

School Nutrition Association
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Executive Summaries

Selected Sessions from the Wellness Track



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ANC 2006 Los Angeles

Dear SNA Members,

The 60th Annual National Conference was wonderful. Sixty-one hundred members from every corner of the country...and from around the world as well...enjoyed every minute! The exhibit floor was the largest, most exciting, and most convenient in SNA history.

The ANC Planning Committee, co-chaired by Peggy Lee and Paula Cockwell, developed an exceptional program filled with a wide variety of programs designed to meet the needs of every member segment. The special events were special indeed with a huge turnout at Universal Studios. I am sure you came away with lots of new ideas and great memories.

SNA is pleased to provide you with the enclosed executive summaries, generously sponsored by The Dole Food Company. These summaries capture key information from selected educational sessions within the Wellness Track. We hope this information reinforces your key take-aways and enables you to share your knowledge with others in your organization.

Make plans now to join us in Chicago, Illinois for ANC 2007, July 15-18, 2007. For more information about our 61st ANC, visit www.schoolnutrition.org/anc2007. We look forward to seeing you there.

Ruth Jonen, SFNS
President

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Soy 101

Speaker: **Dr. Nancy Berkoff**, RD, EdD, CCE, Food Service Advisor, Vegetarian Resource Group

Overview

Soy has many important health benefits, which have long been known by those who adhere to vegetarian diets and who are lactose intolerant, but which are now being discovered by mainstream society. As a result, it is important for school nutrition professionals to understand the benefits and uses of soy and to consider how to integrate soy into the school lunch offering. This won't be difficult as soy has a wide range of uses and applications.

Context

Dr. Berkoff explained the characteristics of soy and its benefits and advantages over other foods. A registered dietitian, Berkoff provided resources for soy recipes and gave examples of how soy can substitute for other foods and beverages.

Key Conclusions

▪ Soy has many important health benefits.

Soy is high in fiber, low in saturated fat, and low in cholesterol. As a result, soy is an integral part of a vegetarian diet and many people include soy and other plant-based foods in the meals they cook because they believe these foods to be healthier.

▪ Although soy milk is similar to dairy milk, differences exist.

Like dairy milk, soy milk is high in fat but comes in 1% and 2% fat content, as well as whole milk. It also comes in flavors such as vanilla and chocolate. Although the fat content is similar to dairy milk, the soy version is much lower in cholesterol. For children who are lactose intolerant and cannot drink dairy milk, soy is a good alternative. Soy milk is good in sauces—it is particularly well-suited to cheese sauces—and can be used as a substitute for dairy milk. One disadvantage is that soy milk curdles when poured into a hot liquid, making it necessary to pour and stir at the same time.

"Soy milk works just like regular milk."

— Nancy Berkoff

▪ The variety of soy products allows for diverse uses.

Among the different forms of soy are:

— **Tofu:** This is coagulated soy milk. It comes in three varieties—silken, firm, and extra firm. The silken type is soft and creamy, with the consistency of sour cream. It can be used in sauces, salad dressings, soups, cream pies, and frozen desserts.

"It is easier to cook with silken tofu than dairy milk."

— Nancy Berkoff

Firm tofu can be baked, grilled, or barbecued, as well as blended. It's best to season or flavor it and let it stand overnight before cooking. Extra firm tofu can be baked, grilled, or barbecued but has a grainier texture. All forms of tofu are packed in water and

must be refrigerated. Shelf-stable tofu is not packed in water and only needs to be refrigerated after opening. Tofu can be frozen, although doing so softens the texture. To remove moisture, frozen tofu can be placed in a colander, covered with sheet pans, and left overnight.

— **Tempeh:** This is another form of soy made from fermented soy milk, which has a chewy texture.

— **Edamame:** These are fresh soybeans and have a crunchy texture. They can be served fresh or thawed, and can be made into a dip by using a blender. Edamame is high in fiber and low in saturated fat and salt. It is an excellent alternative to peanuts. For bulk purchases, edamame must be bought frozen.

— **Seitan:** This is not soy, but is often mistaken for it. It is actually gluten or extracted wheat protein. Children who have wheat allergies cannot eat seitan.

Soy has no taste—it's like white bread—so it benefits from seasoning. It absorbs the flavor of other foods, which makes it ideal for mixing with stir-fry vegetables and in sauces and soups. It can be used in smoothies, scrambled eggs, and pies.

It can also be used as a substitute for or an enhancement to foods such as chicken nuggets, ground beef, chili, and spaghetti. Texturized soy protein is used as filler for these kinds of foods and is called texturized vegetable protein (TVP). TVP is shelf-stable and has no flavor. It has a good deal of salt in it so none has to be added. While once viewed solely as an extender, TVP now is sold as a healthy alternative to meat.

All soy products should be treated like meat or cheese; once they are opened they should be refrigerated, labeled, dated, and then discarded after a certain period of time.

▪ Demand exists for soy products in school lunches.

Many parents are aware that soy is healthier, are serving it at home, and are interested in having soy offered for their children at school. Schools are responding by increasingly offering vegetarian meals—of which soy is a key ingredient—which is integrating soy into school lunches. (Distributors such as U.S. Foodservice and Sysco sell soy products to schools.)

"Soy is getting to be part of school nutrition and school meals because a lot of kids are being raised on it."

— Nancy Berkoff

Other Important Points

▪ **Nutrition information.** The Soyfoods Council provides information about Child Nutrition (CN) values. This information can be found at: www.thesoyfoodscouncil.com.

Constructing Local School Wellness

Speakers: **Carol Berg Sloan, RD**, Nutrition Consultant, Media Specialist for El Monte City School District
Lew Finch, Retired Superintendent; Superintendent in Residence, American Association of School Administrators

Overview

The Child Nutrition and Reauthorization Act of 2004 requires that for the school year beginning after June 30, 2006, each local education agency shall establish a local school wellness policy. The focus on wellness results from the increasing number of overweight children in the U.S., combined with the fact that good health and success in school are related. Local wellness programs must include nutrition education and physical activity.

Most districts have completed the formulation of their policies, are fine-tuning plans, and are preparing for implementation and evaluation. Implementation and evaluation are not one-time events; they are ongoing activities which require ongoing evaluation to assess their effectiveness.

Context

The speakers provided background information about why local wellness policies are necessary and discussed their objectives. They also presented information about implementation and evaluation criteria, and identified implementation challenges.

Key Conclusions

- **Local wellness policies and programs are necessary to reverse the deteriorating health profile of American children.**

Children's health has deteriorated over the past 20 years. This is attributable to an increasingly sedentary lifestyle combined with the consumption of unhealthy, high calorie foods. As a result, the prevalence of overweight children has doubled. These overweight children become overweight adults, and at least 365,000 adults die in the U.S. each year from diseases attributable to poor diets and lack of exercise. Also, diabetes is linked to obesity and one in three American children born in 2000 will develop diabetes.

"American youth are overfed but undernourished. Physical inactivity has played a role in the epidemic we are dealing with now."

— Carol Berg Sloan

Other than parents, schools have the greatest influence on children. It is therefore necessary that schools share in the effort to improve the health of children. Creation and implementation of local wellness policies provide the framework necessary for schools to go about achieving improved wellness among children.

- **The primary objectives of a wellness policy are to change students' eating habits and to encourage increased activity.**

One objective is to improve students' eating habits so they consume more healthy foods in the correct quantity. Achieving this objective has several components including:

- *Nutrition guidelines:* Districts must provide guidelines for all foods available at each school campus, including a la carte sales, vending machines, concession stands, and federally reimbursed school meals. Analysis of the nutritional content

of served meals is required. Standards for beverages sold at schools must also be part of the policy. (The American Beverage Association is working with schools to implement specific guidelines regarding calories and serving sizes for elementary, middle, and high schools.)

- *Nutritious options:* It is the responsibility of schools to increase the healthy food options available to students, such as fruit, vegetables, and low-fat dairy, while decreasing the availability of unhealthy foods with excess fat and sugar.

Fixes such as banning all vending machines are not the solution. Instead, healthier products such as bottled water, nutrient-rich 100% juice, and low-fat and non-fat milk can be substituted for soda.

"Interject common sense into the program. It's questionable whether the idea that you are going to bludgeon kids into obedience will work."

— Lew Finch

- *Nutrition education:* Education is key to influencing behaviors. Integrating it into regular health education courses is one method of providing a consistent, positive message.
- *Exercise and activity:* Beside nutrition education, exercise and other school-based activities that are designed to promote student wellness should be included in the wellness policy.

- **The keys to success are an evidence-based program tailored to the needs of each community, and the involvement of parents, students, foodservice staff, and administrators.**

No universal wellness policy exists. For a policy to be effective it must be based on local factors such as demographics, economic status, and local food preferences. It's important for local policies to be based on facts and research relevant to each community. Factors such as district size, type of community, participation rates, and family eating and exercise habits can influence policy content and programs. Once developed, the wellness message should be consistent across all schools in the district.

In creating and implementing a wellness policy, it is important to involve a wide range of participants. For example, the El Monte City School District in California met five times to develop its wellness policy, which was reviewed by parents, teachers, food and beverage providers, and child nutrition services. The same stakeholders will be involved in the evaluation phase.

"Get the community involved. Expertise exists there so don't reinvent the wheel."

— Lew Finch

- **A critical element of a local wellness program is the ongoing evaluation of its process, outcomes, and impact.**

Each school or district has to designate at least one person who will be responsible for ensuring that the school/district is meeting the goals of the local wellness policy. Evaluation criteria must be in writing and include quality indicators and timeframes. An annual report has to be provided to the board of education.

Program elements that have to be evaluated are:

- *Process*: Look at the activities in place. Review what changes were anticipated. Did they occur? Describe and qualitatively assess materials, activities, and expectations. Document what transpired and how closely it resembles program goals.
- *Outcomes*: Look at the pre- and post-policy situation for the behavioral effects of the program. Ask if positive attitudinal changes can be attributed to the wellness program. Did students devote a different amount of time to physical activity? Did the food options change?
- *Impact*: This is a long-term assessment to identify intended and unintended program effects. This evaluation considers several programs operating in unison and whether a positive effect is sustained over time. Did the policy affect student food and beverage consumption both in and outside of school? Did it affect physical activity and fitness levels of students?

Factors such as physical activity levels, body mass index, blood pressure, aerobic capacity, and muscular strength are good indicators of overall health. Combined with food and beverage consumption behaviors, these measurements provide a district an idea of the effectiveness of its wellness policy and programs.

▪ **Implementing, evaluating, and sustaining a wellness policy may be more challenging than developing it.**

Implementation can be an overwhelming task—especially in smaller districts with limited resources and expertise. Larger districts, which typically have more resources and more expert personnel, are often better prepared to implement their programs. It is important to remember that wellness programs can be phased in over time rather than rolled out all at once. Dr. Finch counseled that districts should be realistic in goal setting and not try to achieve every objective right away.

