

# **Bridgewater-Raynham Regional School District**

## **WELLNESS POLICY**

### **General Policy Statement**

The Bridgewater-Raynham Regional School District recognizes the important relationship between wellness and academic success, not only for students, but the entire school community. The intent of this policy is to outline the district's on-going commitment in support of wellness in the areas of nutrition, physical activity and other school-based activities that promote health and wellness. Using Section 204 of Public Law 108-265 – June 30, 2004: Child Nutrition and WIC Reauthorization Act of 2004 and recommendations by the Massachusetts Departments of Education and Public Health, the following beliefs guide our efforts:

- Communication with parents/guardians, staff and students is essential. We will seek opportunities, to educate the school community on trends and information related to health and wellness. We encourage community partnerships that assist the district in this effort.
- Consistent with current federal and state nutrition regulations, the Bridgewater-Raynham Regional Schools will continue to increase the availability and sale of nutritious selections and discourage the sale and consumption of beverages and foods of low nutritional value during regular school hours.
- Opportunities for developing and maintaining physical fitness including structured Pre-K to 12 physical education, recess, classroom movement, extracurricular activities, and sports teams/clubs will be supported and strongly encouraged. Again, the Bridgewater-Raynham Regional School District encourages community partnerships that assist the district to support an active, healthy community of learners.
- Opportunities for staff in-service education to share best practices which incorporate activity and wellness across the curriculum will be offered. Encouraging a healthy lifestyle for school employees further supports the overall objective of a healthy school community.
- The following Wellness Procedural Guideline is approved for implementation and monitoring by the Bridgewater-Raynham Regional School Committee.

### POLICY REVIEW AND REVISION:

Review and revision of this policy shall occur by the School Health Advisory Council and the Superintendent of Schools or designee, as needed but no less than every two years.

Information:	<u>June 2006</u>
Discussion:	<u>June and August 2006</u>
Adoption:	<u>August 2006</u>
Review/Revision:	<u>May 2010</u>
Adoption:	<u>May 19, 2010</u>

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## WELLNESS POLICY Procedural Guidelines

### 1.0 PHYSICAL FITNESS, PHYSICAL ACTIVITY, AND PHYSICAL EDUCATION

#### Definitions:

**Physical fitness** is a state of well-being that: allows one to perform daily activities with full energy and respond to emergencies when necessary, reduces the risk of chronic diseases and health problems related to lack of exercise, maintains the optimal functioning of body systems, and establishes a sound base for participation in a variety of physical activities.

Two key aspects of fitness are often referred to:

1. **Health-related fitness** is defined by aerobic (cardio-respiratory) condition, muscle strength, muscle endurance, flexibility, and body composition. This type of fitness is the more important aspect of fitness in terms of lifelong wellness.
2. **Sport-related fitness** focuses on balance, coordination, speed, agility, power, and reaction time. High levels of sport-related fitness often lead to participation in sports, which, in turn, may provide a mode of regular physical activity and may enhance the health-related aspects of fitness.

**Physical activity** simply refers to any type of movement, and certainly physical activity is the primary component of any physical education program. However, the terms physical activity and physical education are not the same. One can engage in activity without necessarily being involved in a planned, instructional program. Similarly, physical activity is not synonymous with physical fitness, but without vigorous activity, one will not achieve physical fitness.

**Physical education** is a comprehensive, sequential, developmentally appropriate program of instruction taught by certified physical education professionals in suitably designed, adequately equipped facilities. The program should involve a balanced presentation of skills and concepts in the areas of games, dance, gymnastics, fitness/personal growth, outdoor pursuits, and aquatics (when facilities are available). Further, the program should be guided by the National Standards for Physical Education and the applicable standards from the Massachusetts Comprehensive Health Curriculum Frameworks.

