

AN ACT TO CREATE A TARGETED COORDINATED SCHOOL HEALTH PROGRAM AND
A TARGETED COORDINATED SCHOOL HEALTH GRANT PROGRAM
TO REDUCE CHILDHOOD OBESITY.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF [_____]:

Section One. Findings:

The Legislature finds and declares all of the following:

(a) Childhood obesity rates in the United States have risen dramatically over the past 30 years and today almost one-third of American children are obese or overweight.¹

(b) In ____ [state] ____ percent of children are overweight or obese;

Several organizations provide state-specific information breaking down the extent of the obesity epidemic in a specific state. One resource is:

Trust for America's Health. *F as in Fat: How Obesity Threatens America's Future*. 2010. Available at: <http://healthamericans.org/reports/obesity2010/>.

(c) Healthy eating and regular physical activity play a substantial role in preventing chronic diseases, including heart disease, cancer, and stroke, the three leading causes of death among adults. Poor diet and physical inactivity among youth can lead to an increased risk for certain chronic health conditions, including high blood pressure, type two diabetes, and obesity.²

(d) The costs of obesity are rising rapidly and are estimated to be as high as \$147 billion per year.³ In the United States roughly one-half of these costs are paid by Medicare and Medicaid, indicating that

¹Ogden CL, Carroll MD, Curtin LR, et al. "Prevalence of High Body Mass Index in US Children and Adolescents, 2007–2008." *Journal of the American Medical Association*, 303(3): 242–249, 2010. Available at: www.jama.ama-assn.org/content/303/3/242.full.

²Centers for Disease Control and Prevention. School Health Guidelines to Promote Healthy Eating and Physical Activity. *Morbidity and Mortality Weekly Report* 2011; 60(No. 5):1-74.

³Finkelstein EA, Trogdon JG, Cohen JW, et al. "Annual Medical Spending Attributable to Obesity: Payer- and Service-Specific Estimates." *Health Affairs*, 28(5): w822–w831, 2009. Available at: <http://obesity.procon.org/sourcefiles/FinkelsteinAnnualMedicalSpending.pdf>.

taxpayers foot the bill for much of the costs of obesity.⁴ Medicare and Medicaid spending would be 8.5 percent and 11.8 percent lower, respectively, in the absence of obesity-related spending.⁵

(e) Schools have direct contact with more than 95 percent of our nation's young people aged 5–17 years, for about 6 hours a day, and up to 13 critical years of their social, psychological, physical, and intellectual development.

(f) The health of students is strongly linked to their academic success, and the academic success of students is strongly linked with their health. Therefore, helping students stay healthy is a fundamental part of the mission of schools.⁶

(g) There is substantial evidence that physical activity can help improve academic achievement, including grades and standardized test scores.⁷ Proper nutrition is also related to the well-being of students. Recent studies of breakfast and cognition in students report that eating a healthy breakfast might enhance cognitive function (especially memory), increase attendance rates, reduce absenteeism, improve psychosocial function and mood. Certain improvements in academic performance such as improved math scores also were noted.⁸

(h) The Centers for Disease Control has compiled over 20 years of data to demonstrate the efficacy of the Coordinated School Health Programs model. Coordinated School Health comes as close today as possible to a best practice for obesity prevention.⁹

(i) It is the intent of the Legislature, by adopting the targeted coordinated school health program, to recognize the relationship between student health and academic achievement and increase physical activity and improve nutrition so that all students are healthier and can fully participate and be successful in school.

COMMENT: A draft statute based on this model legislation should include “findings” of fact that support the purposes of the legislation. The findings section is part of the statute and legislative record, but it

⁴*Id.*

⁵*Id.*

⁶Centers for Disease Control and Prevention. School Health Guidelines to Promote Healthy Eating and Physical Activity. *Morbidity and Mortality Weekly Report* 2011; 60(No. 5):1-74.

⁷Centers 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; 2010.

⁸Centers for Disease Control and Prevention. School Health Guidelines to Promote Healthy Eating and Physical Activity. *Morbidity and Mortality Weekly Report* 2011; 60(No. 5):1-74.

⁹*Id.*

usually does not become codified in the state codes. The findings contain factual information supporting the need for the law – in this case, documenting the potential benefits of a targeted coordinated school health program. States may select findings from this list to include their legislation, along with additional findings addressing the specific conditions in the particular state.

SECTION TWO. [State Code] is hereby amended by adding thereto a new chapter to read as follows:

CHAPTER []

Targeted Coordinated School Health Program to Reduce Childhood Obesity

Section __-1. Targeted Coordinated School Health Program to Reduce Childhood Obesity.

