

## Statewide Wellness Incentives

### *A First Step to Improving Child Health Through Schools*

#### Executive Summary

There are a greater number of youth suffering from obesity-related health conditions. Schools are a critical link in helping to improve student health. Therefore, the Maryland legislature authorized local education officials to develop and implement wellness policies. Although this mandate was given three years ago, it is unclear the extent to which schools are implementing these policies. Other unknowns are whether these policies are effective in promoting higher levels of physical activity and healthy eating habits. This brief examines the incentive-based model as one approach to increase participation in wellness activities and foster an environment of accountability to create healthy schools in Maryland.

#### Introduction

Educators and health experts agree that childhood obesity is a problem. However, with the myriad of priorities, how can Maryland schools be encouraged to participate in and report on their achievements with student wellness programs? Howard County, Maryland and the state of Colorado have developed models that standardize the process, increase school participation and promote accountability. The initial results are encouraging.

Each model, although different, has the following components:

- Voluntary participation
- Established reporting system
- Technical assistance
- Public recognition
- Private/public partnership

These models will be described in more detail after the examination of childhood obesity. Also, the reason for a lack of statewide standards, which contributes to disparities in health promotion, will be explained.

#### The Back Story: Childhood Obesity Numbers Remain Staggering

The number of school-age children who are overweight or obese in the United States has more than tripled since the 1960s.<sup>1</sup> In 2011, nearly one in ten Maryland high school students was obese and one in four was either obese or overweight.<sup>2</sup> Even these statistics do not tell the whole story as obesity and overweight rates among youth vary across the state with some communities reporting almost half of youth as overweight or obese.<sup>3</sup>

Childhood obesity is associated with type 1 diabetes and high blood pressure. Also, being overweight can exacerbate other conditions such as asthma. These obesity-related chronic health conditions often result in an increased absenteeism<sup>4</sup> rate as well as higher medical costs.<sup>5</sup>

Poor nutrition and low levels of physical activity contributes significantly to obesity. The average daily number of calories consumed by American children has increased from 1,690 calories in the 1970s to 2,043 calories in the 2000s.<sup>6</sup> In other words, today's youth eat an additional two months' worth of calories every year compared to youth in the 1970s. Studies examining the relationship between calorie intake, physical activity and body mass index (BMI) indicate that predictable—though small—increases in BMI among adolescents are associated with increased calorie consumption and increases in sedentary behaviors.<sup>7</sup> These small

<sup>1</sup> <http://www.nccped.com/ContinuityModules-Fall/Obesity%20Trends.pdf>

<sup>2</sup> <http://www.cdc.gov/obesity/childhood/basics.html>. **Overweight** is defined as a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex. **Obesity** is defined as a BMI at or above the 95th percentile for children of the same age and sex.<sup>1</sup>

<sup>3</sup> <http://jointcenter.org/hpi/pages/prince-georges-county-md-profile>

<sup>4</sup> Pan L, Sherry B, Park S, Blanck H. The association of obesity and school absenteeism attributed to illness or injury among adolescents in the United States, 2009. *Journal Of Adolescent Health* [serial online]. May 2012; Available from: PsycINFO, Ipswich, MA. Accessed July 3, 2012.

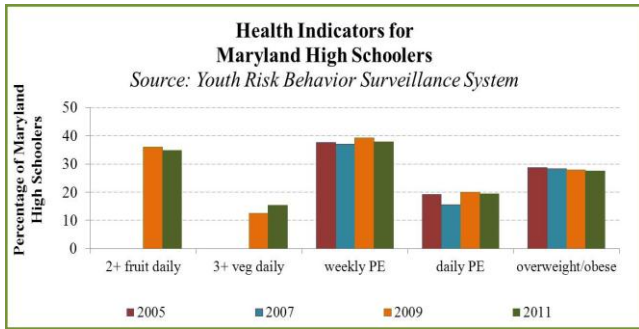
<sup>5</sup> Trasande, L., & Chatterjee, S. (2009). The impact of obesity on health service utilization and costs in childhood. *Obesity*, 17(9), 1749-1754.

<sup>6</sup> <http://www.ajcn.org.proxy3.library.jhu.edu/content/90/6/1453.full.pdf+html>

<sup>7</sup> <http://pediatrics.aappublications.org/content/105/4/e56.full.pdf+html>



increases over time can make the difference when trying to maintain a healthy weight.



**Finding:** While numbers of obese and overweight children are no longer increasing, they have remained at unacceptably high levels since 2005. Fruit and vegetable intake and access to physical education (PE) classes have also remained stagnant.<sup>8</sup>

### Schools and Student Health

Schools have an important influence on students’ dietary and physical activity habits. Several studies across the nation have demonstrated that school-based interventions to improve student nutrition and physical activity levels can result in increased academic performance.<sup>9</sup> There are state and federal standards for schools participating in the U.S. Department of Agriculture’s (USDA) National School Lunch Program. However, many of the decisions related to diet and physical activity are made by local schools and districts. As a result, there is a lack of statewide standards which contributes to disparities in health promotion.

