BEYOND THE CALL TO ACTION EVENT: Towards School Policies in Support of Childhood Obesity Prevention

Ms. Marie Beach
Healthy Schools Coordinator, Department of Health, Bermuda

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Bermuda’s Healthy Schools Programme

- In 1996, the Health for Success Programme was implemented to form the critical connection between education/academic success and health. The School Nutrition Policy was implemented in 1998 in all schools and amended in 2013 to include the Bermuda Dietary Guidelines and the EatWell Plate.

- In 2004, the Healthy Schools Programme was implemented and schools have been educated through the U.S. Centers for Disease Control and Prevention’s (CDC) 10-Component Model.
Bermuda’s Healthy Schools Programme

- Healthy Schools is a network of Dept. of Health school programs, other govt. departments, and community health partners that deliver programs and activities to schools.

- The primary objectives of Healthy Schools are to educate schools and support health promotion in schools; monitor delivery of health information; monitor compliance to school health policies; and prevent gaps and duplication of services. A Healthy Schools Committee meets quarterly to coordinate efforts.
Bermuda’s Healthy Schools Programme

- Each school year, to obtain objective data about what is happening in schools, 32/33 public and private schools are assessed through the Healthy Schools Components and Standards Assessment Tool, which reflects the CDC’s 10 components and what schools should be doing through approved school health policies, and health-related Bermuda Laws (i.e., The Education Act, Occupational Safety & Health Act, Occupational Safety & Health Regulations, and Public Health Act).
Bermuda’s Childhood Obesity Prevention School Health Policies

3. Healthy Schools Physical Activity Policy for Schools (2008)

a) All foods consumed on the school premises will contribute to the health and well-being of the students.

b) Healthy Schools requires a comprehensive approach that includes nutrition education; a school environment that provides opportunity and reinforcement for healthy eating and physical activity; parent and community involvement; and the provision of nutrition screening, counseling, and referral as part of school health services.
As measured by the Healthy Schools Components and Standards Assessment Tool:

a) All public and private schools, and public preschools have implemented the policy and at least 82% are compliant during any given year.

b) Seventy-five percent of schools no longer reward students with food.

c) At least 80% of schools regularly utilize the Nutrition Policy as part of their health education curriculum to include the Bermuda Dietary Guidelines and EatWell Plate.

   e) All schools have reduced the number of bake sales and birthday parties that include sugary foods held in each classroom.

   f) Each year, at least 40% of schools and private vendors consistently submit their cafeteria and hot lunch menus prior to the provision of meals, per the Food Services Provider’s Contract (signed by the school authority and food service provider).

   g) At least 50% of school PTAs adhere to the policy and provide more healthy food menu items at potluck dinners.
h) Thirty to fifty percent of primary and middle schools participate in the Annual Healthy School Lunch Challenge to apply nutrition knowledge in a fun activity.

i) All schools provide more healthy food items at staff meetings, PTA meetings, sports days, and so on.

j) School nurses monitor school lunches of Primary 5 students at least once per month.

k) Schools actively encourage students to eat only fruit, veggies, and yogurt at recess.

l) The Dept. of Youth, Sports, and Recreation has partnered with Healthy Schools and its Afterschool Program only allows children and its counselors to eat healthy snacks.

m) Many primary schools monitor school lunches through prefects who chart the number of healthy lunches in each class.

n) Many primary schools implement vegetable gardens each school year, but the number varies should the adult leader (e.g., teacher, custodian, volunteer, parent, etc.) leave a particular school.

0) In 2017, a community health partner donated 2000 reusable EatWell portion plates to every public and private P5-P6 student.

p) Many teachers model healthy eating habits by eating fruit and healthy lunches with/near students.
1. School Nutrition Policy and Preschool Nutrition Policy: **Barriers to Implementation**

a) As Healthy Schools is not a mandated program, compliance to the Nutrition Policy varies from year-to-year.

b) Schools frequently change their food service provider and do not always inform Healthy Schools.

c) Many food service providers sell unhealthy food items to make the most profit, despite the school and Healthy Schools indicating what compliance to the Nutrition Policy looks like.

d) Many parents resist compliance and continue to send unhealthy foods in school lunches.

a) Continue to collaborate with the Ministry of Education to mandate the Healthy Schools Programme and strengthen compliance to all school health policies.

b) Continue to use the Healthy Schools Components and Standards Assessment Tool to measure school levels of compliance.

c) Continue to ensure that P.E./Health teachers deliver the nutrition modules of the health education curriculum every school year.

d) Promote the Nutrition Policy every summer, prior to the start of school and each term through various media.

e) Continue to promote healthy eating to students in assembly and classroom presentations every school year.

f) Continue to educate parents and the public about the nutrition policy and its importance at PTA meetings and send them healthy eating material (flyers) every school year.

g) Provide more healthy food demonstrations/lunch prep at PTA meetings.

h) Implement a National School Lunch Program to regularize healthy food delivery to public schools.

i) Ensure that Family Studies / Home Economic classes instruct through the Bermuda Dietary Guidelines, EatWell Plate, healthy ingredients, and healthy meal preparation.

j) Continue to stress the importance of greater collaboration with the Dept. of Education to regularize the bidding process for school food service providers in order to hire appropriate/qualified food service providers, strengthen the level of compliance, and implement consequences for non-compliance.

