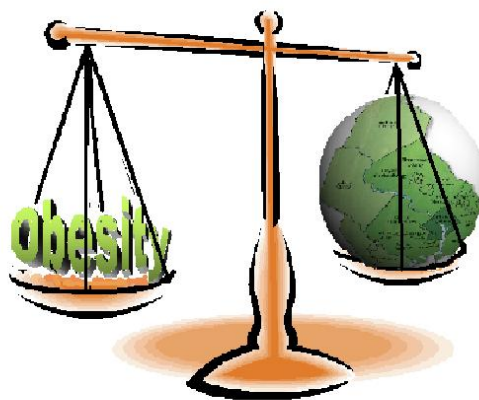


Sponsored by  
Virginia Tech  
and  
Metropolitan Washington  
Council of Governments

# **OBESITY: Tipping the Scales Towards Crisis**



Metropolitan Washington Council of  
Governments

**Thursday, November 16, 2006**

**Conference Summary**

***Working together for a healthier  
Washington Metropolitan region***



# Conference Summary

On November 16, 2006 The Metropolitan Washington Council of Governments and Virginia Tech hosted “Obesity: Tipping the Scales Towards Crisis” to examine current and potential impacts, barriers, and practices and recommend regional strategies to reduce the community burden of obesity. Each session and resulting discussion was led by prominent members of the Human Services Policy Committee, to include the Honorable George Leventhal, the Honorable Walter Tejada, and the Honorable Vincent Gray, with a motivational appearance by Alexandria Mayor William Euille, who highlighted his own struggles and successes of weight loss. The audience, comprised of elected officials, planning Board members, school representatives, private sector representatives, and foundations were led by members of the COG Human Services Policy committee.

The conference was comprised of four interactive sessions, including the keynote speaker, each facilitated by a member of the HSPC committee. The first session featured Dr. Donald Shell, MD, Deputy Director of the Prince Georges County Health Department and Dr. James Bohland, Ph.D. Executive Director, Northern Virginia Operations, Senior Fellow, Biomedical and Health Projects, Virginia Tech and was facilitated by the honorable George Leventhal, President of the Montgomery County Council. Dr. Shell presented the economic impacts of obesity across the region; Dr. Bohland presented the results of a regional survey of health programs and policies conducted by Virginia Tech. To begin the day’s conversation the Honorable George Leventhal led an interactive discussion to define the problem of obesity and identify barriers to addressing this issue throughout the region. Problems highlighted by attendees in regards to obesity included a lack of data and regular collection of specific jurisdictional data; the lack of practices to borrow; under-funded mandates that compete with obesity; and difficulty working with private sector partners due to government regulations. Concern was also expressed about community structure, healthy grocery availability, and lack of policy around obesity issues. The participants also acknowledged that dialogue among elected officials has only been recent, and among them the obesity issue is being personalized rather than institutionalized—thus making it increasingly hard for elected officials as a group to garner interest and institute meaningful policy changes. At the end of the first session participants had adopted a regional definition of obesity, reviewed the results of a regional survey on obesity policies and programs and identified the barriers to implementation of policies and programs, identified regional challenges related to obesity, and actively engaged in discussion that set the stage for the rest of the conference.

Session two was focused on examining strategies for potential adaptation and adoption so that participants would be able to make use of existing best practices strategies rather than having to “re-invent the wheel. Speakers included Sheila Keyes from the Virginia Tech Institute for Metropolitan Research, Mark Truax, from the District of Columbia Public Schools, Penny McConnell from Fairfax Public Schools, and the Honorable Walter Tejada facilitated. Sheila Keyes presented on the importance of urban planning in the obesity issue, emphasizing the importance of transportation and urban planning on healthy living, and highlighting best practices for promoting active lifestyles through careful community planning. Penny McConnell and Mark Truax presented best practices from within the region, including nutrition programs in Fairfax County Public Schools and vending policies in six participating secondary schools in Washington, D.C. Both jurisdictions have piloted healthy vending programs that stock vending machines in secondary schools with healthier food items, with the hope that these policies will spread to surrounding schools and in various recreation centers. School nutrition programs offer a way to target childhood obesity, via classroom education, healthier breakfast and lunch options, and the healthy vending program. During the interactive discussion, participants highlighted the importance of education in combating obesity, whether at school or at home, and developing partnerships between parents, teachers, students, and school administrators to foster that education. Participants also recognized the needs for improved urban planning, including access to grocery stores and recreation centers, as well as community involvement in the fight against obesity.

The keynote speaker was Kate Kraft, PhD, a Healthy Communities Consultant from the Robert Wood Johnson Foundation, who presented on national strategies and how they relate to regional and local efforts to combat obesity. The final hour of the day was dedicated to open and interactive discussion facilitated by the Honorable Vincent Gray in which participants recommended next steps for the region to take in addressing obesity. The major policy issues attendees felt surround obesity included: school systems cutting of physical activity programs/recess, data collection and management of local statistics, access to healthy food and cost associated with purchasing healthy foods, more local government support of this issue, more stakeholder participation and connectivity among those stakeholders, and increased participation and support of COG in creating and advancing anti-obesity initiatives across the region. The ultimate goal of the conference was to take this discussion back to the Human Services Policy committee and recommend 3 immediate actions steps. Suggestions included: providing a clearinghouse of initiatives and models or a list serv; having COG issue a policy statement; instituting a region-wide ‘report card’ to standardize and evaluate jurisdictions’ progress towards combating obesity, and awarding those successful jurisdictions that take action and improve; setting up a technical workgroup focused on obesity; pushing a “Just get moving” message; and monitoring and reporting actions taken by the region to be compiled in an annual regional obesity report. Evaluation of the conference will be based on changes that occur in how the region successfully addresses obesity.