### Engaging Schools: Voluntary Recognition Programs

Various school systems have either developed or participated in various incentive based programs. These programs have included:

- A voluntary recognition program with a small stipend in high performing schools (Minnesota and Vermont)
- A recognition structure based on the U.S. Centers for Disease Control (CDC) and Prevention’s Coordinated School Health Programs framework<sup>10</sup>

<sup>8</sup> Youth Risk Behavior Surveillance System (YRBS)

<sup>9</sup> Hollar, et al. (2010). Effective Multi-level, Multi-sector, School-based Obesity Prevention Programming Improves Weight, Blood Pressure, and Academic Performance, Especially among Low-Income, Minority Children. *Journal of Health Care for the Poor and Underserved* 21(2 Suppl): 93-108.

<sup>10</sup> <http://www.cdc.gov/healthyouth/cshp/components.htm>

- A pre-existing recognition and incentive-based government program—the U.S. Department of Agriculture’s Healthier U.S. Schools Challenge
- A wellness indicator included on the federally-mandated No Child Left Behind (NCLB) School Report Cards (Chicago Public Schools)
- A foundation sponsored internet-based application that provides support for schools to assess and improve their health promotion status through the Alliance for a Healthier Generation— a collaborative effort between the Clinton Foundation and the Robert Wood Johnson Foundation<sup>11</sup>

### Statewide and County Applications

#### Colorado—Statewide Incentive-based Program

In 2009, the Colorado Commissioner of Education identified healthy schools as a top priority and established the Commissioner’s Healthy Schools Award Ceremony to recognize exemplary school health programs in Colorado. The following year, a score card was introduced to standardize the identification of schools deserving of recognition and provide an assessment tool for health and wellness plans. Program components include:

- The voluntary completion of a web-based score card with eight health indicators
- Letters of support from school officials, parents and a student
- A narrative description of a success story and a personal interview
- A recognition award for all schools scoring in top quartile
- A monetary award of up to \$5,000 for the top 15 performing schools
- Creation of public/private partnerships to manage and fund the program led by the Colorado Health Foundation, the Colorado Legacy Foundation and Kaiser Permanente

In 2012, 32 schools were recognized at the annual awards ceremony for implementing comprehensive school health plans.

<sup>11</sup> <http://www.healthiergeneration.org/schools.aspx>

## Howard County, Maryland—Countywide Incentive-Based Program

Howard County launched a non-profit organization entitled the Healthy Howard Initiative, an innovative collaboration between the public and private sectors. The initiative was designed to improve the health of Howard County residents by managing the Healthy Howard Health Plan, the only community-supported health plan for uninsured individuals in the country. Through the initiative, schools, restaurants, workplaces, recreation programs and childcare centers are encouraged to incorporate healthy activities and healthy products into the lives of Howard County residents.

The school-focused program features include:

- Voluntary participation by schools
- Schools describing their efforts for increasing physical activity and nutrition
- Schools providing estimates of how many staff, students, and parents participate in each program or event
- Technical assistance by the Healthy Howard Initiative
- All schools are eligible to apply for recognition
- Gold, silver and bronze medals awarded based on efforts to increase school-wide levels of physical activity and nutrition—medaling criteria takes into account elements of planning, community involvement, measurable outcomes and sustainability of the programs implemented

In 2012, 50 schools were awarded medals for activities that reached nearly 25,000 students—a significant achievement for a voluntary program in a district that serves approximately 60,000 students.

### The Case for Maryland

The framework for a statewide incentive-based health program for Maryland schools already exists.

- ✓ The Maryland legislature authorized local school systems to develop and implement wellness policies, specifying the inclusion of monitoring plans

- ✓ The Maryland State Department of Education (MSDE) developed a comprehensive guide to assist schools in developing and implementing wellness policies
- ✓ Maryland school officials have shown interest through participating and receiving recognition for their health promotion work—since 2005, more than 100 schools in Montgomery County, 19 schools Prince Georges County and a handful of schools in Kent County have received recognition

In spite of the legislative action and proactive involvement of some schools in student wellness programs, it is still unclear how many Maryland schools are actually participating, promoting and reporting on wellness plans.

### Opportunity

State officials have an opportunity to further improve student health. Implementation of a voluntary recognition program for Maryland schools could be another step toward this goal. It can be a low-cost/high-impact intervention to further encourage Maryland schools to address low levels of physical activity and poor nutrition among students. A recognition program can also reinforce existing health and wellness protocols.

Maryland could institute a voluntary program with the following features:

- Adoption of an existing incentive-based recognition program
- The incorporation of an indicator into the already-existing No Child Left Behind school report cards or school websites to document involvement
- Creation of a database to monitor individual school recognition levels
- Creation of a public/private partnership with foundations and private businesses

### Conclusion

Tackling childhood obesity must occur on many fronts and establishing a voluntary recognition system to encourage schools to participate, promote and report on student wellness programs is a promising option to address the issue.



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