
School Wellness Practices to Combat Diet-Related Diseases

Aubrey Kohl



Executive Summary

Diet-related diseases such as obesity are a threat to the health and well-being of American children. This brief highlights the role that school wellness policies can play in combating this. Schools, this brief notes, are not alone in their fight to improve student wellness; there are various federal resources that already exist that schools can utilize as well to strengthen their policies. It concludes by offering relevant policies considerations for schools in seeking to assess or enhance their policies.



For more information about the report, contact:

The Harkin Institute
2800 University Ave
Drake University
Des Moines, Iowa 50311
Phone: 515-271-3222
Email: harkininstitute@drake.edu

The Harkin Institute Contributors:

Lila Johnson
Graphic Design and Digital Accessibility Specialist
Aubrey Kohl
Graduate Research Assistant
Adam Shriver
Director of Wellness and Nutrition Policy

Table of Contents	
Executive Summary	1
Effects of Diet-Related Diseases	3
The National School Wellness Plans Context	3
Themes of School Wellness Policies	4
Conclusion	5
Endnotes	5

Effects of Diet-Related Diseases

The Iowa Department of Public Health reported in 2020 a decrease in youth physical activity rates.¹ This decrease in physical activity put these youth at an increased risk for developing diet-related diseases later in life.² Diet-related diseases—such as heart disease, obesity, diabetes, and cancer—not only cause individual harm but societal economic harm, perpetuating persistent health and social inequities.³ An increase in diet-related disease incidents is not only detrimental to individual physical and psychological well-being but our national economic well-being as well.⁴ In 2018, the United States Governmental Accountability Office reported \$383.6 billion was spent to treat diet-related diseases.⁵ In 2020 more than 38 million Americans had diabetes, while over 600,000 died of heart diseases contributed to by poor nutrition during that year.⁶ For youth, one place to start in reducing these numbers is preventing or delaying these diseases by promoting nutritional as well as physical education and policies within schools. This brief will first briefly discuss the national legislative context from which school wellness policies originate, then identify themes and critical implementation consideration for policies makers—at the local, state, and national level when seeking to create comprehensive school wellness plans.

The National School Wellness Plans Context

Individual school wellness plans are a piece in a much larger social puzzle. How do we as a nation address what the United States Department of Health and Human Services (HHS) has described as a crisis of diet-related diseases throughout the country?⁷ The drafting and public release of the report was a requirement of the *Consolidated Appropriations Act of 2022*. HHS in this report was tasked with identifying all “specific statutory, regulatory, and budgetary barriers to ending hunger and improving nutrition and health in the United States and the Territories.”⁸ The focus of federal efforts, HHS found, was predominately on policies expanding nutritional research, nutritional education and clinical services, food assistance and access, and regulatory agency—for example, the Federal Food and Drug Administration (FDA) or the United States Department of Agriculture (USDA) action in raising the nutritional bar for entry into the consumer marketplace.⁹ While there is

significant government action in these areas, it is not as coordinated as it could be—and that was what the White House sought to address in its 2022 National Strategy.¹⁰

Individual school-based initiatives toward improving health in schools are often not built from scratch; they are supported by notable federal funded programs. The largest federally funded program breaking down barriers to nutritious food in schools is the National School Lunch and School Breakfast Programs; a combined total of over 45 million children are participants in these programs.¹¹ Not only does USDA seek to ensure that students are getting fed, but the Fresh Fruits and Vegetables Program encourages students to eat more nutritious fruits and vegetables. The National Clinic Care Commission supports HHS in recommending the expansion of the Fresh Fruit and Vegetables Program.¹² The USDA has provided \$64 million since 2013 to over 54,00 schools to incorporate agricultural education in the lives of 22 million students.¹³ The school district is given the financial resources to pay for nutritional food options for students. Whether the funding is sufficient to meet the nutritional needs of all the students enrolled in the programs is a separate question not addressed in HHS’s 2020 Report.