Possible action steps and timeline for the committee to consider are listed below:

### **Immediate**

- Establish a list serv to function as a clearinghouse of initiatives and models
- Hold a funders meeting
- COG resolution recommending local actions and funding
  - Set standards for physical exercise in schools
  - Collection of data
  - Consider impact on obesity of new development proposals
  - Consider economic incentives to corrective development (e.g. bringing in grocery stores)
  - Healthy products in snack machines in government offices
  - Support farmers markets
  - Local jurisdictional conferences
  - Lactation rooms for breastfeeding/pumping
- COG healthy eating, active living jurisdiction award
- Push “just get moving” message
  - Encourage use of stairs in place of elevators

### **1-3 years**

- Establish a clear set of indicators/measurements
- Explore employee exercise options such as 30 minutes per day to exercise
- Reach out to additional stakeholders
  - Children
  - Non-profits
  - Planning and community development
  - School administrators
  - Labor
  - Businesses
  - Transportation planners
  - Hospitals
  - Emergency Medical Services
  - Parks and recreation
  - Minority service organizations
  - Law enforcement
  - Childcare providers
  - Developers
  - Faith organizations
  - Media
  - Food distributors and manufacturers
  - Chambers of Commerce
  - Sports organizations

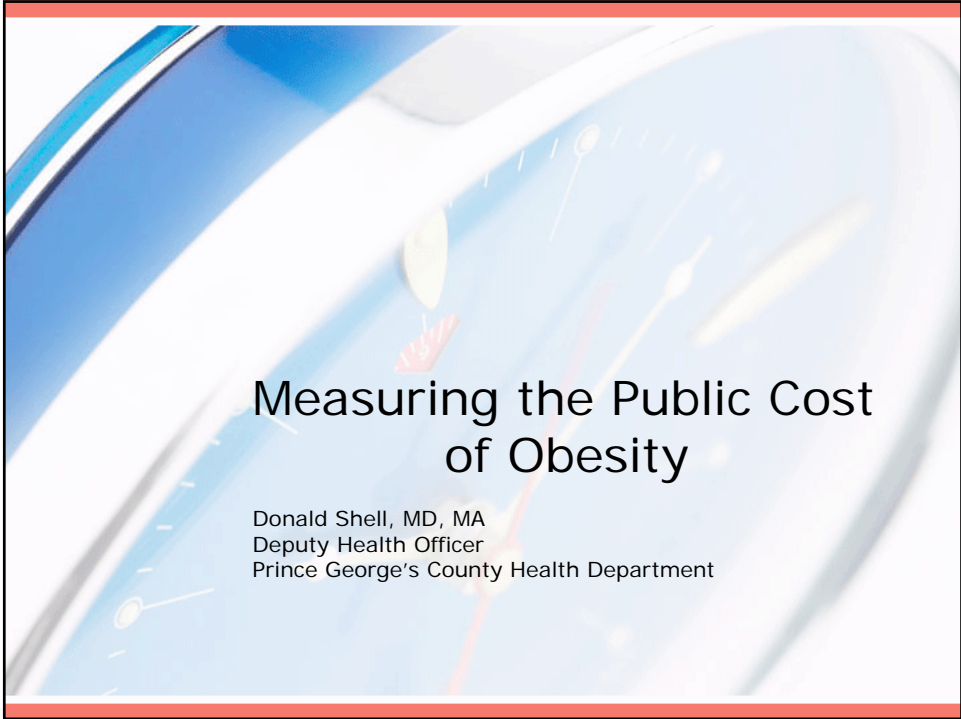
- Encourage medical care providers to discuss BMI with patients, especially pediatric
- Establish health programs in schools that identify children at risk for obesity
- Nutrition information on restaurant menus
- Annual COG conferences to measure progress
- Regional challenges to increase activity
- Support the greater use of obesity CD 9 codes by care providers

**Long range**

- Explore tax on calorie dense foods
- Ensure re-imburement to medical care providers for addressing obesity
- Require matching “eat more” ads with ads to reduce eating

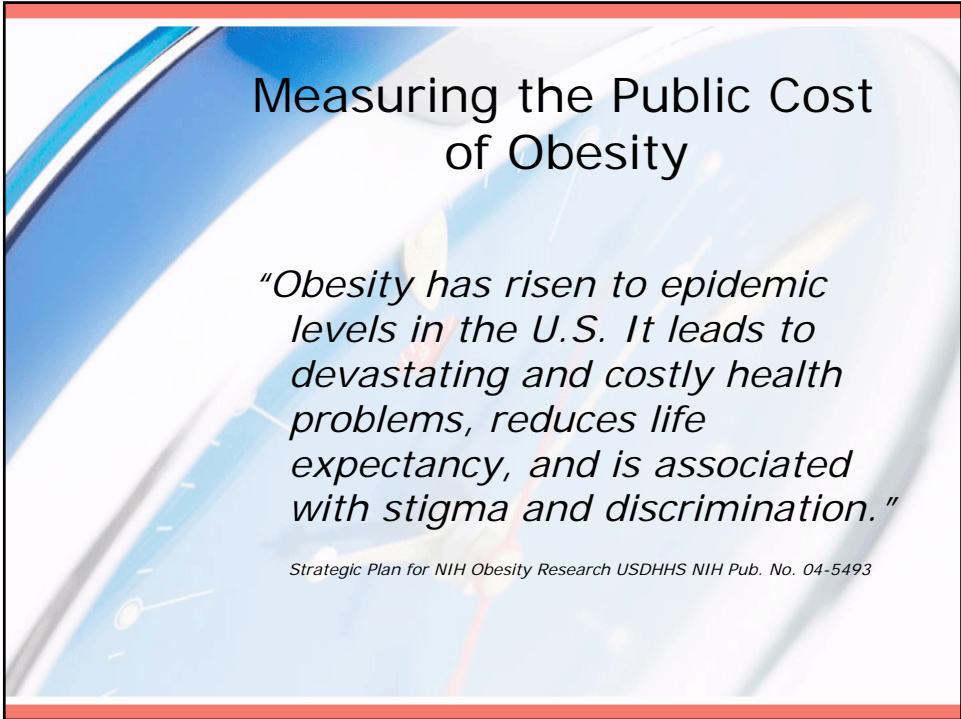
For more information about the obesity conference and presented materials, please visit [www.mwcog.org](http://www.mwcog.org), or contact Nicole Maier at [nmaier@mwcog.org](mailto:nmaier@mwcog.org) or (202) 962-3275.