Vending machines and cafeterias on the school premises will provide plain, unsweetened water; milk; and/or 100% juice; and healthy foods and snacks.

a) Healthy Schools has met with the owners of school beverage-vending companies, and specified which beverages can be vended in schools. Following audits by Healthy Schools, feedback is provided via meetings/emails.

As measured by the Healthy Schools Components and Standards Assessment Tool:

b) The Policy has been implemented in 32 of 33 public and private primary, middle, and senior schools and on average, 90% are compliant.

c) The policy has been implemented in 10 of 10 government preschools and in preschools attached to private schools.
d) Since 2009, more than 70% of public and private schools have implemented a Water-only Policy, without Healthy Schools having to implement a Water-only Policy in schools.
d) To make water the easiest choice, since 2017, the Department of Education has installed 17 filtered refillable water stations which it purchased and/or were donated by the America’s Cup, leaving ten public schools without a unit.
f) Healthy Schools has partnered with a corporate entity, which to date, has purchased eight refillable water stations for public schools lacking a unit.

g) Healthy Schools will obtain funding and ensure that the remaining two schools receive a refillable water station, also.

h) Five of six private schools have filtered water fountains and refillable water stations.

a) Several public and private schools periodically order sugary drinks for their senior student lounge and/or staff room vending machines.
b) Periodically, the food service provider of a school cafeteria will sell sugary drinks.
c) Several P.E. teachers in public and private middle and senior schools order vending machine sugary energy and electrolyte replacement drinks as a part of P.E. class.
d) Occasionally, a teacher will sell Vitamin Water or Propel (water) “on the side”.

a) Continue to use the Healthy Schools Components and Standards Assessment Tool to measure level of compliance.

b) Continue to conduct vending machine audits to monitor contents of vending machines and provide feedback to schools (and beverage companies, as needed) – at least every two years.

c) Continue to promote water as the healthiest beverage and make it the easiest choice (e.g., through installation of filtered refillable water stations).
d) Continue to conduct audits of filtered water fountains and refillable water stations to ensure cleanliness, maintenance, and function – at least every two years – and provide a report to every school, the Dept. of Education, and the maintenance company.

e) Partner with corporate entities to provide students with financial need with a reusable water bottle.

Outside of physical education classes, provide students with natural opportunities to engage in physical activity throughout the day, i.e., before school, during recess time, lunch playtime, and after school.

a) The tenets of the policy have been included in the Dept. of Education’s School Improvement Plan (SIP) for each school level.

b) The SIP for each school level stipulates that physical activity be provided during instructional time for a minimum of 15 minutes in total.

c) The Bermuda Government funded the Premier’s Youth Fitness Program (PYFP), which is a program aimed at having students increase their levels of physical activity outside of school, with their parents/families.
d) The Dept. of Education and the Dept. of Health implemented this mandated fitness program for students from P5 (age 8-9) to Senior 4 (age 17-18). Twice a year, P.E. teachers measure and track all students through their BMI and four fitness components with a dedicated computer application. Students wear Adidas wrist heart rate monitors during P.E. class to measure effort and receive prompts to either increase or decrease physical effort. Data is uploaded to each student file.

e) Each year, many public primary schools implement a walking club, wherein students (and sometimes with their parents) walk around the school field before school.

f) In 2017, a PYFP sponsor purchased more than 4000 health-focused student agendas/planners for public and private school students in P5 – S4. Each page included health tips, which some teachers and parents highlighted to students.
3. **Physical Activity Policy for Schools (2008): Successes**

- **g)** Many public schools have at least one whole-school walk in 1 to 3 of the school terms.

- **h)** In 2017, a PYFP community partner sponsored 100 helmet kits, which were distributed to government preschools, which all have a bike-riding activity to aid in developing gross-motor skills to facilitate fine-motor skill development.

- **i)** The Ministry of Social Development and Sport has endorsed the PYFP, as it aligns with the Bermuda National Sports Policy (2014).
3. Physical Activity Policy for Schools (2008): Barriers to Implementation

a) To date, three of five middle schools have integrated physical activity into their advisory and/or instructional times, but this is inconsistent from year-to-year.

b) Public primary and middle schools arbitrarily remove recess playtime and only allow students to eat their fruit and use the restroom. Not all primary and middle schools have done this, but the number varies from year-to-year.
3. Physical Activity Policy for Schools (2008): Lessons Learned/Rx

a) At the start of each school year, encourage schools to integrate physical activity across the curriculum and provide material, as required.

b) Continue to liaise with the Dept. of Education’s Curriculum Officer for P.E. and Health to monitor which schools are integrating physical activity during instructional time, per the School Improvement Plan for each school level.
3. Physical Activity Policy for Schools (2008): Lessons Learned/Rx

c) Continue to collaborate with the Dept. of Education and have recess playtime reinstated in every primary and middle school.

d) Continue to collaborate with the Dept. of Youth, Sports, and Recreation to ensure that physical activity is scheduled daily.
Physical Activity is Implicit in Two Additional Policies:

4. **Bermuda School Asthma Policy (2006):** Stipulates that all students with asthma be encouraged to participate in physical activity and P.E. classes.

5. **Bermuda National Sports Policy (2014):** Stipulates that children, adolescents, and adults participate in not only organized and competitive sports, but also recreational and physical activities.