It is also necessary to keep in mind that implementing wellness policies/ programs is not a one-time effort, but implementation and evaluation are ongoing activities which require planning and resources to sustain.

A factor increasing the challenges faced in implementing wellness policies is that some state legislatures have added requirements, without providing any additional funding.

Other Important Points

- **Wellness auditing.** Wellness programs will be audited by an independent agency or organization.
- **Stigmatization risk.** Implementation of a wellness program risks stigmatizing overweight children.
- **Additional resources.** Several excellent resources are available with more information on developing and implementing local wellness policies and programs. These sources include:
 - USDA Food and Nutrition Service: www.fns.usda.gov
 - American Dietetic Association: www.eatright.org/
 - National Dairy Council: www.nationaldairycouncil.org
 - Society for Nutrition Education: www.sne.org
 - American Association of School Administrators: www.aasa.org. This organization will soon provide resources on policy development, healthy eating, and physical activity. An online toolkit will be available, and the superintendent-in-residence will offer advice. Profiles of school districts that have instituted changes will be online. The organization is also working on success stories and wellness champions.

Action Steps

- Assess whether your local wellness policy is based on sound evidence.
- Ensure that a broad group of stakeholders is involved in developing and supporting the local wellness policy.
- Ensure one person (per school or district) has been appointed to oversee and evaluate the wellness policy.
- Define the evaluation criteria that are going to be used.
- Define where the wellness program will start and how it will be phased in. Determine how it will affect what foods are offered for sale at schools.
- Assess what nutrition education is provided.

Stress for Success: Making Stress Work for You

Speaker: **John M. Irvin**, President, Lifestyle Enhancement Services, Inc.

Overview

Stress can be either positive, resulting in higher creativity, motivation, and energy levels, or negative, driving alcoholism, drug addiction, mental illness, and serious physical illness. In general, few people would say that long-term stress is positive.

People often mistakenly think they have no control over their stress, when in fact they do. Negative attitudes lead to negative response to stress, and positive attitudes can reduce the impact of stress. Ultimately, by controlling one's response to stressors, individuals can control the "outcome" of stress.

To turn negative stress into positive stress, and to reduce the toll of stress on the body and mind, individuals must develop positive coping measures and create a personal "stress kit" that includes stress-relieving items or activities.

Context

Mr. Irvin addressed how stress manifests in individuals and explained how it affects health and mental well-being. He encouraged participants to complete a stress questionnaire to increase their awareness of how they respond to stress. He described the stress cycle and offered coping techniques and strategies for participants to turn stress from negative to positive.

Key Conclusions

- **Nearly 50% of U.S. workers report high levels of workplace stress and more than 67% say it reduces their productivity.**

Work-related stress is reaching epidemic proportions and its prevalence is reducing productivity and increasing health costs. An estimated 85% of doctor visits are associated with stress. A recent survey found that 14% of respondents had changed jobs or left a position in the previous two years because of stress.

- **We create stress for ourselves by our attitudes and responses to events or conditions.**

Contrary to common belief, most stress does not come from outside but rather from within ourselves. External stress occurs when we feel that our lives or safety are threatened. Internally derived stress occurs because of our thoughts and response to stressors. Stressors may be physical/environmental, social, or organizational, and differ by person.

Examples of workplace conditions that may cause stress include inadequate resources or support; lack of confidence in one's abilities or management's competence; too much to do in too little time; and uncertainty regarding performance expectations. Stressful conditions at home range from financial concerns and demands of spouses or children, to illness or poor communications with family members.

How people respond to stress determines the effect of stress on their physical and mental health. The key challenges in stress management are attitude and perception. If people's attitudes are

negative, they will experience more negative stress; when perceptions change from negative to positive, reality changes too.

"We have been conditioned to think of stress as a negative life force, rather than positive forces...such as excitement, motivation, opportunity, and challenge."

— John M. Irvin

- **Understanding the stress cycle and changing our attitudes about stress are steps toward better managing stress.**

The stress cycle developed by the University of St. Louis Medical School includes five elements:

1. **Presence of stressors (positive or negative):** Stressors are stimuli that trigger a stress response, including physical/environmental factors such as noise, social stressors such as relationships, and work or home life conditions.
2. **Filter system:** The values, beliefs, and perceptions through which individuals view the world and which give experiences meaning.
3. **Stress response:** The body's physiological response to a stressor such as increased heart rate, rapid breathing, and production of adrenalin. This is often called the "flight or fight response."
4. **Coping strategies:** The measures we take to relieve stress, including positives such as exercise, friendships, humor, or prayer, or negatives such as alcohol, drugs, or food.
5. **Stress outcomes:** The physiological and psychological results of stress including short-term positives such as enhanced creativity, motivation, and high energy levels, and the long-term negatives such as heart disease, weight problems, substance abuse, and overreactions to even mild pressures.

By changing their attitude and response to stress, most people can turn negative responses to stressors into positive or at least neutral ones. Individuals have more choice and personal power than they believe in determining whether the outcome of short-term stress is negative or positive. For example, responding to a conflict at work by breathing deeply or taking a walk, rather than becoming angry, can reduce the extent and duration of the stress.

"Every negative event in our lives is there to help us grow, develop new skills, and reach our potential."

— John M. Irvin

- **Short-term stress can be handled by our bodies; long-term negative stress is damaging physically and mentally.**

Negative psychological results of short-term stress include poor memory, inability to concentrate, poor self-control, and lower self-esteem. Behavioral "costs" include irritability, disorganized or poorly managed work flow, and a sense of not being in control. These symptoms lessen and resolve as the stress level decreases.

When stress continues long term, humans reach an "adaptability limit" and run out of energy. Negative psychological results increase and health effects worsen. People who undergo long-term stress may develop depression, anxiety or forgetfulness, hypertension or heart disease, ulcers, and headaches.

- **Creating a “stress kit” to help relieve stress, and filling it with positives, improves individuals’ ability to cope.**

Everyone has a stress kit, but some people have few items in their kits—or have kits composed mostly of negative items, such as alcohol. It is important to increase the number of items in the kit and to maximize the positive ones. For example, engaging in activities that involve exercise, humor, friendships, hobbies, music, meditation, and games can relieve stress in a positive way.

Other Important Points

- **Self-talk.** This is what we say to ourselves, which tends to be more negative than positive and often derives from childhood experiences carried into adult life.
- **Evolution.** Most stressors are not physical—as when early humans were hunter/gatherers and had to fight or flee predators—but our bodies respond the same.
- **Desserts.** “Stressed” spelled backwards is “desserts”—a reminder that stress can be turned into something with positive connotations.
- **Petting calms.** Petting an animal causes the heart rate to go down, an indication of the power of stress-relieving activities.

Action Steps

- Practice using positive affirmations every day (“I am...”; “I can...”; and “I am able to...”), and replace negative thoughts with positive ones.
- Create a personal stress relief kit with positive items—exercise, humor, hobbies, music, meditation, etc.
- When a stressful situation occurs, repeat this mantra: “All is well and I am safe.”

McComb's Journey to Good Health

Speaker: **Pat Cooper**, EdD, Superintendent of Schools, McComb School District, McComb, Mississippi

Overview

Prior to wellness programs being federally mandated, the school district in McComb, Mississippi adopted its own comprehensive wellness program. This action was based on a desperate situation that required dramatic action.

Developing and implementing the program involved securing the support and contributions of the school board, the community, parents, and all key stakeholders. It has also involved continuous evaluation. The results show that a comprehensive, well-supported, and well-coordinated wellness program can in fact lead to significant improvements in both health and education.

Context

In a video presentation, Dr. Cooper explained the philosophy behind McComb's program, how it got started, how it is funded, and the benefits derived from the wellness initiative.

Case Study: McComb District Schools

Background: McComb, Mississippi, has a population of 15,000, with 2,900 children in seven schools. Of these students, 80% are minorities; 90% take advantage of free or reduced price school lunches; and 30% of the population lives below the poverty level.

Situation: When Dr. Cooper began as McComb's superintendent in 1997, there were fights at school, a high juvenile arrest rate, a substantial dropout rate, a high teenage pregnancy rate, and a demoralized situation for children. When children entered school at age 5, they were functioning at a three- to four-year-old level.

Action taken: Under Cooper's leadership, McComb adopted the CDC's Eight Component model for a comprehensive school health program, and added a ninth, academic component. Cooper's thinking was guided by Maslow's hierarchy of needs which holds that people's most basic needs are physical—hunger for example—followed by emotional needs of security, love, self-esteem, and self-actualization. Only by first having their basic physical needs met can children achieve their full potential.

Cooper involved the entire community in implementing this model, and took advantage of every possible resource (health-related and financial) to make the program work. As for the food served at schools, snacks from home were banned and children could eat only what was served by the school. The food program, PE, and health classes were linked so children could see the relationship among these elements in contributing to their well-being. Staff were eligible for the same services as the children.

Results:

- McComb's 8% dropout rate for teenage mothers fell to 3%.
- Children achieved higher grades.
- Attendance improved.

- Juvenile crime arrest rates fell.
- Graduation rates increased from 77% in 1997 to 92% in 2004.
- The percent of students performing below grade level decreased from 57% to 45%.

Lessons learned: Wellness programs do make a difference in kids' lives. Involve the entire community in the effort. Get to the children early, preferably at 3 years of age. Gather baseline data and then document improvements.

Key Conclusions

- **In a community with systemic problems, a holistic approach to wellness is necessary**

Because of McComb's pervasive, systemic problems, Superintendent Pat Cooper decided a holistic program involving the entire community and dealing with a range of issues was the only way to improve the situation. The program was first implemented in 1997 and is now in its ninth year.

As mentioned, Dr. Cooper invoked Maslow's hierarchy of needs paradigm to concentrate on first meeting students' basic needs for food and safety. The program implemented under Cooper focused on meeting a wide range of student needs. Implementing this program involved parents, teachers, health care professionals, and social workers in the effort.

The model adopted in McComb encompasses:

- *Health education:* To help students become more knowledgeable about disease and reduce health-related risky behavior.
- *Physical education:* 30 minutes a day of PE for students in grades 1-6. High school students must take two units of PE.
- *Health services:* Health clinics exist in each school which ensures student access to health care.
- *Nutrition services:* These reflect USDA guidelines and offer students an opportunity to learn about good nutrition.
- *Counseling/social services:* Personnel are available to provide interventions when appropriate.
- *Environment:* A healthy school environment reflects the physical and aesthetic surroundings at school buildings and deals with issues such as asbestos, temperature, and lighting.
- *Staff example:* Health promotion for staff encourages school personnel to pursue a healthy lifestyle to increase productivity and improve morale. Staff gets access to fitness classes and a free annual health check-up.
- *Parent/community involvement:* Support for school wellness efforts is built through health advisory councils.
- *Academic opportunities:* These include off-site tutoring centers.

