

**ATTORNEY GENERAL'S
VERMONT HEALTHY WEIGHT INITIATIVE**

**REPORT OF THE CHILDREN AND FAMILIES WORKING GROUP
TO
ATTORNEY GENERAL WILLIAM H. SORRELL**

November 2010

Table of Contents

I. Working Group Goals, Participants, and Process.....	1
II. The Working Group’s Goals and Recommendations – Introduction.....	1
III. Obesity and Overweight in Vermont	2
Rates of Healthy Lifestyles in Vermont.....	2
IV. Vermont Programs to Address Overweight and Obesity.....	4
Food Assistance Programs	4
Nutrition, Physical Education and Activity, and Health Education in Vermont Schools.....	7
Fit and Healthy Vermonters Initiative	11
Other Resources for Communities.....	14
V. The Goals and Recommendations.....	15
Goal 1: Model, teach, and support healthy lifestyles in child care programs	15
Background: Regulated Pre-School Care of Children	15
Recommendation 1 - Early Childhood Program Licensing Regulations.....	17
Recommendation 2 - Quality Rating Systems	17
Goal 2: Model, teach, and support healthy lifestyles in elementary and secondary schools.....	19
School Wellness Policies	19
Current Status of Schools in Vermont	22
Recommendation 3 - Evidence-Based School Wellness Interventions	23
Recommendation 4 - Coordinated School Health Programs, Wellness Policies and Vermont Standards	23
Recommendation 4a - DOE School Wellness Funding.....	24
Recommendation 4b - Community Evaluation	25
Recommendation 4c - Vermont Healthy Schools Resource	26
Recommendation 4d - Further Promote Best Practices.....	27
Recommendation 5 - Quality of Food Provided in Schools	28
Recommendation 5a - Farm to School Funding.....	29
Recommendation 5b - Procurement of Food.....	30
Recommendation 5c - Revision of State Guidelines	31

Recommendation 5d - Federal Legislation.....	31
Recommendation 5e - DOE Child Nutrition Funding.....	32
Recommendation 6 - Access to Child Nutrition Programs in Vermont.....	32
Recommendation 6a - Direct Certification for School Meals	34
Recommendation 6b - Income Threshold for Free Lunch	35
Recommendation 6c - Stated-Funded Grants Program	36
Recommendation 7 - Well Child Examinations	37
Goal 3: Support healthy lifestyles at work and in the community.....	38
Recommendation 8 - Community Supplemental Meal Programs.....	39
Recommendation 9 - Workplace Wellness Programs.....	40
Recommendation 10 - Insurance and Healthy Lifestyle Promotion	40
Recommendation 11 - Evidence-Based Consistent Messaging.....	42
Recommendation 12 - Vermont Worksite Wellness Resource.....	43
Goal 4: Create long-term supports to combat obesity and overweight.....	44
Recommendation 13 - CHAMPPS Program and Study.....	44
Recommendation 14 - Annual Progress Reports	46
Recommendation 15 - Coalition for Legislative Advocacy.....	46
Recommendation 16 - Federal Legislation Funding and Policies	47
Participant List	48
Endnotes	50

Report of the Children and Families Working Group

I. Working Group Goals, Participants, and Process

The participants of the Children and Families Working Group came together to look at ways in which obesity and overweight in Vermont could be addressed in schools and workplaces. Despite the efforts of state agencies and other organizations, our population, and especially our children are continuing to gain excess weight. More needs to be done. Our objective in the working group was to produce recommendations that are grounded in what the participants, with their diverse backgrounds, knowledge, and perspectives, know to be the primary areas of concern. The group wanted its recommendations to be practical and achievable, and that the recommendations not duplicate existing efforts. Given the tremendous amount of work already being done to address obesity in Vermont, and the diverse opinions on how to reach the goals we articulated, the task was not an easy one.

The participants in the working group were from state agencies such as the Agency of Agriculture, Food & Markets, the Department of Health (VDH), Department of Education (DOE), and the Department of Children and Families (DCF); and many organizations including Vermont Campaign to End Childhood Hunger, Vermont FEED, School Nutrition Association of Vermont, the Vermont Chapters of the American Heart Association and American Cancer Society, and included physicians, school nurses, teachers, and community advocates. A complete list of the participants on the Children and Families Working Group is attached at the end of this report. Participants met steadily through the winter and spring of 2010, and into the summer, and exchanged views by email even after meetings were concluded.

II. The Working Group's Goals and Recommendations – Introduction

The Children and Families working group identified four goals which their 16 recommendations seek to address:

Goal 1: Model, teach, and support healthy lifestyles in child care programs.

Goal 2: Model, teach, and support healthy lifestyles in elementary and secondary schools.

Goal 3: Support healthy lifestyles at work and in the community.

Goal 4: Create long-term supports to combat obesity and overweight.

The Children and Families Working Group spent the majority of its time crafting appropriate recommendations on how to prevent obesity in children. Its focus, therefore, was far greater on Goals 1 and 2, and the least on Goal 3. While the working group recognizes that addressing this epidemic at work and in the community is important, we believe the urgency lies with addressing the epidemic in children, ensuring that the trends for the next generation are improved over current trends.

A number of efforts to prevent and reduce obesity in Vermont were already in progress when this initiative began; other efforts started during its course. The working group hopes that as a result of the attention this initiative has brought to the epidemic, existing efforts will intensify and new efforts will begin. While we recognize that some of the recommendations in this report are already being worked on, we chose to include them to increase public awareness of, and further encourage, the good work that is being done.

Many of our recommendations are directed to state entities or partners in obesity reduction and prevention. As neither the working group members nor the Attorney General has the authority to require the agencies or partners to implement recommended action, certain recommendations are intended to encourage the state entity or others that have the authority or ability to take action to do so. It is our hope that those entities will embrace and implement the recommendations that are within their jurisdiction, and perform on-going monitoring and reporting on implementation.

III. Obesity and Overweight in Vermont

Rates of Healthy Lifestyles in Vermont

According to the [Behavioral Risk Factor Surveillance System](#) (BFRSS)¹, Vermont has the sixth lowest obesity rate² in the United States and is among the states that have the

¹ The web addresses for hyper-linked resources appear as endnotes to this report by page number.

highest rates of fruit and vegetable consumption, and physical activity for both adults and high school students. Yet rates of obese and overweight individuals are still high in the state and overall healthy behaviors, such as physical activity or fruit and vegetable consumption, are low. As of 2008, 13.3% of Vermont children between the ages of two and four surveyed by the [Pediatric Nutrition Surveillance System](#) of the Centers for Disease Control and Prevention (CDC) were obese, up from 11.6% in 1998. According to the [Vermont Youth Risk Behavior Survey](#) (YRBS)³, in 2009, 12% of students in grades 8-12 were obese and an additional 14% were overweight. In 2009, according to the BRFSS, 33.9% of adult Vermonters were overweight and an additional 24.0% were obese.

At the same time, the most recent statistics presented by the [Vermont Campaign to End Childhood Hunger](#) show that 81,400 Vermonters, including 23,000 children, live in food insecure households.⁴ This seeming paradox can be explained because the least expensive foods are generally high in calories, fat, and starch, and low in essential vitamins.

Vermont reports low levels of healthy eating and physical activity behaviors among Vermont high school children.⁵ In the [Vermont Youth Risk Behavior Survey](#), only 43% of Vermont students in grades eight through twelve reported eating breakfast every day; 9% reported never eating breakfast. Only 23% reported eating five or more servings of fruits or vegetables each day. Rates of physical activity are also low: only 24% of students were physically active for sixty or more minutes per day, the US Department of Health and Human Services recommended amount, and only 19% participated in physical education every school day.

