractions. The District strives to teach students how to make informed choices about nutrition, health, and physical activity. These efforts will be weakened if students are subjected to advertising on District property that contains messages inconsistent with the health information the District is imparting through nutrition education and health promotion efforts. It is the intent of the District to protect and promote student's health by permitting advertising and marketing for only those foods and beverages that are permitted to be sold on the school campus, consistent with the District's wellness policy.

Any foods and beverages marketed or promoted to students on the school campus\* during the school day\* will meet or exceed the USDA Smart Snacks in School nutrition standards *[or, if stronger, "state nutrition standards"]*, such that only those foods that comply with or exceed those nutrition standards are permitted to be marketed or promoted to students.

Food advertising and marketing is defined<sup>15</sup> as an oral, written, or graphic statements made for the purpose of promoting the sale of a food or beverage product made by the producer, manufacturer, seller, or any other entity with a commercial interest in the product. This term includes, but is not limited to the following:

- Brand names, trademarks, logos or tags, except when placed on a physically present food or beverage product or its container.
- Displays, such as on vending machine exteriors.
- Corporate brand, logo, name, or trademark on school equipment, such as marquees, message boards, scoreboards, or backboards (Note: immediate replacement of these items

are not required; however, districts will consider replacing or updating scoreboards or other durable equipment over time so that decisions about the replacement include compliance with the marketing policy.)

- Corporate brand, logo, name, or trademark on cups used for beverage dispensing, menu boards, coolers, trash cans, and other food service equipment; as well as on posters, book covers, pupil assignment books, or school supplies displayed, distributed, offered, or sold by the District.
- Advertisements in school publications or school mailings.
- Free product samples, taste tests, or coupons of a product, or free samples displaying advertising of a product.

#### **IV. Physical Activity**

Children and adolescents should participate in 60 minutes of physical activity every day. A substantial percentage of students' physical activity can be provided through a comprehensive, school-based physical activity program (CSPAP) that includes these components: physical education, recess, classroom-based physical activity, walk and bicycle to school, and out-of-school time activities and the district is committed to providing these opportunities. Schools will ensure that these varied opportunities are in addition to, and not as a substitute for, physical education (addressed in "Physical Education" subsection). All schools in the district will be encouraged to participate in *Let's Move! Active Schools* ([www.letsmoveschools.org](http://www.letsmoveschools.org)) in order to successfully address all CSPAP areas.

Physical activity during the school day (including but not limited to recess, physical activity breaks, or physical education) **will not be withheld** as punishment for any reason **[insert if appropriate: "This does not include participation on sports teams that have specific academic requirements].** The district will provide teachers and other school staff with a [list of ideas](#) for alternative ways to discipline students.

To the extent practicable, the District will ensure that its grounds and facilities are safe and that equipment is available to students to be active. The District will conduct necessary inspections and repairs.

*[Optional additional policy language:*

- *Through a formal joint or shared use agreements indoor and outdoor physical activity facilities will be open to students, their families, and the community outside of school hours (meets HSP Gold). [Change Lab Solutions](#) provides guidance regarding joint or shared use agreements.*
- *The District will work with schools to ensure that inventories of physical activity supplies are known and, when necessary, will work with community partners to ensure sufficient quantities of equipment are available to encourage activity for as many students as possible.]*

#### ***Physical Education***

The District will provide students with physical education, using an age-appropriate, sequential physical education curriculum consistent with national and state standards for physical education. The physical education curriculum will promote the benefits of a physically active lifestyle and will help students develop skills to engage in lifelong healthy habits, as well as incorporate essential

health education concepts (discussed in the “*Essential Physical Activity Topics in Health Education*” subsection).

All students will be provided equal opportunity to participate in physical education classes. The District will make appropriate accommodations to allow for equitable participation for all students and will adapt physical education classes and equipment as necessary.

All District **elementary students** in each grade will receive physical education for at least 60-89 minutes per week throughout the school year. [NOTE: Additional optional policy language substitutions include: All [District] elementary students in each grade will receive physical education for at least 90-149 minutes per week throughout the school year (Meets HSP Silver level). OR All [District] elementary students in each grade will receive physical education for at least 150 minutes per week throughout the school year (meets HSP Gold level).]

All [District] **secondary students** (middle and high school) are required to take the equivalent of one academic year of physical education.

[NOTE: For additional rigor, optional language substitutions include: All [District] secondary students (middle and high school) are required to take more than one academic year of physical education (meets HSP Silver level). OR All [District] secondary students (middle and high school) are required to take physical education throughout all secondary school years (meets HSP Gold level).]

The District physical education program will promote student physical fitness through individualized fitness and activity assessments (via the [Presidential Youth Fitness Program](#) or other appropriate assessment tool) and will use criterion-based reporting for each student.

[Additional policy language includes:

- Students will be moderately to vigorously active for at least 50% of class time during most or all physical education class sessions (meets HSP Silver level).
- All physical education teachers in [District] will be required to participate in at least once a year professional development in education (meets HSP Silver level).
- All physical education classes in [District] are taught by licensed teachers who are certified or endorsed to teach physical education (meets HSP Gold level).
- Waivers, exemptions, or substitutions for physical education classes are not granted.

### **Essential Physical Activity Topics in Health Education**

The District will include in the health education curriculum the following essential topics on physical activity: **[insert: when health education is taught OR semesters when student is enrolled in health or physical education OR in all year(s) of school.]**

- The physical, psychological, or social benefits of physical activity
- How physical activity can contribute to a healthy weight
- How physical activity can contribute to the academic learning process
- How an inactive lifestyle contributes to chronic disease
- Health-related fitness, that is, cardiovascular endurance, muscular endurance, muscular strength, flexibility, and body composition
- Differences between physical activity, exercise, and fitness
- Phases of an exercise session, that is, warm up, workout, and cool down
- Overcoming barriers to physical activity

- Decreasing sedentary activities, such as TV watching
- Opportunities for physical activity in the community
- Preventing injury during physical activity
- Weather-related safety, for example, avoiding heat stroke, hypothermia, and sunburn while being physically active
- How much physical activity is enough, that is, determining frequency, intensity, time, and type of physical activity
- Developing an individualized physical activity and fitness plan
- Monitoring progress toward reaching goals in an individualized physical activity plan
- Dangers of using performance-enhancing drugs, such as steroids
- Social influences on physical activity, including media, family, peers, and culture
- How to find valid information or services related to physical activity and fitness
- How to influence, support, or advocate for others to engage in physical activity
- How to resist peer pressure that discourages physical activity

### ***Recess (Elementary)***

All elementary schools will offer at least **20 minutes of recess** on all or most days during the school year (Insert as appropriate any language such as: *This policy may be waived on early dismissal or late arrival days*). If recess is offered before lunch, schools will have appropriate hand-washing facilities and/or hand-sanitizing mechanisms located just inside/outside the cafeteria to ensure proper hygiene prior to eating and students are required to use these mechanisms before eating. Hand-washing time, as well as time to put away coats/hats/gloves, will be built in to the recess transition period/timeframe before students enter the cafeteria.

**Outdoor recess** will be offered when weather is feasible for outdoor play. *[Depending on regions or weather conditions, districts may insert weather guidelines or guidelines for outside play here. OR District could create new ones such as: “Students will be allowed outside for recess except when outdoor temperature is above/below District-set temperature, inclusive of wind chill factors, during “code orange” or “code red” days, during storms with lightening or thunder, or at the discretion of the building administrator based on his/her best judgment of safety conditions.”]*

In the event that the school or district must conduct **indoor recess**, teachers and staff will follow the indoor recess guidelines that promote physical activity for students, to the extent practicable. *[District can insert indoor recess guidelines here, which might delineate a minimum amount of time for activity opportunities during indoor recess. If these guidelines do not yet exist, the DWC will create them or facilitate their development on a school-by-school basis and include them here.] [If District opts for school-by-school indoor recess guidelines, insert: Each school will maintain and enforce its own indoor recess guidelines.]*

Recess will complement, not substitute, physical education class. Recess monitors or teachers will encourage students to be active, and will serve as role models by being physically active alongside the students whenever feasible.

