



1703 North Beauregard Street
Alexandria, VA 22311-1714 USA
1-703-578-9600 or 1-800-933-2723
1-703-575-5400 (fax)
www.ascd.org

**Written Testimony of
Dr. Gene R. Carter
Executive Director/CEO
ASCD
Submitted to the
Committee on Education and Labor
Subcommittee on Healthy Families and Communities
October 15, 2009**

Chairwoman McCarthy, Ranking Member Platts, and Honorable Members of the Subcommittee:

Thank you for the opportunity to share ASCD's ideas on innovative approaches for dealing with the issue of child nutrition and wellness. My name is Dr. Gene Carter, and I am Executive Director and CEO of ASCD.

Founded in 1943, ASCD is an educational leadership organization dedicated to advancing best practices and policies for the success of each learner. Our 175,000 members are professional educators from all levels and subject areas—superintendents, supervisors, principals, teachers, professors of education, and school board members. Our nonprofit, nonpartisan membership association provides expert and innovative solutions in professional development, capacity building, and educational leadership essential to the way educators learn, teach, and lead. Because we represent a broad spectrum of educators, we are able to focus on policies and professional practice within the context: “Is it good for the children?”

Educating the Whole Child

Since its inception, ASCD has built on a core set of values and beliefs in support of the whole child. We believe student success is dependent on academic knowledge, physical and emotional health, engagement, and school and community support. We advocate for sound education policies and best practices to ensure that each child is healthy, safe, engaged, supported, and challenged. Specifically, that means:

- Each student enters school healthy and learns about and practices a healthy lifestyle. Schools and communities create an environment that promotes the learning and practice of healthy lifestyles, collaborating to increase access to health care for children and their families.
- Each student learns in an intellectually challenging environment that is physically and emotionally safe for students and adults. Schools and communities consistently assess comprehensive safety issues to foster effective conditions for learning. Each child has the opportunity to access a challenging curriculum.

- Each student is actively engaged in learning and is connected to the school and broader community. Students who are engaged and connected to their schools demonstrate increased academic achievement, attendance rates, and participation in activities.
- Each student has access to personalized learning and to qualified, caring adults. Schools and communities connect students with caring adults. These positive relationships reinforce academic achievement and social, civic, ethical, and emotional development.
- Each graduate is prepared for success in college or further study and for employment in a global environment. Students engage in a broad spectrum of activities in and out of the classroom. Districts and communities work together to provide meaningful learning experiences and opportunities to demonstrate achievement.

Data and Research on Child Health and Wellness

There are a number of studies focused on the issues of child health and wellness.

- “Healthy eating contributes to overall healthy growth and development, including healthy bones, skin, and energy levels; and a lowered risk of dental caries, eating disorders, constipation, malnutrition, and iron deficiency anemia.”
—U.S. Department of Health and Human Services and U.S. Department of Agriculture. (2005). *Dietary guidelines for Americans*, 6th Ed. Washington, DC: U.S. Government Printing Office.
- “Research suggests that not having breakfast can affect children’s intellectual performance.”
—Pollitt, E, & Matthews, R. (1998.) Breakfast and cognition: an integrative summary. *American Journal of Clinical Nutrition*, 67(suppl): 804S-813S.
- “The percentage of young people who eat breakfast decreases with age; while 92% of children ages 6–11 eat breakfast, only 77% of adolescents ages 12–19 eat breakfast.”
— National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health. (2008). Nutrition and the health of young people. Retrieved from <http://www.cdc.gov/HealthyYouth/nutrition/facts.htm>
- “Hunger and food insufficiency in children are associated with poor behavioral and academic functioning.”

—Alaimo, K, Olson, C.M., & Frongillo, E.A. (2001). “Food insufficiency and American school-aged children's cognitive, academic and psychosocial developments.” *Pediatrics*, *108*(1): 44–53.

—Kleinman, R. E., et al. (1998). “Hunger in children in the United States: Potential behavioral and emotional correlates.” *Pediatrics*, *101*(1998): 1–6.