#### Wellness Policy Goal:

The Bridgewater-Raynham School District believes that the ultimate goal in this area of wellness education is to instill a lifelong desire for vigorous physical activity, with the expectation that a vigorously active lifestyle will lead to optimum levels of health-related fitness. The District believes that the primary road to such lifelong activity and fitness begins with a comprehensive physical education and health education program, Pre-K to 12. Such a program is essential to the development of the whole child, contributes to quality of life, supports the District's Mission of providing "quality educational experiences for all students..." and will help overcome current health crises related to lack of activity. In order to meet this goal, the District must at least maintain the current grade level time frames for physical education, as outlined below, and, further, should strive to meet the time standards recommended by the National Association for Sport and Physical Education (NASPE). We must also focus our efforts on increasing activity time outside of physical education.

**Physical Education:** Comprehensive, sequential physical education at every level, preschool through high school, is essential to lifelong learning and health for all students. Physical education shall be taught by a certified physical education teacher.

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### **National Standards for Physical Education:**

- Demonstrates proficiency in motor skills and movement patterns.
- Demonstrates understanding of movement concepts, principles, strategies, and tactics as they apply to the learning and performance of physical activity.
- Participates regularly in physical activity.
- Achieves and maintains a health-enhancing level of physical fitness.
- Exhibits responsible personal and social behavior that respects self and others in physical activity settings.
- Values physical activity for health, enjoyment, challenge, self-expression, and/or social interaction.

### **Goals for Physical Education—Massachusetts DOE Health Curriculum Frameworks**

#### **By the end of Grade 5, students will—**

- Apply movement concepts including direction, balance, level (high, low), pathway (straight, curved, zigzag), range (expansive, narrow), and force absorption (rigid, with bent knees) to extend versatility and improve performance.
- Use a variety of manipulative (throwing, catching, striking), locomotor (walking, running, skipping, hopping, galloping, sliding, jumping, leaping), and non-locomotor (twisting, balancing, extending) skills as individuals and in teams.
- Perform rhythm routines, including dance, to demonstrate fundamental movement skills.
- Identify physical and psychological changes that result from participation in a variety of physical activities.
- Explain the benefits of physical fitness to good health and increased active lifestyle.
- Identify the major behaviors that contribute to wellness (exercise, nutrition, hygiene, rest, and recreation, refraining from using tobacco, alcohol, and other substances).
- Demonstrate responsible personal and social conduct used in physical activity settings.

#### **By the end of Grade 8, students will--**

- Use combinations of manipulative, locomotor, and non-locomotor skills to develop movement sequences and patterns, both individually and with others.
- Demonstrate developmentally appropriate basic manipulative and advanced specialized physical skills, including throwing and catching different objects with both accuracy and force, hand and foot dribbling while preventing an opponent from challenging, and accurate striking proficiency.
- Perform a rhythm routine that combines traveling, rolling, balancing, and weight transfer into smooth flowing sequences with intentional changes in direction, speed, and flow.
- Apply basic principles of training and appropriate guidelines of exercise to improve immediate and long-term physical fitness.
- Participate in activities that promote physical fitness, decrease sedentary lifestyle, and relieve mental and emotional tension.
- Explain the personal benefits of making positive health decisions and monitor progress towards personal wellness.
- Apply advanced movement concepts and beginning game strategies to guide and improve individual and team performance.
- Demonstrate strategies for inclusion of all students in physical activity settings related to strength and speed.
- Describe the purpose and benefits of sports, games, and dance in modern society.

#### **By the end of Grade 12, students will—**

- Demonstrate developmentally appropriate competence (basic skills, strategies, and rules) in many and proficiency in a few movement forms and motor skills (team sports, aquatics, individual/dual sports, outdoor pursuits, self-defense, dance, and gymnastics).