# Presentation Slides



## Measuring the Public Cost of Obesity

Donald Shell, MD, MA  
Deputy Health Officer  
Prince George's County Health Department

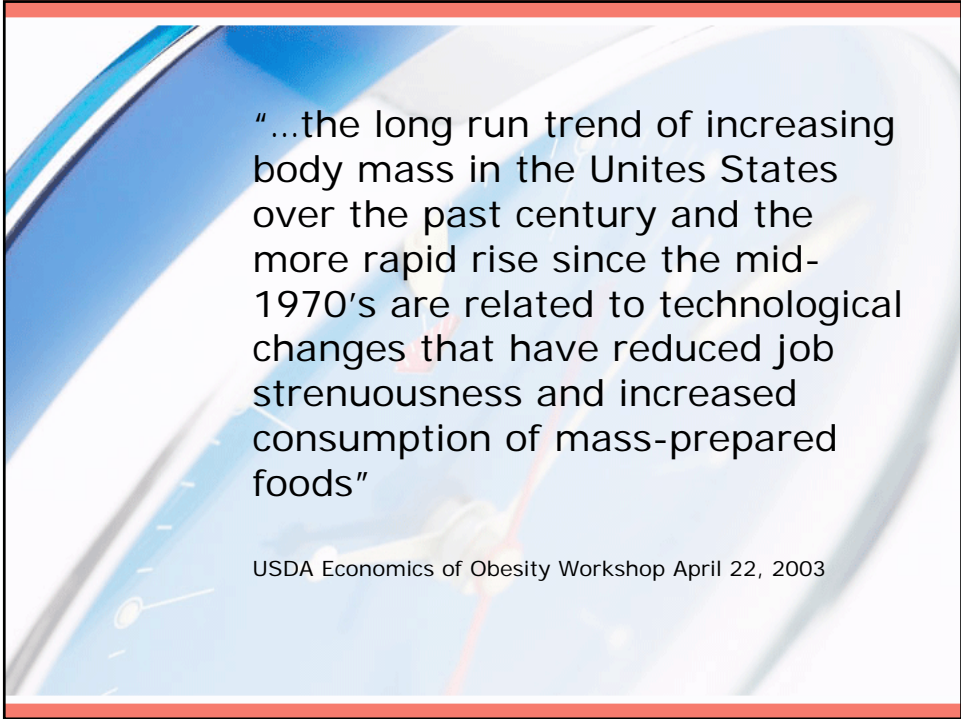


## Measuring the Public Cost of Obesity

*"Obesity has risen to epidemic levels in the U.S. It leads to devastating and costly health problems, reduces life expectancy, and is associated with stigma and discrimination."*

Strategic Plan for NIH Obesity Research USDHHS NIH Pub. No. 04-5493





"...the long run trend of increasing body mass in the United States over the past century and the more rapid rise since the mid-1970's are related to technological changes that have reduced job strenuousness and increased consumption of mass-prepared foods"

USDA Economics of Obesity Workshop April 22, 2003

## Obesity Defined

- Overweight =  $BMI \geq 25$
- Obesity =  $BMI \geq 30$
- Extreme/Severe/Morbid Obesity  
–  $BMI \geq 40$

## Obesity Realities

- Wide disparity in obesity prevalence across demographic groups
- Income affects obesity within demographic groups
- Inversely related to income
- In men body weight may have an inverted U-shaped relationship with income

## Obesity Realities

- There is a potential coexistence of food insecurity and obesity
- Obesity and overweight disproportionately affect racial and ethnic minority populations
  - Especially minority women
- Women of lower socioeconomic status are more likely to be obese than those of higher SES

## Obesity As A Strong Health Risk factor

- Type 2 Diabetes
- Heart Disease
- Stroke

## Obesity's Associated Disabilities

- Certain cancers
- Osteoarthritis
- Liver Disease
- Urinary Incontinence
- Sleep Apnea
- Depression

## Obesity and Cancer:

- Adult obesity is an **established** risk factor for cancers :
  - Colon
  - Kidney
  - Thyroid
  - Uterus
  - Breast
  - Esophagus & Stomach

## Obesity and Shortened Life Expectancy:

- **moderate** obesity (BMI  $\geq 30$ ) reduces life expectancy 2 to 5 years
- **severe or morbid obesity** (BMI  $\geq 40$ ) reduces average life expectancy 5 to 20 years

## Obesity Leads To Diabetes

- Type 2 diabetes in adolescents
  - Incidence increased X 10
  - 25% obese children
    - Impaired glucose tolerance
  - 4% obese adolescents are diabetic
  - Practice/Cost implication
    - NIH recommends primary providers perform oral glucose tolerance testing on all obese children

## Childhood Obesity

The earlier overweight develops in childhood, the more severe the overweight/obesity will be in adulthood with the attendant **early** appearance of health problems.

## Obesity's \$117 Billion Economic Toll

- Direct Costs up to \$1,524/ obese man
  - Preventative
  - Diagnostic
  - Treatment
- Indirect Costs \$27 billion
  - Morbidity
  - Mortality

## Obesity's \$117 Billion Economic Toll

- Morbidity costs
  - Decreased productivity
  - Restricted activity
  - Absenteeism
  - Bed days
  - Lost income
- Mortality costs
  - Premature death
  - Future lost income

National Health Account 1998  
Cost of Overweight and Obesity

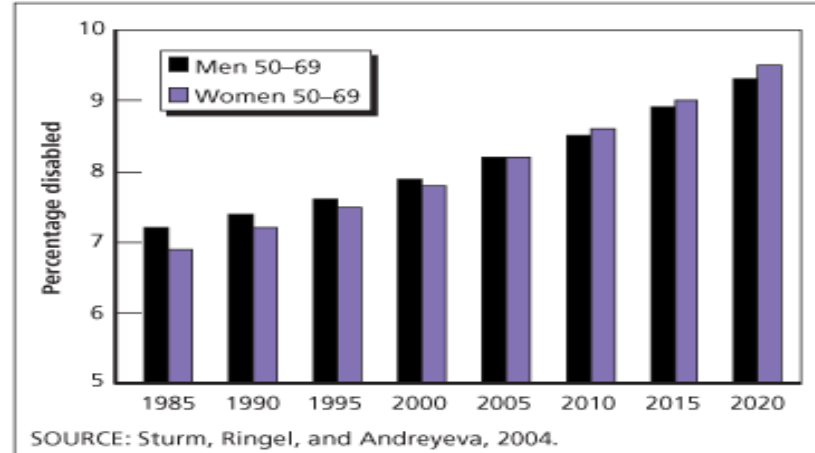
Out of Pocket	\$12.8 billion
Private Insurance	\$28.1 billion
Medicaid	\$14.1 billion
Medicare	\$23.1 billion
<b>Total</b>	<b>\$78.5 billion</b>