- “From 2002 to 2008, the percentage of schools in which students could not purchase candy or salty snacks increased in 37 of 40 states. Among the 31 states with at least 3 years of weighted data during 2002--2008, a significant linear increase in the percentage of secondary schools in which students could not purchase candy and salty snacks was detected in all states except Nebraska ([Table 1](#)). A significant quadratic trend also was detected in nine of these 31 states. The quadratic trends indicated that, except in Washington, the rate of increase was greatest from 2006 to 2008 and from 2004 to 2008. Among the 34 states with weighted data for both 2006 and 2008, the median percentage of schools in which students could not purchase candy or salty snacks increased from 45.7% in 2006 to 63.5% in 2008 ([Table 1](#)).”

—Centers for Disease Control and Prevention. (2009, October 9). Availability of less nutritious snack foods and beverages in secondary schools--Selected states, 2002--2008. *Morbidity and Mortality Weekly Report*. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5839a4.htm>

- “Compared with 2006, in 2008 the percentage of secondary schools in which students could not purchase soda pop was significantly higher in all 34 states, and the percentage of schools in which students could not purchase sports drinks was significantly higher in 23 states ([Table 2](#)). . . .The median percentage of schools in which students could not purchase soda pop increased from 37.8% in 2006 to 62.9% in 2008, and the median percentage of schools in which students could not purchase sports drinks increased from 28.4% in 2006 to 43.7% in 2008.”

—Centers for Disease Control and Prevention. (2009, October 9). Availability of less nutritious snack foods and beverages in secondary schools--Selected states, 2002--2008. *Morbidity and Mortality Weekly Report*. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5839a4.htm>

ASCD’s Approach to Child Health and Wellness

ASCD believes that a coordinated, comprehensive approach is the best means by which to achieve positive results for child nutrition and wellness. Schools should be encouraged to use, and incentives should be made available for the use of, approaches that includes the interaction and coordination of staff responsible for health education, health services, and nutrition services, at a minimum. Students and parents need to be involved and community organizations and businesses should also play a role. By using a comprehensive approach, opportunities to address a wider variety of related issues such as nutrition, physical

education and activity and social-emotional health are increased. Doing so also decreases the chances of children falling through the cracks or somehow being overlooked for programs and services for which they would otherwise be eligible but of which they or their families may not be aware.

Take, for example, the issue of providing school breakfast or lunch. An administrator in New Mexico tells the story of a high school senior in his very small school. The school changed its practice regarding certifying eligibility for free and reduced-price meals qualification. The student told the administrator that prior to this change, she had often been without food for days. The student was unaware that she might have qualified for free or reduced-price meals, and her parents did not complete the application. Although it is a small school, the administrators had no knowledge of the young woman's dire circumstances. The student now receives two meals a day at school—frequently the only food she eats during the week. As is the case in many other parts of the country, there are no social services programs located nearby nor is there a local grocery store. Providing school meals on a presumption of eligibility reduces the possibility that students will go hungry.

School nutrition is one part—albeit an important one—of educating the whole child. Schools should be places where students can learn about and practice healthy lifestyles. Nutrition education is necessary, but it should be within the context of health education that meets the national health education standards (revised in 2007 by the Joint Committee on National Health Education Standards and available at <http://www.cdc.gov/healthyyouth/sher/standards/index.htm>). The school environment must be one that supports the practice that is taught. Policies need to be in place that support the ability of students and staff to easily make healthy choices. Foods sold outside of the cafeteria, such as those found in student stores and à la carte lines, and those offered outside of the traditional school day, such as those offered through school fundraisers or made available at sporting and extracurricular events, should be part of this effort to support the practice of good nutrition. These offerings should not include food choices that compete with the cafeteria nor should they be in opposition to the messages that students receive in class. Nutrition messages throughout the school building and grounds (whether conveyed actively or passively) should be consistent and have as their ultimate goal improving the nutrition and wellness of the children and adults in the school and community at large.

ASCD's Healthy School Communities Initiative

Created in 2006, ASCD's Healthy School Communities effort (HSC) is an integral part of ASCD's Whole Child Initiative: a multiyear plan to shift public dialogue about education from an academic focus to a whole child approach that encompasses all factors required for successful student outcomes. As a part of this mission, the Healthy School Communities effort serves as a community-building resource for schools and communities that work together to create healthy environments that support learning and teaching. It also provides

a space for networking and sharing of resources, ideas, and practices that encourage the ongoing promotion of a coordinated approach to school health programming and policy within school communities.