### ***Physical Activity Breaks (Elementary and Secondary)***

The District recognizes that students are more attentive and ready to learn if provided with periodic breaks when they can be physically active or stretch. Thus, students will be offered **periodic opportunities** to be active or to stretch throughout the day on all or most days during a typical school week. The District recommends teachers provide short (3-5 minute) physical activity breaks to students during and between classroom time. These physical activity breaks will complement, not substitute, for physical education class, recess, and class transition periods.

The District will provide resources and links to resources, tools, and technology with ideas for physical activity breaks. Resources and ideas are available through [USDA](#) and the [Alliance for a Healthier Generation](#).

### **Active Academics**

Teachers will incorporate movement and kinesthetic learning approaches into “core” subject instruction when possible (e.g., science, math, language arts, social studies, and others) and do their part to limit sedentary behavior during the school day.

The District will support classroom teachers incorporating physical activity and employing kinesthetic learning approaches into core subjects by providing annual professional development opportunities and resources, including information on leading activities, activity options, as well as making available background material on the connections between learning and movement.

Teachers will serve as role models by being physically active alongside the students whenever feasible.

### **Before and After School Activities**

The District offers opportunities for students to participate in physical activity either before and/or after the school day (or both) through a variety of methods. The District will encourage students to be physically active before and after school by: *[District should choose appropriate and reasonable options such as clubs, physical activity in aftercare, intramurals, or varsity sports, and insert approaches here.]*

### **Active Transport**

The District will support active transport to and from school, such as walking or biking. The District will encourage this behavior by engaging in *six or more* of the activities below; including but not limited to: *[District will select from the list below and insert them here as policy].*

- Designation of safe or preferred routes to school
- Promotional activities such as participation in International Walk to School Week, National Walk and Bike to School Week
- Secure storage facilities for bicycles and helmets (e.g., shed, cage, fenced area)
- Instruction on walking/bicycling safety provided to students
- Promotion of safe routes program to students, staff, and parents via newsletters, websites, local newspaper
- Crossing guards are used
- Crosswalks exist on streets leading to schools
- Walking school buses are used
- Documentation of number of children walking and or biking to and from school
- Creation and distribution of maps of school environment (e.g., sidewalks, crosswalks, roads, pathways, bike racks, etc.)

## **V. Other Activities that Promote Student Wellness**

The District will integrate wellness activities across the entire school setting, not just in the cafeteria, other food and beverage venues, and physical activity facilities. The District will coordinate and integrate other initiatives related to physical activity, physical education, nutrition, and other wellness components so all efforts are complementary, not duplicative, and work

towards the same set of goals and objectives promoting student well-being, optimal development, and strong educational outcomes.

Schools in the District are encouraged to *[Optional language: Schools in the District will...]* coordinate content across curricular areas that promote student health, such as teaching nutrition concepts in mathematics, with consultation provided by either the school or the District's curriculum experts.

All efforts related to obtaining federal, state, or association recognition for efforts, or grants/funding opportunities for healthy school environments will be coordinated with and complementary of the wellness policy, including but not limited to ensuring the involvement of the DWC/SWC.

All school-sponsored events will adhere to the wellness policy. All school-sponsored wellness events will include physical activity opportunities.

**Community Partnerships**

The District will *[insert as appropriate to current efforts: develop, enhance, or continue]* relationships with community partners (i.e. hospitals, universities/colleges, local businesses, etc.) in support of this wellness policy's implementation. Existing and new community partnerships and sponsorships will be evaluated to ensure that they are consistent with the wellness policy and its goals.

**Community Health Promotion and Engagement**

The District will promote to parents/caregivers, families, and the general community the benefits of and approaches for healthy eating and physical activity throughout the school year. Families will be informed and invited to participate in school-sponsored activities and will receive information about health promotion efforts.

As described in the "Community Involvement, Outreach, and Communications" subsection, the District will use electronic mechanisms (such as email or displaying notices on the district's website), as well as non-electronic mechanisms, (such as newsletters, presentations to parents, or sending information home to parents), to ensure that all families are actively notified of opportunities to participate in school-sponsored activities and receive information about health promotion efforts.

**Staff Wellness and Health Promotion**

The DWC will have a staff wellness subcommittee that focuses on staff wellness issues, identifies and disseminates wellness resources, and performs other functions that support staff wellness in coordination with human resources staff. *The subcommittee leader's name is \_\_\_\_\_ (list here).*

Schools in the District will implement strategies to support staff in actively promoting and modeling healthy eating and physical activity behaviors. *Examples of strategies schools will use, as well as specific actions staff members can take, include \_\_\_\_\_ (list 3-4 strategies here).* The District promotes staff member participation in health promotion programs and will support programs for staff members on healthy eating/weight management that are accessible and free or low-cost.

*[Optional language includes:*

- *The District will use a healthy meeting policy for all events with available food options, created by the SWC/DWC or one that currently exists that optimizes healthy food options with a variety of choices and selections of healthy foods for a variety of dietary needs.]*

**Professional Learning**

When feasible, the District will offer annual professional learning opportunities and resources for staff to increase knowledge and skills about promoting healthy behaviors in the classroom and school (e.g., increasing the use of kinesthetic teaching approaches or incorporating nutrition lessons into math class). Professional learning will help District staff understand the connections between academics and health and the ways in which health and wellness are integrated into ongoing district reform or academic improvement plans/efforts.

*Glossary:*

**Extended School Day** - time during before and afterschool activities that includes clubs, intramural sports, band and choir practice, drama rehearsals, etc.

**School Campus** - areas that are owned or leased by the school and used at any time for school-related activities such as the school building or on the school campus, including on the outside of the school building, school buses or other vehicles used to transport students, athletic fields, and stadiums (e.g. on scoreboards, coolers, cups, and water bottles), or parking lots.

**School Day** - midnight the night before to 30 minutes after the end of the instructional day.

**Triennial** – recurring every three years.

## Appendix A: School Level Contacts

School	Name	Title	Email Address	Role

<sup>1</sup> Bradley, B, Green, AC. Do Health and Education Agencies in the United States Share Responsibility for Academic Achievement and Health? A Review of 25 years of Evidence About the Relationship of Adolescents' Academic Achievement and Health Behaviors, *Journal of Adolescent Health*. 2013; 52(5):523-532.

<sup>2</sup> Meyers AF, Sampson AE, Weitzman M, Rogers BL, Kayne H. School breakfast program and school performance. *American Journal of Diseases of Children*. 1989;143(10):1234-1239.

<sup>3</sup> Murphy JM. Breakfast and learning: an updated review. *Current Nutrition & Food Science*. 2007; 3:3-36.

<sup>4</sup> Murphy JM, Pagano ME, Nachmani J, Sperling P, Kane S, Kleinman RE. The relationship of school breakfast to psychosocial and academic functioning: Cross-sectional and longitudinal observations in an inner-city school sample. *Archives of Pediatrics and Adolescent Medicine*. 1998;152(9):899-907.

<sup>5</sup> Pollitt E, Mathews R. Breakfast and cognition: an integrative summary. *American Journal of Clinical Nutrition*. 1998; 67(4), 804S-813S.

<sup>6</sup> Rampersaud GC, Pereira MA, Girard BL, Adams J, Metz JD. Breakfast habits, nutritional status, body weight, and academic performance in children and adolescents. *Journal of the American Dietetic Association*. 2005;105(5):743-760, quiz 761-762.

<sup>7</sup> Taras, H. Nutrition and student performance at school. *Journal of School Health*. 2005;75(6):199-213.

<sup>8</sup> MacLellan D, Taylor J, Wood K. Food intake and academic performance among adolescents. *Canadian Journal of Dietetic Practice and Research*. 2008;69(3):141-144.

<sup>9</sup> Neumark-Sztainer D, Story M, Dixon LB, Resnick MD, Blum RW. Correlates of inadequate consumption of dairy products among adolescents. *Journal of Nutrition Education*. 1997;29(1):12-20.

