

ACT 1220: What is it really all about?

Why ACT 1220?

The upward trend in obesity reflects a need to address both personal and societal issues that support increased caloric consumption and decreased physical activity. Some fast facts about obesity are listed below.

- The percentage of children and adolescents who are defined as overweight has more than doubled since the early 1970s,
- About 15 percent of children and adolescents in the nation are now overweight.
- About 22 percent of Arkansas children are now overweight.
- About 18 percent of Arkansas children are at risk for becoming overweight.
- Obesity is the number one risk factor for heart disease, stroke, diabetes, and other chronic diseases.
- Obesity in adults has increased in Arkansas from 13.2% in 1991 to 23.3% in 2000.

Recognizing that obesity is best prevented in childhood ACT 1220 focused on strategies that would affect children. These strategies are aimed at providing healthy choices and activities in the school environment.

The Components of ACT 1220

ACT 1220 is a comprehensive piece of legislation that addresses the key components of a good intervention system.

Data Gathering and Research -The collection of data helps to target and tailor education and policies that will directly affect the problem. There are two data efforts that are part of ACT 1220. Both are to be collected from every school and reported back to parents and the local community. They include:

- A Body Mass Index screening for every child that will be provided to parents in a confidential child health report each year.
- A financial income and expenditure report from all competitive food and beverage contracts held by a school district.

State Policy Supports - Often local school districts and parents want to make changes but, are unsure what to do, or need additional support to implement changes. ACT 1220 included a requirement for state standards that will support parents and local school districts. These standards are to be set by the State Child Health Advisory Committee and will address the following:

- all foods provided to children in the school setting
- the amount of physical activity a child receives during a school day
- the nutrition education provided to children in schools
- training of food service personnel

Also, access to vending machines in elementary schools is to be denied for all elementary age school children.

Strong state standards will provide local districts an opportunity to make changes that may otherwise be difficult to achieve.

Local Interventions

ACT 1220 requires local school districts establish school nutrition and physical activity advisory committees that shall include members from:

- school district governing boards
- school administrators
- food service personnel
- teacher organizations
- parents
- students
- professional groups such as nurses and community members

The local committees will be the catalyst for making things happen in their local schools. They are to implement the state standards and monitor any changes made.

What has been happening with ACT 1220?

Body Mass Index screenings

The first year of the Body Mass Index screenings have been completed. Arkansas Center for Health Improvement worked with the schools to develop protocols, equipment and implementation procedures. Here are some fast facts about the BMI process:

Arkansas Center for Health Improvement received a grant to pay for the development, purchase and distribution of all the equipment needed to perform the screen.

The Body Mass Index is a screen similar to a hearing and vision screen or a scoliosis screen. This is not a diagnosis of obesity it is simply a marker to make parents and physicians aware of a possible risk.

Protocols were implemented to protect a student's confidentiality and self-esteem. For instance students were measured and weighed with their back to the register so they did not know their statistics. They were also measured privately so no other students could see their measurements. If these procedures were not followed with your child place a request with the school administration for next year.

If you are interested in more information about your child's BMI you can log on to the site below:

Centers for Disease Control <http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm>

Or to calculate your child's BMI go to this link:
<http://www.bcm.edu/cnrc/bodycomp/bmiz2.html>

For more information concerning Arkansas' BMI Project go to the Arkansas Center for Health Improvement website http://www.achi.net/current_initiatives/obesity.asp

Child Health Reports - ACT 1220 not only required the Body Mass Index screening but it required' that the information be sent home to parents with information concerning the body mass index and obesity. The first child health report is being mailed to parents the summer of 2004. Since this is an annual screening parents can expect to receive this information each year. If you have questions concerning your child's BMI you should contact your child's physician. Other resources in your community can be found by logging on to the Arkansas Center for Health improvement website at

http://www.achi.net/current_initiatives/obesity.asp

There will also be child health reports available for each school, school district and the state.

