



# **Implementing Wellness Policy in Hawaii Public Schools:**

**SCHOOL YEAR 2010-2011 REPORT**

## Introduction

At a time when schools are intensely focused on academic achievement, the State of Hawaii Department of Education (HIDOE) Wellness Guidelines play an important role in helping students to be healthy and ready to learn. Schools promote wellness by establishing safe and supportive environments as well as providing opportunities for students to gain knowledge and practice healthy behaviors.

Hawaii's public schools have direct contact with more than 80 percent of the state's children ages five-17.<sup>1</sup> These children are in school approximately six hours a day, five days a week, and for up to 13 years. Almost half of public school students in Hawaii come from households that earn wages at or below 185 percent of the Federal Poverty Level and these children are eligible for free or reduced-price meals.<sup>2</sup> Many children consume the majority of their daily calories at school and for some, the food served at school may be the only food they eat all day.

A growing number of studies have found that a healthy and physically active student is more likely to be academically motivated, alert, and successful.<sup>3</sup> Providing students with physical activity opportunities during the school day is especially important because children may have limited access to facilities, equipment or safe play environments in their communities. Since 1969, the percentage of children walking or bicycling to school has dropped from approximately 50 to just 13 percent in 2009.<sup>4</sup> By promoting regular physical activity and offering nutritious foods, school settings nourish not only the children's minds, but their bodies as well.

## Background

In 2004, the United States Congress passed the *Child Nutrition and Women Infants and Children Reauthorization Act* (Section 204 of Public Law 108-265) requiring each school educational authority participating in the National School Lunch Program to establish a local wellness policy. In response, the Hawaii State Board of Education created *Health, Wellness, and Safety Policy* 1110-6 and developed the HIDOE Wellness Guidelines. **The Wellness Guidelines extend beyond food and beverages on campus; they also include goals for nutrition education, physical education, and other school-based activities that are designed to promote student wellness.** To facilitate implementation of the new policy, Hawaii's regular public schools were provided a four-year period (SY2007/08-2010/11) to fully adopt the Wellness Guidelines.<sup>5</sup>

*HIDOE Wellness Guidelines are organized into five component areas:*

1. Wellness Committee Designation (CD)
2. Nutrition Standards (NS)
3. Nutrition and Health Education (NH)
4. Physical Activity and Physical Education (PA)
5. Professional Development (PD)

Full implementation of the Wellness Guidelines is a shared responsibility of the HIDOE and individual schools. For example, HIDOE School Food Services Branch must ensure that all reimbursable meals meet federal nutrient standards, whereas each school must be vigilant in applying these standards to food or beverages available to students in other venues such as fundraisers or athletic concessions.

## Description of the Data

**The Safety and Wellness Survey (SAWS) is a data instrument used to monitor implementation of the Wellness Guidelines as required by Public Law 108-265, Sec. 204.** It is designed as an online survey that is jointly administered by the HIDOE and the Hawaii State Department of Health once per year, and completed by public school principals statewide. The survey is aligned with the five component areas of the Wellness Guidelines and includes an additional section of items used to evaluate school safety and wellness programs.

The following information is self-reported data collected from regular public school principals for SY2010-11. As noted earlier, public schools in Hawaii were provided four years (ending SY2010-11) to fully implement the Wellness Guidelines. **The SAWS data provides a baseline for Wellness Guidelines implementation, highlights its success, and identifies areas where further progress is needed.** The statewide Wellness Guidelines scores in each category, as well as the overall Wellness Guidelines score are averages of the proportion of Wellness Guidelines met by each individual school in the State of Hawaii. The scores are obtained by computing the number of points earned by each school divided by the total number of possible points. This proportion is then averaged across schools for the entire State.



**The SAWS 2010-11 survey data was collected from 100 percent of regular<sup>5</sup> public schools (n=255) in Hawaii for SY2010-2011.** Schools with grade levels across multiple school types (ex: K-8 and 7-12) were excluded from the analysis of differences between elementary, middle and high schools on specific items.

## Component Area CD: Committee Designation

The cornerstone of the Wellness Guidelines is a school-level committee that regularly meets to address school health issues. This committee is responsible for ensuring that the Guidelines are implemented and also serves as a planning, advisory, and decision-making group for school health policies and programs. Schools may opt to create a combined Safety and Wellness committee.