<sup>10</sup> Neumark-Sztainer D, Story M, Resnick MD, Blum RW. Correlates of inadequate fruit and vegetable consumption among adolescents. *Preventive Medicine*. 1996;25(5):497-505.

<sup>11</sup> Centers for Disease Control and Prevention. *The association between school-based physical activity, including physical education, and academic performance*. Atlanta, GA: US Department of Health and Human Services, 2010.

<sup>12</sup> Singh A, Uijtendwilligne L, Twisk J, van Mechelen W, Chinapaw M. *Physical activity and performance at school: A systematic review of the literature including a methodological quality assessment*. *Arch Pediatr Adolesc Med*, 2012; 166(1):49-55.

<sup>13</sup> Haapala E, Poikkeus A-M, Kukkonen-Harjula K, Tompuri T, Lintu N, Väistö J, Leppänen P, Laaksonen D, Lindi V, Lakka T. *Association of physical activity and sedentary behavior with academic skills – A follow-up study among primary school children*. *PLoS ONE*, 2014; 9(9): e107031.

<sup>14</sup> Hillman C, Pontifex M, Castelli D, Khan N, Raine L, Scudder M, Drollette E, Moore R, Wu C-T, Kamijo K. *Effects of the FITKids randomized control trial on executive control and brain function*. *Pediatrics* 2014; 134(4): e1063-1071.

<sup>15</sup> Change Lab Solutions. (2014). *District Policy Restricting the Advertising of Food and Beverages Not Permitted to be Sold on School Grounds*. Retrieved from <http://changelabsolutions.org/publications/district-policy-school-food-ads>.



CENTER FOR SUPPORTIVE SCHOOLS

## RESOURCE 2

### **New Jersey School Boards Association's Drugs, Alcohol, Steroids, Tobacco Policy 5131.6**

<http://www.njsba.org/wp-content/uploads/2016/02/wellness-task-force-final-report-october16.pdf>

*Every school...safe, supportive, engaging, and inspiring.*



identified, evaluated, and reported in accordance with the law. Assessment will be provided by individuals who are certified by the New Jersey State Board of Examiners as student assistance coordinators or by individuals who are appropriately certified by the New Jersey Board of Examiners and trained in alcohol and other drug abuse prevention. A pupil who uses, possesses, or distributes drugs, alcohol, or steroids on school premises or while attending a school-sponsored activity will be subject to discipline that may include suspension or expulsion, and may be reported to appropriate law enforcement personnel. Pupils suspected of involvement with alcohol, drugs or steroids away from school premises will be advised of appropriate treatment and remediation (N.J.S.A. 18A:40A-10). Treatment services for students who are affected by alcohol or other drug use will be provided by individuals who are certified as student assistance coordinators or who are otherwise appropriately trained in drug and alcohol prevention, intervention, and follow-up. Treatment will not be at the board's expense.

- B. The board directs the establishment of a program designed to provide short-term counseling and support services for pupils who are in care or returning from care for alcohol and other drug dependencies. Pursuant to N.J.S.A. 18A:40A-16 the district shall establish a parent/guardian substance abuse program offered at times and places convenient to the parents/guardians of the district on school premises or other facilities.

#### Enforcement of Drug-Free School Zones

The board of education recognizes its responsibility to ensure continuing cooperation between school staff and law enforcement authorities in all matters relating to the use, possession, and distribution of controlled dangerous substances and drug paraphernalia on school property. The board further recognizes its responsibility to cooperate with law enforcement authorities in planning and conducting law enforcement activities and operations on school property. The board shall, therefore, establish a formal Memorandum of Agreement with the appropriate law enforcement authorities and set forth the following policies and procedures after consultation with the county prosecutor and approval by the executive county superintendent of schools. The Memorandum of Agreement shall be consistent with the *Uniform State Memorandum of Agreement Between Education and Law Enforcement Officials*.

#### Law Enforcement Liaison

In order to ensure that such cooperation continues, the board directs the chief school administrator to designate a school district liaison(s) to law enforcement agencies and to prescribe the roles and responsibilities of the school liaison(s). Such assignment shall be in accordance with the district's collective bargaining agreement, if applicable.

#### Undercover Operations

The board hereby recognizes that the chief school administrator may request that law enforcement authorities conduct an undercover operation in the school if he/she has reason to

believe that drug use and/or drug trafficking is occurring in the school and that a less intrusive means of law enforcement intervention would be ineffective. The board hereby authorizes the chief school administrator to request such intervention under these circumstances. The board recognizes that the chief school administrator is not permitted to ask the board's approval for his/her action and is not permitted to discuss any aspect of the undercover operation until authorized to do so by law enforcement authorities.

The board recognizes that law enforcement authorities may contact the chief school administrator to request that an undercover operation be established in a district school. The board recognizes that the chief school administrator is prohibited from discussing the request with the board. The board hereby authorizes the chief school administrator to act upon any such request in the manner that he/she determines is in conformity with the law and the Attorney General's Executive Directive 1988-1 and that is in the best interests of the students and the school district.

The board directs the chief school administrator and school principal to cooperate with law enforcement authorities in the planning and conduct of undercover school operations. The chief school administrator, principal, or any other school staff or district board member who may have been informed about the undercover operation is required to immediately communicate information to the county prosecutor or designee if the integrity of the undercover school operation has been compromised in any way.

At the completion of an undercover operation in a school, and with the consent of the appropriate law enforcement authority, the chief school administrator shall report to the board regarding the nature of the operation, the result of the operation, and any serious problems encountered during the operation.

#### Summoning Law Enforcement Authorities onto School Property for the Purpose of Conducting Investigations, Searches, Seizures, and Arrests

Any school employee who has reason to believe a student(s) or a staff member(s) is using or distributing controlled dangerous substances, including anabolic steroids, or drug paraphernalia on school premises shall bring that information to the school principal who, in turn, shall report same to the chief school administrator. The chief school administrator shall immediately report that information to the appropriate law enforcement agency. If, after consultation with the law enforcement official, it is determined that further investigation is necessary, the chief school administrator will cooperate with the law enforcement authorities in accordance with the law and administrative code. He/she will provide the officials with a room in an area away from the general student population in which to conduct their law enforcement duties. If law enforcement officials do not choose to investigate the incident, the chief school administrator may continue the investigation to determine if any school rules have been broken and whether any school discipline is appropriate.

If an arrest is necessary, and no exigent circumstances exist, the chief school administrator and staff will cooperate with the law enforcement officials and provide them access to the office of a school administrator or some other area away from the general student population. Every effort shall be made to enable law enforcement personnel to carry out the arrest in a manner that is least disruptive to the educational environment. The chief school administrator or the principal shall immediately notify the student's parent/guardian whenever a pupil is arrested for violating any laws prohibiting the possession, use, sale, or distribution of any controlled substance or drug paraphernalia.

Whenever the police have been summoned to a school building by the chief school administrator, the chief school administrator shall report the reason the police were summoned and any pertinent information to the board at its next regular meeting. If confidentiality is required, the report shall be made in executive session.

#### Student Searches and Securing Physical Evidence

The principal or his/her designee may conduct a search of a student's person or belongings if the search is necessary to maintain discipline and order in the school, and the school official has a reasonable suspicion that the student is concealing contraband. All searches and seizures conducted by designated school staff shall comply with the standards prescribed by the United States Supreme Court in State in re T.L.O. 94 N.J. 331 (1983), reversed on other grounds, New Jersey v. T.L.O. 569 U.S. 325 (1985) and the New Jersey School Search Policy Manual.

If, as a result of the search, a controlled dangerous substance or drug paraphernalia is found, or if a controlled dangerous substance or drug paraphernalia is by any means found on school property, the individual discovering the item or substance shall immediately notify the building principal; the principal shall immediately notify the chief school administrator who shall immediately, in turn, notify the appropriate law enforcement agency. The principal shall ensure that the controlled or dangerous substance and/or drug paraphernalia is labeled and secured in a locked cabinet or desk until law enforcement officials pick it up. The principal shall then contact the student's parents/guardians to inform them of the occurrence.

