

**Illinois School Wellness Policy Task Force**

**Report on  
Recommendations for  
Statewide School Nutrition Standards**

**January 2007**

# Illinois School Wellness Policy Task Force Report

## Background

Recognizing that schools can play a critical role in supporting children's health and preventing problems associated with poor nutrition and physical inactivity, Congress passed a law (P.L. 108-265) that requires local education authorities participating in U.S. Department of Agriculture's Child Nutrition Programs to establish local wellness policies by school year 2006–2007. This federal law and the growing concern about childhood obesity led to the passage of state legislation (Public Act 94-0199). This act modifies the Illinois School Code (105 ILCS 5/2-3/137) and requires the Illinois State Board of Education to establish a goal that all school districts have a wellness policy consistent with recommendations of the Centers for Disease Control and Prevention. The Illinois State Board of Education (ISBE) is responsible for ensuring the implementation of this Act.

Public Act 94-0199 also establishes an Illinois School Wellness Policy Task Force consisting of members representing 19 organizations with a vested interest in children's health. This Public Act requires the Task Force to submit the following reports to the General Assembly and the Governor: 1) identification of barriers to developing and implementing school wellness policies and recommendations to reduce those barriers by January 1, 2006; 2) recommendations on statewide school nutrition standards by January 1, 2007; and 3) evaluation of five to ten school districts on the effectiveness of school wellness policies by January 1, 2008.

The first report on the barriers to implementing school wellness policies has been submitted and is available at [www.isbe.net/nutrition/htmls/wellness\\_policy.htm](http://www.isbe.net/nutrition/htmls/wellness_policy.htm). This document is the second report on recommendations for statewide school nutrition standards.

## Trends in Children's Health: Causes for Concern

**Currently one-third of children and youth nationwide are overweight or at risk of becoming overweight.** Over the past 30 years the childhood obesity rate has nearly tripled for children ages 2–5 years (from 5 to 14 percent) and for youth ages 12–19 years (from 5 to 17 percent) and quadrupled for children ages 6–11 years (from 4 to 19 percent) (CDC, 2005; Ogden et al., 2002, 2006). This is a concern because overweight children and teens are more likely to develop type 2 diabetes and have risk factors for cardiovascular disease (Freedman et al, 1999; DHHS and CDC, 2006). Overweight children are also much more likely to become overweight adults with increased risk for chronic diseases such as high blood pressure, osteoporosis, type 2 diabetes, heart disease, and some forms of cancer (DHHS, 2001; DHHS/CDC, 2006).

**Illinois children appear to be at greater risk for being overweight.** (Ariza et al., 2004; CDC, 1996, 2006b; CLOCC, 2004; Whitman et al., 2004; IDPH, 2004; Wang et al., 2005). Data from National Health and Nutrition Examination Survey III (1988–1994) revealed that Illinois children, 6- to 10-years-old, were 1.5 times more likely to be overweight and children 11- to 16-years-old were 2.5 times more likely to be overweight when compared to the national average (CDC, 1996; CLOCC, 2004). One study of 2½-year-old children in six different Chicago communities revealed that 13 to 53 percent were overweight (Whitman et al., 2004). The *Healthy Smiles*,

*Healthy Growth* survey, conducted by the Illinois Department of Public Health, reported that 39 percent of children surveyed were either overweight or at risk for becoming overweight, as compared to 33 percent nationally (IDPH, 2004; Ogden et al., 2006). This was a random sample of Illinois third grade children conducted in rural, urban, Chicago, and its surrounding collar county school settings. From the survey findings, it appears that rural, minority, low income, and children from Chicago are at greatest risk.

**Poor diet and physical inactivity are major factors contributing to the increase in childhood overweight.** These modifiable risk factors are also the second leading cause of preventable death in the United States with tobacco being the first (Mokdad et al., 2004). Both the current and future health of students will be compromised if these trends continue.

**Even children of healthy weight are not making wise food choices or being sufficiently physically active.** Most children do not consume a diet consistent with dietary recommendations and need to make wiser choices within and among the food groups (Lin et al., 2001; Munoz, et al., 1997; USDA, 2001). Calcium, potassium, fiber, magnesium, and vitamin E are identified as nutrients with low intakes by children and adolescents in the Dietary Guidelines for Americans 2005. Low intakes of calcium tend to reflect inadequate consumption of milk and milk products while low intakes for fiber and magnesium tend to reflect low intakes of fruits, vegetables, and whole grains. This is consistent with research that shows the marked decreases in milk consumption over the past 30 years. Milk consumption is being replaced by a dramatic increase in consumption of soft drinks and non-citrus juices and drinks (Cavadini et al., 2000). The majority of children do not consume the recommended amounts of nutrient-dense foods like fruits, vegetables, whole grains, and dairy products (Harnack et al., 2003; Krebs-Smith et al., 1996; Munoz et al., 1997; USDA, 2001; DHHS/CDC 2006). Increased consumption of foods that provide greater amounts of vitamins and minerals per calorie are not only important for optimal growth and development and preventing later development of chronic disease, but also may be useful in maintaining healthy weight (Ritchie et al., 2005).