² Obesity is measured by Body Mass Index (BMI), which is a measure of body fat based on height and weight that applies to adult men and women. BMI of less than 18.5 is considered underweight, 18.5–24.9 normal weight, 25–29.9 overweight, and 30 or greater obese. A 5'2" person weighing 165 lbs is obese; a 5'10" weighing 210 lbs is obese; persons of those heights with weights of 140 lbs and 175 lbs, respectively, are overweight. BMI calculators are available on the Internet.

³ The DOE with the Vermont Data Consortium has established a data center for both the public and educators, including data from the Youth Risk Behavior Survey.

⁴ Food insecure households are those where the income is insufficient to provide members with safe and nutritious food for an active and healthy life.

⁵ Readers can use the [Youth Overweight & Nutrition by County](#) to find nutrition and obesity indicators, including percent body mass index (BMI), in students by county.

Rates of healthy eating and physical activity for Vermont adults are not much better. According to the CDC's [Behavioral Risk Factor Surveillance System](#), in 2009 only 29.3% of adult Vermonters reported eating five or more fruits or vegetables each day, 58% reported moderate physical activity for 30 minutes five times a week or vigorous activity for 20 minutes three times a week, the standard set by the CDC. It is estimated by the [Rudd Center for Food Policy & Obesity](#) that on average Vermont adults drink one and half sodas or fruit drinks per day.

IV. Vermont Programs to Address Overweight and Obesity

Many Vermonters receive food assistance for their families through federal food assistance programs or, for their children, through school nutrition programs. Those programs assist individuals, families or schools with either monetary funds or food deliveries; assistance is most commonly based on income eligibility. In addition, numerous other programs are available in the community, many of them coordinated by the Vermont Department of Health (VDH).

Food Assistance Programs

The following federal programs administered by state agencies, described in more detail below, provide assistance to individuals and families:

- The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program is designed to improve the health status of eligible mothers and young children by providing health screening, nutrition counseling, breastfeeding support, referrals to health and social services, and an individualized package of nutritious foods. WIC is administered by the VDH.
- The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp program and known locally as 3SquaresVT, is designed to help income eligible Vermonters afford nutritious foods through monetary assistance. 3SquaresVT is administered by the Department of Children and Families (DCF).
- The Commodities Supplemental Food Program (CSFP) provides income-eligible individuals and families with commodities or monetary assistance, and is run through the Vermont Foodbank.

Participation rates and benefits are summarized in Table 1.

Table 1

**VERMONT NUTRITION ASSISTANCE PROGRAMS
FY 09**

	Participation	Annual Benefits	Average Monthly Benefit
WIC*	17,496	\$9,554,486 (value of foods only)	\$45.51/person
SNAP**	72,125/35,408*	\$99,238,170	\$114.66/person \$260.05/household
CSFP***	3,639	\$7,800,305	\$178/household

* Source: [USDA/WIC](#)

**Source: [USDA/SNAP](#)

***Source: DAIL, November 2010

WIC

WIC is a public health primary prevention program which provides direct services to individuals and families through VDH district offices. Pregnant and breastfeeding mothers, mothers with formula fed infants less than six months of age, and children under age 5 are eligible if they meet financial guidelines and are nutritionally or medically at risk. The program includes WIC health and nutrition assessments used to determine the content of bi-monthly home deliveries of healthy foods, including low fat dairy products, whole grain bread, canned beans, natural peanut butter, low fat milk, iron-fortified cereals, 100% fruit and vegetable juice, as well as a small cash value debit card (\$6/child, \$10/woman) that can be used to purchase fresh fruits and vegetables. WIC also provides nutrition counseling, breastfeeding support, health education, and connections to other community resources.

[Exclusive breastfeeding](#) for the first six months of life, followed by appropriate complementary foods and continued breastfeeding to age one or longer, offers significant protection against childhood obesity. WIC is the lead program for promoting breastfeeding, supporting individual women in meeting their breastfeeding goals, and promoting a number of population-based breastfeeding projects (including some which are part of the Fit and Healthy Vermonters Obesity Prevention Plan discussed below). Projects include:

- [Breastfeeding Friendly Employer Project](#): WIC has established model breastfeeding policies for employers, a checklist for employers seeking Health Department designation as a breastfeeding friendly employer, and resources for mothers returning to work or school.
- [Breastfeeding Friendly Child Care Project](#): WIC provides model policies for child care providers, guidelines for the storage of human milk, tips for helping breastfed babies adjust to the child care setting, and simple ways that child care providers can support families whose breastfed infant is in child care.
- [The Business Case for Breastfeeding](#) is an outreach project conducted jointly by Health Department district office staff, WIC program central office staff, and members of local breastfeeding coalitions. The project targets outreach efforts at employers whose workforce include women of childbearing age, and encourages them to provide worksite supports for breastfeeding employees.

[Vermont Fit WIC](#) is a VDH program that provides resources to help caretakers of young children to meet the daily recommendations for developmentally appropriate physical activity. Some Fit WIC materials are family-based, designed to be used at home by parents and children together; some are for early childhood educators and child care providers who work with young children in group settings. Fit WIC resources are available through VDH website.

Because the WIC program is more fully developed than other programs in the promotion of good nutrition and healthy activity, the working group has no recommendations regarding WIC or further promotion of breastfeeding.

3SquaresVT – Vermont’s SNAP Program

Families receive food assistance through [3SquaresVT](#), formerly Vermont Food Stamps, which provides monetary assistance to eligible families with incomes below 185% of the poverty line.⁶ Monetary benefits from 3SquaresVT are provided through Electronic Benefit Transfer (EBT) cards that work like debit cards. EBTs can be used at many supermarkets, grocery and convenience stores, and farmers’ markets to buy most foods, as well as seeds and plants. EBT cards cannot be used to purchase hot prepared foods, beer,

⁶ In 2010, the Health and Human Services Poverty Guidelines for continental USA are \$18, 310 for a family of three, and \$22,050 for a family of four; 185% of poverty is \$33,874 and \$40,793 respectively.

wine, or pet food.⁷ The average monthly benefit per household, across all households (i.e. of all sizes and ages), is \$245. The average benefit for a one-person household is \$162.

Children of families participating in 3SquaresVT are eligible for free school meals if their school provides school meal services.

Commodities Supplemental Food Program (CSFP)

The Commodities Supplemental Food Program is a United States Department of Agriculture (USDA) nutrition program that offers free food such as canned fruits and vegetables, fruit juices, cereals and cheese, as well as monthly nutrition information. In Vermont the program is run through the Vermont Foodbank, which is looking for more applicants to receive benefits at this time. Income eligible seniors, as well as children and pregnant or recent mothers not already in the WIC program, qualify.

Nutrition, Physical Education and Activity, and Health Education in Vermont Schools

Vermont schools are operating under a plethora of requirements regarding fitness and nutrition spread across state and federal statutes, regulations, and guidelines. These requirements fall into two general areas: the provision of nutritious food in schools and the education of students about nutrition and physical fitness. In addition, as described on page 19, every Vermont school receiving federal funds must have developed a school wellness policy which addresses federal and state criteria on nutritious foods served in schools, physical education curriculum, physical activity, and nutrition education.

School Nutrition Programs

In Vermont, 31% of students receive half of their daily nutritional requirements through school food programs, which may include school breakfast, school lunch, and afterschool snacks and summer food programs. [Roughly \\$31 million](#) is spent each year in Vermont on school meals, of which 45% is spent on food and the rest on staffing and related

⁷ 3SquaresVT benefits are based on many variables, including household size, income, and certain allowable expenses or deductions. Child care and senior care expenses, housing allowances, receipt of fuel assistance, inclusion of an individual on SSI in the household, and certain medical expenses are among the factors used to determine benefit levels.

expenses. Vermont's USDA sponsored national school food programs are summarized in Table 2.