A school health committee and the School Health Index are both strategies recommended by the Centers for Disease Control and Prevention (CDC) to promote healthy eating and physical activity in schools.<sup>6</sup> The School Health Index is a self-assessment and planning tool for schools to improve their health and safety policies and programs.<sup>7</sup>

**Table 1. Implementation of Committee Designation, 2010-2011**

Indicator	Wellness Guideline	Percent of Schools (%)
CD1	The school designated a committee to regularly address school health issues.	79.2
CD2	The committee completed the School Health Index and identified priority areas for monitoring.	42.4
CD3	One or more priority areas selected by the school were relevant to Wellness Guidelines implementation.	69.0
CD4	Actions to address priority areas were reflected in the school Academic and Financial Plan.	46.7

According to SAWS 2010-11, approximately 80 percent of schools in Hawaii have successfully designated a committee to address school health issues (Table 1). In comparison, utilization of the School Health Index and the integration of priority areas into the academic and financial action plan were more difficult for schools to achieve.

## Component Area NS: Nutrition Standards

The Nutrition Standards component supports a positive school environment by requiring only nutritious foods and beverages be provided or sold to students at school and during school-sponsored events. Providing students access to healthy foods reinforces the knowledge and skills learned through health education. The nutrition criteria in the HIDOE Wellness Guidelines are based on the national standards developed by the United States Department of Agriculture (USDA) and Institute of Medicine.

**Table 2. Implementation of Nutrition Standards, 2010-2011**

Indicator	Wellness Guideline	Percent of Schools (%)
NS1	All meals served in school cafeterias meet federal nutrient standards as required by the USDA.	100
NS2	All foods and beverages sold or served by the school to students outside school cafeterias comply with the current USDA Dietary Guidelines.	40.0
NS3	Nutrition information for products is readily available near the point of purchase.	92.9
NS4	Food and beverage providers promote positive nutritional messages on school property.	96.5
NS5	Meals served at school feature fresh and minimally processed fruits and vegetables from local sources to the greatest extent possible.	100

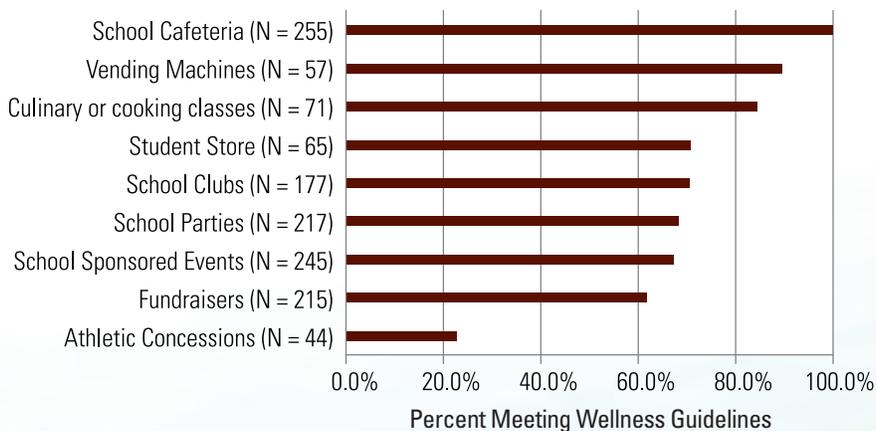
In SY2010-2011, 100 percent of meals served in school cafeterias met or exceeded the federal nutrient requirements outlined in the Dietary Guidelines for Americans and also featured fresh and minimally processed fruit and vegetables from local sources to the greatest extent possible (Table 2). By providing healthy meals, the HIDOE School Food Services Branch (SFSB) supports student nutrition and continues to be eligible for federal subsidies. The SFSB is responsible for serving more than 100,000 meals every school day.

**When children eat school lunches, they are more likely to consume milk, meats, grains and vegetables than students who do not eat school lunches, including those who bring lunch from home. They also have higher nutrient intakes — both at lunch and over the course of an entire day.**<sup>8</sup> All of the HIDOE schools that participate in the National School Lunch Program also serve breakfast. Multiple studies have shown that starting the day with a healthy breakfast is linked to higher academic achievement, better attendance, and healthier weight.<sup>9</sup> Nutrition standards in the cafeteria are very strong; however, according to SAWS 2010-11, only 40 percent of schools met the Wellness Guidelines for food and beverage items provided to students in other settings (Figure 1).<sup>10</sup>



**Figure 1 depicts school compliance with nutrition standards during SY2010-11 for food and beverages provided or sold in nine separate venues.** Athletic concessions were the least compliant, whereas school cafeterias were most compliant with the Wellness Guidelines. Much work remains in bringing schools into compliance with nutrition standards for foods provided outside the school cafeteria. Unhealthy foods and beverages provided outside the cafeteria compete with healthier options available, and undermine the success of school nutrition programs.<sup>11</sup> Community partnerships and support from parents are critical to making improvements in this area.