The scope of federal government action assessed in the 2020 HHS report went beyond nutritious school lunches and snacks. The United States federal government, HHS notes in its 2020 Report, has further sought to break down barriers to accessible fresh fruits and vegetables by bringing into local communities AmeriCorps Members, who can educate community members on how to grow them in school and community gardens.¹⁴ Lack of access to mental health services was another area touched up in federal efforts to promote wellness in schools; the Food and Mood program run through the Substance Abuse and Mental Health Services of HHS is committed to promoting psychological wellness for K-12 students.¹⁵ School nutritional program initiatives are further encouraged through the USDA’s MyPlate and Team Nutrition programs, providing free online nutritional education programming.¹⁶ All of these are direct efforts aimed at curbing the accessibility barriers to nutritious food and improving both the physical and mental health of American students in schools. Healthy behaviors of students may start at school, but they do not end there.

Making sure that these healthy behaviors learned by students persist over the long term is another critical hurdle for improving overall national youth health. The National Institute of Health further contributes to the school's nutritional policy discussions by examining its impact on the body on a neurological level.¹⁷ The United States Census Bureau collects data on the health habits of students through its School Pulse Panel, to help schools create the best nutrition programs possible.¹⁸ There is both research and funding aimed to support student wellness—it is then incumbent upon the schools to decide how to use these tools.

Themes of School Wellness Policies

School wellness policies became a national conversation after the passage of the *Healthy, Hunger-Free Kids Act*, championed by former First Lady Michelle Obama in 2010.¹⁹ This law “strengthened the federal nutrition requirements for school meals and competitive foods and added new requirements for wellness policies...[requiring] assessments of the strength and implementation of the wellness policy.”²⁰ While virtually every school has a wellness policy, there is distinct variability in their quality and effectiveness.²¹ The stronger and more comprehensive the language of these policies are within a school district, the more likely they are to be effective in their aim of decrease instances of diet-related diseases.²²

Based upon CDC recommendations to schools, effective wellness plan policies have four principal themes: integration, collaboration, evaluation, and coordination. Coordination must happen at all levels; It needs to be clear not only *what* the goals of the wellness plan are, but *who* is responsible for what.²³ There needs to be a clear timeline of *when* specific goals are to be met, and what the benchmarks are for assessing the established goals.²⁴ The plan amounts only to an aspiration if it is not implementable. Schools do not need to reinvent the wheel; they can seek guidance from the research that has been done at the national level by the CDC and the United States Department of Education.²⁵ State governments have also set out to provide guidance to school districts on how to create and implement school wellness plans.²⁶

There is no one-size-fits-all plan but there are proven strategies that have improved integration, collaboration, evaluation, and coordination in school wellness plans. If a school were to take the guidelines adopted from those proposed by the CDC in 2011, below is an example non-exhaustive list of objectives and the potential accompanying policy implementation considerations.²⁷

THEMES ADVANCED	POLICY	IMPLEMENTATION CONSIDERATIONS
Coordination and Collaboration	Use a coordinated and community-centric approach to develop, implement, and evaluate healthy eating and physical activity policies and practices.	What staff need to be involved in the creation and assessment of nutritional and physical activity policies and practices? Do current staff have the capacity to take on this role or is the hiring of a coordinator needed? What time or other benchmarks are going to be set for this objective within the plan? Are there reporting requirements either, to the State or federal government, that the district needs to meet? How much is the approach to wellness understood and supported by the community?
Collaboration and Coordination	Establish school social environments that support healthy eating and physical activity.	Do students feel peer pressure to choose unhealthy options? Are students the target of bullying or harassment based on their weight? Are teachers and other staff able to be an example of healthy conversation around healthy eating or weight? Is there support for building positive body image in students? Do students have access to the mental health support they need? Are staff adequately trained to act as a resource for students struggling with disorder eating? Are there opportunities or a requirement for students to gain mental health literacy to combat disordered eating?
Integration and Evaluation	Provide a high-quality school meal program.	Is the school asking for student input on food choices? Are students choosing healthy food options available to them? How appealing is the packaging of fresh fruits and vegetables? How does the school store fresh fruit and vegetables to retain freshness? Should there be restrictions on food or drinks that are in the vending machines, offered as fundraisers, or brought in for other events at school? Are school meals meeting the federal nutritional standards? Is the funding adequate to meet the nutritional needs of the students in the school meal program?