Nutrition Standards ACT 1220 mandated the State Child Health Advisory Committee develop recommended standards for all foods provided to students during the school day. These recommendations will then have to be approved by the state board of education to become regulations. The recommendations have been made by the Child Advisory Committee and are currently pending approval. Highlights from the recommendations are listed below:

- The intent of the recommendations are to provide healthy choices for all children in the Arkansas public school system.
- The Local Nutrition and Physical Activity Committees are to ensure that the School Health Index Survey is performed in each school to determine areas that may need to be improved.
- All foods provided to students during the school day are to meet certain portion sizes. Such as no "Big Bag" chips, no "king size" candy bars, no 20 oz. soda pops, no double order of French fries.
- All foods provided to students during the school day are to meet certain fat content standards. (Vending machines, school stores, school cafeteria, etc.)
- All vending machines should offer 50% healthy choices. Such as soda pop machines must have half of their choices be water, low sugar juices etc.
- School cafeterias must offer six non-deep fried items for every deep fried item on their serving line.
- Vending machines cannot be available to students until after the last lunch period.
- There are specific waivers made for foods provided for medical reasons and for a limited number of class parties. However it is highly recommended that schools move toward non-food methods of rewarding students.
- Parents still have the option to send whatever they choose in their child's lunch each day. These

regulations do not remove the parent's right to feed their child as they see fit.

The standards are recommended for implementation over a three year time period. To view a complete set of the recommendations you can log on to the Arkansas Advocates for Children & Families website <http://www.aradvocates.org/>

Physical Activity Standards

ACT 1220 also required standards for physical activity in the schools since the recommendations will require future planning and financing they are to implemented in stages between school year 2008 and 2013.

- The Department of Education will employ a Physical Education Specialist to coordinate with the Arkansas Department of Health to provide resources, technical assistance, and consultation for school districts and the School Nutrition and Physical Activity Advisory Committee.
- Each school will employ at least one certified physical education teacher.
- Physical education classes in K-6, will have a maximum student-to-adult ratio of 30:1.
- Elementary students receive a minimum of 150 minutes of physical education per week.
- Middle and high school students receive a minimum of 225 minutes of physical education per week.

Local Nutrition and Physical Activity Committees ACT 1220 mandates that each school district establish a local committee to help with the implementation of the new nutrition and physical activity standards. These committees are to include school personnel, school board members, community leaders, health care professionals, parents and others that provide resources and input for the task at hand. The committee should be involved in at least the following areas:

- Help ensure that the School Health Index assessment and physical activity standards are included in individual school improvement plans.
- Assist the school in implementation of Child Nutrition Standards to provide increased healthier options for all foods and beverages sold or served on the school campus.
- Maintain and update annually a list of recommended locally available healthier options for food and beverage sales venues.
- Review and make recommendations to the local school board regarding all food and beverage contracts.
- Maintain a list of non-food and healthy food alternatives for fund-raisers.

A list of resources and options are provided for local committees with the complete recommendations.

Other support components in ACT 1220

Increased **food service personnel training** in part of the recommendations to provide local personnel the resources needed to meet USDA requirements for the National School Lunch Program and for providing healthier, tastier options for all foods served by the school food service programs.

The development of a **Nutrition Education Curriculum** required by ACT 1220 will provide students with educational support and learning for the development of good eating habits.

Competitive Food Reporting is now required with ACT 1220. School districts are to make an annual report available to the public concerning the revenues and expenditures from beverage and vending contracts. These reports are to be specific for each contract type.

Little known facts about School Nutrition and Physical Activity

Did you know that school cafeterias only have to meet nutritional standards for the meals served as part of the Free and Reduced School Lunch Program? Most school cafeterias also have an A La Carte food line where students can select from a variety of food items that too often include French fries, tater tots with cheese, chili cheese fries etc.. The nutrition recommendations made through ACT 1220 attempt to set standards for all foods provided to students.

Did you know that many schools rely on revenues raised through beverage machines? Many school districts enter into pouring contracts with a specific soda pop vendor and receive substantial commissions for the sale of beverages. What most schools may not be aware of is that beverage companies also have products that are considered to be healthier choices (water, low sugar juices etc.) that they can receive commissions on. Parents should be aware of the amount of beverages sold, the type of beverages sold and how the money is being used!!

Did you know that there is only one semester of Physical Education required for high school graduation in Arkansas and if a student takes more physical education units they don't count at all toward graduation? While the standards recommended by the Child Health Advisory Committee do not change the graduation requirement it does set a new standard for physical education and activity in schools.

Summary of ACT 1220

ACT 1220 is about more than the Body Mass Index or Soda Pop machines. It is about including state and local leaders, parents, and school personnel in an effort to provide students with additional options and opportunities. Food choices are not being removed by the recommendations from ACT 1220 but are being enhanced with low-fat, low-sugar options. Physical activity is re-instated in the school day and parents and local community leaders are given information concerning the health and nutrition of students in their community. The recommendations from ACT 1220 are a work in progress and will be re-visited as the Child Health Advisory Committee continues its work.