Table 2

VERMONT SCHOOL FOOD SERVICE PROGRAMS

Data as of June 30, 2010

	Participation		Total Servings		Benefits Received	
	2009	2010	2009	2010	2009	2010
National School Lunch	54,837	50,706	8,809,618	8,904,138	\$11,751,408	\$12,529,254
School Breakfast	21,397	21,956	3,480,460	3,622,768	\$4,079,549	\$4,751,229
Special Milk	Not Available		466,231	304,238	\$29,598	\$24,289
Child and Adult Care Food*	7,134	7,120	3,635,461	4,221,974	\$3,829,260	\$4,593,922
Summer Food Service	2,964*	2,896*	165,123	157,852	\$388,087	\$403,861

Source: DOE November 2010

* The adult programs included here account for a very small percentage of these entries: between 300 and 400 individuals, receiving benefits at 10 of the 150 sites.

Federal regulations through USDA dictate the majority of requirements regarding meals prepared and served in school food service programs, including the nutrition and portion requirements. Although federal law does not dictate requirements for food sold through school stores, fundraisers, ala carte, and vending machines, USDA has issued guidelines for food items sold or supplied in schools. In 2008, DOE and VDH issued their report [Nutrition Guidelines for Competitive Food and Beverage Sales in Schools](#), which includes revised nutrition guidelines for schools. USDA also provides Vermont with reimbursements for meal and milk programs, and ensures access to the child nutrition or meal programs for all children.

The DOE Child Nutrition Program currently has five staff members, including the director, charged with administering the federal programs that support nutritious meals and snacks in schools, daycare settings, and summer program sites, and ensuring that nutritious, high-quality meals and snacks are served in all eligible sites in Vermont. The child nutrition staff members provide program guidance, technical assistance, training, monitoring, and

evaluation to schools and child care programs to assure that every program receives the maximum federal and state funding.

Nutrition and Fitness Curriculum

With regard to the education of Vermont students on nutrition and fitness, the legislature has enacted minimum statutory requirements.⁸ The Board of Education has adopted broad curriculum requirements in the [School Quality Standards](#) (SQS) also known as the Equal Opportunity to Learn document. The SQS incorporates the Board's [Framework of Standards and Learning Opportunities](#).⁹ The Framework provides a general outline for curriculum development and assessment, including what may be included in statewide testing of student learning. In addition, Vermont has health education standards which include, as one among six content areas, nutrition and physical activity.¹⁰

The Framework of Standards is further developed in the grade expectations for [Health Education](#), most recently updated in 2007, and for [Physical Education](#), adopted in 2004.¹¹ The grade expectations are guidelines for schools to develop, implement and assess

⁸ Both Physical Education (PE) and Comprehensive Health Education (HE) are part of the required course of study in Vermont schools under the Vermont Statutes, [16 V.S.A. § 906](#). By definition Comprehensive Health Education includes nutrition, [16 V.S.A. § 131](#), however this term is not further defined by statute.

⁹ An example of program standards: The Board of Education's [Manual of Rules School Quality Standards](#) directs schools to provide PE classes twice a week for grades K through six, and twice a week or the equivalent in grades seven and eight, and to offer enough PE in grades nine through 12 to allow students to complete the one and a half years of PE required to graduate. Schools must also provide appropriate accommodations for PE for students who have special needs. There are no requirements for physical activity in addition to PE in schools.

An example of student learning standards: Under the Framework's Personal Development Standards, students are to "make informed, healthy choices that positively affect the health, safety and well being of themselves and others." A summary of the criteria for various grades are as follows:

- Children in pre-K through grade four should be able to classify foods in the Food Guide Pyramid.
- Children in grades five through eight should be able to identify the purpose and health function of foods in the Pyramid in addition to using it to make healthy food choices.
- Children in grades nine through twelve should be able to evaluate their own food choices using food labels and other resources, and to suggest healthier options for themselves as necessary.

¹⁰ In addition, national "common core" standards are being developed and adopted by states, including Vermont. Common core standards have not yet been developed for nutrition or fitness.

¹¹ According to the standards for health education expectations, students should develop the following knowledge and skills according to their grade level:

- Self-management;
- An understanding of core concepts in health for both nutrition and physical activity;

their health and physical education programs. Health education and PE are to be taught by certified teachers; physical activity provided in schools need not be supervised by a certified teacher. The vast majority of schools cover physical activity and fitness, and nutrition and dietary behavior, in their health education courses, in addition to the following topics: violence prevention, tobacco use prevention, STD prevention, human sexuality, HIV prevention, emotional and mental health, and alcohol or other drug abuse prevention.

DOE has established one position for a Health Education Consultant who provides professional development and technical assistance to school faculty and administrators specific to the development and implementation of health education standards-based curricula, instruction, and assessment. In addition, the consultant collaborates with internal and external partners to develop and disseminate school-based health education sample policies, resources, and programs. The department also loans to schools a wide variety of health education curricula and supplemental materials through the Health Education Resource Center.

DOE has also established one position of Physical Education Consultant who provides professional development, technical assistance, resources and funding (as available) to schools for the development and implementation of standards-based curricula, instruction, and assessment. In addition, the consultant collaborates with internal and external partners to develop and disseminate school-based physical activity sample policies, resources, and programs.

Many Vermont schools have already made significant progress in terms of their wellness, nutrition and physical activity programs, and these may serve as models to other schools seeking to expand their commitment to wellness. For example:

-
- An understanding of how they may be influenced by the media, peers, family and other outside influences;
 - An ability to access information about current health issues;
 - Interpersonal communication about a student's own health;
 - Personal goal setting; and
 - Personal decision making.

By the end of high school, students should be able to independently assess and change their own food and physical activity behaviors and should have developed skills to maintain their own health and wellness.

- Montpelier High School built a solar greenhouse, where students grow vegetables to sell to the school food program. For example, in 2005-2006, the district purchased 150 pounds of lettuce for the school's twenty-five item salad bar, sales of which went up 65%.
- Rutland City Schools encourage healthy options in the cafeteria by serving whole wheat rolls and breads as the default and charging extra if students choose white breads. French fries are offered only occasionally and at a high price, and cookie sizes have been reduced while their price has increased, thereby encouraging students to continue to enjoy these foods but as a special purchase instead of an everyday one.
- Brewster Elementary School in Huntington uses half its food budget to purchase produce and local dairy products, carefully chooses USDA commodities to limit processed foods, and provides tastings of a variety of foods in school classrooms.
- Hartland Elementary School has a monthly food theme through which students connect to local farms and food in the cafeteria, as well as provide a Harvest Festival for their community.
- Burlington School District purchases 30% of its food from 24 farmers around the state. The food services staff uses some foods fresh directly for meals and others are prepared for storage by the staff and community volunteers during the summer to be used during the rest of the school year.

Not all programs revolve around the school meals programs. For example:

- The Danville School has established a system for students to spend time every day participating in physical activities that are student-directed. Offerings include recess, basketball, walking, Frisbee, and yoga.
- The Green Street School in Brattleboro combined activity and fundraising for class trips by having students seek community sponsorship in exchange for being active for twenty minutes before school, two days a week.
- At Poultney High School, the school and community established a wellness center and purchased fitness equipment using grant funds. The facility is supervised by Castleton State College students as part of their internship requirement for Physical Educator classes.

Fit and Healthy Vermonters Initiative

The [Fit and Healthy Vermonters](#) Initiative is headed by VDH and focuses on obesity prevention in Vermont through increasing physical activity and improving nutrition. The initiative works with the Blueprint for Health which focuses on chronic disease prevention and care. The Fit and Healthy Vermonters Initiative identifies eight target areas to accomplish its goals: government and partner organizations; health care; communities; schools; worksites; early childcare; breastfeeding; and individuals and families. Obesity prevention efforts targeting many of these areas have been described previously, but the Fit

and Healthy Vermonters Initiative has made its own contributions to many of these efforts. Various state agencies and other organizations come together approximately four times per year work on achieving their obesity prevention goals.