THEMES ADVANCED	POLICY	IMPLEMENTATION CONSIDERATIONS
Integration and Evaluation	Implement a comprehensive, high-quality, and age-appropriate physical and health education program.	How long are students about to be physically active? How well-trained are physical education instructors? Are schools provided adequate funding to provide this training? Is physical and health education required of all students? Are the physical activities or health education instructions meeting the needs and interests of all students? How engaged are the students in the activities or instructions? Are students gaining confidence in their abilities and a desire to adopt and maintain a physically active life?
Collaboration and Coordination	Provide students with health, mental health, and social services to address healthy eating, physical activity, and chronic[diet-related] disease prevention.	Is the student able to access the necessary chronic disease prevention or treatment services? What are the school and community resources available to students in identifying and treating chronic illness? How are the other policy objectives supporting the goal of preventing chronic, diet-related disease?

In meeting these significant wellness policy objectives, schools should be encouraged to utilize and leverage financial and other technical and training assistance where it is offered by outside entities—for example, state or local government agencies dedicated to education and nonprofit organizations. Holistic school wellness recognizes that the student is a whole individual with a life outside of the school halls as well. The influence of a strong wellness plan does not stop when the bell rings—it must be supported by caregiver and community engagement. There are a multitude of barriers that students face to improving their physical and psychological well-being; effective wellness plans can act as a laboratory—testing out what works from federal, local, and state nongovernmental and governmental leaders to minimize or eliminate these barriers. Barriers that incentivize unhealthy behaviors leading to the potential for diet-related diseases in adulthood or sooner.²⁸

Conclusion

Increased prevention of chronic, diet-related diseases within the United States holds the potential for enormous social and economic benefits. Federal programs in the area of school nutritional and mental health wellness exist to assist schools in having the funds necessary to provide nutritious food to students who need it. School wellness plans were set in place with the distinct purpose of increasing accessibility to and consumption of nutritious food in schools. The promotion of high-quality school wellness plans will further allow for the establishment of critical healthy habits at a younger age, and this will improve the physical and psychological well-being of the next generation of America's leaders.

Endnotes

¹Iowa Department of Public Health Bureau of Public Health Performance. (2020, June). Healthy Iowans 2020 Progress Report. <http://idph.gov/healthy-iowans/plan>

²Iowa Department of Public Health Bureau of Public Health Performance. (2020, June). Healthy Iowans 2020 Progress Report. <http://idph.gov/healthy-iowans/plan>

³Id. See also, United States Center for Disease Control and Prevention, National Center for Environmental Health Division of Laboratory Sciences. (2012). Second National Report on Biochemical Indicators of Diet and Nutrition in the U.S. Population. https://www.cdc.gov/nutrition-report/media/exesummary_web_032612.pdf?CDC_AAref_Val=https://www.cdc.gov/nutritionreport/pdf/ExeSummary_Web_032612.pdf

⁴Pickens, C. M., Pierannunzi, C., Garvin, W., & Town, M. (2018). Surveillance for Certain Health Behaviors and Conditions Among States and Selected Local Areas - Behavioral Risk Factor Surveillance System, United States, 2015. Morbidity and Mortality Weekly Report, 4-8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6023179/pdf/ss6709a1.pdf>

⁵United States Governmental Accountability Office. (2021, Aug.) Federal Strategy Needed to Coordinate Diet-Related Efforts. <https://www.gao.gov/assets/d21593.pdf>.