HSC is built upon seven tenets:

- Demonstrate the belief that successful learners are emotionally and physically healthy, knowledgeable, motivated, and engaged;
- Demonstrate best practices in leadership and instruction across the school;
- Create and sustain strong collaborations between the school and community institutions;
- Use evidence-based systems and policies to support the physical and emotional well-being of students and staff;
- Provide an environment in which students can practice what they learn about making healthy decisions and staff can practice and model healthy behaviors;
- Use data to continuously improve; and
- Network with other school communities to share best practices.

Eleven sites were chosen from nearly 300 applicants to participate in a two-year pilot program. Each pilot site received a \$10,000 grant and technical assistance. The goal was to create healthy school environments with each of the pilot schools working closely with their community to face the unique challenges presented by each school setting. The results were as follows:

- **Barclay Elementary/Middle School (Baltimore, MD):** Developed an on-site dental clinic and a therapeutic truancy program addressing the underlying causes of attendance problems. They also have a strong after-school program, which is credited as one of the reasons for their increases in academic achievement.
- **Boston Arts Academy (Boston, MA):** Created a strong student support team that focuses on the emotional and cognitive well-being of students. Community partnerships help the school provide a range of programs for the students, and visiting artists act as role models as well as teachers.

- **Des Moines Municipal Schools (Des Moines, NM):** Provides physical, dental, and mental health care for students and staff, as well as to the surrounding communities. To compensate for the fact that students have limited access to fresh fruits and vegetables, “the fruit wizard” delivers a different fruit or vegetable daily. In 2008, in an effort to “promote physical activity, provide nutritious foods and encourage family involvement in the health and education of their children,” the New Mexico Department of Education began using the Healthy School Communities *Healthy School Report Card* in 67 schools across the state, including all Santa Fe public schools.
- **Hills Elementary School (Hills, IA):** Has a large population of students who live in an impoverished trailer court. The school started a community center at the trailer court that offers a monthly dinner program that provides opportunity for parents, teachers, and students to work together on developing study and life skills. Hills also has mental health promotion programs and focuses on reducing barriers to learning, such as truancy.
- **T.C. Howe Academy (Indianapolis, IN):** Has the Learning Well Clinic, a collaborative with the Community Health Network of Indianapolis. A nurse practitioner oversees the operation of the clinic, which is available to students with parental consent. The school also established a FAST Club (Fitness, Academics, Success Together) as a unique way to encourage healthy habits such as proper exercise and nutrition.
- **Orange County School District (Hillsborough, NC):** Has been working to systemically implement an evidence-based, coordinated approach to school health. Thirteen school sites have completed the *Healthy School Report Card*, and the school superintendent meets regularly with a core group of colleagues to determine how best to strengthen health services.
- **Pottstown School District (Pottstown, PA):** Has a strong relationship with the Pottstown Area Health & Wellness Foundation. The district collaborates with community-based organizations that share the common goal of keeping students healthy and promoting effective learning.

ASCD’s Recommendations

ASCD submits the following recommendations for your review:

1. The dietary guidelines governing school meals need to be updated to reflect current science and childhood obesity trends.
2. Rules governing school meal programs should be applicable to all foods served on campus throughout the school day.
3. Congress must take steps to increase schools' access to healthy, nutritious foods. In rural and urban centers, food-service staffs are challenged both by cost and access. The kids in these schools often have less general access to fresh fruits and vegetables outside of school. Schools need the ability to access these products in a way that is not cost prohibitive. At one HSC site, the fruit and vegetable program receives support through the school-based health center in recognition of the connection between mental health and healthy eating.
4. The Child Nutrition and WIC Reauthorization Act should support a holistic approach to addressing the needs of the whole child. We as a nation must begin to focus on ensuring that each child has the necessary means for being healthy, safe, engaged, supported, and challenged. Economics should not be the key factor in determining whether a child in a low-income area has a healthy, nutritious school breakfast, lunch, or snack. For many of our children, school is their only source of nutritious food. By turning our focus toward ensuring that children have access to healthy foods and by providing support for evidence-based policies and practices that support the physical and mental health of students across the country, we can impact learning and reduce the incidence of undernourished and overweight kids.

Conclusion

ASCD is a resource on issues surrounding child nutrition and wellness as well as overall efforts to support the whole child. We look forward to working with members of Congress on this and other issues with the ultimate goal of doing what's best for children.