School Health Coordination

Some of the Fit and Healthy collaborations have resulted in formal partnerships between departments or partner organizations which work together to address obesity prevention. For example, VDH worked in collaboration with the Department of Education, Agency of Agriculture, Food & Markets, and community partners such as the New England Dairy and Food Council and American Heart Association, to develop the Vermont [Nutrition and Fitness Policy Guidelines](#) for schools. (The Guidelines are described more fully below at page 20.)

VDH-DOE Joint School Health Committee

In 2009, the Commissioners of Health and Education created the VDH-DOE Joint School Health Committee with members representing a large number of organizations, including several school nurses, devoted to improving education and health.¹² The School Health Committee is charged with addressing school health issues and nursing services with “the goal of advancing the best interests of Vermont students, based on research on best practices.”¹³ Subcommittees meet monthly and the full committee meets quarterly.

Local School Health Committees

Long promoted by both DOE and VDH, many schools in Vermont now have a school health committee whose purpose is to coordinate school health matters with the school and district or supervisory union. A school health committee oversees implementation and updating of the school’s wellness policies, discussed more fully below.

¹² Members are: DOE, VDH (State School Nurse Consultant, and the Maternal and Child Health Division Director), representatives from institutes for higher education nursing programs, the Vermont State Board of Nursing, the Vermont Chapter of the American Academy of Pediatrics, the Vermont Chapter of Family Physicians, the Vermont Medical Society, the Vermont Principles Association, the Vermont Superintendents Association, the Vermont School Boards Association, the Vermont State School Nurses Association, and the Vermont Child Health Improvement Program (VCHIP).

¹³ VDH-DOE Joint School Health Committee Memorandum of Understanding, August 28, 2009.

School nurses and school health committees have support from the state through VDH district offices and the VDH state school nurse consultant. The extent to which a particular committee is active depends on the committee members and leadership at the school.

These school health committees are based on the [Coordinated School Health Model](#), developed by the CDC. This model is designed using best practices to assure that health components are coordinated and comprehensive in scope. It allows schools to tailor interventions and strategies to the school's self-identified need in eight areas.¹⁴

Resource Guide for Health Care Providers

Fit and Healthy Vermonters also promotes quality health care systems in Vermont. Several years ago, VDH worked with the Vermont Child Health Improvement Program (VCHIP) to develop a provider resources guide on obesity prevention. It was developed by pediatricians for the primary care medical home physician, based upon the American Academy of Pediatrics' Bright Futures *Guidelines for Health Supervision of Infants, Children, and Adolescents*, which has been described by the American Pediatric Association as "the [gold standard](#) for pediatric care." Every pediatrician and family practice office in Vermont received a copy of the guide.

¹⁴ The eight areas covered by the Coordinated School Health Model are:

1. **Youth, Parent, Family, Community Involvement:** Encourage the participation of parents and youth in policy development and school involvement. This includes the integration of community providers with schools.
2. **Comprehensive School Health Education:** Kindergarten through high school health education curriculum that is sequential and developmentally appropriate, and includes instruction and assessment.
3. **Physical Education & Physical Activity:** Physical education classes that promote physical fitness, motor skills, social and personal interaction and life-long physical activity.
4. **School Counseling, Physical & Behavioral Health Services:** Physical health and behavioral health services including substance abuse services that meet the needs of all students.
5. **Nutrition Services:** Food and snacks available at school and at school events that are balanced and nutritious.
6. **Health Promotion & Wellness:** Work-site health promotion programs that encourage and support staff in pursuing healthy behaviors and lifestyles.
7. **Physical Environment:** Safe and aesthetic physical structure, school grounds, and transportation.
8. **School Climate:** A school atmosphere supported by programs and policies that nurture positive behavior, assure safety, and promote a feeling of belonging and respect for all students.

The Body Mass Index (BMI) is a standard component of a well exam outlined in AAP's Bright Futures Recommendations. Pediatricians use BMI to promote counseling and provide information on resources for overweight and obese patients. The Fit and Health Vermonters website contains "toolkits" for providers regarding healthy weight for [adults](#) and [children](#).

Resources for Communities

Fit and Healthy Vermonters' resources for communities include a posted list of physical activity resources, searchable by Vermont towns. Communities seeking to build or improve local nutrition, physical activity, and disease prevention programs can apply to the [Vermont Recreational Facilities Grant Program](#), run through the Department of Buildings and General Services, and to the Coordinated Health Activity, Motivation and Prevention Programs ([CHAMPPs](#)),¹⁵ operated through VDH. The CHAMPPs web page provides information about how to analyze a local community's health, nutrition, and physical activity needs as well as information about past grant recipients. [Fit and Healthy Kids](#) is an extension of the Fit and Healthy Vermonters Program and includes information on School Wellness Awards winners, Healthy Schools, and Fit WIC.

Other Resources for Communities

As noted above, a large number of non-government organizations are working to reduce or prevent obesity and overweight in Vermont. For example:

- [Vermont Action for Healthy Kids](#) is a nonprofit organization and volunteer network for Vermonters working to prevent childhood obesity and undernourishment.
- [Girls on the Run Vermont](#) promotes self-esteem building through running and fitness workouts.

¹⁵CHAMPPs was established by [Act 215](#) in 2006. Among the [2009 Grant Recipients](#), Health Connections of the Upper Valley, Inc. serving Royalton, Sharon and Stafford, received \$50,000 to assist them in developing a local coalition interested in health and fitness issues, and in assessing and developing a plan for the Orange-Windsor Supervisory Union health and fitness policies. The Fit and Healthy Kids Coalition of Windham County received \$50,000 for four towns to promote nutrition and physical activity, using the YMCA Community Healthy Living Index for assessment. [2008 Grants](#) included \$117, 714 to the Rutland Area Physical Activity Coalition to support nutrition and physical activity education and opportunities, and to build physical activity friendly environments. The current report on CHAMPPs to the legislature is part of the Blueprint for Health report.

- [Run Vermont](#) sponsors youth running programs.
- [Vermont Safe Routes to Schools](#) awards funding to schools seeking to establish walking routes for kids on their way to school.
- Various Farm to School resources are available from Vermont FEED, Green Mountain Farm-to-School, and the Vermont Agency of Agriculture, Food & Markets that can help communities increase fresh nutritious foods provided in schools.

For a more complete listing of activities in Vermont see Exhibit 3 to the Attorney General’s Report.

V. The Goals and Recommendations

Goal 1: Model, teach, and support healthy lifestyles in child care programs.

Background: Regulated Pre-School Care of Children

The Department of Children and Families (DCF) oversees all regulated child care programs including licensed child care facilities, licensed family care homes, registered family care homes, and after school programs serving pre-school children.

Child care facilities are those whose primary purpose is to care for children under the age of 16 for fewer than 24 hours each day. A family care home is a residence where a person offers care for no more than six children for a full day and no more than four additional school age children part-time. The regulations for registered homes are less stringent than for the other forms of child care, but will be updated over the coming year.¹⁶

Child care programs are eligible to participate in the state’s pre-K program,¹⁷ as established by Act 62, if they meet certain criteria:

¹⁶ [Vermont's child care](#) licensing statutes, [statutory definitions](#) and regulations on [Early Childhood Programs](#) for Child Care Centers, [Family Child Care](#), and [After School Programs](#) may be found through the DCF website. Programs operated by religious organizations during or related to church activities are free from DCF supervision.