Whenever law enforcement officials have been called into the school, and a search of a student's person or belongings is necessary, or an interrogation is to be conducted, the chief school administrator shall request that the law enforcement officials conduct the search, seizure, or interrogation.

## Police Presence at Extracurricular Activities

The chief school administrator is hereby authorized to contact the appropriate law enforcement agency and arrange for the presence of an officer(s) in the event of an emergency or when the chief school administrator believes that uniformed police presence is necessary to deter illegal drug use or trafficking or to maintain order or crowd or traffic control at a school function.

## Resolving Disputes Concerning Law Enforcement Activities

The board authorizes the chief school administrator to contact the chief executive officer of the law enforcement agency involved with any dispute or objection to any proposed or ongoing law enforcement operation or activity on school property. If for any reason the dispute or objection is not satisfactorily resolved with the chief executive officer of the agency, the chief school administrator shall work in conjunction with the county prosecutor and, where appropriate, the division of criminal justice to take appropriate steps to resolve the matter. Any dispute that cannot be resolved at the county level shall be reported to the board and shall be resolved by the attorney general whose decision will be binding.

## Confidentiality of Pupil Involvement in Intervention and Treatment Programs

Nothing in this policy shall be construed in any way to authorize or require the transmittal of any information or records that are in the possession of a substance-abuse counseling or treatment program including, but not limited to, the school district's own substance abuse programs. All information concerning a pupil's or staff member's involvement in a school intervention or treatment program shall be kept confidential. See 42 CFR 2 and N.J.A.C. 6A:16-6.5.

## Tobacco

Tobacco use is now recognized as a chronic disease and public health hazard. Tobacco use is associated with conditions such as heart disease, emphysema, asthma, high blood pressure, diabetes, and many other chronic diseases. The most effective strategy for discouraging tobacco use by young people is a wellness strategy that supports prevention, intervention, and cessation.

### A. Tobacco Use and Possession

1. No student, faculty/staff member or school visitor is permitted to use any tobacco product or electronic smoking device:
  - a. In any building, facility, or vehicle owned, leased, rented or chartered by the district;
  - b. On any school grounds and property—including athletic fields and parking lots—owned, leased, rented, utilized (e.g., adjacent parking lots) or chartered by the board of education;
  - c. At any school-sponsored or school-related event on-campus or off-campus (e.g., field trips, proms, off-campus sporting events, etc).

2. In addition, school district employees, school volunteers, contractors or other persons performing services on behalf of the school district (e.g., bus drivers) also are prohibited from using tobacco products at any time while on duty in accordance with their contracts or in the presence of students, either on or off school grounds.
3. Further, no student is permitted to possess a tobacco product while in any school building, while on school grounds or property or at any school-sponsored or school-related event, or at any other time that students are under the authority of school personnel.

#### B. Definition of Tobacco Products, Tobacco Use, and Electronic Smoking Device

For the purposes of this policy:

1. “Tobacco product” is defined to include but is not limited to cigarettes, cigars, blunts, bidis, pipes, chewing tobacco and all other forms of smokeless tobacco, rolling papers and any other items containing or reasonably resembling tobacco or tobacco products (excluding quit products);
2. “Tobacco use” includes smoking, chewing, dipping, or any other use of tobacco products;
3. “Electronic smoking device” means an electronic device that can be used to deliver nicotine or other substances to the person inhaling from the device, including, but not limited to, an electronic cigarette, cigar, cigarillo, or pipe.

#### C. Signage

Signs will be posted in a manner and location that adequately notify students, faculty/staff and visitors about the Comprehensive Tobacco-Free School Policy.

#### D. Compliance for Students

In recognition that tobacco use is a public health issue and that tobacco is a gateway drug and highly addictive, the board of education recognizes that intervention rather than punishment is the most effective way to address violations of this policy. Students who violate the school district’s tobacco-use policy will be referred to the student assistance coordinators (SAC), guidance counselor, a school nurse, or other health or counseling services for all offenses for health information, counseling, and referral. The administration will consult with appropriate health organizations in order to provide student violators with access to an Alternative-to-Suspension (ATS) program. The ATS program will provide up-to-date information on the many consequences of tobacco use, offer techniques that students can use to stop tobacco use at school, and provide referrals to local youth tobacco cessation programs.

Parents/guardians will be notified of all violations and actions taken by the school. Schools may also use community service as part of the consequences. Ordinarily, and consistent with a wellness strategy, suspension will only be used after a student has three or more prior violations or has refused to participate in other outlined measures.

#### E. Compliance for Faculty, Staff, and Visitors

As with students, intervention rather than punishment is the most effective way to address adult violations of this policy. Faculty or staff who violate the school district's tobacco-use policy will be referred to the Employee Assistance Program (EAP) or a tobacco cessation program.

Employees who repeatedly violate the policy or do not comply with intervention or cessation referrals may be subject to consequences in accordance with district policy and their contract. Visitors using tobacco products will be informed about the policy and asked to refrain while on school property. Visitors who continue to violate the policy will then be asked to leave the premises. Law enforcement officers may be contacted to escort the person off the premises or cite the person for trespassing if the person refuses to leave the school property.

#### F. Opportunities for Cessation

The administration will consult with the county health department and other appropriate health organizations (e.g., American Lung Association, American Cancer Society, etc.) to provide students and employees with information and access to support systems, programs and services (e.g., NJDHSS Quitline 1 866 NJSTOPS (657-8677) and njquitline.org) to encourage them to abstain from the use of tobacco products.

##### Prevention Education

The administration will consult with appropriate health organizations to identify and provide programs or opportunities for students to gain a greater understanding of the health hazards of tobacco use and the impact of tobacco use as it relates to providing a safe, orderly, clean and inviting school environment.

#### G. Procedures for Implementation

The administration will develop a plan for communicating the policy that may include information in student and employee handbooks, announcements at school-sponsored or school-related events, and appropriate signage in buildings and around campus. A process that identifies intervention and referrals for students, faculty/staff, and visitors who violate the policy will be created and communicated to all students, faculty/staff and parents.

##### Ongoing Implementation of this Policy

#### A. Prevention Education for Students

The board will enforce the laws of New Jersey requiring a program of drug, alcohol, steroid, and tobacco education. The chief school administrator shall prepare and submit to the board for its

approval a comprehensive curriculum for such instruction in grades seven through 12 of alcohol and other drug education in accordance with department of education chemical health guidelines, pursuant to N.J.S.A. 18A:40A-1 *et seq.* Drug, alcohol, steroid, and tobacco education shall be integrated with the health curriculum

#### B. Faculty Education and Inservice Training

All district personnel shall be alert to signs of alcohol, drug, steroid, and tobacco use by pupils and shall respond to those signs in accordance with procedures established by the chief school administrator of schools. The board of education will provide inservice training to assist teaching staff members in identifying the pupil who uses drugs, alcohol, steroids, and/or tobacco and in helping pupils with drug-, alcohol-, steroid-, and tobacco-related problems in a program of rehabilitation. The chief school administrator will ensure that all district employees receive annual inservice training to make them aware of their responsibilities in accordance with board policies and N.J.A.C. 6A:16-3.1.

#### C. Annual Review and Distribution of Policy

The board will review annually the effectiveness of these policies and the Memorandum of Agreement entered into with the appropriate law enforcement agency. As part of this review, the board will consult with the executive county superintendent, local community members, and the county prosecutor's office.

In accordance with N.J.S.A. 18A:40A-10, copies of the policy statement shall be distributed to pupils and their parents/guardians at the beginning of each school year. Board policy and procedures shall disseminated be annually to all school staff, students and parents through its website or other means (N.J.A.C. 6A:16-4.2).

#### D. Administrative Regulations

The chief school administrator may develop administrative regulations for:

1. A comprehensive program of drug, alcohol, steroid, and tobacco education;
2. The identification and remediation of pupils involved with drugs, alcohol, steroids, and tobacco;
3. The examination and treatment of pupils suspected of being under the influence of drugs, alcohol, steroids, or tobacco to determine the extent of the pupil's use or dependency;
4. The treatment of pupils who use, possess or distribute drugs, alcohol, steroids, and tobacco in violation of law or this policy through referral to an appropriate drug/alcohol/tobacco abuse program as recommended by the department of health; and
5. The readmission to school and treatment of pupils who have been convicted of drug, alcohol, steroid, or tobacco offenses.