**Today's cost is \$117 billion**

Behavioral Risk Factor Surveillance  
System 1998-2000 Obesity Direct Costs

	% Population	\$ Total State Millions	% Medicare	\$ Medicare Millions	% Medicaid	\$ Medicaid Millions
DC	6.7	372	6.5	64	12.5	114
MD	6.0	1533	7.7	368	12.9	391
VA	5.7	1641	6.7	320	13.1	374

## Increase in Obesity-Related Disabilities



## Obesity-Policy Considerations

- The cost of food, especially less health food, is decreasing
- The cost of exercise is increasing
- Do we know how these impact obesity?
  - Urban planning laws
  - Workplace design
  - Regulation of leisure activities
  - Unintended consequences of existing government programs
  - Weight specific insurance premiums reflecting the increased healthcare expenditures of obesity



## Obesity-Policy Considerations

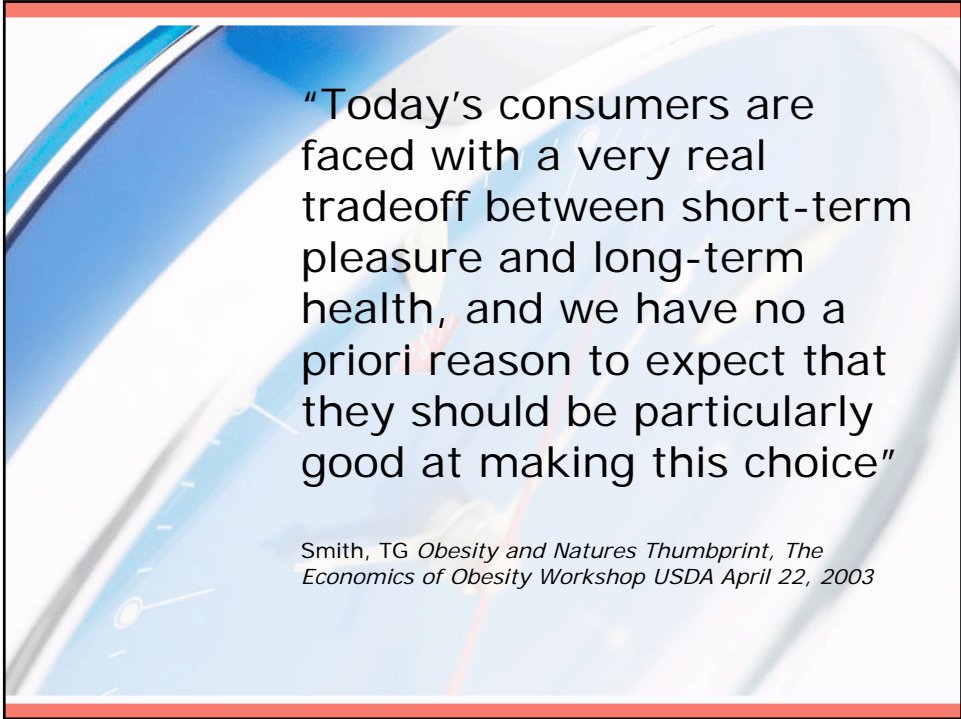
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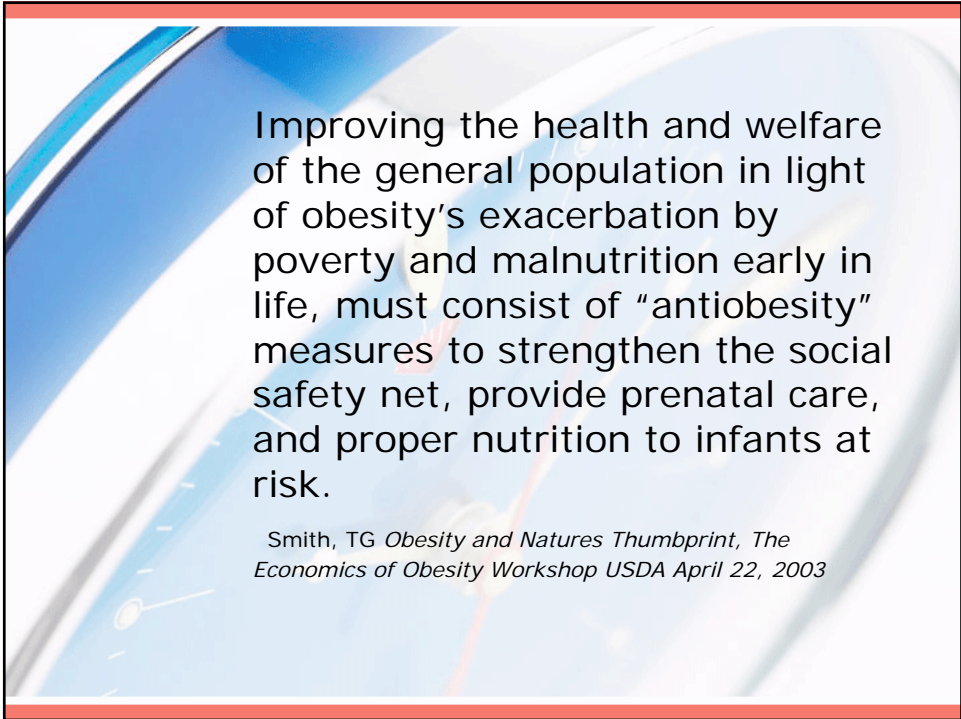
- How can changing manufacturing and distribution patterns of the food industry impact obesity?
  - Healthy foods are usually more expensive relative to high-calorie foods
- How does obesity-caused disability affect welfare and foster care?





"Today's consumers are faced with a very real tradeoff between short-term pleasure and long-term health, and we have no a priori reason to expect that they should be particularly good at making this choice"

Smith, TG *Obesity and Nature's Thumbprint, The Economics of Obesity Workshop USDA April 22, 2003*



Improving the health and welfare of the general population in light of obesity's exacerbation by poverty and malnutrition early in life, must consist of "antiobesity" measures to strengthen the social safety net, provide prenatal care, and proper nutrition to infants at risk.

