

**List of potential SCHOOL policies for CT Task Force to consider,
with indication of which national organizations (and CT's coalition) have endorsed them
December 2013**

Policy Recommendations	IOM¹	TFAH²	HP 2020³	RWJF⁴	CCACO⁵
SCHOOL HEALTH EDUCATION Increase the proportion of elementary, middle, and senior high schools that require school health education.			X	X	X
WATER: Make clean, potable water available and easily accessible	X	X			
BMI SURVEILLANCE Data on BMI should be collected by each district and reported to the appropriate agency-- either DPH or DOE. (CCACO) Increase the proportion of primary care physicians who regularly assess body mass index for age and sex of their child or adolescent patients. (HP 2020)			X		X
MARKETING TO CHILDREN IN SCHOOLS Ban advertising of unhealthy foods on school campuses, K-12. (CCACO) Eliminate advertising and marketing of calorie-dense, nutrient-poor foods and beverages near school grounds and public places frequently visited by youths. (TFAH) Reduce youths' exposure to the marketing of unhealthy foods through regulation, policy, and effective industry self-regulation. (RWJF)		X		X	X
USDA SCHOOL NUTRITION STANDARDS Ensure schools have adequate training and technical assistance to implement new USDA standards. Ensure schools have adequate funding to provide healthy and appealing meals that meet the USDA standards		X			
COMPREHENSIVE HEALTH EDUCATION CURRICULUM Adopt a statewide comprehensive health education curriculum, including nutrition, which is offered in all grades. State departments of education shall establish requirements for training teachers in	X				X

effectively incorporating nutrition education into their curricula. (IOM)					
WELLNESS POLICIES Mandate school districts to create, publically post, update, and implement a strong school wellness policy, with regular reporting to CSDE. (CCACO)		X			X
Strengthen, update and change wellness policies when necessary. (TFAH)					
RECESS BEFORE LUNCH Create pilot programs to incentivize schools to offer recess before lunch so children will eat more nutritious food and have less plate waste at lunch time.					X
COORDINATED APPROACH TO SCHOOL HEALTH <ul style="list-style-type: none"> District Wellness Committees – Require districts to have school wellness committees that develop nutrition, physical activity and other student health goals. Employ a strong accountability mechanism to ensure that the committees are functioning. Require districts to report annually to the State Department of Education how their wellness policies were implemented. District Health Coordinator – Every school district employs a full-time CSH district coordinator. Coordinated Approach to School Health – Every school district annually assess its health policies and implement a comprehensive plan for a well-coordinated approach to school health.					X
SCHOOL IMPROVEMENT PLANS All school improvement plans/school climate plans* must incorporate at least one health goal in all schools through nutrition, physical activity, health education and physical education. Must be coordinated with School Wellness Policy. Submit yearly to State Department of Education. *Public Act No. 11-232, AN ACT CONCERNING THE STRENGTHENING OF SCHOOL BULLYING LAWS, required all school districts to have a school climate plan.					X
COMPREHENSIVE SCHOOL HEALTH EDUCATION ACCOUNTABILITY <ul style="list-style-type: none"> Develop and implement state and school district policies regarding school accountability for the quality and quantity of comprehensive health education programs. Develop and implement state level policies that require school districts to report on the quality and quantity of PK-12 comprehensive health education programs. 					X

<ul style="list-style-type: none"> Strengthen CT Sect. 10-16b, Prescribed Courses of Study, to include language that holds districts accountable for offering health and safety education in grades K-12. 					
COMPREHENSIVE HEALTH EDUCATION END-OF-COURSE EXAM Adopt a statewide end-of-course exam for comprehensive health education courses as a graduation requirement.					X
COMPREHENSIVE HEALTH EDUCATION PRE-SERVICE TRAINING Require that all elementary education teachers complete at least one course on methods of teaching health education.					X

¹IOM - <http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.asp>

For this report, the Institute of Medicine committee evaluated hundreds of prior strategies for their promise in accelerating obesity prevention over the next decade. This report maps how the most promising interacted with, reinforced, or slowed each other's progress. In addition, for the childcare recommendations, see recommendations in Early Childhood Obesity Prevention Policies June 2011

<http://www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies.aspx>

²Trust for America's Health **F as in Fat** <http://healthyamericans.org/report/108/> from 2010, 2011, 2012, 2013

These reports document the trends in obesity rates in the United states, examines high-impact policies to prevent and reduce obesity, and includes a growing set of strategies that have improved health if not reduced obesity trends as of yet.

³Healthy People 2020 <http://www.healthypeople.gov/2020/default.aspx>

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For 3 decades, Healthy People has established benchmarks and monitored progress over time in order to encourage collaborations across communities and sectors; empower individuals toward making informed health decisions; and measure the impact of prevention activities.

⁴RWJF **Signs of Progress (and other policies)**

This interactive tool tracks childhood obesity rates around the United States, highlights places that have seen improvements, and details the work being done to contribute to the signs of progress in reversing the childhood obesity epidemic.

⁵Connecticut Coalition Against Childhood Obesity was formed in 2011 to combat the epidemic of childhood obesity and the urgent need to address its connection to Connecticut's educational achievement gap. The Coalition, comprised of more than 30 health advocacy organizations, stresses that the connections between better health and better academic achievement make action against childhood obesity an education as well as health imperative. www.ctfightobesity.org

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