- **Intervention at an early age is crucial.**

In 1997, when children entered McComb's schools at age five, they were already behind developmentally. As Dr. Cooper said, "By the time these kids are five years old, it's too late."

Because many of these children were born to teenage mothers, improving the wellness of children meant first caring for the parents. To do so, Cooper created an early childhood coalition involving the health department. Pregnant teenagers were provided with prenatal health care. Then, once the children were born, team parenting was implemented so the teenage mothers could stay in school and their children would be taken care of. The teenage mothers also received training in parenting skills.

"You have to try to teach the parents too."

— Pat Cooper

- **School board and community backing are crucial to the success of any wellness program.**

In launching this program, Cooper needed the backing of the school board. Cooper knew that McComb's schools were plagued by poor attendance, which lowered McComb's government reimbursements. Cooper brought a local pediatrician to speak to the board about how juvenile diabetes, asthma, and other diseases contribute to poor attendance. A wellness program that improved students' health would also improve their attendance, which in turn would improve the district's financial situation. Based on this logic, the board backed Cooper's program.

Cooper also made a case to the community that the wellness program would result in benefits beyond the classroom. Although there was initially some skepticism, the community has accepted the program and provided its full support.

- **Evaluation is critical—the school board and community want to know if their investment results in positive outcomes.**

The school district established baseline data the first year of the program and has collected data yearly on measures such as test scores, attendance, graduation rates, and college acceptance. Documenting improvements and showing them to policymakers ensures the program will continue.

"After eight years, kids are graduating today at a higher rate, with higher GPAs, and are going on to college."

— Pat Cooper

The wellness program has also benefited McComb's schools in the federal "No Child Left Behind" initiative. The schools have moved from Level 2 (Needs Improvement) to Levels 3 and 4 (Successful and Exemplary).

Other Important Points

- **Self-funded.** The McComb wellness program is self-funded. As a result of increased attendance, the school district gets greater reimbursements. It also has applied for and received Medicaid eligibility.
- **Parental interface.** Every year a parent has to register each child in person so there is some face-to-face contact.

Action Steps

- Evaluate how a comprehensive wellness program can benefit your students and community. Determine the right elements of the wellness program to implement.
- Determine the rationale and supporting case to secure strong support.
- Get community support and involvement in implementing the wellness program. Develop a viable community health advisory committee and solicit support from community leaders and others who care about the issues.
- Start small in a few schools and then expand the program.
- Apply for Medicaid eligibility for wellness programs. If a substantial number of children are eligible, costs for health services can be reimbursed.

Food Allergy Management at School

Speakers: **Tony Flood**, Associate Director, Food Safety, International Food Information Council (IFIC)
Kenneth Mercurio, Director of Labeling and Nutrition, Nestlé USA

Overview

Food allergies are common among school-age children, and schools represent a critical place where allergic reactions (some of them potentially life-threatening) can occur. For this reason, it is essential that school nutrition personnel have an understanding of food allergies, work with parents and school nurses to develop plans to accommodate students who have allergies, and plan for how to respond should an allergic reaction occur. Results from recent surveys shows that many SNA members do not have good processes in place for dealing with students with food allergies.

The Food Allergen Labeling and Consumer Protection Act of 2004 is helpful to foodservice directors because of its strict requirements regarding how foods containing common allergens must be labeled. However, some manufacturers are taking a legalistic approach to labeling as opposed to a user-friendly approach. Operators need to demand that manufacturers have labeling that not only complies with the laws, but is simple, clear, and easy to read and understand.

Context

Mr. Flood provided an overview on food allergies, discussing common allergens, diagnosis and treatment of allergic reactions, and myths and misconceptions. He explained how to recognize signs and symptoms of an allergic reaction and shared results of recent surveys on how SNA members manage allergies in their schools. Mr. Mercurio explained the Food Allergen Labeling and Consumer Protection Act of 2004 and offered guidance on working with suppliers to make the more stringent requirements easier.

Conclusions

- **Because food allergies are so common, increased awareness of them is needed among school foodservice workers.**

Food allergies affect approximately 11 million Americans, and between 4% and 8% of school-age children. Eight foods cause about 90% of allergic reactions (the "Big 8"). These are: peanuts, milk, eggs, tree nuts (walnuts and almonds, among others), wheat, fish, shellfish, and soybeans. Nearly all schools have children who are allergic to peanuts.

"A lot of kids outgrow allergies to milk, eggs, wheat, and soy as they grow older—but allergies to peanuts, tree nuts, fish, and shellfish, unfortunately, are usually lifelong."

— Tony Flood

Expanded media coverage of food allergies in recent years has increased awareness of them, but more education is needed to ensure that students and school personnel understand how to identify and address allergic reactions. This is especially important because severe allergic reactions often occur when people are away from home—in settings such as restaurants or school, with less "control" over the foods ingested.

- **It's important to understand the difference between food allergy and intolerance, and the actions required for each.**

Many people think they are allergic to certain foods when they are simply intolerant to them. An allergy is a reaction that affects the immune system, and is usually caused by a protein in the food. An intolerance does not involve the immune system but occurs when the body can't break down or digest certain foods, creating an unpleasant, uncomfortable reaction. Many people are intolerant to lactose, MSG, or carbohydrates.

The most common symptoms of food allergy include hives, skin irritation, gastrointestinal effects such as nausea, vomiting, and diarrhea, and in some people and situations, respiratory symptoms such as shortness of breath. Anaphylaxis is the most severe type of allergic reaction. It can be fatal if not treated quickly and correctly. Anaphylaxis involves several body parts reacting simultaneously causing itching, sweating, low blood pressure, throat tightening, swelling, and severe shortness of breath. If anaphylaxis is even suspected, school personnel should call 911 immediately.

"Although many symptoms of food allergy are not severe, they can be scary to the child having the reaction and to those around him." [But, some symptoms are in fact severe.]

— Tony Flood

- **Since there is no known cure for food allergy, appropriate planning, including an emergency action plan, must be in place at schools.**

The only way to treat food allergy is to avoid the offending food. This requires reading all food labels extremely carefully, managing meals, and thoroughly educating others about the allergy. Oral antihistamines can be used to address allergic reactions that are not severe, and more severe reactions may be treated with an Epi pen and by contacting an emergency response team.

It is important to have in place a personal action plan for addressing allergic reactions, which may be as simple as calling the school nurse and a parent or guardian, or as elaborate as designating a response team who are well versed in treating allergic reactions. All staff members should be educated about a personal action plan and should be trained so that they know exactly what they need to do in an emergency situation.

- **There are wide variations in the ways that schools and foodservice personnel address food allergy in their facilities.**

The International Food Information Council (IFIC) worked with SNA in 2004 and 2006 on a survey of more than 1,000 SNA members to learn how they address food allergy meal planning, how students with allergy are identified, and how personnel respond to allergic reactions.

Key findings included:

- More than 90% address food allergy through traditional school meal programs—using meal substitution, special meal

purchases, menu changes, or “banning” of certain foods, particularly nuts and nut products.

“Bans are probably not the best way to address food allergies because they provide a false sense of security for kids.”

— Tony Flood

- Most students with allergies are identified by verbal information or notes from physicians (84%), with additional notification from parents and family, school nurses, or other health professionals.
 - The top food allergies identified are the “Big 8,” but many respondents also included gluten.
 - When food allergic reactions occur, 48% of respondents contact parents or guardians, 37% use the Epi pen, 37% contact an emergency response team member, and 34% engage the school’s emergency response plan.
 - 48% of respondents reported having access to students’ emergency contact information but 45% did not.
 - 20% of respondents post “Foodservice and Food Allergies” information sheets, available through IFIC, in their facilities, but 50% are using no informational materials at all.
- **The Food Allergen Labeling and Consumer Protection Act (FALPA) of 2004 calls for more stringent food labeling.**

FALPA, enacted in January 2006, requires far more specific labeling of foods that contain known allergens. The “Big 8” allergens are to be identified by their commonly recognized names—such as milk products, rather than casein. The requirements apply to many ingredients historically treated as processing aids, including soy lecithin, fish gelatin, and wheat starch. No “minimum” or “tolerance level” of the allergens is allowed without appropriate labeling.

This new labeling is helpful to those with allergies but can be confusing to meal planners, because only the direct content of foods is covered and not potential cross-contact ingredients.

Many food manufacturers have taken a legalistic approach, instead of a practical, customer-friendly approach. They are including multiple advisories on their products to cover themselves in the event of a lawsuit, rather than simple “contains” listings.

“To help workers more easily identify allergen-containing foods, operators should ask food companies to use ‘contains’ statements on their labels instead of lengthy advisories.”

— Kenneth Mercurio

Other Important Points

- **Allergic parents.** A child who has one allergic parent has twice the risk of becoming allergic too. Children with two allergic parents have four times the risk of developing allergies than do children whose parents do not have allergies.
- **Unpredictability.** Any food can cause an allergic reaction, and individuals who have never experienced a food allergy before can suddenly develop one.
- **Additional resources.** Good information on food allergies can be found at IFIC’s web site at www.ific.org and the Food Allergy and Anaphylaxis Network, at www.foodallergy.org.

Action Steps

- Train all school foodservice workers on the common food allergies and the symptoms of an allergic reaction.
- Have processes in place to identify those students with allergies. Work with parents to develop personal action plans for each student. Alert all staff members of these plans, and closely follow them.
- Read all food labels with great scrutiny.

Happy Feet, Healthy Food: The Book, the Snacks, and the Happy Feet Lunches

Speaker: **Carol Goodrow**, Schoolteacher; Author of *Happy Feet, Healthy Food*; Founding editor of Runner's World magazine's children's page and web site www.KidsRunning.com

Overview

School foodservice can be the center of wellness for the school and a "hub" for healthy eating programs and activities and wellness-promoting messages. Simple, inexpensive ideas can set the tone and engage children to participate. Foodservice personnel should work with the principal and teachers to design and promote fun but relevant healthy eating activities.

Context

Ms. Goodrow, a longtime runner, healthy eating advocate, and children's author, shared her experiences designing activities to promote wellness and encourage children to seek out healthy foods. She offered ideas for inexpensive school nutrition activities and described ways to engage teachers, principals, and school staff.

Key Conclusions

- **The concept of wellness at schools should come from the foodservice and lunch programs.**

Because they oversee delivery of the school lunch program, foodservice personnel are in an ideal position to promote healthy eating and make foodservice a "hub" for nutrition-related activities. By making the foodservice operation a school's wellness center, students and teachers can move the conversation and education about healthy food out of the classroom and into the cafeteria.

"Be a center of wellness at your schools."