¹⁷Pre-K programs are provided by licensed or registered child care centers and are subject to additional requirements of Act 62 of 2007. Thus, “pre-kindergarten” or “pre-K” reflects a funding source and curriculum requirements, rather than licensing or regulatory requirements.

- The program receives and maintains an accepted quality program recognition standard (e.g. STARS or national accreditation, described below).
- The program is currently licensed or registered, as applicable, by DCF;
- The program’s curricula are aligned with the Vermont Early Learning Standards (VELS) http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/care/2006-03-29-VELS_booklet.pdf;
- The program provides opportunities for parental involvement and participation;
- Program staff meets accepted professional standards.

The VELS were developed by a work group including DOE, the Agency of Human Services, and Head Start, to set appropriate expectations for children as they exit preschool programs. VELS is intended to provide guidance for families, teachers and administrators on what children should know and be able to do as they enter kindergarten. VELS includes standards for physical development and health such as healthy play, sensory exploration, development of gross and fine motor skills to build strength in bodies and fingers, and for providing an early understanding of what foods may be healthier than others.

Pre-K programs must report to the state on child progress using an approved child assessment. Additional information for parents, schools and other preschool providers, including a directory of programs, is available through the [DOE website](#).

DOE also administers the Child and Adult Care Food Program, which provides funding for nutritious meals and snacks to pre-school, Head Start, child care, after school, and Essential Early Education (EEE) programs in Vermont.

The national Head Start¹⁸ program has developed an obesity prevention program known as “[I am Moving, I am Learning](#),” (IMIL). IMIL teaches methods to incorporate active movement into child care settings. The Vermont IMIL committee, which includes DCF, DOE, VDH, and representatives from private organizations, are working to provide IMIL trainings for child care providers outside the Head Start program.

¹⁸ The national Head Start organization contracts directly with Vermont’s seven Head Start programs which are subject to DCF licensing regulations. At this time, the seven programs provide services to pregnant women and 1,580 children, birth through five. See [The Vermont Head Start Association](#).

Recommendation 1: Support the work of the Child Development Division of DCF to amend current Early Childhood Program Licensing Regulations for all child care programs to include uniform and clear nutrition standards for meals and snacks, and to foster appropriate levels of physical activity.

Current child care regulations include the following requirements regarding food:¹⁹

- A meal or snack must be served every three hours.
- Each meal must include three of the four food groups: milk and milk products, meats and meat alternatives, fruits and vegetables, and grains. Each snack shall cover two of the four food groups.
- Solid foods or juices may not be served to children under the age of four months unless by the written recommendation of a specific child's health care provider.
- Staff should encourage children to feed themselves.
- Staff should encourage parents sending food with their children to day care to provide healthy meals, and food should be appropriately portioned, nutritious, and served in an appropriate and safe manner to eat.

DCF also has regulations regarding healthy activity. For example:

- The curriculum shall promote physical development in both indoor and outdoor settings, strengthening of large and small muscles, and encouraging eye-hand coordination, body awareness, rhythm, and movement.
- If television/video viewing occurs, it shall not exceed five hours per week and it shall be educational and designed for children, and delivered in the presence of staff,

The Child Development Division of the Department of Children and Families will soon be revising the Early Childhood Program Licensing Regulations to provide more specific, uniform nutrition standards for meals and snacks, and to foster appropriate levels of physical activity. Those efforts should be supported by the Attorney General's Office and members of the initiative.

Recommendation 2: Encourage the Child Development Division of DCF to publish the criteria by which a child care provider received ratings under STARS, national accreditation, or other quality rating systems.

¹⁹ DCF's food regulations are substantially the same across programs, *see, e.g.* Section L, Nutrition and Food Preparation, of the child care regulations.

Parents who wish to place their children in a situation which meets their criteria for healthy foods and healthy levels of physical activity have no easy way to compare child care programs. This recommendation would enhance parents' ability to choose a program that meets their goals which, in turn, would encourage more child care providers to improve their programs in these and other important areas.

A primary DCF source of information for the public regarding child care is the [Bright Futures Child Care Information System](#), commonly known as BFIS (not to be confused with the American Academy of Pediatrics' Bright Futures program mentioned above). The BFIS website includes resources for parents looking for child care in Vermont, including lists of Head Start, pre-K, and other child care programs, as well as information for families who may need assistance paying for child care. The website is also the primary resource for child care providers seeking information about licensing and professional development.²⁰

The STeps Ahead Recognition System (STARS) is Vermont's program rating and recognition system. STARS has been in place since 2004 and encourages child care providers to improve their programs and allows parents to have another resource to determine the qualifications of programs. STARS provides a logical progression of steps to achieve quality indicators above basic licensing standards. At the highest level it is comparable to national accreditation. The public can find star rated programs on the Child Development Division website under [STARS](#).

Under STARS, child care programs are reviewed annually based on achievements and practices in five key "Areas of Action," with varying points assigned to each. The number of STARS a child care program receives depends on the total number of points the program achieves.²¹ By philosophy and design, the STARS program does not have specific

²⁰ Additional information is also published on the DCF [Child Development Division](#) (CDD) website. Both resources post links to online licensing applications, grant information and applications, and courses for providers and educators.

²¹ The five areas and the maximum points for each are as follows: regulatory history (up to 3 points), staff qualifications and annual professional development (3), interaction with families and communities (3), program practices, including self-assessment and plans for improvement (5), and administrative practices (3).

STARS are awarded as follows: one STAR for one to four points, two STARS for five to seven points, three STARS for eight to ten points, four STARS for eleven to thirteen points, and five STARS for fifteen or more

requirements other than the total number of points by which a child care program can receive a specific number of stars with regards to any area, including either nutrition or physical activity. At the same time, the number of points within each Area of Action achieved by a particular child care provider is not published except on a voluntary basis. Consequently, a parent who is particularly concerned about nutrition or physical activity is not necessarily able to use the STARS system to select a child care provider.²²

The Child Development Division of the Department for Child and Families is considering changing the information about the STARS program available to parents on its website to include the number of points a child care program has achieved in each element within specific Areas of Action. The Children and Families Working Group supports this change to enable parents who are particularly concerned with nutrition and physical activity to access essential information for selecting child care and, over time, to improve the nutrition and physical activity provided in Vermont's child care programs.

Goal 2: Model, teach, and support healthy lifestyles in elementary and secondary schools.

School Wellness Policies

Under the [Federal Child Nutrition and Women Infants Children \(WIC\) Reauthorization Act](#) of 2004, each school district receiving funding from the federal school meal programs was required to establish a local wellness policy by the fall of 2006. A wellness policy addresses physical education (PE), physical activity, nutrition education, and nutrition guidelines (covering food and beverages sold or served in schools). Two models

points. DCF offers financial incentives for initial achievement and maintenance of STARS (subject to change by DCF and depending on the availability of funding), as well as discounts from the Kaplan Early Learning Company.

STARS requirements are further outlined in the [rules](#) and the [application forms](#) available online. Programs must be registered with the Child Development Division (CDD) of DCF to apply for STARS and must specifically request the number of points they wish to be awarded in each category in their application, according to STARS rules. Points are not awarded beyond those requested and must be renewed each year.

²² STARS is not the only program recognition system used by Vermont child care providers. Some providers feel STARS is a feasible alternative to accreditation, although some very high quality programs choose to do both. Other quality recognition programs are the National Association for the Education of Young Children ([NAEYC](#)), for center and school based child care facilities; the National Association for Family Child Care ([NAFCC](#)), for family child care providers; and the Council on Accreditation ([CoA](#)), for after school programs. Each system includes a component of nutrition and physical activity within their assessment. The Bright Futures Child Care Information System website ([BFIS](#)) contains a list of all child care providers in the state and their ratings under STARS or the other accreditation programs.

emerged to assist schools in developing wellness policies: an optimal policy following national standards for nutrition and physical activity, including specific recommendations, was developed by VDH, DOE, and the Agency of Agriculture, Food & Markets and contained in the [Vermont Nutrition & Fitness Policy Guidelines](#). The alternative model presented by the Vermont School Boards Association met only the minimum federal and state requirements, by including aspirational goals, rather than specific standards to be met.