⁶United States Department of Health and Human Services. (2022, July). Report to Congress: Current Federal Programming and Coordination Efforts Related to Food and Nutrition Insecurity and Diet-related Diseases. <https://health.gov/sites/default/files/2022-09/Current%20Federal%20Programming%20and%20Coordination%20Efforts%20Related%20to%20Food%20and%20Nutrition%20Insecurity%20and%20Diet-related%20Diseases.pdf>

⁷United States Department of Health and Human Services. (2022, July). Report to Congress: Current Federal Programming and Coordination Efforts Related to Food and Nutrition Insecurity and Diet-related Diseases. <https://health.gov/sites/default/files/2022-09/Current%20Federal%20Programming%20and%20Coordination%20Efforts%20Related%20to%20Food%20and%20Nutrition%20Insecurity%20and%20Diet-related%20Diseases.pdf>

⁸ United States Department of Health and Human Services. (2022, July). Report to Congress: Current Federal Programming and Coordination Efforts Related to Food and Nutrition Insecurity and Diet-related Diseases. <https://health.gov/sites/default/files/2022-09/Current%20Federal%20Programming%20and%20Coordination%20Efforts%20Related%20to%20Food%20and%20Nutrition%20Insecurity%20and%20Diet-related%20Diseases.pdf>

⁹ United States Governmental Accountability Office. (2021, Aug.) Federal Strategy Needed to Coordinate Diet-Related Efforts. <https://www.gao.gov/assets/d21593.pdf>.

¹⁰ National Strategy on Hunger, Nutrition, and Health, The White House 4-5 (Sept. 2022), <https://www.whitehouse.gov/wp-content/uploads/2022/09/White-House-National-Strategy-on-Hunger-Nutrition-and-Health-FINAL.pdf>.

¹¹ United States Governmental Accountability Office. (2021, Aug.) Federal Strategy Needed to Coordinate Diet-Related Efforts. <https://www.gao.gov/assets/d21593.pdf>.

¹² See Schillinger, D., et al. (2023). The National Clinic Care Commission Report to Congress: Leveraging Federal Policies and Programs to Population-Level Diabetes Prevention and Control: Recommendations from the National Clinic Care Commission, 46 Diabetes Care e24, e28. <https://doi.org/10.2337/dc22-0619>

¹³ United States Governmental Accountability Office. (2021, Aug.) Federal Strategy Needed to Coordinate Diet-Related Efforts. <https://www.gao.gov/assets/d21593.pdf>.

¹⁴ United States Governmental Accountability Office. (2021, Aug.) Federal Strategy Needed to Coordinate Diet-Related Efforts. <https://www.gao.gov/assets/d21593.pdf>.

¹⁵ United States Department of Health and Human Services. (2022, July). Report to Congress: Current Federal Programming and Coordination Efforts Related to Food and Nutrition Insecurity and Diet-related Diseases. <https://health.gov/sites/default/files/2022-09/Current%20Federal%20Programming%20and%20Coordination%20Efforts%20Related%20to%20Food%20and%20Nutrition%20Insecurity%20and%20Diet-related%20Diseases.pdf>

¹⁶ United States Department of Health and Human Services. (2022, July). Report to Congress: Current Federal Programming and Coordination Efforts Related to Food and Nutrition Insecurity and Diet-related Diseases. <https://health.gov/sites/default/files/2022-09/Current%20Federal%20Programming%20and%20Coordination%20Efforts%20Related%20to%20Food%20and%20Nutrition%20Insecurity%20and%20Diet-related%20Diseases.pdf>

¹⁷ United States Department of Health and Human Services. (2022, July). Report to Congress: Current Federal Programming and Coordination Efforts Related to Food and Nutrition Insecurity and Diet-related Diseases. <https://health.gov/sites/default/files/2022-09/Current%20Federal%20Programming%20and%20Coordination%20Efforts%20Related%20to%20Food%20and%20Nutrition%20Insecurity%20and%20Diet-related%20Diseases.pdf>

¹⁸ United States Department of Health and Human Services. (2022, July). Report to Congress: Current Federal Programming and Coordination Efforts Related to Food and Nutrition Insecurity and Diet-related Diseases. <https://health.gov/sites/default/files/2022-09/Current%20Federal%20Programming%20and%20Coordination%20Efforts%20Related%20to%20Food%20and%20Nutrition%20Insecurity%20and%20Diet-related%20Diseases.pdf>

¹⁹ Schwartz, M. B., Chafouleas, S. M., & Koslouski, J. B. (2023). Expanding school wellness policies to encompass the Whole School, Whole Community, Whole Child model. *Frontiers in public health*, 11, 1143474. <https://doi.org/10.3389/fpubh.2023.1143474>