## E. Reporting and Liability

The chief school administrator will annually submit a report utilizing the Electronic Violence and Vandalism Reporting system (EVVRS) accurately reporting on each incident of violence, vandalism including harassment, intimidation and bullying, and alcohol and other drug abuse within the school district. Any allegations of falsification of data will be reviewed by the board of education using the requirements and procedures set forth in N.J.A.C. 6A:16-5.3(g). Board action shall be based on a consideration of the nature of the conduct, the circumstances under which it occurred, and the employee's prior employment record.

At an annual hearing the chief school administrator shall report to the board all acts of violence and vandalism and incidents of alcohol and other drug abuse that occurred during the previous school year.

Any staff member who reports a pupil to the principal or his/her designee in compliance with the provisions of this policy shall not be liable in civil damages as a result of making such a report as provided for under N.J.S.A. 18A:40A-1 et seq.

## F. Confidentiality Requirements

All policies and procedures must comply with the confidentiality requirements established in federal regulation found at 42 CFR Part II.

## G. Parental Compliance

Substance abuse in the district is considered a health risk. It is the expressed position of the district that when school rules have been violated, and when a student's health is at risk, we must notify the student's parents/guardians and attempt to involve the family in the rehabilitation plan subject to the confidentiality restrictions of 42 CFR Part II.

NOTE: IF THE BOARD WISHES TO INCLUDE A SECTION IN THIS POLICY ON RANDOM DRUG TESTING, IT MAY DO SO HERE.

### Optional Random Drug Testing of High School Students

School districts have the option to conduct random testing of high school students who possess a school parking permit or who participate in extracurricular activities, including sports, for alcohol or other drug use. Testing, if conducted, will comply with the requirements of N.J.A.C. 6A:16-4.4, "voluntary policy for random testing of student alcohol or other drug use." Before instituting testing, a public hearing will be held concerning the district's policy and procedures. Collection and testing of specimens will be only by the individuals authorized by the regulations. The district's procedures will include a procedure whereby students or their parents may challenge a positive result from alcohol or other drug tests.

Adopted:

NJSBA Review/Update:

Readopted:

Key Words

Drugs, Alcohol, Tobacco, Steroids, Substance Abuse, Smoking, Drinking, Drug Testing

**Legal References:**    N.J.S.A. 2A:62A-4    Reports by educational personnel on dependency upon or illegal use of controlled dangerous substances or use of intoxicating vapor releasing chemicals; immunity from liability

N.J.S.A. 2C:29-3a    Hindering apprehension or prosecution

N.J.S.A. 2C:33-15    Possession or consumption of alcoholic beverage by person under legal age, penalty

N.J.S.A. 2C:33-16    Alcoholic beverages; bringing or possession on school property by person of legal age; penalty

N.J.S.A. 2C:33-17    Offer or service of alcoholic beverage to underage person; disorderly persons; exceptions

N.J.S.A. 2C:33-19    Paging devices, possession by students

N.J.S.A. 2C:35-1 et seq. New Jersey Comprehensive Drug Reform Act of 1987

See particularly:

N.J.S.A. 2C:35-7, -10

N.J.S.A. 2C:35-2    Definitions

N.J.S.A. 9:6-1 et seq. Abuse abandonment, cruelty, and neglect of child; what constitutes

N.J.S.A. 9:17A-4    Consent by minor to medical care or treatment; venereal disease, sexual assault or drug use or dependency; notice and report of treatment; confidentiality

N.J.S.A. 18A:25-2    Authority over pupils

N.J.S.A. 18A:36-19.2    Student locker or other storage facility; inspections; notice to students

N.J.S.A. 18A:37-1    Submission of pupils to authority

N.J.S.A. 18A:37-2    Causes for suspension or expulsion of pupils

N.J.S.A. 18A:38-25    Attendance required of children between six and sixteen, exceptions

N.J.S.A. 18A:38-31    Violation of article by parents or guardian, penalties

N.J.S.A. 18A:40A-1 et seq. Substance abuse

See particularly:

N.J.S.A. 18A:40A-1, -2, -3, -4, -5, and -9

N.J.S.A. 18A:40A-22 to -25    Random student drug testing

N.J.S.A. 24:21-2 Definitions (New Jersey controlled dangerous substances)  
N.J.S.A. 26:3D-55 et seq. New Jersey Smoke-Free Air Act  
N.J.A.C. 6A:8-3.1 Curriculum and instruction  
N.J.A.C. 6A:9B-12.2 Student assistance coordinator  
N.J.A.C. 6A:14-2.8 Discipline/suspension/expulsion  
N.J.A.C. 6A:16-1.1 et seq. Programs to Support Student Development

See particularly:

N.J.A.C. 6A:16-4.4 Voluntary policy for random testing of student alcohol or  
See also: other drug use.

N.J.A.C. 6A:16-1.3, -2.2, -2.4, -3.1, -3.2, -4.1 through -4.3, -5.3, -6.1 -6.5

N.J.A.C. 6A:32-12.1 et seq. Pupil Behavior

Drug Free Workplace Act of 1988 Enacted November, 1988 (Pub. L. 100-690, Title V, Subtitle D) 102 Stat. 4305-4308

Regulations Under Drug Free Workplace Act, C.F.R. 4946 (1/31/89)  
42 CFR Part 2--Confidentiality of alcohol and drug abuse patient records

F.G. v. Bd. of Ed. of Hamilton, 1982 S.L.D. 382

G.L.H. v. Bd. of Ed. of Hopewell Valley Regional School District, et al., 1987 S.L.D.  
April 20, aff'd St. Bd. 1987 S.L.D. Sept. 2

State in re T.L.O., 94 N.J. 331 (1983), reversed on other grounds, New Jersey v. T.L.O.,  
569 U.S. 325 (1985).

State of New Jersey v. Jeffrey Engerud, 93 N.J. 308 (1983)

Honig v. Doe 484 U.S. 305 (1988)

Vernonia School District v. Acton, 515 U.S. 646 (1995)

In the Matter of the Tenure Hearing of Graceffo, 2000 S.L.D. (September 2002)

Board of Education of Independent School District No. 92 of Pottawatomie County et al.  
v. Earls et al., 536 U.S. (2002)

No Child Left Behind Act of 2001, Pub. L. 107-110, 20 U.S.C.A. 6301 et seq.

The New Jersey School Search Policy Manual, New Jersey Attorney General (1998)  
A Uniform State Memorandum of Agreement Between Education and Law Enforcement  
Officials

Possible

**Cross References:**

- \*1120 Board of Education Meetings
- \*1330 Use of school facilities
- \*1410 Local units
- \*4131.1 Inservice education/visitations/conferences
- \*4231.1 Inservice education/visitations/conferences
- \*5114 Suspension and expulsion
- \*5124 Reporting to parents/guardians
- \*5125 Pupil records
- \*5131 Conduct/discipline
- \*5131.7 Weapons and dangerous instruments
- \*5141.3 Health examinations and immunizations
- \*5141.21 Administering medication
- \*5145.12 Search and seizure
- \*6145.1/6145.2 Intramural competition; interscholastic competition
- 6145.7 Social events/meetings
- \*6154 Homework/makeup work
- \*6172 Alternative educational programs
- \*6173 Home instruction

\*Indicates policy is included in the Critical Policy Reference Manual.