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- Demonstrate activities for warming up and cooling down before and after aerobic exercise.
- Apply concepts about sequential motor learning and development, biomechanics, exercise physiology, and sports psychology.
- Demonstrate exercises in strength training, cardiovascular activities, and flexibility training.
- Identify the components of physical fitness and the factors involved in planning and evaluating fitness programs for individuals at different stages of the life cycle.
- Conduct a personally developed physical activity program.
- Meet developmentally appropriate health-related fitness benchmarks.
- Identify life-management skills and protective factors that contribute to achieving personal wellness health goals, including researching, evaluating, and implementing strategies to manage personal wellness, monitor progress, and revise plans.
- Understand how activity participation patterns are likely to change throughout life and identify strategies to deal with those changes, including a plan for life-long wellness.
- Apply safe practices, rules, procedures, and sportsmanship etiquette in physical activity settings, including how to anticipate potentially dangerous consequences and outcomes of participation in physical activity.
- Define the functions of leadership in team sports (increasing motivation, efficiency, and satisfaction).

### **Physical Education: Elementary**

#### Current Status:

- Pre-Kg & Kg, once per week, 30-45 minutes.
  - Grades 1-6, twice per week, 90 minutes total.
  - 3 full time teachers at GMES, 1 at Burnell, 1 at Merrill, 1 at LaLiberte
- In Addition: Adapted Phys Ed is provided in all schools throughout the district based on need.

#### Recommended:

##### **Short term Goal: One Year**

- Kindergarten, two times per week, 60-90 minutes.

##### **Long term Goal: Three Years**

- Meet the standards recommended the National Association for Sport and Physical Education—150 minutes per week of instructional physical education at the elementary level.

### **Physical Education: Middle School**

#### Current Status:

##### Williams:

- Two times per week, 114 minutes total.
- Five full time teachers.

##### Raynham:

- Two times per week, 104 minutes total
- Two full-time, one part-time teacher

#### Recommended:

##### **Short Term Goal: (1 Year)**

- Coordinated and appropriate programming, Pre-K to 8 throughout the District.

##### **Long Term Goal: (3 Yrs.)**

- Meet NASPE Standard—225 minutes per week of instructional physical education.

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### Physical Education: High School

Current Status:

Bridgewater-Raynham H. S.

- Two times per week or three times per week—alternating; 114-171 minutes.
- Required only at Grades 9-10.
- Three full time teachers.

Recommended:

**Short term Goals:** (1 yr.)

- Four full time teachers.
- Adequate release time for the Department Chair.
- No substitutions for PE (e.g., band, MCAS remediation)
- Appropriate class sizes, similar to other classrooms.

**Long term Goals:** (3 yrs.)

Required at all grade levels, 9-12.

Meet NASPE Standard—225 minutes per week of instructional physical education.

### PHYSICAL ACTIVITY

- Children should participate in several bouts of physical activity lasting 15 minutes or more each day.
- Children should participate each day in a variety of age-appropriate physical activities designed to achieve optimal health, wellness, fitness, and performance benefits.
- Extended periods (periods of two hours or more) of inactivity are discouraged for children, especially during the daytime hours.

### Suggestions for Increased Physical Activity

Before and after school physical activity opportunities:

- AM/PM extended programs, home school activities, volunteer intramurals, Interscholastic athletics, ski club, weight room, walking club

### Integration of physical activity into the daily classroom schedule:

- Activities are strongly encouraged with classroom teacher at all levels by all teachers  
Examples: Morning stretch for 3-5 minutes, running in place two minutes every hour on the hour, move to music –dance to one song every day
- Recess every day, weather permitting for a minimum of 15 minutes in elementary buildings for grades pre-K – 5
- It is our strong recommendation (based on research) that recess take place **prior** to lunch.

## 2.0 NUTRITION

Nutrition education and food selections offered in the Bridgewater-Raynham Schools aim to teach, encourage and support life-long healthy nutritional behaviors. Nutrition education is accomplished primarily through the health curriculum frameworks and practiced through opportunities for all students to apply these concepts and skills when selecting school prepared meals and purchasing food items and beverages sold during school hours.