— Carol Goodrow

Ways for school nutrition personnel to set the tone include working jointly with teachers to offer fruit cups, in lieu of candy, as is done by many teachers. The fruit can be presented with a fun and nutritionally relevant message.

- **Encourage the principal and teachers to deliver messages about healthy food and nutrition and to become involved in health-promoting activities.**

Elementary schoolchildren enjoy learning about nutrition and often choose more nutritious foods after being exposed to healthy eating messages. Simple ideas such as "Fall Apple Week" and having the principal include nutrition facts during announcements can set the tone for other healthy eating activities.

A school-based running club is another way to promote healthy eating. Ms. Goodrow conceived of a marathon idea that involved giving participants a serving of healthy pasta salad, and having children color in bowtie pasta pieces glued to marathon charts as they complete each of the 26 miles. (The colored pasta pieces are made into a necklace at completion of the 26 miles—which children are encouraged to wear to school.)

Standalone or related educational activities, such as handing out information sheets on "super foods" like sweet potatoes, or

encouraging children to keep food "journals," broaden a healthy eating program's reach.

"Children enjoy learning about nutrition and they'll participate in educational activities that involve learning about healthy eating."

— Carol Goodrow

- **Designing and sponsoring activities that promote healthy eating needn't be time-consuming or costly.**

Ideas for low-budget activities abound. Some successful ones from elementary schools include "Happy Feet" lunches. The purpose is not to have children or parents pack lunches but rather to incorporate the activity as part of the school lunch program. Elements can include:

- Having children enter a contest to design a "Happy Feet" lunch and having the foodservice department offer the lunch. A school wellness bulletin board can post all participants' entries on a rotating basis.
- Handing out "Happy Feet" lunch forms for children to fill in during or immediately after lunch, where they list the foods they chose from various categories (fruit, vegetables, etc.).
- Giving very young students a "Treasure, Health, & Happiness" chart where children color in jewels for each fruit or vegetable they eat, until they complete their "Healthy Treasure Chest."
- Often, children become so engaged in and excited about these activities that they become healthy eating "promoters" to their classmates—and convince parents to participate as well.

"Treat kids like adults—expect them to participate in healthy eating activities and they will respond."

— Carol Goodrow

Other Important Points

- **Change ingredients.** Encouraging healthy eating doesn't mean getting rid of popular foods or desserts. It means minimizing the high-fat, less healthy ingredients and maximizing the healthy ones. A treat such as a banana split can be reconfigured to include less ice cream and more fruit.

Action Steps

- Check out ideas for healthy eating at Ms. Goodrow's Web site, www.KidsRunning.com.
- Meet with the principal and teachers to jointly develop healthy eating activities, and encourage the principal to make related announcements promoting these activities.

Evolution of Dietary Guidelines: The Fat Continuum

Speakers: **Dayle Hayes**, Nutrition Consultant, Nutrition for the Future
Tami Cline, SFNS, MS, RD, Owner, Cline Consulting

Overview

Dietary guidelines continue to change as scientific discoveries occur. Dietary guidance for fats has changed over the past several years as new learning takes place. What is now known is that fat is an essential nutrient, especially for children, and that avoiding it is not recommended. More important is to understand the different types of fats (saturated, unsaturated, and trans), to understand their effects on the body, and to follow the newest guidelines regarding the types and quantities of fats consumed.

For school nutrition programs, it is possible to achieve greater nutritional integrity. This requires taking the time to understand the types and amounts of fats in different items, and to plan menus that use ingredients and methods that minimize bad fats. Food manufacturers are helping on this front as they are reformulating foods to decrease or eliminate trans fats.

Context

The speakers discussed how and why dietary guidelines for fat consumption have changed over the past three decades, explained the current fat recommendations, and gave suggestions for eliminating bad fats from school menus.

Key Conclusions

• Dietary guidelines change as scientific evidence changes.

The purpose of dietary guidelines is to provide science-based advice to promote health and reduce risk from chronic diseases. The federal government requires that USDA and HHS produce new recommendations every five years based on the latest scientific evidence. The latest set of guidelines was published in 2005.

The reason for frequent changes in the recommendations on fat intake is that scientists are constantly learning more about how our bodies handle fats. In 1980, the guidelines recommended *avoidance* of certain foods; by 1995, avoidance had been replaced by the concept of *choosing wisely*.

Among the specific types of dietary guidelines available are:

— **RDAs:** The Recommended Dietary Allowances (RDA), established in 1941, are published by the Institute of Medicine's Food and Nutrition Board and measure nutrition adequacy. RDAs differ by age and gender, and apply to healthy individuals over the age of two. 2005 was the first time that physical activities were addressed in the guidelines.

"The RDA is a measure of nutrition adequacy that is appropriate for 97.5% of the population."

— Dayle Hayes

— **DRIs:** The Dietary Reference Intakes (DRI) were established in 1997 and offer a more comprehensive approach. DRIs have four components:

1. Adequate intake.
2. Estimated average requirement.
3. Tolerable upper limit.
4. RDAs.

• Recent guidelines have major changes regarding fats.

The major changes in the 2005 recommendations regarding fats are: 1) the *type* of fat consumed is more important than the total amount of fat consumed or percent of calories from fat; and 2) an allowance for a broader range of allowable fat intake—20% to 35% of calories from fat, versus the recommendation in prior years of less than 30%. The allowance for a broader range of calories from fat is because no link exists between the percentage of calories from fat and chronic diseases.

The 2000 guidelines suggested a diet low in saturated fat and cholesterol, and moderate in total fat. The 2005 federal guidelines recommend that most fats come from polyunsaturated or monosaturated fats, rather than solid fats. Calories from saturated fat and trans fat count as discretionary, but these two forms of fat are linked to disease risks.

"Most Americans need to decrease intake of saturated and trans fat, and many need to decrease intake of cholesterol."

— Dietary Guidelines, 2005

Less than 10% of calories should come from saturated fat and individuals should consume no more than 300 mg of cholesterol a day; high cholesterol is a major contributor to heart disease.

"For every one point you can lower your blood cholesterol, you can decrease your risk of coronary heart disease by two percent."

— Tami Cline

• Not all fats are bad. It is important to understand the different types of fats and the characteristics of each.

Fat has been demonized in our society. But, fat is a nutrient that is required for good health and is a source of energy. It is also needed to aid absorption of fat-soluble vitamins. Linoleic and linolenic fatty acids are particularly important for the proper growth of children, meaning that young children should not be on a low-fat diet.

"Kids need fat for proper growth and development."

— Tami Cline

There are three types of fats, each with different sources and attributes:

— **Unsaturated:** These fats, which come from plant sources, are good fats and do not raise cholesterol. They are liquid at room temperature and come in two varieties: monosaturated, such as canola, peanut, and olive; and polyunsaturated, such as sunflower, corn, and soybean.

— **Saturated:** These are fats derived from meat, seafood, whole-milk dairy products, and egg yolks. They are generally solid at room temperature. Americans are eating 29 to 35 grams a day of these bad saturated fats, while the recommended level is 20 to 22 grams per day.

— **Trans:** This is the worst type of fat. It is produced by heating liquid vegetable oil in the presence of hydrogen. Although this process lengthens the shelf life of foods (thereby reducing costs) and improves taste and texture, it raises bad cholesterol (LDL) and decreases good cholesterol (HDL). The FDA says the biggest source of trans fat in the American diet comes from baked goods—bread, cakes, pies, and cookies. Some naturally occurring trans fat is in beef, pork, milk, and butter, but because it is not hydrogenated, it does not negatively affect cholesterol levels. (Effective January 1, 2006, the amount of trans fat must be included on food labels, provided a product has more than 0.5 grams per serving.)

▪ **Food manufacturers are reformulating foods in response to the emphasis on eliminating trans fat.**

Some of the largest food manufacturers are removing trans fat from their products. For instance, McCain, which makes the Ore Ida brand, now offers 54 potato items with zero trans fats. The company is also promoting oven baking in schools rather than frying. Frito Lay and Campbell have also reformulated products to eliminate trans fat. Campbell now makes its popular Goldfish crackers with zero grams of trans fat. French fries and chicken nuggets, two mainstays of school lunch programs, are now available with zero grams of trans fat.

"We live in a market-driven economy. You get to demand products."

— Dayle Hayes

▪ **It is feasible to achieve nutrition integrity in school lunch programs by making different fat choices.**

By being a more informed consumer—which means being educated about dietary guidelines and different kinds of fats and then reading food labels and asking questions—school nutrition professionals can provide tasty but nutritious foods for children.

Buying products with zero trans fat is the best and easiest way to eliminate bad fat. Also, changing food preparation methods—oven baking rather than frying—is another method. Tracking all

types of fat in products and choosing liquid vegetable oils rather than solids will help create a healthier menu.

Although mono- and polyunsaturated fats are currently more expensive than trans fat, as demand increases the prices should come down.

Other Important Points

- **Good snacks.** While French fries are full of trans fat, potato chips and pretzels rarely contain any.
- **Track trans fats.** Since today no national mandate for trans fat exists, some states and large school districts are setting their own policies. However, it is possible that in the future schools will have to track the amount of trans fat in the foods they serve.
- **Additional resources.** Several excellent resources exist with information on government guidelines and information related to fats. These include:
 - Dietary Guidelines: www.health.gov/dietaryguidelines
 - Health Pyramid: www.mypyramid.gov
 - Pyramid for kids: www.teamnutrition.usda.gov/kids-pyramid.html
 - McCain: www.mccain4schools.com

Action Steps

- Become educated about all of the various nutrition guidelines, especially those that pertain to children.
- Be knowledgeable about the most recent scientific evidence concerning fats.
- Review your menu and assess the types of fats that are included and in what amounts. Determine what changes can be made to lower the amount of trans fats.
- Speak with vendors to understand the fat content in their items. Ask them about new, reformulated items with no trans fats.
- Consider alternative preparation methods, such as oven baking instead of frying.

Recess Before Lunch: It Does Make a Difference!

Speaker: **Alice Joe Rainville, SFNS**, Professor, Eastern Michigan University

Overview

The evidence is in and the results are conclusive: recess before lunch is the way to go. When students are allowed to play before eating lunch, they are more likely to eat more and waste less. In addition, children who have recess before lunch are better behaved during lunch and are much more likely to concentrate and focus during afternoon classes.

With such a strong case for recess before lunch, the question remains: why do so many schools still serve lunch before recess?

In a focus group study conducted by the National Food Service Management Institute, school administrators, teachers, school nutrition personnel, and parents voiced concerns, such as logistics about changing the traditional paradigm of lunch before recess. Yet, they also indicated a willingness to consider recess before lunch if the educational and nutritional case is presented convincingly.