CENTER FOR SUPPORTIVE SCHOOLS

## RESOURCE 3

### **Excerpt from New Jersey School Boards Association's Impact of Health and Wellness on Student Achievement: Final Report**

<http://www.njsba.org/wp-content/uploads/2016/02/wellness-task-force-final-report-october16.pdf>

*Every school...safe, supportive, engaging, and inspiring.*



New Jersey School Boards Association

Task Force on the  
Impact of Health and  
Wellness on Student  
Achievement

**2014-2015**

**Final Report  
August 27, 2015**



## Task Force Recommendations

### Core Recommendation

The Task Force's core recommendation is that all school districts implement Coordinated School Health (CSH) programs, as defined and described by the U.S. Centers for Disease Control (CDC) (see <http://www.cdc.gov/healthyyouth/cshp/faq.htm> and <http://www.cdc.gov/healthyyouth/cshp/components.htm>).

CSH is a systematic approach to improving the health and well-being of all students so they can fully participate and be successful in school. The process involves bringing together school administrators, teachers, other staff, students, families, and community members to assess health needs; set priorities; and plan, implement, and evaluate all health-related activities. CSH typically integrates health promotion efforts across eight interrelated components that already exist to some extent in most schools.

**Health Education:** Health education provides students with opportunities to acquire the knowledge, attitudes, and skills necessary for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. Comprehensive school health education includes courses of study (curricula) for students in pre-K through grade 12 that address a variety of topics such as alcohol and other drug use and abuse, healthy eating/nutrition, mental and emotional health, personal health and wellness, physical activity, safety and injury prevention, sexual health, tobacco use, and violence prevention. Health education curricula should address the National Health Education Standards (NHES) and incorporate the characteristics of an effective health education curriculum. Health education assists students in living healthier lives. Qualified, trained teachers teach health education.

**Physical Education:** Physical education is a school-based instructional opportunity for students to gain the necessary skills and knowledge for lifelong participation in physical activity. Physical education is characterized by a planned, sequential K-12 curriculum (course of study) that provides cognitive content and learning experiences in a variety of activity areas. Quality physical education programs assist students in achieving the national standards for K-12 physical education. The outcome of a quality physical education program is a physically educated person who has the knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity. Qualified, trained teachers teach physical education.

**Health Services:** These services are designed to ensure access or referral to primary health care services or both, foster appropriate use of primary health care services, prevent and control communicable disease and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining

individual, family, and community health. Qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel provide these services.

**Nutrition Services:** Schools should provide access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. The school nutrition services offer students a learning laboratory for classroom nutrition and health education, and serve as a resource for linkages with nutrition-related community services. Qualified child nutrition professionals provide these services.

**Counseling, Psychological, and Social Services:** These services are provided to improve students' mental, emotional, and social health and include individual and group assessments, interventions, and referrals. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment. Professionals such as certified school counselors, psychologists, and social workers provide these services.

**Healthy and Safe School Environment:** A healthy and safe school environment includes the physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychosocial environment includes the physical, emotional, and social conditions that affect the well-being of students and staff.

**Health Promotion for Staff:** Schools can provide opportunities for school staff members to improve their health status through activities such as health assessments, health education, and health-related fitness activities. These opportunities encourage staff members to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs.

**Family/Community Involvement:** An integrated school, parent, and community approach can enhance the health and well-being of students. School health advisory councils, coalitions, and broadly based constituencies for school health can build support for school health program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

## **Suggested Practices for School Districts/Action by N.J., U.S. and the NJSBA**

The Task Force also recommends that school districts consider practices designed to support and amplify the core commendation, based on local circumstances and needs. It also calls for action by the state and federal governments and the New Jersey School Boards Association.

### **Health Education**

- 1.** School districts should offer comprehensive school health education as part of a planned, ongoing, systematic, sequential, and standards-based program.
- 2.** School districts should ensure that comprehensive school health education curriculum, instruction, and assessment are aligned.
- 3.** School districts should ensure that comprehensive school health education is taught by certified, highly qualified, effective teachers.
- 4.** School districts should have guidelines for development, review, and adoption of comprehensive school health curriculum.
- 5.** School districts should ensure that nutrition education is part of comprehensive school health education and is also included in other classroom content areas such as math, science, language arts, social sciences, and family and consumer sciences.
- 6.** School districts should assess all nutrition education lessons and materials for accuracy, completeness, balance, and consistency with state and district educational goals and curriculum standards.
- 7.** School districts should allocate sufficient time and resources for effective school health instruction.
- 8.** School districts should ensure that comprehensive health education offers multidisciplinary, multicultural perspectives and provides learning opportunities for multiple learning styles.
- 9.** School districts should provide ongoing, timely professional development related to school health issues — including healthy food options for breakfast, lunch, snacks, and consumption at school-sponsored events — for teachers, support staff program administrators, and school health and mental health providers.
- 10.** School districts should conduct regular evaluation of their comprehensive school health education programs.
- 11.** School districts should base nutrition education on current science, research, national guidelines, and national and state standards.
- 12.** School districts should ensure that their nutrition education program links with school meal programs, other school foods, and nutrition-related community services that occur outside the classroom or that link classroom nutrition education to the larger school community, such as school gardens, cafeteria-based nutrition education, and after-school programs.
- 13.** School districts should ensure that their instructional staffs collaborate with agencies and groups conducting nutrition education in the community, in order to send consistent messages to students and their families.

14. School districts should conduct nutrition education activities and promotions that involve parents, students, and the community.
15. School districts should attempt to influence home food consumption.
16. School districts should build awareness among teachers, food service staff, coaches, nurses, bus drivers and other school staff members about the importance of nutrition, physical activity, and body-size acceptance to academic success and lifelong wellness.
17. School districts should seek to expand participation in breakfast programs.
18. School districts should control the quality of food available in kiosks and vending machines.
19. School districts should incorporate health education standards, including nutrition standards, in all school programs including academic, social/emotional, and student management programs.

### **Physical Education**

1. School districts should ensure that physical education is sequential and based on national or state standards.
2. School districts should establish specific durations of physical education each week of the entire school year for all students in Grades PK-1, 2-4, 5-8 and 9-12, including students with disabilities, with special health-care needs, and in alternative educational settings.
3. School districts should ensure that certified, highly-qualified physical education teachers teach all physical education.
4. School districts should ensure that all students in grades PK-5 have at least 20 minutes a day of supervised recess, preferably outdoors and involving moderate to vigorous physical activity.
5. School districts should schedule lunch after recess where class schedules permit.
6. School districts should ensure that all schools offer extracurricular physical activity programs, such as physical activity clubs or intramural programs.
7. School districts should provide that middle and high school athletes receive PE credit during their season in lieu of attending gym class, in order to provide them with time for remediation, enrichment, or homework that they miss due to after-school practices.
8. School districts should ensure that staff do not use physical activity or exercise (e.g., running laps and doing pushups) or withhold opportunities for physical activity (e.g., recess and physical education) as punishment.
9. School districts should provide students with opportunities for physical activity in addition to physical education.
10. School districts should consider how physical education is impacted when considering or implementing block scheduling.

## **Health Services**

1. School districts should employ highly qualified health services professionals.
2. School districts should ensure that school nurses adhere to the scope and standards of professional school nurse practice.
3. School districts should base health policies and procedures on evidence-based practices and standards.
4. School districts should coordinate health services with other health and wellness programs, services, and recommendations.
5. School districts should connect school health services with existing curriculum that addresses the health and well-being of students and staff.
6. School districts should ensure that nursing services are available for all students.
7. School districts should ensure that school nurses and other health professionals receive professional development.
8. School districts should ensure that school health services providers promote collaboration within the school community and with outside community members, including families.
9. School districts, especially those serving minority populations and other groups that have historically experienced health care access disparities, should consider the feasibility of establishing school-based youth services programs.

## **Nutrition Services**

1. School districts should ensure that school meals offer varied and nutritious food choices that are consistent with USDA nutrition standards and Dietary Guidelines for Americans.
2. School districts should ensure that menu choices are appealing to children.
3. School districts should seek to ensure that all children have breakfast, either at home or at school, in order to meet their nutritional needs and enhance their ability to learn.
4. School districts should ensure that modified meals are available for students with appropriate medical documentation of food allergies or other special dietary needs.
5. School districts should ensure that school meals are served in clean and pleasant settings.
6. School districts should provide appropriate meal times and adequate time for students to eat (at least 10 minutes for breakfast and 20 minutes for lunch, after sitting down to eat), with the understanding that too little time leads to unfinished meals, while too much time leads to poor behavior choices.
7. School districts should make every effort to eliminate social stigma attached to, and prevent overt identification of, students who are eligible for free and reduced price school meals through such means as technologies that enable all students to have monies on account for school meals and to use ATM-like cards when paying.