**Figure 1. Percent of food and beverage venues in schools meeting the Wellness Guidelines**



### Component Area NH: Nutrition Education and Health Education

Nutrition and Health Education serves to augment theoretical knowledge and foundations in healthy eating. This component area of the Wellness Guidelines includes school-wide promotion of nutritious meals as well as quality health education classes and integrating nutrition education into other instructional content areas. **Nutrition and Health Education provide the instructional foundation that is necessary to prepare students to make lifelong healthy decisions.**

**Table 3. Implementation of Nutrition and Health Education, 2010-2011**

Indicator	Wellness Guideline	Percent of Schools (%)
NH1	All required health education classes were aligned with Hawaii Content and Performance Standards (HCPS), and include a focus on knowledge and skills that support healthy eating.	81.2
NH2	The school promoted the importance of students starting the day with a healthy breakfast, and participated in the School Breakfast Program.	95.7
NH3	The school promoted the importance of eating a nutritious lunch and healthy snacks, and participated in the National School Lunch and After School Snack Programs.	97.7
NH4	All required health education classes had instructional periods totaling a minimum of 45 minutes/week for grades K-3, 55 minutes/week for grades 4-5, 107 minutes for elementary grade 6, and 200 minutes/week for secondary grades 6-12.	70.6
NH5	Nutrition education was integrated into other areas of the curriculum.	88.2

The SAWS 2010-11 indicates that schools were very successful in promoting the importance of nutritious meals and snacks. In addition, most schools were successful with integrating nutrition education into other curricular content areas and in aligning instruction with HIDEO HCPSIII for Health Education. **The greatest challenge for schools was in providing the required minutes of health education to students.** The HIDEO requirements for health education vary substantially by grade and school type. For example, health education content must be taught in all elementary grades, but only one semester (0.5 credit) of Health is necessary for high school graduation. Consequently, secondary schools were significantly more likely to have met the minimum minutes of health education required per week as compared to elementary schools.

## Component Area PA: Physical Activity and Physical Education

The Physical Activity and Physical Education component reflects a comprehensive approach to developing and reinforcing the importance of having a physically active lifestyle. Quality physical education is needed to increase students' overall fitness, teach lifelong skills and encourage enjoyment of physical activity. **Numerous studies have documented a positive association between physical activity and academic achievement through increased concentration, reduced disruptive behavior, better grades and higher test scores.**<sup>12</sup>

**Table 4. Implementation of Physical Activity and Physical Education, 2010-2011**

Indicator	Wellness Guideline	Percent of Schools (%)
PA1	All required physical education classes were aligned with curricular standards.	91.8
PA2	Secondary schools provided support for participation in physical activity outside of physical education class.	94.3
PA3	All students had at least 20 minutes a day of supervised recess, during which students were encouraged to participate in moderate to vigorous physical activity.	81.6
PA4	All required physical education classes had instructional periods totaling a minimum of 45 minutes/week for grades K-3, 55 minutes/week for grades 4-5, 107 minutes/week for elementary grade 6, 200 minutes/week for secondary grades 6-12.	76.1
PA6	The school provided information to families to help them incorporate physical activity into students' lives.	63.1
PA7	The school discouraged extended periods of inactivity.	65.5
PA9	The school did not use or withhold physical activity as punishment.	71.8

**In Hawaii, more than 91 percent of schools provided standards-based physical education and 94 percent supported student physical activity beyond these classes (Table 4).** However, the data reveals some areas for improvement. For example, it does not appear that families received sufficient information about ways to incorporate physical activity into their children's lives. Family involvement is important for reinforcing classroom lessons and supporting students' active lifestyles.

Similar to health education, elementary schools are subject to more rigorous course requirements for physical education when compared to middle and high schools. As a result, elementary schools were less likely to fully meet the required minimum number of minutes of physical education per week. On the other hand, elementary schools were more likely to offer and encourage activity during recess, discourage extended periods of inactivity, and were less likely to use or withhold physical activity as punishment when compared to middle and high schools. When comparing the NH and PA component areas, it appears that more schools were able to meet the Wellness Guidelines for Physical Education (76%) as compared to Health Education (71%); nevertheless, there is still room for growth in both component areas.