**Illinois has long been the only state to mandate K–Grade 12 daily physical education.** Based on data supplied by the Illinois State Board of Education as of November 2005, 26.4 percent of Illinois school districts had received a physical education waiver or modification. In a 2005 nationwide survey, only 25 percent of Chicago teens surveyed reported meeting current recommendations for physical activity as compared to 36 percent nationally (CDC, 2005). While statewide physical activity data for students is not available, these statistics raise concern about the added role physical inactivity may play in increasing the risk of overweight for Illinois children.

**The cost of obesity is substantial.** Medical expenses for obesity have been estimated at \$75 billion nationwide. In Illinois, obesity related medical expenditures are estimated at \$3.4 billion per year (Finkelstein et al., 2004). Health care costs for obese Americans are 36 percent higher than for normal weight individuals (Thompson et al., 2001).

## **The Role of Schools in Student Wellness and Obesity Prevention**

**The growing problem of childhood obesity is the result of numerous, complex and intertwined factors** including diet, sedentary lifestyles, genetics, environment, culture, lack of research-based prevention strategies, and underinvestment of public and private resources to reverse the trends. The complexity of the problem requires a broad public health approach – one that brings together the concerted efforts of families, communities, healthcare, industry, media, and government as well as schools (DHHS, 2001).

**Schools are just one piece in the prevention puzzle, but a crucial one.** No other institution has continuous contact with children and the educational expertise to lay the groundwork for healthful lifestyle choices. Schools have a unique opportunity to integrate nutrition education into core subject curriculum and supplement learning by providing the opportunity to practice healthful choices in venues within schools where food is offered or sold. Cafeterias, school stores, vending machines, school parties, and school-sponsored events all offer opportunities for schools to reinforce the message that making wise food choices means a healthier body and a sharper mind. Schools can also ensure that every student meets state physical education requirements, is physically active in physical education classes, and has increased opportunities for physical activity during the school day.

**There is a growing body of evidence that nutrition and physical activity are linked to academic performance.** Food insufficiency, poor nutritional status, and even short-term hunger (such as skipping breakfast) seem to have crucial links to student attention span, behavior, and test scores (Alaimo et al., 2001; CHPNP, 1995; Rampersaud et al., 2005, Tufts, 1995). Emerging research also seems to point to a potential relationship between physical activity and student performance in school (CDE, 2005; Etnier et al., 1997; Sibley et al., 2003; Symons et al., 1997). Consequently, comprehensive local wellness policies have the potential to not only improve student health but to also help schools leverage limited educational dollars by better preparing students to reach their academic potential (AFHK, 2004).

**Development and implementation of a strong local wellness policy may be one of the best ways for schools to support nationwide student wellness and obesity prevention efforts.** A school wellness policy is the first step toward shaping a school environment that both promotes *and* supports healthful lifestyle choices. The key to real improvement of the school environment is the day-to-day implementation of the wellness policy. One important way to influence student choices is to adopt nutrition standards for all food and beverage available to students. In addition to adopting nutrition standards, the Illinois School Wellness Policy Task Force recommends that schools increase children's knowledge and values about health, nutrition and physical activity by providing education in the classroom, increasing opportunities for daily physical activity, and providing opportunities for parental involvement that meet, at a minimum, guidelines in their local wellness policy.

## Recommendations for Statewide School Nutrition Standards

The Illinois School Wellness Policy Task Force recommends that Illinois establish statewide school nutrition standards that meet, at a minimum, the following recommendations.

1. All food and beverages available during the school day should be consistent with the recommendations of the Dietary Guidelines for Americans. The following are specific recommendations:
  - Offer food and beverages with a minimal to no trans fatty acids per serving.
  - Offer food and beverages containing less sodium or prepared with less salt.
  - Eliminate deep-fat frying as a preparation method.
  - Limit the number of high fat entrees served.
  - Encourage consumption of whole grains, fruits and vegetables, and low-fat and nonfat milk and milk products.
2. Food and beverages available to students through school-sponsored events, classroom parties, classroom snacks, and rewards should meet the district's nutrition standards as *stated in their local wellness policy*.

## Illinois Food and Beverage Standards

The table below provides food and beverage standards for all foods sold to students *outside of the USDA School Lunch and School Breakfast programs during the school day*, including a la carte sales, vending, school stores and fundraising.