8. School districts should ensure that schools in which more than 50 percent of students are eligible for free or reduced-price school meals sponsor Summer Food Service Programs for at least six weeks between the last day of the academic school year and the first day of the following school year, and preferably throughout the entire summer vacation.
9. School districts should aim to make school food service programs financially self-supporting.
10. School districts should ensure that qualified nutrition professionals administer school meal programs.
11. School districts should ensure that all food service personnel have adequate pre-service training in food service operations and regularly participate in professional development activities that address requirements for child nutrition programs, menu planning and preparation, food safety, strategies for promoting healthy eating behaviors, harassment/intimidation/bullying, child abuse/neglect, and related topics.
12. School districts should ensure that all foods made available at school comply with state and local food safety and sanitation regulations.
13. Based on their students' nutritional needs and the availability of food programs in the community, school districts should consider providing food when school is not in session, including after-school, weekends, vacations during the school year, and the summer.
14. School districts should not use foods or beverages as rewards for academic performance or good behavior, unless this practice is allowed by a student's individualized education plan (IEP), and should not withhold food or beverages as a punishment.
15. School districts should discourage students from sharing food or beverages during meal or snack times to avoid problems with allergies and dietary restrictions.
16. The New Jersey School Boards Association should develop guidelines for local district RFPs for food services.

### **Counseling, Psychological, and Social Services**

1. School districts should seek to eliminate stigma related to mental health disorders through district policy reviews, professional development for all staff, and parent training.
2. School districts should develop protocols, policies and procedures to obtain parental consent for children to participate in clinical assessment and treatment services.
3. School districts should provide early and ongoing screening for existing and emerging conditions that affect social-emotional development, behavior, and psychological functioning.
4. School districts should develop proactive linkages to local community services that provide supports for target conditions, such as faith groups, community service organizations, and youth sports and arts programs.
5. School districts should collaborate with local community providers to develop and increase their capacity to provide appropriate services for young people whose economic circumstances may be a barrier to accessing best-practice services.

6. School districts should strengthen their capacity to provide crisis intervention and brief treatment services.
7. School districts should ensure that all staff are informed about normative development, common stressors that may interfere with learning and behavioral health (e.g., bereavement, parental divorce), atypical emotional responses, classroom-based interventions that improve school climate, systems-based interventions that improve quality of life in school settings, and mechanisms for referring students for more extensive behavioral health services.
8. School districts should seek to strengthen parent-school linkages related to behavioral health needs of children and adolescents.
9. School districts should seek to reduce child and adolescent risk behaviors, including tobacco use, unsafe sexual behaviors, drug and alcohol use, and suicide.
10. The State of New Jersey should form an “interagency working group,” including the departments of education, law and public safety, and health and human services, to address policy and programs on early intervention and mental health services at the community level. (This recommendation reiterates a recommendation of the NJSBA School Security Task Force in October 2014.)
11. To clarify the role of the School Safety Teams in improving school climate, the New Jersey State Board of Education should amend administrative code (*N.J.A.C. 6A:16*) to rename these bodies “School Safety/Climate Teams,” as recommended by the state’s Anti-Bullying Task Force. (This recommendation reiterates a recommendation of the NJSBA School Security Task Force in October 2014.)

## **A Healthy and Safe School Environment**

1. School districts should provide physical and social environments that are safe and supportive, promulgate district expectations of healthy behaviors, and implement policies that promote health and safety and reduce risk of disease.

### Physical Environment

2. School districts should work to prevent exposure to both indoor and outdoor allergens through comprehensive air quality and pesticide programs within the framework of existing codes and standards.
3. School districts should form active cross-organizational safety committees, including parents, students and community members, and charge them to ensure that programs and policies comply with workplace and public facilities safety rules and regulations, and that maintenance and repair policies are in place.
4. School districts should ensure that facilities comply with requirements of the Americans with Disabilities Act (ADA).
5. School districts should formalize operating, maintenance and capital replacement policies and practices that all staff and administration support and follow.
6. School districts should ensure that transportation is an essential service that is managed in accordance with all state and federal regulations and guidelines.

7. School districts should permit school spaces and facilities to be used by students, staff and community members before, during and after the school day, on weekends, and during school vacations.
8. School districts should provide professional development on comprehensive approaches to physical activity in schools.
9. School districts should encourage municipal governments to establish bikeways and safe routes to school as part of their master plans and promote bike-to-school programs by installing bike racks and promoting safe routes.
10. School districts should provide adequate and safe playground facilities, such as those described in standards promulgated by the National Program for Playground Safety.
11. School Districts should evaluate how their facilities impact student and staff health and ensure that facilities meet health standards.
12. School districts should regularly review and seek to improve all policies that relate to facilities, maintenance, and buildings and grounds.
13. School districts should involve building and grounds and maintenance personnel in all aspects of ensuring that the physical environment meets all health and safety standards.
14. School districts should use state-required updates to their Long Range Facility Plan as opportunities to ensure that health and wellness needs are met in an effective, consistent, and financially prudent manner.
15. School districts should ensure that school health and wellness planning includes consultation with professionals in the areas of sustainability, architecture, engineering and information technology, as well as with construction and fire code officials.
16. School districts should routinely evaluate and review the condition of their buildings and identify maintenance issues in need of attention.

#### Social/Emotional Environment/School Climate

17. School districts should establish personnel and systems-based programs to improve school climate, including standing committees in each school responsible for school climate improvement.
18. In view of research indicating that children make healthier decisions when they have at least one adult who acts as a resource or mentor, school districts should create opportunities for students to feel attached to at least one caring, responsible adult at school.
19. School districts should clearly articulate and fairly manage anti-bullying policies and procedures, including consistent follow-through.
20. School districts should provide visible, vocal and consistent leadership for respectful behavior.
21. School districts should ensure that all staff adhere to state and national professional codes of conduct.

22. School districts should consider providing conflict resolution training for all students and staff.
23. School districts should ensure that all staff receive significant professional development in violence prevention—including conflict resolution, peer mediation, bullying prevention, school climate improvement, social-emotional learning, and character education.
24. School districts should ensure that professional development in bullying prevention includes recognizing acts of name-calling, teasing, exclusion, taunting, threatening, harassment, and other bullying behaviors, and intervening immediately when they occur.
25. School districts should conduct detailed school climate assessments, including anonymous input by staff, students and parents, and create a site-based improvement plan based on assessment findings.
26. School districts should include provisions for a healthy emotional environment in their mission statements.
27. School districts should provide adequate, appropriate supervision in all areas of the school.
28. School districts should adopt policies that recognize the importance of social-emotional learning, character development, restorative practices, and community building. (This recommendation reiterates a recommendation of the NJSBA School Security Task Force in October 2014.)
29. School districts should ensure that the principles of social-emotional learning and character development skill-building are infused into academic instruction in a coordinated manner and that there is a consistent application of discipline. (This recommendation reiterates a recommendation of the NJSBA School Security Task Force in October 2014.)
30. School districts should ensure that School Safety Teams, required by the Anti-Bullying Bill of Rights, not only review reports of harassment, intimidation, and bullying, but also proactively focus on practices and processes related to school climate, so as to inform school boards in their periodic review of policies related to harassment, intimidation, and bullying. (This recommendation reiterates a recommendation of the NJSBA School Security Task Force in October 2014.)

### **Health Promotion for Staff**

1. School districts should disseminate information, build awareness, provide health education, and support health-promoting activities that focus on skill development and lifestyle behavior change for staff members.
2. School districts should provide staff with access to facilities that meet staff wellness needs and interests.
3. School districts should ensure that nutrition standards apply to all foods and beverages, including those in vending machines available to staff members.