Vermont Nutrition and Fitness Policy Guidelines

[The Vermont Nutrition and Fitness Policy Guidelines](#), developed by the Agency of Agriculture, Food & Markets, and the Departments of Education and Health, address nutrition, physical education, physical activity, implementation, and transparency for schools. Following is a brief summary of the Guidelines.

Wherever and whenever food is available in schools, schools should ensure that nutritious food is an option, try to meet the [Dietary Guidelines for Americans](#), and price food so that students are encouraged to purchase healthier options. When possible, locally grown and produced foods should be purchased. All foods available on school campuses should also be subject to compliance with the school nutrition guidelines. Students, faculty and staff should be given enough space to eat comfortably for a lunch period of at least twenty minutes, ideally following recess. Healthy eating behavior should be reinforced through nutrition education. Measures should be taken to avoid the use of food as a reward.

PE should be grade and developmentally appropriate and provide for a minimum of 150 minutes each week for elementary students and 225 minutes each week for middle and high school students. During PE, students should spend the majority of time in moderate to vigorous activity. The curriculum must be aligned to, and incorporate assessments of, the standards and grade expectations outlined in the Framework. Overall learning goals should teach students to commit to physical [activity for life](#). PE teachers must be licensed. PE instructional spaces should undergo an annual safety inspection, and PE classes should be conducted with minimal outside [interruptions](#). The PE curriculum should be well integrated with other school programs to encourage students to be active and to teach them about the benefits of physical activity. All programs should include a plan for adapted physical education for students who cannot otherwise participate in PE for medical reasons.

In addition to Physical Education, schools should offer opportunities for physical activity. Grades pre-K through 8 should have daily recess. High school students should be given the opportunity to be active during the school day in addition to their PE classes. Schools should also offer interscholastic and intramural sports, and community-based or other programs that promote physical activity, both before and after school.

Finally, schools should develop an implementation plan as part of their wellness policy, and regularly report to the community on school nutrition, fitness, physical education and activity, school wellness, and health services. Reports could include information from the state Youth Risk Behavior Survey (YRBS) or the School Lunch Program, and may be based on individualized student fitness reports that the school may use, including [Fitnessgram®](#), [Physical Best](#), or [President’s Challenge](#).

Vermont School Boards Association Wellness Policy Guidelines

The Vermont School Boards Association [school wellness policy](#) guidelines provide schools with a model wellness policy similar to the state-recommended guidelines, but less rigorous. According to those guidelines, food should be served in rooms with adequate, clean and safe space, at appropriate times, and schools should provide training opportunities to food services staff to help them support nutrition in schools. Food should not be used as a reward. In addition, it should be sold in schools only if the proceeds go to the school or to student organizations. Where possible, food sold in schools should meet the standards of the a la carte and vending guidelines included in the [Vermont Nutrition and Fitness Policy Guidelines](#).

Nutrition education should be included in the school’s Comprehensive Education Program, conducted by licensed staff, and further promoted in other school courses where appropriate, such as in Science classes.

Schools should provide recess or physical activity opportunities both before and after school hours, including chances to participate in interscholastic and intramural sports, or other clubs. These physical activity opportunities should be in addition to required PE classes.

Finally, the Superintendent or his or her designee should be responsible for monitoring the implementation of the wellness program in schools.

Current Status of Schools in Vermont

Currently in Vermont schools, physical education, physical activity and health programs vary greatly. According to the [Vermont 2006 School Health Profiles Report](#), most schools require physical education for grades 6-10 but that number drops to less than 60% for 11th and 12th grades. Schools are not required to provide students with recess or free periods for physical activity for high school students, though many do provide a variety of after school activities, such as school athletics opportunities. While the content of these programs varies, 87% of school health education programs report teaching students about the positive physical, psychological, and social consequences of physical activity; programs may include teaching students how to exercise appropriately, where to find community opportunities for fitness, and how to set up and monitor a fitness plan.

Similarly, according to the [2008 School Health Profiles](#), educators reported that 84% of Vermont high schools require health education; however the number of courses, course content, and the amount of time varies greatly. While comprehensive health education should be provided for grades 6-12, in grades K-6, it may be taught as units by the classroom teacher. In grades 7-12, it should be taught by a certified health educator. *See* [16 V.S.A. § 131](#).

The [Vermont Healthy Schools Resource](#) is a guide for implementation of School wellness policies, which includes resources and examples of best practices for nutrition services, physical education, and physical activity.

According to a [2009 report to the legislature](#) on wellness policies, by 2006, 73% of school districts in Vermont had established a wellness policy. Some districts followed the *Vermont Nutrition and Fitness Policy Guidelines*, but most were based on the Vermont School Boards Association guidelines, and still others wrote policies of their own based on other resources. By 2007, only 51% of school faculty and staff were aware of the wellness policies in their districts.

Some school administrators, under pressure to increase academic performance, are implementing learning interventions that reduce student time in physical education. In some cases these decisions conflict with the adopted school wellness policy. DOE does not, at present, have the resources to collect and maintain in a systemic way records of how many school or how often schools implement such practices. Thus, for example, one school has dropped the number of minutes in their two PE classes per week by 23% and another has reduced PE time in order to increase math intervention time. In contrast, Danville School requires high school students to have PE or physical activity time five days per week and students to exercise for an hour before taking the New England Common Assessments Program (NECAP) examination.

Recommendation 3: Encourage the Vermont Department of Education and partners to include evidence-based school wellness interventions as part of a holistic school improvement system.

Healthy, successful learners are the product of the entire school environment, not simply classroom instruction. For example, both hunger and physical inactivity are related to poor academic performance. Therefore, as schools work to improve academic performance, educational leaders are encouraged to evaluate and, as necessary, improve school wellness policies and practices to support learning. The Vermont Departments of Education and Health are committed to providing technical assistance to schools for identification, implementation, and evaluation of evidence-based school wellness interventions to improve learning.

Recommendation 4: Encourage implementation of coordinated school health programs, school wellness policies, and Vermont standards.

One of the greatest areas of concern for working group members is the lack of implementation of school wellness policies. Although all schools have been required to have a wellness policy since 2006, the policies have not been fully implemented, and, as noted above, a decreasing number of school personnel are even aware of the policies. In a time of shrinking resources, school administrators may not be able to implement wellness policies that set high standards or may be glad their policies do not contain high standards in the first place.

Although the Department of Education monitors the National School Lunch Program for each school district every five years, currently it does not have the resources to monitor or support implementation of school wellness policies.

Notably, the following recommendations regarding implementation of Vermont standards and school wellness policies do not include a recommendation that schools be mandated to follow DOE recommendations regarding minimum minutes of PE per week of between 150 and 225 depending on the grade level, or a minimum of 20 minutes of moderate to vigorous physical activity per day. This omission is of concern to some working group members, particularly the American Heart Association, which cannot go on record as supporting the following recommendations without a recommendation that schools be required to meet the above guidelines. Similarly, one physical education teacher expressed the opinion that mandating physical education would “help our cause” with school administrators when physical education or physical activity time is being cut.

Recommendation 4a: Encourage implementation of coordinated school health programs, school wellness policies, and Vermont standards by seeking federal funding, or appropriate state funding if necessary, to add at least one position in the Department of Education for the purpose of further implementing Vermont’s Wellness Program.