²⁰ Schwartz, M. B., Chafouleas, S. M., & Koslouski, J. B. (2023). Expanding school wellness policies to encompass the Whole School, Whole Community, Whole Child model. *Frontiers in public health*, 11, 1143474. <https://doi.org/10.3389/fpubh.2023.1143474>

²¹ Schwartz, M. B., Chafouleas, S. M., & Koslouski, J. B. (2023). Expanding school wellness policies to encompass the Whole School, Whole Community, Whole Child model. *Frontiers in public health*, 11, 1143474. <https://doi.org/10.3389/fpubh.2023.1143474>

²² National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, School Health Branch. (2011, Sept). School Health Guidelines to Promote Health Eating and Physical Activity: Executive Summary. <https://www.cdc.gov/healthyschools/npao/pdf/PAN-Guidelines-Executive-Summary.pdf>

²³ United States Center for Disease Control and Prevention, Division of Adolescent and School Health. (2021) School Health Guidelines to Promote Health Eating and Physical Activity, 60 Morbidity & Mortality Weekly Report <https://www.cdc.gov/healthyschools/npao/pdf/mmwr-school-health-guidelines.pdf>

²⁴ National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, School Health Branch. (2011, Sept). School Health Guidelines to Promote Health Eating and Physical Activity: Executive Summary. <https://www.cdc.gov/healthyschools/npao/pdf/PAN-Guidelines-Executive-Summary.pdf>

²⁵ National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, School Health Branch. (2011, Sept). School Health Guidelines to Promote Health Eating and Physical Activity: Executive Summary. <https://www.cdc.gov/healthyschools/npao/pdf/PAN-Guidelines-Executive-Summary.pdf>

²⁶ See e.g., Nevada Department of Agriculture, Food and Nutrition Division. (2014) Nevada's School Wellness Policy Best Practices Manual. https://nutrition.nv.gov/uploadedFiles/nutritionnv.gov/Content/Programs/Wellness_documents/SWP%20Best%20Practices%20Manual%20-11%2007%2014.pdf; Ohio School Wellness Initiative. (2021). Ohio student assistance program manual. https://www.ohioschoolwellnessinitiative.com/files/ugd/3a8338_b761140bc417454e8f2a87b72b9b3b86.pdf; Commonwealth of Pennsylvania Department of Education. (July 2020). Staff and Student Wellness Guide, Creating Equitable School Systems: A Roadmap for Education Leaders — 2020-2021. <https://www.education.pa.gov/Documents/K-12/Safe%20Schools/COVID/GuidanceDocuments/Staff%20and%20Student%20Wellness%20Guide.pdf>

²⁷ National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, School Health Branch. (2011, Sept). School Health Guidelines to Promote Health Eating and Physical Activity: Executive Summary. <https://www.cdc.gov/healthyschools/npao/pdf/PAN-Guidelines-Executive-Summary.pdf>

²⁸ National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, School Health Branch. (2011, Sept). School Health Guidelines to Promote Health Eating and Physical Activity: Executive Summary. <https://www.cdc.gov/healthyschools/npao/pdf/PAN-Guidelines-Executive-Summary.pdf>

The Harkin Institute and Drake University

The Harkin Institute for Public Policy & Citizen Engagement serves as a venue and catalyst for dynamic non-partisan research, learning, and outreach to promote understanding of the policy issues to which Senator Tom Harkin devoted his career.

The Harkin Institute is located at Drake University. Established in 1881, Drake is recognized as one of the finest institutions of higher learning in the Midwest. A mid-sized, private university in Des Moines, Iowa, Drake offers the benefits and resources of a larger institution along with the advantages of intimate class sizes and close personal relationships.

Drake's mission is to provide an exceptional learning environment that prepares students for meaningful personal lives, professional accomplishments, and responsible global citizenship. The Drake experience is distinguished by collaborative learning among students, faculty, and staff and by the integration of the liberal arts and sciences with professional preparation. Our inspiration is that together we transform lives and strengthen communities.