Smith, TG *Obesity and Nature's Thumbprint, The Economics of Obesity Workshop USDA April 22, 2003*

## Summary of Costs

- Health Care: \$117 billion annually
  - Compared to \$100 billion for tobacco
  - \$468 per citizen
  - \$2.1 billion for the 4.5 million people in the NCR
  - 9.1% of total US medical expenditures (public & private sector)
- Jet fuel \$275 million annually
- Increased disability rates
  - Unemployment
  - Institutionalization
  - Obesity is like adding 31.5 years of age or losing 16.7 years of education
- Increased mental health issues
- 300,000 premature deaths annually
  - 4,500 deaths in the NCR per year



# Barriers to Comprehensive Obesity Prevention in the Washington Region

## Tipping the Scales Towards Crisis

November 2006

Dr. James Bohland  
Institute for Community Health  
Virginia Tech



## Focus of the Presentation

- Brief Summary of Survey of Obesity Prevention Programs in COG
- Identification and Discussion of Barriers to Program Development and Expansion
- Policy Issues or Questions



## Nature of the Study

### Focus on Childhood Obesity

- Development of a Resource Guide
  - Prevention programs for children
  - Nation-wide coverage
  - Level of Assessment
- Survey of Programs for Children in Washington Region
  - Policy and program approaches
  - School and non-school based



## Salient Survey Results

- A majority of respondents (20/41) were from public school systems.
- Most of the programs were begun within the past three years
- A majority of programs (82%) required coordination across agencies and departments
- No region-wide programs
- Median size of program – 240 children



## Adherence to National Performance Benchmarks

Benchmark	% of Programs
Incorporates Community Wide Campaign	29%
Uses Behavioral and Social Approaches	83%
Promotes Individually-adopted behavior change	87%
Includes school-based physical education	33%
Incorporates family support system	79%
Incorporates non-family support system	58%
Incorporates medical community	50%



## Barriers to Obesity Prevention Programming

### ■ Lack of funding

- Most important of the barriers
  - Currently the principal sources of funding are:
    - Local government (44%) – major source of sustainable funding
    - Federal government (39%). These are mostly “start-up funds”
- Two critical, related policy issues
  - Sustainability
  - Who should pay



## Barriers to Obesity Prevention Programming

### ■ Staffing Barriers

- Lack of staff targeted to obesity programming
  - Setting obesity as a priority may be difficult
- Motivating and coordinating staff
  - Cross-Agency programs create priority setting and coordination problems
- Finding enough volunteers
  - In the absence of paid staff, some programs rely heavily on volunteers

## Barriers to Obesity Prevention Programming

### ■ Transportation

- Major barrier for after school programs

### ■ Language barriers

## Policy Questions for Consideration

- What, if any, benefits (or costs) accrue for doing childhood obesity programs region-wide?
- Who should pay?
  - Private versus public responsibility
  - Federal, state or local jurisdictions



Post-Conference Questions or  
Requests for Report Can Be  
Obtained from:

[Jim.bohland@vt.edu](mailto:Jim.bohland@vt.edu)







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# Planning, Design, and Land Use Policies for Overcoming Obesity

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Sheila D. Keyes

[sdkeyes@vt.edu](mailto:sdkeyes@vt.edu)

Virginia Tech

November 16, 2006



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## Today's Presentation

- Latest Developments from Active Living Research
  - Active Living Land Use Policies and Programs:
    - Planning, design, and zoning code reform
    - Transportation programs
    - Strategies for Retrofitting the Suburbs
-

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## “Active Living”

- Defined as integrating physical activity into daily routine: leisure and transportation.
  - Advocated by Robert Wood Johnson Foundation
  - Began with a focus on the built environment
  - Transdisciplinary
    - Policy, Public Health, Planning, and others
- 

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## Active Living Research

- Connections between built environment and physical activity
    - Destination
    - Safety
    - Types of neighborhoods
    - Health connections
    - Self-selection issues
-

## Policy Equation

$$\text{Built Environment} + \frac{\text{Physical Activity}}{\text{Healthy Eating}} =$$

***Healthier  
Communities***

## Land Use Policy Connections

- Planning and zoning codes are the regulatory DNA of the built environment
- Zoning's historical separation of uses does not facilitate physical activity
- Transportation policies often forget about the pedestrian and the cyclist
- Urban land use pattern and poor transit can limit access to healthy food stores

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## Planning and Land Use Strategies—What Can Policymakers Do?

- Create a menu of active living land use policies that provide choices
  - Provide technical assistance, model practices, and guidance
  - Identify/create funding options
  - Tailor land use policies with active living goals for new developments and for retrofitting existing neighborhoods
- 

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## Active Living Planning and Land Use Policies and Programs

- Planning and Zoning Code Reforms
    - Traditional Neighborhood Development
    - Form Based Codes
    - Health Impact Development Review
  - Transportation—Land Use Policies
    - Transit oriented development
    - Bike/Ped transportation plans
    - Regional and local trail systems
-

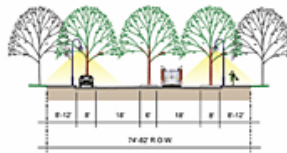
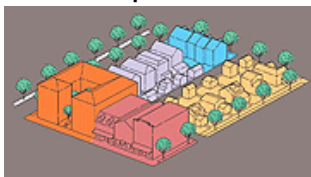
## Traditional Neighborhood Design

- Walkability
- Mixed-use and people living where they work.
- Method for retrofitting and new development



## Flexible Zoning/Form Based Codes

- Focus on physical design
- Public realm/infrastructure planning
- Building form before land use
- Can provide clarity



<http://www.formbasedcodes.org/>

## Main Street, Naples, Fl

- 6-block commercial area
- Master Plan & Code changes:
  - improve the building height to street width ratio
  - Parking changes
  - Residential use 3<sup>rd</sup> floor
  - A “color palette” for the street
  - Staff Action Committee



[http://planning.naplesgov.com/fifth\\_avenue\\_story.asp](http://planning.naplesgov.com/fifth_avenue_story.asp)

## Retrofitting Greyfields

- Town Centers and overlay districts
- Mashpee Commons, Cape Cod
  - Strip Mall Retrofit – Master Plan
  - Design Code



<http://www.mashpeecommons.com/development.php>

## Transit Oriented Development



- Walkability
- Urban Form, mix of uses and intensity
- Retail Location
- Transit Connectivity

## Transit-Land Use Connection

- Local: Transit overlay zones
- Land and Transport Planners: Transit Service Centers
- Land and Transport Planners: Bike and Pedestrian Planning
  - Hiring a Bike/Ped coordinator
  - Orlando: Active Living Initiative
- State:
  - California: Transit Villages Act (1994)
    - Milpitas Midtown Plan for TOD: Parks and bike trail to connect neighborhood