Context

Professor Rainville discussed the findings of a study conducted by the National Food Service Management Institute to determine why more schools don't have recess before lunch despite the numerous proven benefits from doing so.

Key Conclusions

• **Recess before lunch provides numerous advantages.**

Study after study has demonstrated that allowing children to have recess before lunch is superior from both a nutritional and an educational standpoint. Students who have recess before lunch tend to eat more and waste less food than those who have lunch before recess. After recess, children behave better during the lunch period because they have had the opportunity to burn off energy after sitting through hours of classes.

In addition, this good behavior appears to carry over into the afternoon classes. Finally, and not insignificantly, children seem to enjoy lunch before recess better as they don't feel so compelled to rush through lunch so they can go out and play.

• **Despite obvious advantages, very few schools have implemented recess before lunch.**

According to a 2001 School Health Policies and Program Study, only 4.6% of elementary schools scheduled recess before lunch.

Given the weight of evidence in favor of recess before lunch, the National Food Service Management Institute (NFSMI) set out to study why most schools were still serving lunch before recess. NFSMI conducted focus groups consisting of school administrators, school nutrition personnel, teachers, and parents to determine the barriers to lunch before recess.

They found that tradition is a significant barrier to recess before lunch. In short, what the focus group participants said was essentially that "lunch has always been before recess. It's just the

way that it's always been done." Many school administrators and teachers are simply reluctant to change a system that they perceive has worked perfectly well for them in the past. Even some parents chimed in that they had always had lunch before recess and it seemed to work out just fine for them, so why change it?

"If it ain't broke, don't fix it."

— Alice Joe Rainville, quoting the sentiments of focus group participants

But, even among educators who are reluctant to change the current schedule, they are conscious that the current schedule is far from perfect. In fact, many educational professionals commented that they have learned to compensate for the reduced attention often shown by students after lunch by teaching the more concentration-intensive courses during the morning.

• **Logistical issues are a barrier to recess before lunch.**

In many large schools, in practical terms it may prove difficult to coordinate recess before lunch for all students. This is because the limited facilities and resources would make it impossible to allow all students to eat lunch at such a time.

This is particularly true considering that, in some schools, many children don't eat breakfast before school. Any effort that would result in these children being fed at a later time would meet with considerable resistance. Also, administrators, teachers, and school nutrition personnel voiced concerns about how to schedule for hand washing and the removal and storage of cold weather clothing if recess was held prior to lunch.

• **The barriers to recess before lunch are not insurmountable.**

Despite the barriers, many study participants were impressed with the evidence in favor of recess before lunch. They were particularly impressed with the findings that children eat better and have fewer behavioral issues during the lunch period and the succeeding classroom sessions.

It appears that the key to getting administrators to make a shift is to focus on the educational benefits of better-behaved children in the afternoon. If it can be conclusively demonstrated that lunch before recess is better for the children, school administrators are more likely to forego tradition and resolve the logistical concerns.

Other Important Points

- **More research.** In light of the findings through previous research and during the latest round of focus groups, FSMI is planning a nationwide study to gather additional data on exactly why schools are not implementing recess before lunch.
- **Words of wisdom.** For those who have had success shifting recess to take place before lunch, their advice is to communicate with stakeholders, plan effectively, and consider what is best for the children.

Form a PAAC (Physical Activity Action Council)

Speaker: **JoAnne Owens-Nausler** EdD, FASHA, Director of Corporate and Community Relations, Walk4Life, Inc.

Overview

Even though there are multiple causes for the declining health of U.S. adolescents, school foodservice directors are being unfairly blamed. Still, school nutrition professionals should support and play a role in Physical Activity Action Councils (PAACs) at their schools.

When well-designed and visibly supported, PAACs can make a difference in the health and fitness of students, school personnel, and parents. An example is the PAAC project at Roper Elementary School in Lincoln, Nebraska, where 125 fifth-graders wore pedometers to log their fitness-improvement activities. The project was successful with students and received widespread attention and support from families, local businesses, and the media. The initiative (and pedometer use) was later expanded to participants' family members and third- and fourth-graders.

Context

Dr. Owens-Nausler ("Dr. Jo") discussed the pressures school foodservice directors face. A frequent speaker on public health and physical education/activity, she shared statistics about the number of youngsters in poor shape and how that relates to their ability to engage in physical activity, as well as their academic performance. She also described a successful PAAC program that provided students and staff with pedometers to "count steps."

Key Conclusions

- **Obesity and diabetes in adolescents have prompted some to "point the finger," unfairly, at school lunch programs.**

As awareness grows regarding the prevalence of obesity and diabetes in school-age children, the finger is being pointed at school lunch programs. It's unfair and inaccurate.

These health epidemics are the result of many factors—sedentary lifestyles, unhealthy diets, the predominance of junk food, cut-backs in physical education (PE) programs, and excessive TV watching. Yet, school foodservice programs are often blamed.

"As people get on the bandwagon about the obesity and diabetes epidemics in youth, you [school foodservices directors and staff] are facing a lot of pressures and getting beaten up about issues that 'aren't your stuff.'"

— JoAnne Owens-Nausler

This occurs as foodservice programs are overwhelmed in dealing with budget constraints, food safety concerns, and political pressures of often-competing policy mandates such as No Child Left Behind.

- **A majority of U.S. schoolchildren are not in good shape.**

The percent of children in poor physical shape has continued to increase, and at present more than half are in less than peak performance physical shape. Some obese children are in such poor shape that they cannot safely engage in physical activity.

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These statistics have many "downstream" effects, ranging from impaired academic performance to low self-esteem. There are also a number of illnesses for which unfit, obese children are at greater risk—high blood pressure, high cholesterol, and early development of heart disease. It takes 107 minutes of daily physical activity for adolescent females to maintain body weight, and 137 minutes for males—but most U.S. schoolchildren don't spend nearly that much time engaged in physical activity.

- **The PAAC at Roper Elementary in Lincoln, Nebraska, was a resounding success due to its broad support.**

From the start of the Roper PAAC project, initially involving 125 fifth-graders, principal "Mister Dan" Navratil was a vocal proponent of the program. Pupils were given digital pedometers to record their activity and progress on the designated "WalkSmart ActiveSchools™" web site. Community partners, including physical therapists, defrayed the \$20 cost of the pedometers.

"When something starts from the bottom up, it becomes a trend, but when it comes from the top down, it will be institutionalized."

— JoAnne Owens-Nausler

The PAAC initiative's kick-off, the annual Pumpkin Stroll, received media coverage, as did the project's ongoing activities and the later involvement of teachers and parents. Other events included participation in the International Walk to School Day and the Roper Razzle Dazzle Football competition. A grocery store joined in by hosting "tastings" of local fruits and vegetables.

In the end, the "fitness bug" proved contagious, and entire families were motivated to improve their fitness. The program was expanded to include third- and fourth-graders, helping Roper garner national recognition for its successful endeavor.

- **When children feel they are in charge, they accept responsibility and engage in nutrition and physical activity programs.**

Children respond to a forthright, common sense approach. In initiating a PAAC or related project, it's important to promise children that the program will do whatever it can to help them become or remain healthy, but that the ultimate responsibility resides with them.

To "sell" the activity, promoters used common-sense messages, such as "If you do what's good for your heart, lungs, liver, brain, and bones ... your hips and waist will be just fine." Adolescents know when they're being given a message by adults who "clearly didn't get the message or act on it." So, being a positive role model is a key factor in promoting PAAC activities.

In contrast to the expectations of school personnel and parents, children who checked out pedometers neither lost nor damaged the devices, for the most part. And participants were diligent about logging on daily to computers at home or at school to record their progress.

“The pedometers were powerful in promoting physical activity, because they gave the kids actual information about their progress.”

— JoAnne Owens-Nausler

- **There are many barriers to initiating PAAC activities.**

Trying to convince teachers, school officials, parents’ groups, and school boards to commit time and effort to a PAAC project is challenging. Most of those groups are already on “overload” with activities, responsibilities, and mandatory projects. In addition, securing funding for PAAC projects is challenging, but becomes more doable when PAAC leaders reach out to community partners. Availability of computers may be a barrier; at Roper Elementary, only 70% of students had computers in their homes and school computers were often in use.

Other Important Points

- **Early intervention.** Research shows that children must be “caught” by the fifth grade for targeted physical activity and health-promotion messages.
- **Not BMI.** In launching a PAAC-associated physical activity, use flexibility, balance, blood pressure readings, and general health status, rather than body mass index (BMI) to assess students’ ability to engage in the activity.
- **Grant funding.** Schools that are seeking grant funding to underwrite projects should commit to completing the School Health Index to strengthen their applications.

Action Steps

- Get involved in your school’s PAAC program.
- Set a positive example and encourage your staff members to do so as well.

Desperate Couchlives

Speaker: **Fred Schafer**, Director of Food Services, Shasta Union High School District

Overview

Many people lead desperate couch lives. They fail to take the necessary action to achieve wellness, resulting in poor health, suffering, wasted money, and frustration.

This needn't be the case. It is possible to achieve wellness and to live a rewarding, fully alive life which integrates one's emotional, social, physical, intellectual, and spiritual needs. Anyone can attain a healthy lifestyle. By writing down goals, being bold, and embarking on a plan that combines fitness and diet, anyone can become a lean, fat-incinerating, anti-aging, wellness machine.

Context

Mr. Schafer talked about the benefits of fitness and wellness, providing advice on following through on learning new health habits, sticking with a wellness plan, and living a happier life.

Key Conclusions

▪ **Having a written, specific goal is crucial to success.**

Declare one's intentions in a handwritten document. Writing down a goal gives direction to one's intentions; written goals help in organizing time and thoughts and in achieving self-discipline. In writing one's goals, be sure to include:

- *A statement* of how the goal will benefit oneself and others.
- *What qualifies* one to have it now?
- *Steps to improve* chances for attaining the goal.
- *Sources of information* to assist with follow through.

The power of writing down goals can be seen in a survey of 1953 Yale graduates. At graduation, only 3% had written, specific goals for their careers and finances. A follow-up survey of these graduates 20 years later showed that those 3% had amassed wealth exceeding the other 97% combined.

▪ **Be bold and good things will happen.**

Boldness involves taking risks. Schafer illustrated boldness with a personal anecdote. He had been unemployed for nine months. During that time he had applied for a position at a local hospital but had not heard anything. A friend advised him to go to the hospital each day and fill out a new application, explaining that he had thought of a new way to help the hospital. Every day for three weeks, Schafer filled out a new application.

One night, after playing basketball at a local park, a man struck up a conversation with Schafer. It turned out, the man was a recruiter at the hospital where Schafer had repeatedly applied and was responsible for filling the specific position. He told Schafer to call his office to set up an interview. When Schafer went to the interview, the recruiter had Schafer's 18 applications. The recruiter asked Schafer why he wanted this position. Because Schafer had written down the reasons in his 18 applications, he could easily answer the question. He was hired on the spot. This act of boldness made a difference in Schafer's life.