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### **Goals for Nutrition Education by Grade Level**

*(DOE Health Curriculum Frameworks)*

In **Grades Pre-K through 5** the following key concepts will be taught:

- Improving Nutrition
  - a) Identify the key nutrients in food that support health body systems (skeletal, circulatory) and recognize that the amount of food needed changes as the body grows.
  - b) The USDA Food Guide Pyramid and its three major concepts of balance, variety, and moderation to plan healthy meals and snacks. Recognize that hunger and satiety cues and how to make food decisions based upon these cues.
  - c) Identify heredity, diet and physical activity as key factors in body shape and size.
- Safe and Adequate Food Supply
  - a) Identify the connection between food served in the home with regional food production
  - b) Describe personal hygiene and safety measures used in preparing foods.
- Social Influences
  - a) Describe how food choices are influenced by availability, individual and family preferences, media, and background, and identify healthy foods with in various social groups.

In **Grades 6 through 8** the following key concepts will be taught by either a physical education teacher, classroom teacher, and/or the school nurse. **It is our recommendation that a certified health educator will teach comprehensive health education to all middle school students.**

- Improving Nutrition
  - a) List the functions of key nutrients and describe how the United States Dietary Guidelines relate to health and the prevention of chronic disease throughout the life span.
  - b) Describe a healthy diet and adequate physical activity during the adolescent growth spurt.
  - c) Describe the components of a nutrition label and how to use the information from labels to make informed decisions regarding food.
  - d) Analyze personal dietary intake and eating patterns.
- Safe and Adequate Food Supply
  - a) Explain factors associate with a safe food supply (food handling, production, food storage, ad preparation techniques).
- Social influences
  - a) Identify the behaviors and avenues of support for young people with disordered eating behaviors or eating disorders.

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In **Grades 9 through 12** the following key concepts will be taught:

- Improving Nutrition
  - a) Describe how food choices are influenced by availability, individual and family preferences, media, and background, and identify healthy foods with various social groups.
  - b) Explain the relationships among dietary intake (including nutritional supplements), eating behaviors, physical activity, and emotional health.
  - c) Describe the nutritional needs and outcomes associated with life stages (prenatal through late adulthood).
- Safe and Adequate Food Supply
  - a) Identify the effects of food preparation techniques on the nutritional value of the food.
  - b) Identify common food-borne illnesses.
  - c) Identify and practice resource management skills needed to maintain and improve nutritional health.
- Social Influences
  - a) Identify and analyze dietary plans, costs, and long term outcomes of weight management program.
  - b) Identify how social and cultural messages about food and eating influence nutrition choices.

### **Current status:**

There is one certified health educator teaching all grade ten students at the high school for ½ school year. Health was re-introduced at the Middle School level: one trimester per year grades 5 through 8. Classroom teachers are integrating many health lessons in the elementary and middle school grades. School nurses are providing health education on many topics in grades Kg-12.

### **Short Term Goals: (1 yr.)**

Health Educator to teach health at Middle Schools. (at least one grade)

Classroom teachers and school nurses will continue to integrate health lessons whenever possible.

A Comprehensive Health Education Department Head will oversee coordination of all Pre-K to Gr 12 health lessons and this person will explore all grant opportunities.

### **Long Term Goal: (3 yrs.)**

Grade 5 to 8 Health Education will be taught at each grade by a certified health educator.

Consistent key concepts shall be taught at the elementary level by the classroom teacher supporting healthy lifestyle choices.

Health curriculum will be offered as an elective at each grade level at the high school, in addition to the required grade 10 health course. (Examples of electives may include: stress reduction, exercise physiology, yoga, nutrition, life-long wellness principles, and mental health issues.)

### **3.0 FOOD OFFERINGS:**

**All foods available in the Bridgewater-Raynham Regional Schools will comply with the current USDA Dietary Guidelines for Americans. This includes food items obtained from vending machines, a la carte (individually purchased food items, competitive foods, and the student store).**

- Bridgewater-Raynham Schools will support current National School Lunch Program regulations require schools to meet the Dietary Guidelines for Americans, which recommend that no more than 30 percent of an individual's calories come from fat, and less than 10 percent from saturated fat. Regulations also establish a standard for

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school meals to provide one-third of the Recommended Daily Allowances of protein, vitamin A, Vitamin C, iron, calcium, and calories.