Food/Beverage	Nutrition Standards	Pre-K–Grade 5	Grades 6–12
1. <b>*Water, unflavored</b>	Unsweetened, noncarbonated	Any size	
2. <b>Water, flavored</b>	Any	Not allowed	Not to exceed 25 calories per unit
3. <b>Milk</b>	Flavored or plain reduced fat (2 percent), low-fat (1 percent) and nonfat (0 percent), including lactose-free or lactose-reduced milk  <i>Recommend schools move toward offering only low-fat (1 percent) and nonfat milk (0 percent)</i>	Not to exceed 8 ounces per unit	Not to exceed 16 ounces per unit
4. <b>Dairy Alternative</b>	Reduced fat, low-fat, and nonfat enriched alternative dairy beverages ( <i>i.e. rice, soy, or other alternative beverages approved by USDA</i> )	Not to exceed 8 ounces per unit	Not to exceed 16 ounces per unit
5. <b>Smoothie</b>	Made with low-fat yogurt or other low-fat dairy alternatives	Not allowed	Not to exceed 200 calories per unit
6. <b>Juice</b>	100 percent fruit and vegetable juice	Not to exceed 4 ounces per unit	Not to exceed 12 ounces per unit
7. <b>All other beverages</b>	Noncarbonated beverages except for those exempted from the USDA Foods of Minimal Nutritional Value list under the Competitive Foods Regulation <sup>1</sup>	Not allowed	Not to exceed 200 calories and 12 ounces
8. <b>A la carte entrees</b>	All entrees for individual sale	<ul style="list-style-type: none"> <li>▪ Not to exceed serving size in the school meals programs for entrees served in the USDA National School Lunch or Breakfast Programs</li> <li>▪ Not to exceed 400 calories per serving for entrees not served as part of the USDA National School Lunch and Breakfast Programs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Not to exceed serving size in the school meals programs for entrees served in the USDA National School Lunch or Breakfast Programs</li> <li>▪ Not to exceed 450 calories per serving for entrees not served as part of the USDA National School Lunch and Breakfast Programs</li> </ul>
9. <b>Nutrient-dense foods</b>	All nuts, seeds, nut butters, eggs, fresh fruits and vegetables, 100 percent dried fruits and vegetables, yogurt, and cheese	<ul style="list-style-type: none"> <li>▪ Recommend offering part-skim or reduced-fat cheese</li> <li>▪ Recommend offering low-fat or nonfat yogurt</li> </ul>	
10. <b>Any other individual food sales except those listed separately in this table</b>	<ul style="list-style-type: none"> <li>▪ 35 percent or less fat calories per serving <u>OR</u> 8 grams or less fat per serving</li> <li>▪ 10 percent or less saturated fat calories per serving</li> <li>▪ Not to exceed 200 calories per serving</li> </ul>	Not allowed	All other foods sold (except those listed separately in table) <i>during the school day</i> must meet nutrition standards

\*Children who consume mostly bottled water should consult their dentist or physician and may need to use supplemental fluoride.

<sup>1</sup>The *Competitive Foods Exemption List* can be accessed at [www.isbe.net/nutrition/pdf/exemptions.pdf](http://www.isbe.net/nutrition/pdf/exemptions.pdf).

## Implementation

The Illinois State Wellness Policy Task Force suggests that statewide school nutrition standards be implemented by each local education agency no later than the first day of the school year beginning after July 1, 2009. To ensure successful implementation of these recommendations, the Task Force recommends training for school personnel so that they fully understand these recommendations and are equipped with the information and skills needed to implement Statewide School Nutrition Standards.

## Evaluation

It is the opinion of the Illinois State Wellness Policy Task Force that the *Recommendations for Statewide School Standards*, if adopted, should be reviewed at a minimum of every two years to address changes in health research and product availability. The Illinois State Board of Education shall be the responsible entity for this review. The Illinois State Board of Education shall convene a nutrition standards work group at a minimum of every two years to review the nutrition standards.

The nutrition standards work group will consist of no more than nine (9) members. The work group members will consist of the following:

- One member representing the Illinois State Board of Education.
- One member representing the Illinois Department of Public Health.
- One member representing the Illinois Department of Human Services.
- One member representing Illinois Nutrition Education and Training Program.
- One member of an organization representing school nutrition staff.
- One member of an organization representing school boards.
- One member of an organization representing school principals.
- One member of an organization representing school health.
- One member of an organization representing parent teacher associations.

The nutrition standards work group will issue a report of its findings and recommendations, if any, no later than January 1, 2012, and every two years thereafter to the Governor and General Assembly. A copy of such report will also be submitted to the Illinois State Board of Education and will be available to the public through the Illinois State Board of Education website.

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