▪ **Wellness requires a positive self-image.**

Wellness is hard work. Poor health, obesity, and chronic diseases result from a lack self-value. If one focuses too much on flaws, they become one's identity. Carrying the wrong identity contributes to poor health and a poor attitude. It is sentencing oneself to a life of "less than."

The road to positive requires positive thinking, because what one thinks affects one's beliefs and expectations, which affects one's attitudes, actions, and results. It is not helpful to concentrate on one's perceived flaws.

"Don't focus on your flaws; instead focus on your cause."

— Fred Schafer

Fundamental ingredients to achieve wellness are:

- *Enlisting* a bold attitude.
- *Concentrating* on strengths, having a positive attitude, and eliminating negative images of oneself.
- *Doing*. Trying is not good enough; it breeds failure. Doing is what is necessary and it requires commitment.

"You cannot stumble into anything good while you're sitting on a couch. You need to move in the direction of your intention every day."

— Fred Schafer

- *Focus* on changing one's behavior. A 10% improvement in one year is a reasonable goal.
- *Form follows function*. The body is a well-constructed system; work with it, not against it.

▪ **Achieving wellness requires a combination of physical activities and mental determination.**

To achieve wellness, Schafer recommends:

- *Strength training*: Two or three days a week.
- *Breakfast*: Have breakfast within 30 minutes of waking; eat lean protein and high fiber fruit.
- *Small feedings*. Eat four to six small, equally sized feedings every two to four hours.
- *Cardiovascular exercise*: Perform 12-20 minutes of cardiovascular exercise every other day. Brisk walking is effective.
- *Small but consistent*: If time is an issue, start with just five minutes a day, but make it sacred. Consistency is crucial.

Other Important Points

- **Stress fighting**. It is particularly important to exercise and eat right when one is under stress.
- **No dieting**. Dieting is foolish behavior because it causes loss of muscle.
- **Muscle machine**. A pound of muscle burns 50 calories a day, a pound of fat burns only two calories.

The Faces of Diabetes in Children

Speaker: **Gabriela Pacheco, SFNS**, Nutrition Consultant, Les Johnson & Associates

Overview

Diabetes is on the rise. There are two forms of diabetes, Type I and II. Type I, which may be inherited and is not caused by lifestyle, typically appears in early childhood or adolescence. Type II, formerly called adult-onset diabetes, usually results from a combination of lifestyle factors, including high fat intake, obesity, and lack of exercise. Once rare in children, diabetes is becoming more prevalent. Diabetes can be managed in a school setting, provided staff have access to a detailed care plan for the child and are trained in counting carbohydrates and detecting and managing symptoms of hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar). Individualized Education Plans (IEPs) for children with diabetes are required, although procedures vary from state to state.

Context

Ms. Pacheco, previously nutrition coordinator for Albuquerque Public Schools provided an overview of diabetes and its management. She explained the differences between type I and type II diabetes, and offered guidance on managing diabetes in schools.

Key Conclusions

- **The prevalence of diabetes is increasing rapidly.**

Doctors know more than ever before about how to prevent and control diabetes. Yet, its incidence is increasing at a rapid pace. About 17 million Americans have been diagnosed with diabetes, and an additional 6 million likely have it but don't know it. Diabetes is the fifth deadliest disease in the U.S., as more people die annually from its complications than from AIDS and breast cancer combined.

Its incidence is also increasing at an alarming rate among children. An estimated 35 school-age children in the U.S. are diagnosed daily with type I or type II diabetes, and many children with diabetes go undiagnosed. The increase of type II diabetes in children has been so dramatic that the medical community no longer calls it "adult-onset."

"When I was working at the Albuquerque school district, I had kids as young as 8 years old diagnosed with type II diabetes."

— Gabriela Pacheco

The good news: Type II diabetes is preventable and is relatively easily managed with lifestyle modifications and dietary changes.

- **The type II diabetes epidemic is the result of many factors and lifestyle issues, in combination.**

The increase in children of type II diabetes, the preventable form of the disease, is largely the result of poor diet and inactivity. In the last two decades children have been eating more fat and larger servings of meals and snacks. Portion sizes have increased and children are eating foods that are poor choices nutritionally.

"Sugar alone does not cause diabetes, but high consumption of sugar combined with inactivity and obesity can result in type II diabetes."

— Gabriela Pacheco

The key issue fueling the diabetes epidemic is the decline in physical activity. Children now spend many hours each week watching TV or playing video games, and little time playing outdoors. This is partly due to societal concerns about safety, as many "latch-key" kids are told to stay in the house once they return from school.

- **Type I and type II diabetes start differently but generally cause the same health problems.**

Type I diabetes, which generally occurs in children or adolescents, develops when the pancreas makes little or no insulin—which the body needs to grow and make energy from the food consumed. Without insulin, sugar remains in the blood and does not get to the cells, where it is needed. That cycle "interruption" is what causes permanent damage. Symptoms of type I diabetes include frequent urination, increased thirst, sudden weight loss, and increased fatigue and hunger. When people have type I diabetes, they must meet their body's insulin needs by taking insulin from the "outside," through shots or a pump device.

In type II diabetes, the body produces insulin but excess body fat causes the cell doors to "resist" it. In a cascade of events, the liver overproduces glucose, becoming a "sugar-making machine." This form of the disease is associated with high blood pressure, obesity, high cholesterol, and/or high triglyceride levels. Symptoms include the same as those with type I but also blurred eyesight, slow-healing cuts or sores, and dry, itchy skin. Children with diabetes have increased risk for heart failure, clotting problems, weak bones, kidney disease, and eye disorders including blindness.

- **Effective management of type I diabetes requires close monitoring in the school setting.**

Diabetes can be well managed at school, provided that children are compliant with the timing of meals and insulin replacement. Although diabetic children can eat most foods as part of a well-balanced diet, insulin must be dosed according to calorie intake and the amount of daily carbohydrates must be consistent. Problems arise when children "sneak" food or don't accurately report what they have eaten.

It is the combination of food and when and how much is consumed that determines how well blood glucose levels are controlled. Serving size is also important: if not enough food is consumed, blood sugar will be too low; overeating raises blood sugar too high, leaving the body unable to handle the caloric intake because it doesn't have enough insulin. Children with diabetes fare better when they eat four to six small meals a day, which allows for more consistent carbohydrate intake and better balanced blood sugars. It is best to schedule meals and exercise at the same time every day. Meal planning for children with diabetes is easier if preparers have access to "carb count" charts and posters, now available in many schools.

As part of effective monitoring, children's blood glucose must be tested periodically throughout the day and caloric intake adjusted accordingly. This helps prevent hypoglycemia (low blood sugar), which makes children shaky, sweaty, tired, and cranky. It is treated by giving the child juice, milk, or other easily consumed carbohydrate sources. Hyperglycemia (too much sugar) can produce similar symptoms, making it confusing for young children to understand or explain their symptoms.

- **A well-developed diabetes care plan helps school personnel and caregivers ensure that students are monitored and accommodated.**

Procedures for diabetes care plans, also called Section 504 or Individualized Education Plans (IEP), vary by state. A comprehensive plan includes:

- *An information packet* including the diagnosis.
- *A physician-written prescription* for diet and care, with details on how school staff can assist.
- *A health care plan* indicating required treatment, including target blood glucose range, insulin schedule, eating plan, and glucose testing times.
- *A document* describing the responsibilities of all involved: parents, nurse, cafeteria staff, and the student.

Teachers and foodservice staff must be trained in managing diabetic children, and those with primary responsibility should ensure they have trained backups. An IEP requires that the school meal program not only serve the required carbohydrate amounts, but also ensure the food is consumed by the child.

"It's not enough to simply say, 'This child has diabetes, so adjust the diet accordingly.'"

— Gabriela Pacheco

Action Steps

- Understand which students have diabetes and work with the students, parents, and caregivers to create an IEP.
- Ensure that all staff are well versed in all student IEPs.
- Post carbohydrate count charts and/or posters in highly visible places, so all school personnel who might need to refer to them have easy access to the information.
- Access helpful tips for managing diabetes at the American Dietetics Association website, www.eatright.org, the American Diabetes Association website, www.diabetes.org, and the School Nutrition Association site, www.schoolnutrition.org.

Dairy and Your Personal Wellness Challenge

Speakers: **Camellia Patey**, SFNS, Vice President of School Milk Marketing, National Dairy Council
Julie Skolmowski, SFNS, MPH, RD, Program Manager, Child Nutrition Foundation

Overview

According to recent research, including dairy products as part of one's diet when attempting to lose weight improves weight loss results. Three daily servings of dairy are recommended.

Separately, in an effort to heighten the awareness of wellness, SNA is sponsoring the Eat Smart, Get Moving! Personal Wellness Challenge. The idea behind this program is that as school districts implement local wellness policies to improve the health of students, school staff can make positive changes in their own nutrition and physical activity habits. This program is divided into three phases over the course of the next school year, culminating at the 2007 SNA Annual National Conference.

Context

In this session, Ms. Patey reviewed recent research about dairy products and their effect on diet. Ms. Skolmowski explained the purposes and components of the upcoming Eat Smart, Get Moving! program. In addition, the session included a team-building exercise.

Key Conclusions

- **Including dairy as part of a weight loss program can help achieve better weight loss results.**

A study showed that those people who both cut their calories and also increased their calcium intake experienced greater weight loss than those who only cut calories.

Further, those who cut calories and added dairy as their calcium source lost even more weight and were able to trim their waistlines. This is because dairy foods have natural nutrients that cause people to burn more fat, especially from their waistline.

For the most effective weight loss results, an individual should cut calories, boost physical activity, and eat three servings per day of milk, cheese, or yogurt. (One dairy serving consists of one cup of milk, 1.5 ounces of cheese—about 4 cheese cubes—or one six- to eight-ounce container of yogurt.)

"Those who cut calories and added dairy as a source of calcium lost more weight and trimmed their waistlines more than others."

— Camellia Patey

- **Eat Smart, Get Moving! is a personal wellness program for SNA members that emphasizes good nutrition and physical activity.**

SNA members are role models for the children they serve. By helping SNA members attain and maintain their own personal wellness, members will be even better role models. The Eat

Smart, Get Moving! program focuses on energy balance between food and activities. The program, launched at the 2006 Annual National Conference, has both individual and team components, and runs through the 2007 Annual National Conference.

The program's individual nutrition goals involve increasing and then maintaining dairy consumption at 3 servings per day, whole grain consumption at 3 servings per day, and fruit and vegetable consumption at 6 servings per day. The individual physical activity goal is to increase and maintain physical activity for 60 minutes per day. Participants will track physical activity and food choices in terms of "points."