- The full meal school lunch program will continue to follow the USDA Requirements for Federal School Meal Programs. At all levels, menu planning shall continue to use the nutrient based weighted averages. Breakfast foods offered at the High School will also meet the USDA requirements.
- A la carte offerings to students shall be nutritious and meet federal recommended guidelines. **The Stalker A List** will be used as the primary reference. All a la carte offerings from this list shall be selected with input from the Health Advisory Council, students, parents, and staff.
- Beverages sold to students through school vending machines will be required to meet acceptable nutritional standards (**adopted by the US Beverage Association**) and shall consist of the following:
  - Plain, unflavored, non-carbonated water
  - One hundred percent fruit juices or fruit-based drinks composed of no less than fifty percent juice without additional sweeteners (No more than 120cal per serving)
  - Non-fat, low-fat, plain or flavored milk (no whole milk)
  - Other non-carbonated drinks, flavored waters (No drinks with splenda or artificial sweeteners and additives at the K-8 level)
  - Sports Drinks (at high school only)—no more than 66 cal per 8 oz. serving
- Food Services shall support classroom activities for all students that promote health and reduce obesity through bulk ordering of nutritious food offerings.
- **The use of candy as classroom manipulatives or incentives shall be discouraged.**
- Alternative ways to celebrate special occasions in non-food ways should be explored. Birthday or celebratory parties **shall** be
- limited to once per month at the elementary and middle school levels. This will be enforced by the building administrator.
- **Foods and beverages sold for/at fundraisers shall support healthy choices and provide age appropriate selections for elementary, middle and high school students. This practice will be supported and enforced by the building administrators.**
- Dining areas shall be attractive and have enough space for seating all students.
- Students should be provided adequate time to eat meals. The HAC recommends increasing the student lunch period from 20 to 30 minutes. (Many minutes are spent in lunch line.)

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- At a minimum, one Food Services staff member in each building will successfully complete the Stalker Institute's Serve Safe food handler's course.
- All members of the Food Services staff will be offered training annually on Foreign Body/Obstructed Airway Management, Life Threatening Allergies and Blood Borne Pathogens.

### **4.0 The Bridgewater-Raynham Regional Schools provide programs that support physical, social and emotional health and well being of students and staff to build a healthy school environment by:**

- Providing a supportive environment that includes nursing, guidance and/or counseling services that encourages students, families and staff to seek assistance as needed for linkage to school or community resources.
- Providing students with the skills via a variety of educational and extracurricular opportunities to express thoughts and feelings in a responsible manner and to give and receive support from others.
- Instructing students to understand and respect the differences in others, and how to build positive interpersonal relations.
- Encouraging students and staff to balance work and recreation, and help them become aware of stressors which may interfere with healthy development. Resources shall be available in the nurse's guidance and counseling offices and through formal programs such as the Employee Assistance Program.
- Collaborating with state, community and other health resources such as the Conant Community Health Center, area health providers, Bridgewater and Raynham Boards of Health, MA DPH, Community Health Network Area (CHNA) members to promote health and wellness for students, families, staff and the school community.
- Identifying opportunities to improve the health and wellness of students, staff and families utilizing computerized health office data frequency and type of encounters, results of mandated screenings (vision, hearing, postural, height and weight measurement/Body Mass Index) surveys, and other community health information.

### **5.0 Bridgewater-Raynham Regional Schools strive to provide a safe environment that supports academic success by:**

- Providing school buildings and grounds, buses and equipment that meet required health and safety standards (including environmental air quality) keeping them inviting, clean, safe and in good repair. Sufficient funding to support the school environment will be requested annually by the Superintendent from the Towns of Bridgewater and Raynham.
- Creating an environment where students, parents/guardians and staff are respected, valued and accepted with high expectations for personal behavior and accomplishments.
- Providing staff training in appropriate safety procedures (e.g. Staff Crisis Manual/Flip Chart, Policies, Crisis Teams, Civil Rights, Harassment, Life Threatening Allergies, Non-violent Crisis Intervention, and Blood Borne Pathogens).
- Working with staff, students and the Bridgewater and Raynham communities in conjunction with local law enforcement to maintain a school environment that is free of tobacco, alcohol and other drugs.