Several years ago the Department of Education had a Safe and Healthy Schools Division, with a director, assistant director and several staff members from a variety of work groups. This division included Child Nutrition, Student Health and Learning. Due to a lack of CDC and other funding, the division has been reduced to four: a health education coordinator, a physical education coordinator, and two on prevention of HIV and tobacco use.

To have an effective school program to confront our obesity epidemic, DOE needs a work group leader for safe and healthy schools. Ideally, the Department would also have a position responsible for monitoring implementation of school wellness policies, providing technical assistance to schools and school boards on those policies, and publicizing best practices and successes. To be effective, both positions would need to be funded with a sustainable funding mechanism.

There is evidence that providing encouragement and support for schools to implement their wellness policies can have a positive impact on health in schools. For example, in Wake County, North Carolina, Advocates for Health in Action (AHA), a partnership of 50 organizations, joined together to encourage, among other goals, that schools implement their wellness policies. Initially, AHA found that many schools did not know they had wellness policies. AHA worked with school administrators to evaluate their implementation on a confidential basis, to identify one or two policies that the school would implement in the upcoming 12-18 months, and to set up teacher advisory teams to share ideas and address issues. Thereafter AHA provided support to the school to implement their wellness policies, especially in identifying positive options for the school to achieve its goals. AHA also provides 2-hour “Brains and Bodies Workshops” for parents and school administrators to increase understanding of the relationship of health to academic success. After one year, the school’s score card on wellness implementation will be posted. While no school has as yet had its scorecard posted, AHA staff report progress in the schools and school communities such as food being replaced with extra recess time or special recognition for classroom celebrations, increased healthy options in school stores and concession stands, and teachers feeling better equipped to implement the wellness policies. Although AHA is not a state entity, it is well connected to the state anti-obesity team, though sometimes they agree to disagree. AHA uses local pediatricians and other physicians in promoting healthy alternatives (e.g. letter from 50 pediatricians on the importance of healthy snacks after sporting events), and has found social media such as Facebook to be the best way to target messages to parents and other adults.

If this recommendation becomes a reality, the new staff, working with staff from VDH, could assist in the implementation of Recommendations 4b, 4c, and 4d.

Recommendation 4b: Encourage schools and local communities within two years to (1) evaluate, using one of the available evaluation tools, their school’s implementation of their wellness policies, and (2) identify the resources needed to implement those policies fully.

A number of tools have been or are being developed to evaluate wellness policies as a means of self assessment and a guide for self-improvement. The CDC’s [School Health Index](#) (SHI) may be used to evaluate overall school health policies and programs, to identify how schools can improve policies and programs in a low cost manner, and to provide

justification for seeking new funding opportunities. The SHI is not a comparison or rating tool but is intended to be used for self-assessment.

The Rudd Center for Food Policy & Obesity at Yale University developed the [WellSAT](#) based on the Comprehensive School Coding System to Measure the Quality of School Wellness Policies developed by the Robert Wood Johnson Foundation's Healthy Eating Research Program working group. The WellSAT is used to evaluate the strength of written school wellness policies. Connecticut has also worked with the Rudd Center to develop a state evaluation tool, which is used by the Connecticut State Department of Education to evaluate schools.

DOE has a variety of programs to encourage implementation of school wellness policies. The DOE publishes an electronic bulletin called [Linking Health and Learning](#), which lists programs that could help communities improve child wellness. The e-bulletin also provides information on wellness grants and professional development opportunities for schools, including the Heart Rate Monitor Grant. In addition, with assistance from Vermont's Action for Healthy Kids and the New England Dairy Council, the Vermont Departments of Education and Health award monetary prizes to The [Vermont School Wellness Awards](#) winners, ranked in gold, silver and bronze categories. In addition to recognizing schools for wellness activities, these awards also measure implementation of school wellness policies.²³

Recommendation 4c: Encourage implementation of school wellness policies by updating the Vermont Healthy Schools Resource to include recent success stories and new implementation tools and resources, and publicize this resource to all audiences (e.g. principals, superintendents, nurses, teachers, food service, staff, and parent/teacher organizations).

The [Healthy Schools Resource](#): Nutrition and Physical Education/Activity provides schools with ideas and examples of how to create a school that promotes healthy eating and

²³ In addition, the University of Vermont Center for Rural Studies is working with VDH to develop a tool to evaluate *community* wellness programs that will likely be completed within 18 months. "Community wellness" refers to the types of programs and facilities supported by Coordinated Health Activity, Motivation and Prevention Programs (CHAMPPs) grants.

physical activity. It is designed to complement the Nutrition and Fitness Policy Guidelines and to assist in the development, assessment, and implementation of school wellness policies. For example, it provides guidance on healthy fundraisers and celebrations, buying local, and a la carte offerings, active recess, opening school facilities to the community, and increasing physical education as well as class time devoted to vigorous to moderate activity.

The Resource was created in 2006. VDH in partnership with DOE in the fall of 2010 has begun to update the resource with success stories as more become available, providing examples of what schools can and are doing. In addition, with new staff working on healthy schools, the Resource should be disseminated to a wider audience than has been possible in the past.

Recommendation 4d: Encourage implementation of coordinated school health programs by encouraging DOE and VDH to further promote best practices for PE and health education across schools, including updating the Vermont Nutrition and Fitness Guidelines, expanding the current School Wellness Awards program to increase incentives and recognition, and encouraging school teachers and coaches to work with school health teams to promote healthy lifestyles and identify students with other health needs.

Conventional wisdom and Vermont practices point to creating teams of school staff to address obesity and overweight in our school age children. Nearly three-quarters of the schools in Vermont have created school health teams composed of a variety of personnel such as teachers, school nurses, food service personnel, and coaches. Some teams include community members such as a pediatrician. Team existence, structure, role, and influence vary from school to school.

Because a team approach is essential to achieving a healthy student population, attention needs to be paid to identifying the barriers to robust school health teams. The Joint School Health Committee of DOE and VDH decided recently that their focus for the upcoming year will be on health education in schools. Perhaps the Committee is the body

that is presently best situated, consistent with its other priorities, to addressing this recommendation.²⁴

Recommendation 5: Improve the quality of food provided in schools.

Over the last 10 years, the Vermont legislature, state agencies, businesses and non-profit partners have created a variety of ways to increase healthy foods in the schools, and support Vermont farms in doing so. Most schools or school districts in Vermont prepare their own food and have relationships with distributors for their food purchases. (Thirty percent of districts hire management/catering companies to provide school meals.) According to Vermont FEED, in 2004-2005, Vermont schools purchased approximately 86% of the food used in schools, including \$1,050,000 spent on produce, of which 10% came directly from Vermont farms. Schools also spent \$3.4 million on milk, mostly purchased through Hood, which primarily provides milk from Vermont cows.²⁵

In addition to direct purchases, Vermont schools obtain 14-20% of their food from the USDA Donated Foods (commodities) program. The program provides some produce as well as staple food items, such as pasta, flour, oils, and ground beef. Produce may be supplied through an agreement between the USDA and the Department of Defense, which purchases fresh produce in large quantities and then distributes it to participating states, including Vermont. Staples are provided to school at a minimum rate of 12% of a school's food expenditures.

[Vermont FEED](#) (Vermont Food Education Every Day) is the primary state level program working with communities to adopt Farm to School programs, and collecting information on how fresh produce and local foods are used in schools. Approximately two hundred Vermont schools, serving about 60% of the state's school population, have some Farm to School relationships, either through purchasing, field trips, or farm and food

²⁴ VDH already has the ability through its "tracking sheets" to obtain information annually on implementation of key wellness criteria, and could amend the tracking sheets to obtain additional or different information, if appropriate.