## Component Area PD: Professional Development

In order to create a school community that is supportive of wellness, PD1 requires that all staff including administrators, teachers, counselors, cafeteria staff and custodians be provided with opportunities for professional development in relation to the Wellness Guidelines. According to SAWS 2010-11, more than 70 percent of schools met this guideline, which helps to create a healthier and informed school environment (Table 5).

**Table 5. Implementation of Professional Development, 2010-2011**

Indicator	Wellness Guideline	Percent of Schools (%)
PD1	All applicable role groups given the opportunity to receive professional development in relation to the Wellness Guidelines.	71.0



## Summary

Overall, Hawaii's schools met an average of 77.5 percent of the Wellness Guidelines in SY2010-11, demonstrating significant progress during the initial four years of implementation. The greatest success appears to be in the component area for Nutrition and Health Education (86.7%). Schools are scoring lowest in the guidelines related to Committee Designation.

Based on data provided through the SAWS, it appears that HIDOE is achieving high rates of compliance in many guidelines, with some scores at or close to 100 percent, but there are also some areas in which further improvement is needed. The SAWS will continue to be administered annually in an effort to track the state's progress toward full implementation of the Wellness Guidelines in all of the public schools.

The results strongly support the conclusion that public schools in Hawaii are striving to develop environments that are conducive to students' healthy behavior and academic achievement. With the structural pieces in place, the positive momentum is likely to continue. Each year brings about new changes and challenges, but also provides opportunities for our communities to come together in support of the well-being of Hawaii's children. ★

**Table 6. Implementation of the Wellness Guidelines by Component Area and Overall, 2010-2011**

Indicator	Wellness Guideline	Percent of Schools (%)
CD	Committee Designation	59.3
NS	Nutrition Standards	85.9
NH	Nutrition & Health Education	86.7
PA	Physical Activity & Physical Education	77.7
PD	Professional Development	71.0
<b>OVERALL</b>		<b>77.5</b>

<sup>1</sup> There were 178,649 students enrolled in Hawaii's public schools during SY2009-10. This represented 83.7% of the total number of students (213,494) enrolled in schools during that year. Source: [http://arch.k12.hi.us/PDFs/state/superintendent\\_report/2010/AppendixDataTbl10PDFs.pdf](http://arch.k12.hi.us/PDFs/state/superintendent_report/2010/AppendixDataTbl10PDFs.pdf)

<sup>2</sup> Children in households at or below 130% of the federal poverty level qualify for free meals and children in households at 131 to 185% of the federal poverty level qualify for reduced-cost. Reduced price meals are \$.30 for breakfast and \$.40 for lunch.

<sup>3</sup> Centers for Disease Control and Prevention. *The association between school-based physical activity, including physical education, and academic performance*. Atlanta, GA: U.S. Department of Health and Human Services; 201.

<sup>4</sup> McDonald, N., Brown, A., Marchetti, L. and Pedrosa, M. "U.S. School Travel 2009: An Assessment of Trends." *American Journal of Preventive Medicine*. 2011 Aug;41(2):146-51

<sup>5</sup> Charter schools act as independent school food authorities and are not required to adopt the HIDOE Wellness Guidelines. Therefore, they are not included in the administration of the SAWS.

<sup>6</sup> Centers for Disease Control and Prevention. *School Health Guidelines to Promote Healthy Eating and Physical Activity*. MMWR: Morbidity and Mortality Weekly Report 2011;60 (No. 5).

<sup>7</sup> *School Health Index: Self-Assessment and Training Guide* is available at <http://www.cdc.gov/healthyyouth/shi/>

<sup>8</sup> USDA Food and Nutrition Service. *Children's Diets in the Mid-1990's: Dietary Intake and Its Relationship with School Meal Participation*, 2001.

<sup>9</sup> Rampersaud, G., Pereira, M., Girard, B., Adams, J. and Metz, J. Breakfast habits, nutritional status, body weight, and academic performance in children and adolescents. *Journal of the American Dietetic Association*. 2005 May;105(5):743-60

<sup>10</sup> For more information about the nutrient guidelines for food and beverages see the Wellness Toolkit online <http://doe.k12.hi.us/foodservice/toolkit/nutritionstandards/ns2.htm>.

<sup>11</sup> Story, M., Kaphingst, K. M., & French, S. (2006). The role of schools in obesity prevention. *Childhood Obesity*, 16(1), 109-142.

<sup>12</sup> Symons, C., Cinelli, B., James, T., & Groff, P. "Bridging student health risks and academic achievement through comprehensive school health programs." *Journal of School Health*, 1997, 67 (6):220-227.



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