

## Addressing Childhood Obesity: The Role of School-Based Health Centers

By Terri D. Wright

*“I weighed more than the scale could actually measure. The scale could only go up to 350 lbs. I was shocked, surprised and scared.”*

At 385 lbs, Michigan high-school student Jonathan Miller sat in the back of the classroom on a bench because he couldn't fit in the desk. He could only buy his clothes from one store and worried about how he would fit into seats at social events.

Jonathan is not alone in his struggle with obesity. Shockingly, nearly one third of children and adolescents in the United States are obese, overweight, or at risk of being overweight. Our children are eating unhealthy food and not getting the exercise they need to maintain a healthy weight. And for vulnerable children—those who live in low-income families in rural or inner city communities, and who are often children of color—obesity is disproportionately present, since making healthy choices is made even tougher by economic and environmental barriers.

School-based health centers, which are often based in vulnerable communities, have an opportunity to take a leadership role in addressing obesity. Through services, programs, and advocacy, school-based health centers can make a difference in the lives of these children.

### Access to Food and Physical Activity

Poor communities don't have the infrastructure to support healthy, active lifestyles. They don't have safe, outdoor spaces for children to walk or play and they don't have access to affordable, nutritional food and fresh fruits and vegetables.

Residents of these communities shop in convenience stores, gas stations, and dollar stores where food choices are limited, and dine at fast food restaurants because there are no other options. In Detroit, about 80 percent of residents buy their food at the one thousand convenience stores, party stores, liquor stores, and gas stations in the city.<sup>1</sup>

Affordable healthy food is hard to find; without large supermarkets to keep costs competitive, small grocery stores sell produce that is overpriced and often of poor quality. Fatty, processed and sugary foods are also in general much more affordable than healthy foods—a whole meal can be bought at a fast food chain for as little as \$3, and buying soda and candy from vending machines is cheaper than choosing bottled water and an apple.

Being overweight has serious physical health consequences for children, including Type 2 diabetes, asthma, and cardiovascular problems. While at an individual level obesity can be a

According to a 2009 report by the Trust for America's Health, eight of the 10 states with the highest rates of obese and overweight children are in the South, as are nine of the 10 states with the highest rates of poverty. Many of the states with the lowest poverty rates are among the states with the lowest rates of obesity. Furthermore, a recent CDC study found that black adults and children had 51 percent higher prevalence of obesity, and Hispanics had 21 percent higher obesity prevalence, compared with whites.

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<sup>1</sup> Dowie, Mark; *Food Among the Ruins*, August 2009, Guernica Magazine.

symptom of other medical, mental, metabolic health, and social issues, obesity itself can lead to mental and emotional health problems such as poor self-esteem, bullying, and discrimination. This in turn can increase the risk of smoking and drinking alcohol, school drop out, and even suicide.

### **The School Environment**

Children spend most of their time in school where they eat at least one meal, often two, and sometimes even three – as well as consume snacks during school hours. This makes schools a logical first place to begin addressing childhood obesity.

Many schools are beginning to make more healthy food available to children by reopening school kitchens, working with local farms to get fresh produce in the cafeteria, and providing meals that meet federal nutritional standards while still managing to balance the books. However, while more schools are adopting policies and practices that promote healthy eating in school meal programs, many continue to offer students less healthy foods. Pizza, burgers, chips and soda are sold in school stores, vending machines, and à la carte school lunches. These are vital revenue sources for school districts struggling with budget cuts.

Students are also getting fewer opportunities to exercise at school. Many schools have either reduced the time for recess and physical activity or eliminated them entirely in response to decreased budgets or to focus more on reading and mathematics in an effort to meet the demands of No Child Left Behind.

Schools have a responsibility to provide students with healthy places to learn, and school-based health centers are a critical partner to help address obesity and create healthy school environments.

### **The Role of School-Based Health Centers in Addressing Obesity**

School-based health centers provide physical and mental health services to treat obesity and its related symptoms. Services may include nutrition and obesity counseling and screening for obesity-related diseases, as well as help with bullying and suicide prevention. With the help of his school-based health center, Jonathan was able to break his cycle of obesity.

But tackling the obesity problem goes beyond individual action; broader treatment and prevention strategies are crucial. Recognizing this, many school-based health centers have helped to establish programs and policies within schools that encourage children to make healthy choices and provide access to healthy choices. From educating kids on nutrition and providing after-school fitness clubs, to influencing the food choices that schools offer and the level of physical activity students engage in during school time, school-based health centers have made real change in both students' lives and school environments.

But to fully address obesity and improve the health of children and youth, school-based health centers must go outside of the four walls of their school buildings. To be successful, school-based health centers must address the root causes of obesity by helping to advance policy change at all levels.

School-based health centers must advocate for national policies that increase access to healthy food and physical activity for children and adolescents. For example, securing higher nutrition standards and greater funding for the USDA school lunch program or stronger limits on the marketing of “junk food” to children. State policies must also be impacted; for example the introduction of a soda tax or menu labels, or the establishment of farm-to-school programs. Moreover, school-based health centers must build support for local community issues that improve food choices and help kids maintain healthy lifestyles. For example, getting grocery stores in neighborhoods, increasing the number of sidewalks and parks, or establishing farmers markets that accept food stamps.

School-based health centers have a leadership role to play in advocating for and implementing policy change. Through these efforts, school-based health centers will ensure that we have healthy students, healthy schools and healthy communities.

### **Contributing to a Healthy School Environment**

School-based health centers contribute to a healthy school environment in three key ways. Centers:

- Provide physical and mental health care and prevention services to keep students healthy and in school, learning.
- Impact school policies and provide programs to improve the school environment, including:
  - Designing and implementing mandated school wellness plans and coordinated school health programs
  - Offering education classes, after-school programs and workshops for students, and sometimes parents too, that encourage healthy lifestyles
- Advocate for policies and practices at the school district, local, state and national levels to improve the school environment and benefit the local community.

### **Key Resources**

- CDC: *Make a Difference at Your School*—this guide outlines 10 strategies for schools to promote physical activity and healthy eating.  
<http://www.cdc.gov/HealthyYouth/KeyStrategies/index.htm>
- National Association of State Boards of Education: *State School Health Policy Database*—this online database provides information on existing policies for the school food environment and school wellness that can serve as models for your school or state.  
<http://nasbe.org/index.php/shs/health-policies-database>
- Alliance for a Healthier Generation: *The Healthy Schools Program Framework*—this framework outlines specific steps that schools can take to create healthier school environments.  
<http://www.healthiergeneration.org/schools.aspx?id=3470>
- The Food Research and Action Center: *School Wellness Policy and Practice: Meeting the Needs of Low-Income Students*—this guide is designed to help schools respond to the special nutrition concerns of low-income students in their wellness policies.  
[www.frac.org/pdf/wellness\\_guide2006.pdf](http://www.frac.org/pdf/wellness_guide2006.pdf)
- California Instruction School Garden Program—an overview of the program including its impact on children's health, nutrition, and academic achievement.  
<http://www.cde.ca.gov/LS/nu/he/gardenoverview.asp>

- Farm to School programs—an education model that connects schools with local farms.  
[www.farmtoschool.org](http://www.farmtoschool.org)
- Healthy Schools Campaign—a non-profit organization advocating for healthy school environments  
[www.healthyschoolscampaign.org](http://www.healthyschoolscampaign.org)
- W.K. Kellogg Foundation: Food and Fitness—publications and resources to help communities increase access to affordable, healthy, locally grown food and safe and inviting places for physical activity and play.  
[www.wkcf.org/faf](http://www.wkcf.org/faf)