The program also involves creating a team at one's facility and there are specific team goals. One goal is for the team to walk 2,000 miles over 39 weeks (the distance from the 2006 Annual Meeting in Los Angeles to the 2007 Annual Meeting in Chicago).

Eat Smart, Get Moving! is divided into three phases:

Phase 1: August 1, 2006–October 2, 2006

The goal in this phase is to get 200 points (150 pts from foods, 50 pts from activity).

- *Dairy*: 2 points
- *Whole Grains*: 1 point
- *Fruits & Vegetables*: 1 point (2 servings)
- *Activity*: 1 point (20 min)

Phase 2: October 3, 2006–January 2, 2007

The goal in this phase is to get 600 points (450 pts from food, 150 pts from activity).

- *Dairy*: 3 points
- *Whole Grains*: 2 points
- *Fruits & Vegetables*: 2 points (4 servings)
- *Activity*: 2 points (40 min)

Phase 3: January 3, 2007–April 30, 2007

The goal in this phase is to get 1200 points (900 pts from food, 300 pts from activity).

- *Dairy*: 3 points
- *Whole Grains*: 3 points
- *Fruits & Vegetables*: 3 points (6 servings)
- *Activity*: 3 points (60 min)

Prizes will be awarded to teams based on the number of points earned. The prizes include spa gift certificates for the SNA team members, free registrations for the 2007 SNA conference, and cash awards and milk merchandisers for the district.

The registration deadline is August 29, 2006. More information can be obtained at: www.eatsmart-getmoving.org.

Students are the Winners in Public/Private Partnerships

Speakers: **David LeMay**, R&D Marketing Development Manager, Leprino Foods Company
Donna Wittrock, SFNS, Consultant, Retired Executive Director for Denver Public Schools
Karen Wilder, RD, MPH, LD, Principal Nutrition Scientist, Schwan's Food Service

Overview

Child obesity is a major problem in America. And while public school officials are not responsible for the problem, they can contribute to the solution by forming partnerships with private manufacturers of school lunches. Both the private and public sector have a vested interest in helping children form more healthful dietary habits. One such private/public partnership in Denver showed that such partnerships can be effective. Through the partnership's efforts, healthier alternatives were introduced for elementary school students that eliminated calories and fat in students' favorite food items without sacrificing the taste of these items or the students' willingness to eat them.

Context

The presenters discussed the efforts of school nutrition administrators, ingredient manufacturers, and product manufacturers to meet the challenge of creating great-tasting food solutions that satisfy students and meet dietary guidelines and wellness policies.

Key Conclusions

- **The public and private sectors can work together to fight childhood obesity.**

Both public schools and food vendors have a vested interest in improving the health of school-age children. Schools have an interest in improving the perception that school meals are unhealthy and that they are, in part, responsible for childhood obesity. Likewise, private sector suppliers of school foods have an interest in improving the perception of their products.

"It is not only a good business decision, but it's the right thing to do."

— David LeMay

- **Creating more healthful alternatives is a balancing act.**

Both public and private entities are under financial pressure to run profitable operations. As a result, both must cater to the demands of their customers—the students—to supply students' favorite items. This is despite the fact that these items are often less than healthful. Yet, the need to have high participation levels requires that schools prepare and serve food that students will actually eat. Therefore, rather than removing students' favorite items from the menu, the answer lies in reformulating products to provide a healthier alternative.

- **Popular food items can be made healthier without a meaningful reduction in student satisfaction.**

In a study conducted in the Denver public schools, popular food items were replaced with reformulated foods with a similar look and taste, but lower fat content. Students reported only a minimal reduction in taste for some items and enjoyed one reformulated product better than the original, higher fat version. In all cases, participation in the school lunch program was unchanged.

As a result, public school officials and private school lunch vendors should be encouraged knowing it is possible to produce healthful food alternatives that student-customers will enjoy.

"We must meet the needs and wants of our student-customers."

— Donna Wittrock

Case Study: Denver Public Schools

Background: Manufacturers teamed up with the Denver public schools to research creating more healthful fare for students.

Situation: The district and manufacturers were looking to improve the nutrition of school lunches while serving students food they would eat. They reformulated a few popular lunch items into healthier fare to gauge student reaction.

Action taken: Reformulated pizza, chicken fingers, and fries were offered. Research was conducted in four Denver-area elementary schools. There was one control day where normal products were served and two intervention days where the reformulated products were served. Students were asked to fill out evaluation forms on the intervention days.

Results: Students reported minimal changes in the taste and appearance of the new pizza and no significant perception of changes in the taste and appearance of the French fries. And, the students actually preferred the taste of the reformulated chicken fingers. Moreover, lunch participation remained constant.

Lessons learned: It is possible to introduce healthier food items into school menus that the children will eat by reformulating students' favorite food items into healthier alternatives.

Other Important Points

- **Partners for learning.** Manufacturers are eager to get student feedback and therefore may be especially eager to form partnerships to test new products and get feedback on these products.
- **Increased cost.** Ingredients with a more healthful profile may add to the cost of the product.

Action Steps

- Be proactive. Take the first step by approaching other parties to form public/private partnerships to develop and test healthful new products.
- Develop a shared vision. Create partnerships based on clearly defined goals that allow for open, honest, and frequent communication.
- Be innovative. Experiment with healthier versions of the students' favorite foods.

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Taking Action for Healthy Lives

Speakers: **Mary Lussier**, MPH, RD, Nutrition Education Consultant, California Department of Education

Overview

After California enacted legislation setting new nutrition standards for non-school-lunch foods, difficulties emerged as districts tried to figure out how to implement these standards in middle and high schools. The Linking Education, Activity, and Food (LEAF) grant program was developed in 2003 to fund pilots. Grantees develop school-based strategies to address obesity in children while improving nutrition and engaging students in related education and activities.

LEAF produced a number of successful strategies, such as salad bars, nutrition-focused fundraisers, curriculum changes to improve nutrition education, and physical activity. Some schools created onsite fitness centers and gardens and offered cooking classes. Challenges to changing the “food culture” were also significant, and included inadequate facilities and technology to accommodate the new concepts, insufficient space for meal participation, and a virtual “revolt” when unhealthy foods were removed from vending machines too rapidly.

Context

Ms. Lussier described California’s LEAF grant program piloted in 16 California schools. She shared promising practices from LEAF participants and offered an in-depth look at one successful LEAF project.

Key Conclusions

▪ LEAF has helped pilot California’s new nutrition standards for non-school-lunch foods.

LEAF was developed to pilot the new nutrition standards set by California’s legislature (Senate Bills 19 and 56) and to increase consumption of fruits and vegetables in schools as part of the Buy California initiative. LEAF was administered by the California Department of Education and funded by the state’s Department of Food and Agriculture. Each grantee received \$200,000 to develop its pilot program. The grant program’s goals included:

- Establishing a district nutrition and physical activity policy.
- Promoting California-grown fruits and vegetables.
- Providing effective, experiential nutrition education through activities and projects.
- Creating healthy fundraising activities.
- Ensuring that no student goes hungry.
- Helping students be physically active.

In total, 16 schools in 9 districts participated in LEAF during a 21-month period in 2003 and 2004. Each site had to meet at least one of the goals, and all pilot projects had to be replicable and sustainable.

▪ LEAF participants discovered several promising practices in the areas of linking, education, activity, and food.

Participants found the following strategies successful:

- **Linking:** Developing a school health council and adopting comprehensive school health policies are effective ways to get “everyone on board” to implement better nutrition standards. Community outreach efforts help engage local businesses and residents. Schools found it helpful to identify a leader to carry messages about the LEAF pilot programs to all stakeholders—teachers and other school personnel, parents, students, and the community.
- **Education:** Experiential education activities included incorporating nutrition education into core curriculum in different subject areas, offering on-site cooking classes that stressed healthy eating and fresh ingredients, and scheduling field trips to local farms and farmers markets. Some participants prepared secondary students to “teach” nutrition to their younger, elementary-school counterparts.
- **Activity:** In promoting healthy bodies and healthy minds, LEAF participants achieved success in such areas as starting on-campus fitness centers, offering staff development opportunities in fitness improvement, offering after-school physical activity opportunities, and developing ways to offer peer-education nutrition counseling.
- **Food:** LEAF participants employed a wide range of strategies to encourage better nutrition in their facilities, including:
 - Increasing the number of healthy foods and beverages available in vending machines, in student stores, and at fundraising events.
 - Improving school lunch choices while reducing or eliminating a la carte items. School salad bars were immensely popular and well supported.
 - Upgrading meal environments—tables, murals, and layout—to make them more appealing.
 - Actively marketing school meals with signage, attractive packaging, and meal card application incentives.
 - Supporting “healthy” fundraising through partnerships with student groups, clubs, and parent organizations.

▪ The LEAF pilot at Carpentaria Middle School was successful because many people were involved, and nutrition education and activities occurred both in and outside the classroom.

The principal, teachers, foodservice personnel, and school nurse worked together to develop and implement the school’s LEAF pilot. The school, located in an area of Southern California supported heavily by farming, established an advisory council to guide the project. This pilot involved gradually replacing snack foods and soft drinks in vending machines with healthier alternatives which students came to view as “cool.” Targeted nutrition education was “woven into” the curriculum in math, language arts, and science classes, to reinforce messages about healthy eating.

“Impacting the popular culture of our students [regarding foods] is a challenge, but if you get the conversation going the culture will change.”

— Carpenteria Middle School Teacher

Within a year, the school had created an onsite garden to grow vegetables and conduct experiments, and had begun student-directed nutrition education outreach to local elementary schools.

▪ **Schools experienced significant challenges implementing pilots aimed at improving nutrition.**

The key challenges schools experienced resulted from overcrowded lunchrooms or inadequate facilities and technology, and lunch periods that didn't accommodate the school population.

There was a virtual “mutiny” in some high schools where non-meal foods and beverages were removed or changed. The open-campus environment at high schools made it difficult to coordinate school-wide initiatives during lunch period, and many schools had limited (or highly inconvenient) access to local produce growers and their products.

“Don't just eliminate all the vending machines or unhealthful foods and beverages overnight, or students may revolt.”

— Mary Lussier

▪ **LEAF participants learned many lessons about what works and what doesn't when trying to change a school's food culture and nutrition practices.**

At the conclusion of their projects, LEAF participants identified a number of lessons learned:

- School meal participation increases when students have access to fresh, high-quality food, varied menu items, and more attractive eating venues, and when meal programs are actively marketed. Reducing sales of non-meal foods and beverages also increases meal participation.
- Rather than reducing lunch program revenues, LEAF participants found that reducing or eliminating a la carte items ended up increasing revenues.
- Involving students at every step—from menu and facility planning to taste testing—eases the transition for schools implementing major changes.
- Foodservice capacity and technology may need to be increased and facilities modified to accommodate additional points of sale, ensure traffic flow, and increase meal participation.