(a) The [*Commissioner/Head of the Department of Education*], in consultation with the department of health, shall establish a targeted coordinated school health program to reduce childhood obesity so that all students can fully participate and be successful in school. A targeted coordinated school health program brings together school administrators, teachers, other staff, students, families, and community members to assess health needs, set priorities, and plan, implement, and evaluate school health activities directed toward reducing obesity. The targeted coordinated school health program shall be implemented in [*local school districts/local educational agencies*] based upon the federal centers for disease control and prevention model.

(b) The program components of the targeted coordinated school health program shall include, but not be limited to, school nutrition services, physical education, healthy school environment, staff health and wellness, and family and community involvement, [*health services, health education, school counseling, school psychological and social services*], to enhance student health, promote academic achievement, and reduce childhood obesity. In formulating this program, the [*Commissioner/Head of the Department of Education*] shall consider existing local school/local health departments and community collaborations to promote and support student health and wellness, as well as other state and local programs and initiatives in this area.

COMMENT: The federal Centers for Disease Control's model for coordinated school health programs contains eight components: health education, physical education, health services, nutrition services, counseling, psychological, and social services, staff health promotion, family and community involvement, and healthy school environment. States and localities, have implemented programs that vary from this model. The model targeted coordinated school health legislation focuses on those components directly related to targeting childhood obesity. In adopting the legislation, however, states could add other program components.

(c) The [*Commissioner/Head of the Department of Education*] shall establish standards for targeted coordinated school health programs, implementation plans, and evaluation of the programs. The

standards shall give priority to school health as a means to assist in meeting state education performance indicators. The [*Commissioner/Head of the Department of Education*] shall provide technical assistance and resources to [*local school districts/local educational agencies*] and report annually to the governor and the state legislature information on the implementation of and progress in meeting the objectives of the targeted coordinated school health program. In developing the standards for the programs, the [*Commissioner/Head of the Department of Education*] shall consult with appropriate organizations involved in the areas of student health, health care, nutrition, and fitness.

Section __-2. State grant program.

Subject to available funding, the [*Commissioner/Head of the Department of Education*] shall establish the targeted coordinated school health grant program to reduce childhood obesity to assist local school districts in implementing a targeted coordinated school health program. In order to qualify for a targeted coordinated school health grant, a school district shall submit a detailed implementation plan, developed in accordance with the guidelines for a targeted coordinated school health program developed by the [*Commissioner/Head of the Department of Education*], and including the following components:

1. A dedicated school health coordinator and technical and administrative support for collection of data and program evaluation.
2. A description of how the school district currently addresses physical activity, nutrition, and other obesity prevention measures.
3. A description of how the agency would use the state grant to augment what it is currently doing, including defining priorities based on the students' health needs and meeting education performance indicators, developing an action plan for addressing those needs based on realistic goals and measurable objectives, establishing a timeline for implementation, and developing and maintaining a system to evaluate progress and outcomes for the program.

All school districts receiving grants will report annually to the [*Commissioner/Head of the Department of Education*] progress towards the achievement of state education performance indicators and standards and requirements relating to physical activity and nutrition.

Section __-3.Amount and availability of funds.

(a) The amount in the coordinated school health grant program shall be limited to the amount appropriated and shall be available to school districts based on the guidelines developed by the [*Commissioner/Head of the Department of Education*].

(b) Any grants made to school district shall be expended to supplement and not supplant any funds already expended as school health programs. For this purpose, expenditures of components enumerated section ___-1 for the _____ fiscal year shall be considered the base expenditure on school health and any school district receiving grant funds shall maintain this base.

[(c) *The amount that each school district is eligible to receive shall be subject to a local match.*]

COMMENT: Tennessee's coordinated school health grant program requires that school districts provide local matching funds as a condition for receiving funds. Requiring a local match ensures that the school districts are ready for and committed to targeted coordinated school health. In Tennessee, 131 of 136 school districts (97 percent) were successful at seeking additional funding and in-kind support for CSH initiatives in 2008-09. Tennessee school districts received a total of \$12,174,346 in grants and in-kind funds for their coordinated school health programs during the 2008-2009 school year.¹⁰

Section ___-4. Authorized uses for funds.

(a) State grants are only for coordination and improvement of school health programs to prevent and reduce obesity in accordance with the detailed plan submitted in accordance with section ___-2.

(b) The department of education and the department of health shall coordinate existing school health programs, grants and initiatives. To the extent possible in light of existing contracts and waiver requirements, funding, including [*Medicaid*] funding, shall also be coordinated.

Section ___-5. Funds subject to audit.

The use of grant funds shall be subject to audit by the office of the [*state auditor /comptroller of the treasury*].

¹⁰Tennessee Coordinated School Health 2008-2009 Executive Summary. East Tennessee State University Coordinated School Health Evaluation Team, p. 17.