## Transit-Land Use Connection

- State: Comprehensive Planning Reform
  - Wisconsin: sidewalk requirements in new developments, retrofitting in existing neighborhoods.
  - Looking to improve options for physical activity
- “Safe Routes to School”
  - Walking school bus



<http://www.panaonline.org/>

## Trails and Transit Policy

- Recognizing trails as destinations and public space
  - Lighting and signage improvements
- Connecting regional trails as transportation option
  - Trail improvements, commuter access
  - Upper Valley Trails Alliance

## Technical Assistance

- State/Federal
  - Funding assistance
  - Technical assistance
- Regional
  - Regional Library of Resources
  - Technical assistance teams
  - Programming existing funding
- Non Profit Organizations

## Resources and References

- Active Living By Design
  - Community Partnerships and funding
    - <http://www.activelivingbydesign.org/index.php?id=6>
- Active Living Research
  - [www.activelivingresearch.com](http://www.activelivingresearch.com)
- Active Living Leadership
  - <http://www.activelivingleadership.org/>
  - A Primer on Active Living for Government Officials  
*Active Living Leadership National Office*  
[http://www.activelivingleadership.org/uploads/PDFs/brief\\_ALL\\_ActiveLivingPrimer\\_Oct2005.pdf](http://www.activelivingleadership.org/uploads/PDFs/brief_ALL_ActiveLivingPrimer_Oct2005.pdf)
- ICMA Active Living Guides
  - Local Government Roles
  - Blueprint for Regulatory Reform



# NUTRITION INTEGRITY IN THE



PENNY E. McCONNELL, MS, RD, SFNS  
FOOD AND NUTRITION SERVICES  
FAIRFAX COUNTY PUBLIC SCHOOLS  
SPRINGFIELD, VA 22151  
[www.fcps.edu/fs/food](http://www.fcps.edu/fs/food)

## FCPS STATISTICS

- 13<sup>TH</sup> LARGEST DISTRICT IN COUNTRY
- 164,000 STUDENTS
- 232 SCHOOLS AND CENTERS
- MULTICULTURAL STUDENT POPULATION
- MULTIGENERATIONAL CLIENTEL
- \$70.1 MILLION BUSINESS
- FINANCIALLY SELF SUPPORTING



## PHILOSOPHY

- WE TALK NUTRITION
- WE SERVE NUTRITION
- WE TEACH NUTRITION

## NSLP NUTRIENT STANDARDS

- BASED ON DIETARY GUIDELINES FOR AMERICANS
- 1/3 RECOMMENDED DIETARY ALLOWANCES
- 30% CALORIES FROM FAT
- 10% CALORIES FROM SATURATED FAT
- FAT AVERAGED OVER ONE WEEK
- AGE APPROPRIATE SERVING SIZES

## **FCPS FOOD SPECIFICATIONS**

- REDUCED FAT
- REDUCED SODIUM
- CALCIUM FORTIFICATION
- ARTIFICIAL SWEETENERS
- WHOLE GRAIN PRODUCTS
- TRANS FATS

## **ELEMENTARY MENU**

**NOVEMBER 2006**

**GIVE ME 5! COLORS THAT JIVE!**

Oven Fried Chicken  
w/Stuffing  
Baked Potato  
w/Wheat Roll  
w/Chili & Cheese Sauce  
Fish Fillet on Bun  
Peanut Butter and Jelly Sandwich  
Yogurt w/Pretzel



**CHOICE OF TWO**  
Steamed Broccoli  
Tossed Salad  
Kiwi Quarters  
Fruit Cocktail  
Cranberry Sauce

**Energy Zone Salad Patch**

Taco Salad w/Chili  
and Tortilla Chips or Pretzel  
Chef's Salad w/ Tuna and Pretzel

**PERCENT OF CALORIES  
FROM FAT**

<b>Nutrient Analysis</b>	<b>Breakfast</b>	<b>Lunch</b>
NOVEMBER 1-10	20.5%	27.1%
NOVEMBER 13-17	21.4%	27.5%
NOVEMBER 20-22	22.0%	27.8%
NOVEMBER 27-30	20.7%	28.0%



## MENU PLANNING CHALLENGES

- STUDENT PREFERENCES
- CULTURAL/RELIGIOUS REQUESTS
- VEGETARIANISM
- FOOD SENSITIVITIES
- THERAPEUTIC NEEDS
- STUDENTS' SPECIAL NEEDS
- ADVOCACY GROUPS
- USDA COMMODITIES
- PRICES
- DIETARY GUIDELINES



NUTRIFAX		2006-2007	
<b>A Lunch includes:</b> • Entree • Two fruit and/or vegetable • Bread • Milk			
<b>BREAKFAST</b> Whole Wheat Cinnamon Roll Bagel Bagel w/ Plain Bagel, Cinnamon, Whole Wheat Bread Elf Graham's French Toast Sticks Fruit Muffin Pancake & Sausage Turkey Sausage (1)		<b>FRUIT</b> Fruit Sherbet Frozen Fruit Push-Up Fruit, Assorted, Fresh Fruit, Assorted, Commercial <b>BREADROLLS</b> Bread Stick, Whole Wheat Breadstick, Pretzel Roll Croissant Croissant (2.5 oz), Whole Wheat Stuffing Wheat Roll	
<b>ENTREES</b> Soft Beef Taco Beef Teriyaki Nuggets Burrito, Beef & Bean Cheese Sticks (2) w/ Sauce Cheese Quesadilla Chicken Nuggets Chicken, Oven Fried Chicken Tenders Lasagna, Cheese Macaroni & Cheese Pork Egg Roll (Mini) Spaghetti w/ Meat Sauce Veggie Taco Hot Pocket Yogurt, Nonfat (8 oz.) Nachos or Baked Potato (medium) w/Chili (1/2 c) and Cheese Sauce (1/2 c) <b>POTATOES/VEGETABLES</b> Beans, Vegetarian French Fries Refried Beans Similar Potatoes (4) Vegetables (Variety) Whipped Potatoes w/Gravy Tater Tots Potato Wedges Soup, Minestrone Soup, Potato Soup, Tomato		<b>PIZZA</b> Pizza, Veggie Cheese Pizza Pan Pizza, Round Stuffed Crust Pizza Add Peppers <b>SANDWICHES ON ROLL</b> Cheeseburger Chicken Fillet Chicken Teriyaki Spicy Chicken Fish Fillet Grilled Cheese Hamburger Henk & Cheese on Croissant Hot Dog Ham & Cheese Italian Salad Sandwich Sloppy Joe, Turkey Tuna Salad on Bun Veggie Pate Veggie Pate w/cheese <b>PREPACKAGED SALAD W/ DRESSING</b> Cobb Salad Oriental Chicken Salad Chicken Caesar Salad Taco Salad Tuna Chef Salad Fruit Salad Taco Salad	
<b>MILK</b> 1% Unflavored 1% Chocolate Skim		<b>SALAD DRESSING</b> Caesar's, 1 oz Italian, Lite, 1 oz Ranch, Lite, 1/2 oz Sesame Oriental	
<b>RICE</b> Chicken Rice Oriental Rice Southwestern Rice Steamed Rice			
<b>Nutrient Source: NutriKIDS</b>			
Food and Nutrition Services Falmouth County Public Schools <a href="http://www.nutrition.k12.or.us">www.nutrition.k12.or.us</a>			