4. School districts should prohibit all use of tobacco by students, staff members, and visitors on school grounds.
5. School districts should integrate staff wellness programs into district and school culture and structure.
6. School districts should link staff wellness programs to related programs, such as employee assistance programs, emergency care, and programs that help employees balance work and family life.
7. School districts should offer worksite screening programs linked to medical care to ensure follow-up and appropriate treatment, as necessary.
8. School districts should conduct ongoing evaluation to promote improvement in the effectiveness and efficiency of the staff wellness program.
9. School districts should encourage staff members to model healthy eating and physical activity behaviors.

### **Family/Community Involvement**

1. School districts should form community health and wellness task forces representing all stakeholders (professional and support staff, parents, local governing bodies, health agencies, emergency responders, law enforcement, businesses, faith-based organizations, and community members) as a means of promoting health and wellness to the entire community.
2. School districts should communicate and form partnerships with local departments of health and other stakeholders to support connections among healthy eating, physical activity, and academic achievement.
3. School districts should form public private partnerships/shared services to advocate for and provide health and wellness services.
4. School districts should encourage local governing bodies and health departments to develop community health improvement plans including such topics as safe ways to school, bike paths, crossing guards, and wellness of municipal employees.
5. School districts should facilitate school and family access to resources from community businesses, social service agencies, and other groups, and encourage schools to serve as resources to the community.
6. School districts should promote ongoing, meaningful and effective communication among schools, families and the community about school programs and student progress, including parent academies to educate parents about child development, good parenting, and health issues.
7. School districts should provide appropriate training and involve families and community members in instructional and support areas both in and out of the school.
8. School districts should involve families in learning activities at home and in the community, including interactive homework and other curriculum-linked enrichment activities.

9. School districts should provide opportunities and support for students, families of students and community members, including senior citizens, to participate in school programs, decisions, governance, and advocacy.

### **Policy/Administrative Issues**

1. School districts should create a health and wellness team and provide it with administrative support and appropriate professional development.
2. School districts should study the Center for Disease Control's Coordinated School Health program and implement components appropriate to their needs and circumstances.
3. School districts should establish, implement and monitor school wellness policies that define administrators' responsibilities, promote healthy school nutrition environments, and support a comprehensive approach to physical activity.
4. School districts should make wellness policies part of their district strategic plan.
5. School districts should ensure ongoing, periodic review of their school health and wellness policies and plans.
6. School districts should ensure that all adopted curricula are aligned with health and wellness practices.
7. School districts should work to secure buy-in from all school personnel and attempt to identify champions in each school.
8. School districts should collect data on health and educational behaviors and outcomes to assess the benefits of school health policies and practices.
9. School districts should celebrate successes resulting from wellness policies.
10. School districts should engage in school climate assessments and develop and implement plans to ensure that students have safe, secure and supportive learning environments that provide meaningful communication and involvement with caring adults among school staff. (This recommendation reiterates a recommendation of the NJSBA School Security Task Force in October 2014.)
11. School climate assessments should include social/emotional learning, wellness and safety and, where appropriate, utilize already existing assessment instruments, such as that developed by the United Way of Northern New Jersey's School Culture and Climate Initiative.
12. New Jersey School Boards Association professional development and mandated training for board members should include information about the relationship between health/wellness and student achievement.

## **Implementing a Coordinated School Health Program**

The Task Force endorses these general strategies to implement a coordinated approach to improve school health policies and programs, as recommended by the Centers for Disease Control (CDC) (<http://www.cdc.gov/healthyyouth/cshp/schools.htm>):

### **1. Secure and maintain administrative support and commitment.**

The superintendent's support at the district level and the principal's support at the school level are essential for implementing and maintaining a coordinated and systematic approach to school health. School administrators can support a coordinated approach to school health by:

- incorporating health in the district's or school's vision and mission statements, including health goals in the school's improvement plan
- appointing someone to oversee school health
- allocating resources
- modeling healthy behaviors
- regularly communicating the importance of wellness to students, staff, and parents

### **2. Establish a school health council or team.**

An effective school health system uses a team approach to guide programming and facilitate collaboration between the school and the community. At the district level, this group is typically called a school health council, and at the school level, it is typically called a school health team.

Ideally, the district school health council includes at least one representative from each of the eight components, and school administrators, parents, students, and community representatives involved in the health and well-being of students, such as a representative from the local health department and the school district's medical consultant.

School health teams generally include a site administrator, an identified school health leader, teachers and other staff representing the components, parents, students, and community representatives when appropriate.

### **3. Identify a school health coordinator.**

A full-time or part-time school health coordinator is a critical factor for the successful implementation of a coordinated approach to school health. The school health coordinator helps maintain active school health councils and facilitate health programming in the district and school and between the school and community. The coordinator organizes the eight components of school health and facilitates actions to achieve a successful, coordinated school health system, including policies, programs, activities, and resources.

#### **4. Develop a plan.**

A school health council or team should use a program planning process to achieve health promotion goals. The process, which should involve all stakeholders, includes:

- defining priorities based on the students' unique health needs
- determining what resources are available
- developing an action plan based on realistic goals and measurable objectives
- establishing a timeline for implementation
- evaluating whether the goals and objectives are met

Ideally, this plan would be incorporated into a school's overall improvement plan to link health with learning outcomes. CDC has developed an assessment and planning resource, the School Health Index (<http://www.cdc.gov/healthyyouth/shi/index.htm>), to help schools analyze the strengths and weaknesses of their school health policies, programs, and services, and plan for improvement.

#### **5. Implement multiple strategies through multiple components.**

Each school health component employs a unique set of strategies. These strategies include classroom instruction, policies and procedures, environmental change, health, counseling and nutrition services, parent and community involvement, and social support. However, no single strategy or single component will achieve all the desired health outcomes for all students. Therefore, it is necessary to implement all of the components so the full range of strategies becomes available to systematically address health behaviors and improve student learning.

#### **6. Focus on students.**

The focus of coordinated school health should be on meeting the education and health needs of students as well as providing opportunities for students to be meaningfully involved in the school and the community. School health efforts should give young people the chance to exercise leadership, build skills, form relationships with caring adults, and contribute to their school and community. Students can promote a healthy and safe school and community through peer education, peer advocacy, cross-age mentoring, service learning, and participation on school health teams advisory committees, councils, and boards that address health, education, and youth issues. Protective factors that are health enhancing in schools include:

- a supportive and nurturing environment that fosters respect, connectedness, and meaningful involvement
- adults modeling positive social interactions and having the same expectations of students
- group norms that value a healthy lifestyle

## **7. Address priority health-enhancing and health-risk behaviors.**

Schools can implement policies and programs to help students avoid or reduce health risk behaviors that contribute to the leading causes of death and disability among young people as well as among adults. In the United States, six categories of priority health-risk behaviors are related to the leading causes of death and disability: behaviors that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and STDs, including HIV infection; unhealthy eating; and physical inactivity.

Schools can assess health-risk behaviors among young people, along with general health status and health problems, such as obesity and asthma, through formal surveys such as the Youth Risk Behavior Survey (<http://www.cdc.gov/healthyyouth/data/yrbs/index.htm>).

Programs that reduce these risk behaviors and promote protective factors have been identified through research and, when appropriate, can be incorporated into school programming (see Registries of Effective Programs at <http://www.cdc.gov/healthyyouth/AdolescentHealth/registries.htm>). CDC has developed guidelines (<http://www.cdc.gov/healthyyouth/npao/strategies.htm>) to help schools promote physical activity and healthy eating and build a systematic and coordinated approach to school health.

## **8. Provide professional development for staff.**

Continuing education is essential for teachers, administrators and other school employees committed to improving the health, academic success, and well-being of students. All school employees need to stay current in their skills and knowledge. Professional development provides opportunities for school employees to identify areas for improvement, learn about and use proven practices, solve problems, develop skills, and reflect on and practice new strategies. In districts and schools promoting a coordinated school health approach, professional development should focus on the development of leadership, communication, and collaboration skills. CDC recommends six key professional development practices. There are numerous resources available to help school districts at any stage of development of their coordinated school health programs.