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- 6.0 The Health Advisory Council Members for the Bridgewater –Raynham Regional School District support the need for Comprehensive Health Education for all students in the district. Our immediate need is for a health educator for the Middle School students. Our health lessons at the elementary level should be integrated into the curriculum using the Health Curriculum Frameworks under the direction of a Health Education Department Head.**

### **RESPONSIBILITIES**

Implementation of the Wellness Procedural Guidelines will commence upon approval of the Wellness Policy by the Bridgewater-Raynham Regional School Committee. Compliance will be monitored beginning September 2006 at the building level by the Principal and at the district level by the Superintendent of Schools and the School Health Advisory Council.

Credit should be given to the Health Advisory Committees of Plymouth and Hanover Public Schools and the Bridgewater-Raynham Regional School District Health Advisory Council. The following is a list of all current Health Advisory Council Members:

- Mr. Sam Baumgarten
- Mrs. Michelle Beshansky
- Mrs. Marie Fahey
- Dr. George Gagne
- Mrs. Clare Grenon
- Mrs. Lorna Hickey
- Dr. Fred Kern
- Mrs. Ruth LaBonte
- Mrs. Gail Nunes
- Mr. Alan Peabody
- Mrs. Kathleen Smith
- Mrs. Kathleen Wood
- Mrs. Gay Yelle
- Mr. Alan Perry (Raynham Board of Health)
- Dr. Eric Colon (Bridgewater Board of Health)

### **EFFECTS OF NUTRITION ON LEARNING AND ACHIEVEMENT**

1. **Carbohydrate rich and protein poor meals have a sedating effect on children** (Gibson & Green, 2000).
2. **Meals high in protein are associated with an increase in reaction time in children** (Gibson & Green, 2000)
3. Meals high in fat are associated with a decline in alertness in children (Gibson & Green, 2000).
4. **Among fourth grade students, those having the lowest amount of protein in their diet had the lowest achievement scores** (ASFSA, 1989).

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5. Iron deficiency anemia leads to shortened attention span, irritability, fatigue and difficulty with concentration. Consequently, anemic children tend to do poorly on vocabulary, reading and other tests (Parker, 1989).
6. Children who suffer from poor nutrition during the brain's most formative years score much lower on tests of vocabulary, reading comprehension, arithmetic and general knowledge (Brown & Pollitt, 1996).
7. Six to eleven year old children from food insufficient families had significantly lower arithmetic scores and were likely to have repeated a grade. Families were classified as food deficient if they self reported as sometimes or often not having enough food to eat (Alaimo, 2001).
8. Even **moderate under nutrition** (inadequate or sub-optimal nutrient intake) can have lasting effects and **compromise cognitive development and school performance** (Tufts Univ.1995)
9. Morning fasting has a negative effect on cognitive performance, even among healthy, well- nourished children. **Skipping breakfast has an adverse influence on performance on tests** (Pollitt et al, 1991).