Other Important Points

- **Leaders needed.** When trying to implement new nutrition and physical activity policies, it is crucially important to have a leader to ensure the initiative is included in the school board's agenda—even though funding-related issues often take center stage.
- **No nutrition involvement.** LEAF participants found it difficult to implement the state's new nutrition standards in part because the political process has prevented nutrition experts from direct involvement in setting the standards.

Biographies

Summary 1: Soy 101

Nancy Berkoff, RD, EdD, CCE

Food Service Advisor, Vegetarian Resource Group

Doctor Nancy Berkoff is a registered dietitian, certified chef, and a Fellow of the Institute of Food Technologists. She divides her time between nutrition and culinary arts instruction, food writing and media presentations, and consulting to the food industry, especially on vegetarian projects.

Summary 2: Constructing Local School Wellness

Carol Berg Sloan, RD

Nutrition Consultant, Media Specialist for El Monte City School District

Biography not available.

Lew Finch

Retired Superintendent; Superintendent in Residence, American Association of School Administrators

Dr. Lew Finch is currently serving as an AASA Superintendent-In-Residence after retiring from a 45-year career in public school education, including 35 years as a superintendent. He served as superintendent in four districts, in three states, including 83,000-student Jefferson County, Colorado Schools. Dr. Finch served four years as a member of the AASA Executive Committee.

Summary 3: Stress for Success: Making Stress Work for You

John M. Irvin

President, Lifestyle Enhancement Services, Inc.

John Marshall Irvin is the founding President of Lifestyle Enhancement Services, a successful motivational, training, and speaking firm. John holds a degree from the University of Tulsa and has been active in creating opportunities for personal and professional development for over twenty-five years. In 2000, he earned Certified Speaking Professional (C.S.P.) status from the National Speakers Association. C.S.P. is the highest earned recognition offered by the National Speakers Association and has been achieved by only 8% of its 4000 members. John's purpose is clear. Each program that he presents sends the clear message that each of us is capable of achieving great things, that we can do more and be more than what we currently are, and most importantly, we can have great fun while doing it! He began his career in "front line" social work with a vocational training program for "at risk" adolescents. During his time there, he co-created a counseling program that took students on "high challenge" outings such as backpacking, rock climbing, and canoeing.

Summary 4: McComb's Journey to Good Health

Pat Cooper, EdD

Superintendent of Schools, McComb School District, McComb, Mississippi

Biography not available.

Summary 5: Food Allergy Management at School

Tony Flood

Associate Director, Food Safety, International Food Information Council (IFIC)

Tony is Associate Director, Food Safety at the International Food Information Council. Tony has worked with IFIC for 11 years managing a number of food safety education and outreach programs. He coordinates the development of communication materials, education sessions, and workshops on food safety topics including food allergy management.

Kenneth Mercurio

Director of Labeling and Nutrition, Nestlé USA

Biography not available.

Summary 6: Happy Feet, Healthy Food: The Book, the Snacks, and the Happy Feet Lunches

Carol Goodrow

Schoolteacher; Author of Happy Feet, Healthy Food; Founding editor of Runner's World magazine's children's page and web site www.KidsRunning.com

Carol Goodrow is a primary-school teacher, founding editor of kidsrunning.com, leader of the Happy Feet, Healthy Food Kids' After-School Club, and author/illustrator of the information book *Happy Feet, Healthy Food*, and of a brand new children's chapter book, *The Treasure of Health and Happiness*.

Summary 7: Evolution of Dietary Guidelines: The Fat Continuum

Dayle Hayes

Nutrition Consultant, Nutrition for the Future

Dayle Hayes, MS, RD, is a nutrition consultant, author, educator, and president of Nutrition for the Future, based in Billings, Montana. Many school foodservice professionals read her popular contributions to *School Foodservice & Nutrition* magazine and hear her speak at state and national meetings from Washington to Florida.

Dayle was the main author of Making it Happen!, the USDA/CDC guide to increasing success at the local school nutrition level. She has spent much of the last several years assisting states and school districts develop meaningful school wellness policies. She writes a weekly newspaper column and appears frequently on TV and radio as a nutrition expert. She has been quoted in *USA Today*, *The New York Times*, *Chicago Tribune*, *Prevention*, *Fitness*, *Shape*, and *Self*.

From 1994 to 1998, Hayes served on The American Dietetic Association (ADA) Board of Directors. A winner of several national awards, Dayle also is past president of the Montana Dietetic Association.

Tami Cline, SFNS, MS, RD
Owner, Cline Consulting

Tami is owner of Cline Consulting, a company that exclusively works with organizations providing products and services to schools, and is co-owner of a new venture called "Y-Pulse." Y-Pulse conducts online market research with school and college foodservice directors. Tami previously worked for Boston and Brookline Schools and is currently pursuing a PhD from Iowa State University.

Summary 8: Recess Before Lunch: It Does Make a Difference!

Alice Jo Rainville, SFNS
Professor, Eastern Michigan University

Alice Jo Rainville is a professor of nutrition and dietetics at Eastern Michigan University and is a School Food and Nutrition Specialist. Alice Jo has conducted school nutrition program research with the National Food Service Management Institute. Her most recent research project involved focus groups on the barriers to recess before lunch.

Summary 9: Form a PAAC (Physical Activity Action Council)

JoAnne Owens-Nausler, EdD, FASHA
Director of Corporate and Community Relations, Walk4Life, Inc.

For the past 35 years JoAnne Owens-Nausler, EdD, the popular health and fitness motivational speaker from Lincoln, Nebraska, has been one of the country's most vocal personalities on the issues of physical activity and nutrition education. In her capacity as the Director of Corporate and Community Relations for Walk4Life Inc., Dr. Jo is spearheading Get Moving America, the company's new nationwide initiative to promote movement-centered programs. The purpose of the program is to empower student and adult populations to increase their daily physical activity.

Summary 10: Desperate Couchlives

Fred Schafer
Director of Food Services, Shasta Union High School District

Fred Schafer comes to us from Redding, California. He is the Founder of Fit Food Dude Enterprises, a Wellness Consulting company. In addition, he also serves as the Director of Nutrition Services for three school districts in California and is a Certified Personal Fitness Trainer, author, and nationally known conference speaker. In the past he has served as the Coordinator for Health Promotion in Shasta County, California and is completing his Masters Degree in Wellness Promotion.

Summary 11: The Faces of Diabetes in Children

Gabriela Pacheco, SFNS
Nutrition Consultant, Les Johnson & Associates

Gabriela is a Nutrition Consultant based in San Diego, California. She was previously the Nutrition Coordinator for Albuquerque Public Schools, a district with 87,000 students. She now works with Les Johnson and Associates providing advice on meal patterns, USDA compliance, and all nutrition related issues to manufacturers in the School Nutrition Arena. She also practices clinical dietetics at local hospitals and research facilities. Gabriela has presented at several state and national SNA conferences, on topics such as Children w/Allergies & Special Healthcare Needs, Diabetes, General Nutrition, and the New Dietary Guidelines. She has also coordinated health fairs for state conferences.

Summary 12: Dairy and Your Personal Wellness Challenge

Camellia Patey, SFNS
Vice President of School Milk Marketing, National Dairy Council

Camellia Patey is the vice president of School Marketing at National Dairy Council® (NDC) and has worked for the dairy industry for the past 16 years. She has been involved with the development and promotion of practical wellness solutions through NDC's ongoing communications and resources.

Camellia is on the Child Nutrition Foundation Board and a member of the American Dietetic Association and industry liaison on the board of the School Nutrition Services Dietetic Practice Group. Camellia graduated with a Masters degree in Health from Western Kentucky University in 1980 and also received her Bachelor degree in Dietetics and Institutional Administration from Western.

Julie Skolmowski, SFNS, MPH, RD
Program Manager, Child Nutrition Foundation

Julie Skolmowski is a program manager at the Child Nutrition Foundation, SNA's sister organization. Julie currently manages CNF's coordinated school food safety cooperative

agreement along with the development of Prime Purchasing Practices, a new professional development course for school nutrition purchasing, and the revision of the School Food and Nutrition Specialist Credentialing Exam Study Guide. Julie earned a bachelor's degree in human nutrition and food service management from the Ohio State University in Columbus, Ohio and a master's degree in Public Health from the University of North Carolina in Chapel Hill, North Carolina. A registered dietitian and school food and nutrition specialist (SFNS), Julie applies her expertise in food service management, nutrition, and school nutrition to outreach and professional development projects for the Child Nutrition Foundation and for the School Nutrition Association. Julie participates in research, development, and outreach and has presented in the past at state school nutrition association conferences, national school nutrition association conferences, and conferences for allied national organizations.

Summary 13: Students are Winners in Public/Private Partnerships

David LeMay

Marketing Development Manager, Leprino Foods Company

David is a manager in the Research and Development Department at Leprino Foods Company, the largest manufacturer of mozzarella cheese in the world. He has worked for Leprino Foods for 13 years and has been involved with development projects concerning NSLP products for the past 3-4 years. Most recently, he coordinated the research project conducted with Denver Public Schools.

Donna Wittrock, SFNS

Consultant, Retired Executive Director for Denver Public Schools

Donna received a Master's Degree in Organizational Management from the University of Phoenix and a Bachelor's Degree in Home Economics and Business from the University of Minnesota.

She served as the Executive Director of Food and Nutrition Services for the Denver Public Schools from 1991 to 2004. Her Department served 35,000 lunches and 10,000 breakfasts per day; had 550 employees; operated in 130 schools; and had a \$31 million dollar annual budget. From 1976 to 1991, prior to being appointed as Executive Director, she advanced through positions of successively greater responsibility from kitchen worker to supervisor.

Donna has been the recipient of numerous awards from various organizations among them the USDA Best Practices Award for innovation in cafeteria design, the Honorary Doctorate of Food Service from NAFEM, the FAME Award for Leadership, and the prestigious Silver Plate Award from IFMA.

She has been very actively involved in various leadership positions, elected and appointed, in professional associations most notably the School Nutrition Association (formerly the American School Food Service Association) where she served as its President from July 2003 to 2004. She served as its Foundation President from 2004 to 2005.

Karen Wilder, RD, MPH, LD

Principal Nutrition Scientist, Schwan's Food Service

Biography not available.

Summary 14: Taking Action for Healthy Lives

Mary Lussier, MPH, RD

Nutrition Education Consultant, California Department of Education

Mary Lussier, MPH, RD, has been a Nutrition Education Consultant with the California Department of Education for the past 17 years. She has been involved with several pilot efforts to implement and evaluate efforts to improve the health environments in schools, including the Linking Education, Activity and Food (LEAF) Program and the SHAPE California initiative.

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