## INGREDIENT LIST

**Chicken Tenders (Zartic) – Ingredients:**  
 Chicken Breast with Rib Meat, Bleached Wheat Flour (Enriched with: Niacin, Reduced Iron, Thiamine Mononitrate, Riboflavin, Folic Acid), Water, Modified Food Starch, Dried Whole Eggs, Wheat Flour, Salt, Wheat Flour (Enriched With: Niacin, Reduced Iron, Thiamine Mononitrate, Riboflavin, Folic Acid), Flavoring, Leavening (Sodium Bicarbonate, Sodium Aluminum Phosphate, Monocalcium Phosphate), Dextrose, Sodium Phosphate.

## **WHAT ARE COMPETITIVE OR A LA CARTE FOODS?**

**USDA:** “ANY FOODS OFFERED IN SCHOOLS, HEALTHY AS WELL AS LESS HEALTHY, EXCEPT SCHOOL MEALS.”

GAO – 04 – 673  
(APRIL 2004)

## **FCPS COMPETITIVE FOODS STANDARDS**

- USDA
- GOVERNOR WARNER’S SCORECARD
- FCPS COMPETITIVE FOOD  
REGULATION (1986)

# GOVERNOR WARNER'S NUTRITION STANDARDS

- 30% CALORIES FROM FAT
- 10% CALORIES FROM SATURATED FAT
- 35% BY WEIGHT SUGAR
- LESS THAN 300 CALORIES PER SERVING
- FRUIT JUICES 100% OR 25% PLUS

**Nutrition Calculator**

**Enter Label Nutrition Facts**

**Product Name to SHOW:**

Wise Life Butter Popcorn

Serving Size (grams): 17

- or -

Serving Size (oz): 0.60

Servings per Container: 1

---

**Amount Per Serving**

Calories: 80

Calories from Fat: 20

---

Total Fat (g): 2

Saturated Fat (g): 0.50

Trans Fat (g): 0.00

Cholesterol (mg): 0

Sodium (mg): 95

Total Carbohydrate (g): 13

Dietary Fiber (g): 1

Sugars (g): 0

Protein (g): 1

**Snacks Meets Standards**

Default: School District

Fairfax County Public Schools | Snacks

	Virginia Governor's Nutrition Standards *		Package Results	
	Package	Serving	Package	Serving
Serving Size (oz) † : 1.25 ~ 2.25	0.60	OK	0.60	OK
Total Calories:	300	80 OK	80	OK
% Calories from Fat:	30	25% OK	25%	OK
% Calories from Saturated Fat:	10	6% OK	6%	OK
Trans Fat (g):	1.00	0 N/A	0	N/A
Cholesterol (g):	0	0 N/A	0	N/A
Sodium (mg):	0	95 N/A	95	N/A
Total Carbohydrate (g):	0	13 N/A	13	N/A
Dietary Fiber (minimum):	0	1 N/A	1	N/A
Sugars (g):	0	0 N/A	0	N/A
% Weight from Sugar:	35	0% N/A	0%	N/A
Protein (g):	0	1 N/A	1	N/A

† Serving Size range reflects current packaging

## ELEMENTARY

- NO LUNCH – NO A LA CARTE!
- PARENTS DETERMINE HOW PREPAYMENTS ARE USED
- PARENTS CAN REQUEST PRINTOUT OF PURCHASES

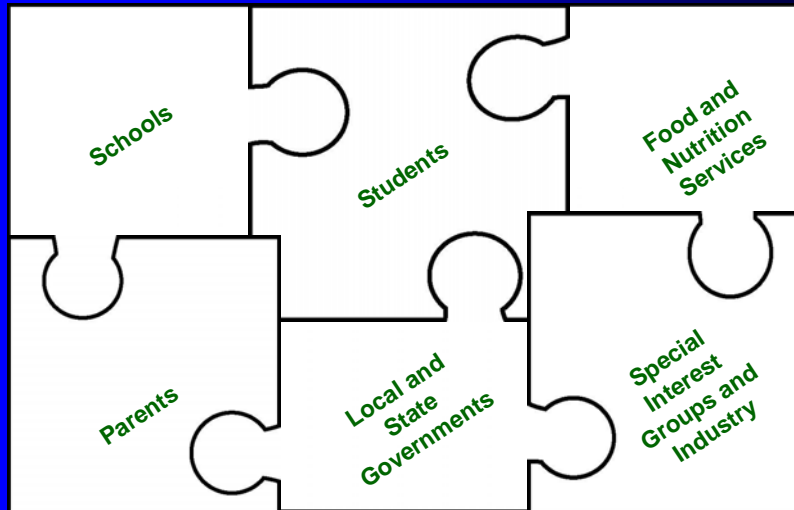
## MIDDLE/HIGH SCHOOLS

- VARIETY OF HEALTHY SNACKS
- NO FRENCH FRIES (MS)
- FRENCH FRIES 3 TIMES A WEEK (HS)
- VENDING IN DINING ROOMS:
  - MILK
  - WATER
  - 100% FRUIT JUICE
  - SPORT DRINKS
  - SNACKS
  - LUNCH ITEMS

**CHILD NUTRITION AND WIC  
REAUTHORIZATION ACT  
REQUIRES  
A  
LOCAL WELLNESS POLICY  
BY  
JULY 2006  
(P.L. 108-265 sec. 204)**