### **EFFECTS OF PHYSICAL ACTIVITY ON LEARNING AND ACHIEVEMENT**

1. Academic achievement improves when physical education time increases. **Academic achievement increases even when physical education time increases**, and reduces "academic learning time". A reduction of 240 minutes per week in class time for academics to enable increased physical education led to consistently higher mathematics scores (Shepard et al, 1984: NASPE, 2001).
2. A 2001 study of all fifth, seventh and ninth grade students who participated in the FITNESSGRAM health related fitness tests and the Stanford-9 standardized (both mandated by the state of California), demonstrated that **students who are physically fit score higher on standardized state tests than their peers of lesser fitness levels**. The relationship was greatest in mathematics. Further, girls at higher fitness levels demonstrated higher test scores than those of males at similar fitness levels (CDE, 2004).
3. **Vigorous physical activity has positive effects on academic achievement including: increased concentration ; improved mathematics, reading, and writing test scores; and reduced disruptive behavior** (Symons et al, 1997).
4. Regular moderate to **vigorous physical activity improves memory** and enhances greater connections between neurons (CSPINET, 2005).
5. **Physical activity has a positive influence on concentration memory, academic performance (including grade point average, scores on standardized tests and grades in specific courses) and classroom behavior** (Strong et al, 2005).
6. John Ratey, associate professor of psychiatry at Harvard Medical School states that **doing new and challenging physical activity works your pre frontal cortex, which is involved in concentration and organizational ability. These types of physical activities cause new blood vessels to grow in areas of the brain that support your ability to think**. Physical activity has been proven to have a cognitive benefit. (Ratey, 2002)

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**FACTS ABOUT OBESITY, PHYSICAL ACTIVITY AND NUTRITION**

1. **28% of Massachusetts high school students attended physical education daily in 2003** (MASCD, 2005).
2. There is a 25% chance that an American adult will not perform any moderate to vigorous physical activity on any given day (CDC, 2005).
3. **65% of American adults age 20 and over are overweight** (CDC, 2005, overweight and obesity).
4. **30% of American adults are obese** (CDC, 2005, overweight and obesity).
5. 16% of children age 6-19 years of age are considered overweight (CDC, 2005, overweight and obesity).
6. **32% of 2-5-year-old children in Massachusetts are overweight or at risk for overweight** (WIC, 2001).
7. Americans who are overweight, sedentary and have poor diets are more likely to develop: hypertension, dyslipidemia, type 2 diabetes, heart disease, stroke, gallbladder disease, constipation, osteoarthritis, sleep apnea, diverticular disease, iron deficiency anemia, oral disease, respiratory problems, endometrial, breast and /or colon cancer (CDC, 2005 status of the nation, USDHHS/USDA, 2005).
8. The financial cost of overweight and/or obesity to the U.S. was estimated at 92.6 billion dollars in 2002 (CDC, 2005, economic consequences).
9. 1.8 billion dollars was attributed to Massachusetts in obesity related medical costs from 1998-2000. (CDC, 2005, economic consequences)
10. **There is only a 2% chance that a school aged child will consume the recommended number of daily servings from the USDA food pyramid on any given day** (USDA, 1996).
11. **Soda provides 12-19-year-old boys with an average of 15 teaspoons of sugar per day; and 12-19-year-old girls with an average of 10 teaspoons of sugar per day** (CSPINET, 2005, liquid candy). American teenagers get 13% of their total calories from carbonated beverages. Soft drink consumption is associated with lower intake of vitamins, minerals and dietary fiber. That weight gain, in turn, is a prime risk factor for type 2 diabetes, heart attack, stroke, osteoporosis and cancer.
12. Consumption of sugar sweetened drinks is associated with obesity in children (Ludwig, et al, 2001).
13. **Americans consume an average of 152 pounds of sugar per year** (Brownell and Horgen, 2004). In 1998, Americans consumed an average of 56.1 gallons of soda (CSPINET, 2005).
14. There is a 95% chance that an American adult will ride an elevator instead of walking up a set of stairs (Brownell and Horgen, 2004).
15. **55% of Massachusetts adults are overweight or obese** (CDC, 2005, overweight and obesity: state based programs).
16. **24% of Massachusetts high school students are overweight or at risk of becoming overweight** (CDC, 2005 overweight and obesity: state based programs).
17. **Obese children miss four times as many days of school as their normal weight peers** and are more likely to **experience anxiety, depression and a poor quality of life**. A study, published in the Journal of the American Medical Association, stated that obese children experience a quality of life that is no better than that of children undergoing chemotherapy. Further, these obese children have sleep apnea, cannot wear the same clothes as their healthy weight peers and are continually teased, put

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down and scorned because of a societal misperception that they are lazy, stupid, slow, and have little willpower. (Schwimmer et al, 2003, Harvard Medical School, 2004).