**PARTNERSHIPS ARE KEY  
TO TACKLING  
OVERWEIGHT EPIDEMIC**

## WELLNESS POLICY PARTNERS



## SCHOOL WELLNESS POLICY PROVISIONS MUST CONTAIN:

- GOALS FOR NUTRITION EDUCATION
- GOALS FOR PHYSICAL ACTIVITY
- FOODS/BEVERAGES AVAILABLE DURING SCHOOL DAY
- SCHOOL ENVIRONMENT
- A PLAN FOR MEASURING IMPLEMENTATION

## NUTRITION EDUCATION

- STUDENTS RECEIVE NUTRITION EDUCATION THAT PROVIDES THE KNOWLEDGE THEY NEED TO ADOPT A HEALTHY LIFESTYLE THROUGH A BALANCED DIET AND REGULAR EXERCISE
- NUTRIENT AND INGREDIENT INFORMATION IS AVAILABLE FOR ALL PRODUCTS SERVED
- NUTRITION EDUCATION INFORMATION IS ON MONTHLY MENUS, PRINCIPAL NEWSLETTERS, AND ENERGY ZONE WEB SITE:  
[WWW.FCPS.EDU/FS/FOOD](http://WWW.FCPS.EDU/FS/FOOD)

- NUTRITION EDUCATION CURRICULUM IS PROVIDED IN K-10 GRADES
- NUTRITION PROGRAMS SUCH AS KIDS COOKING, ARE PROVIDED IN THE CLASSROOM'
- SCHOOL SPONSORED HEALTH FAIRS



## **FOODS & BEVERAGES SERVED/SOLD DURING THE SCHOOL DAY**

- DIETARY GUIDELINES FOR AMERICANS
- HEALTHY CLASSROOM SNACKS
- REWARDS AND CELEBRATIONS
- FUNDRAISERS AND CONCESSIONS AT SCHOOL-SPONSORED EVENTS
- FOODS AVAILABLE COMPLY WITH LOCAL FOOD SAFETY AND SANITATION REGULATIONS



## **FOOD ENVIRONMENT**

- EAT A HEALTHY BREAKFAST
- ADEQUATE TIME TO EAT
- RECESS BEFORE LUNCH
- HEALTHY SNACKS
- DRINKING WATER
- HANDWASHING FACILITIES
- FUNDRAISERS ENCOURAGE NON-FOOD ITEMS

## **PHYSICAL ACTIVITY AND PHYSICAL EDUCATION**

- REGULAR AGE-APPROPRIATE PHYSICAL EDUCATION
- INFORMATION TO FAMILIES TO PROMOTE PHYSICAL ACTIVITIES AT HOME
- ESTABLISH A DAILY EXERCISE ROUTINE
  - ADULTS: 60 MINUTES; CHILDREN: 60 MINUTES
- LIMIT TV AND COMPUTER TIME (1-2 HOURS)

## FCPS

- K-6 MINIMUM 60 MINUTES PER WEEK
- GRADES 7-9 ANNUAL
  - $\frac{1}{4}$  HEALTH
  - $\frac{3}{4}$  PHYSICAL ACTIVITY

## GRADE 10

- SEMESTER HEALTH
- SEMESTER PHYSICAL ACTIVITY
- SET PERSONAL GOALS

## **GRADES 11-12**

- ELECTIVE COURSES SUCH AS ADVANCED PHYSICAL EDUCATION

## **RECESS**

- K-6
- TIME DETERMINED AT SCHOOL LEVEL AND GENERALLY 20-30 MINUTES

## **HEALTHY HOME ENVIRONMENT**

- IMPROVE THE FAMILY DIET
- EAT BREAKFAST
- SHARE MEAL PREPARATION
- WATCH PORTION SIZES
- MAKE MEALS AND EXERCISE A FAMILY ACTIVITY
- HEALTHY SNACKS
- TRY NEW FOODS

**REMEMBER:  
CHILDREN COPY PARENTS'  
BEHAVIOR**

## EXERCISE

- BE AN ACTIVE FAMILY
- ESTABLISH A DAILY EXERCISE ROUTINE:
  - ADULTS: 60 MINUTES
  - CHILDREN: 60 MINUTES
- INCLUDE PHYSICAL ACTIVITIES AT FAMILY CELEBRATIONS
- LIMIT TV AND COMPUTER TIME

## BY TWO YEARS:

- 1 IN 5 EAT CANDY DAILY
- NUMBER ONE VEGETABLE IS FRENCH FRIES

TIME 2006

**“TO CURB OBESITY, EFFORTS  
MUST BEGIN EARLIER-  
POSSIBLY DURING  
PRENATAL CARE.”**

**-DR. ROBERT WHITAKER**

## **WE TEACH NUTRITION**

- NUTRITION CURRICULUM K-6
- KIDS COOKING
- GIVE ME 5! COLORS THAT JIVE!
- HEALTHY SNACKS
- FITNESS CHALLENGE
- SNACK NUTRIENT CALCULATOR

**GOOD NUTRITION  
FEEDS  
SUCCESSFUL LEARNING!**

**Thank You !**

# District of Columbia Public Schools

## Healthy Vending Options

### Steps to implementation

- An Ad Hoc Committee on Food & Nutrition was established by the Board of Education in 2002
- Vending machines and their contents were among the topics for discussion and action
- Focus groups and taste tests were done with students



## Steps to implementation

- 8 pilot schools (Ballou, Browne, Cardozo, Jefferson, Kramer, McKinley, Roosevelt, Wilson) were selected to be monitored for sales with new products
- Much opposition with vendor
- Pilot began in Nov/Dec, 2004 and ran through the remainder of the school year.

## Healthy Vending Guidelines

Vending machines located only in secondary schools

### Beverages

- 100% fruit juices
- Water or seltzer water
- Low fat or fat free milk

## Healthy Vending Guidelines

### Snacks

- 30% or less of total calories from fat
- 10% or less of total calories from saturated fat plus trans fat
- 35% or less of weight from sugars excluding those that are naturally found in the food

## Steps to implementation

- In pilot schools, sales dropped by 38% for the beverage machines and 27% for the snack machines
- The Board of Education adopted the resolution for Healthy Vending in January, 2005
- New bid proposal for vending developed and awarded in November, 2005

## Steps to implementation

- Roll out of new vending machines occurred at the beginning of this school year
- All schools participating in vending now have the Healthy Vending Machines