²⁵ Vermont FEED's [Impact Assessment of Vermont Farm2School Program](#) (April 2006)

education in schools.²⁶ As described above at page 10, a number of schools have already taken steps to improve students' nutritional health and to expand their local food purchasing.

Many readers may assume, incorrectly, that schools in wealthier school districts provide more nutritious meals than schools in poorer districts. According to a recent study by the University of Vermont and Vermont FEED, of 129 food service directors representing 266 Vermont public schools of 309 public schools, there was no difference in the likelihood of purchasing local foods for the cafeteria between those at or above the median rate of students eligible for free or reduced meals (a proxy for low income), and those below that rate (a proxy for high income). There was also no correlation between a school's percent of students getting free or reduced lunch and the amount of local food purchased.

Recommendation 5a: Improve the quality of food provided in schools by supporting federal Farm to School Funding and by annually including a line item in the state budget for the Rozo McLaughlin Farm to School Grant Program for grants and technical assistance to schools until such time as all schools have implemented a Farm to School Program.

On the federal level, in 2010, the Senate passed the [Healthy Hunger Free Kids Act \(S. 3307\)](#), a committee bill of the Senate Agriculture Committee of which Senator Leahy is a ranking member. This bill would reauthorize all of the federal child nutrition programs, and provide for \$40 million in mandatory funding to help schools establish school gardens and source local foods in school cafeterias. It is unknown whether the Child Nutrition Reauthorization Act will include that appropriation if and when it is passed by the House of Representatives.

The [2006 Farm to School Act](#) established the Vermont Farm to School Grant Program, also known as the Rozo McLaughlin grant program. The program is administered

²⁶ Schools that wish to purchase locally may also work with [Vermont FEED](#) to develop a plan with the local community to better use local agricultural resources. The Vermont FEED [guide](#) outlines means for schools to purchase directly from farmers, including through Community Supported Agriculture (CSA), or cooperatives, and also outlines how schools can encourage their existing distributors to purchase locally by consistently asking for local products. Schools can further work with local farms and school families to establish “grow a row” programs in which the students work together to plant a row of food in the spring, which is then harvested in the fall, or to plant a school garden on campus. The guide also includes information about the costs of Farm to School programs as well as strategies to encourage community involvement and to encourage students to taste new foods.

by the Agency of Agriculture and encourages schools to integrate local food into their cafeterias, classrooms, and communities. The program has supported the development of sustainable Farm to School programs in more than 40 Vermont schools, serving 13,730 students, with 120 farmers around the state.

In 2006, the legislature appropriated \$125,000 for grants and \$20,000 for technical assistance for schools. The funding has steadily declined since 2006. In 2010, \$75,000 was appropriated for grants and nothing for technical assistance.

Although not comprehensive, nearly 200 schools, out of 309 schools, in Vermont have implemented some level of Farm to School interaction. Developing Farm to School relationships is an opportunity to expand the availability of fruits and vegetables in schools, to encourage students to try new and healthier items, and to teach students about the importance of farming and local food systems.

Recommendation 5b: Improve the quality of food provided in schools by simplifying and improving procurement of food for schools by identifying alternatives to the federal commodities program and exploring which alternatives for improvement would be most effective for Vermont.

The current systems for schools to obtain food are complicated, cumbersome and favor commodities over fresh foods. State agencies and partners should work to find alternatives well adapted to meet Vermont's needs. For example, our state agencies and partners could work with our Congressional offices to establish Vermont as a pilot for offering cash in lieu of commodities. Such a program would allow schools currently participating in either the National School Lunch Program (NSLP) or the Department of Defense (DOD) Fresh Produce Program to procure foods from local farms, distributors, and suppliers in the quantity, quality and form they use. Similarly, with sufficient resources, state agencies could determine whether the procurement process could be simplified to increase the use and access of local foods in schools.

Recommendation 5c: Improve the quality of food provided in schools by reviewing the Institute of Medicine Recommendations, and the Dietary Guidelines for Americans school meal programs, to determine whether the Vermont Nutrition and Fitness Policy Guidelines should be revised to incorporate new recommendations and ideas.

The Vermont Nutrition and Fitness Policy Guidelines were originally developed through a collaboration between VDH, DOE, and the Agency of Agriculture, Food & Markets in 2005, and revised in 2008. The guidelines provide schools with the most recent information on best practices for school nutrition and physical fitness. The revised guidelines are based on the 2005 Dietary Guidelines and reflect current science and recommendations from national organizations including the American Academy of Pediatrics, American Heart Association, American Dietetic Association, and Institute of Medicine. In addition, in response to Act 203, passed in the 2008 legislative session, the 2005 guidelines were revised to reflect updated science based standards for foods sold outside of the school meals program.

School nutrition programs anticipate changes in school meal programs based on the proposals contained in the [2010 Child Nutrition Reauthorization bill](#) which is currently under consideration in Congress.

Recommendation 5d: Improve the quality of food provided in schools by, where appropriate, publically supporting with letters to, or discussions with, Vermont's congressional delegation, amendments to federal legislation which provide funding or new nutrition standards for child nutrition programs.

Vermont's state agencies and nonprofits concerned about trends in obesity have a good working relationship with our Congressional delegation. The Vermont Attorney General is frequently asked to sign onto public letters commenting on federal legislation or regulations. The Vermont Attorney General should, when appropriate and after consulting with other stakeholders, publically support and encourage other states' Offices of Attorney General to support federal activities and commitments of resources to obesity reduction and prevention, and to improvements in child nutrition programs. See also Recommendation 16.

Recommendation 5e: Improve the quality of food provided in schools by seeking federal funding, or appropriate state funding if necessary, to fully fund the Vermont Department of Education Child Nutrition office to provide adequate staffing and technology in order to:

- i. Maximize all potential opportunities for federal funding of school meal programs,**
- ii. Implement changes in federal programs,**
- iii. Administer newly-created grants program, and**
- iv. Provide training, support, and outreach to schools and communities.**

Currently, the Child Nutrition team consists of four staff members whose responsibilities include helping schools maximize the extent to which they have the knowledge and the financial and human resources to provide nutritious foods to their students. At the same time, Vermont schools are struggling with increasing pressure to hold down or cut budgets.

If Vermont is serious about increasing healthy food options in schools, maximizing funding for healthy food, training workers administering food programs, and implementing the most current dietary guidelines, then staffing within the DOE Child Nutrition Program must be increased.

Recommendation 6: Improve access to Child Nutrition Programs in Vermont.

Tables 4 through 6 illustrate participation in Vermont’s school nutrition programs during the 2008-2009 and 2009-2010 school years.

Table 4: Participation in School Nutrition Programs, 2008-2009 and 2009-2010						
	BREAKFAST		LUNCH		After School Snack	
	2008-2009	2009-2010	2008-2009	2009-2010	2009	2010
Total Number of Vermont Sites Participating/Total Schools	334/408	340/408	355/408	359/408	99	106
Public Schools Participating/Total Public Schools	291/309	296/309	298/309	301/309	93	101

Independent Schools Participating/Total Independent Schools	43/99	44/99	57/99	58/99	6	5
Total Enrollment/ Public School Students/ Independent School Students	100,822/ 90,738/ 10,084	99,270/ 89,361/ 9,909	100,822/ 90,738/ 10,084	99,270/ 89,361/ 9,909	Not Available	
Federal Reimbursement for fiscal years ending September 30	\$4,079,549	\$4,751,229	\$11,751,408	\$12,529,254	(costs included in Lunch)	
State Match Payments	\$132,632	\$132,632	\$391,768	\$400,238	-0-	
Average (Full) Prices Charged to Students	Elementary	\$1.15	\$1.18	\$2.04	\$2.10	Most do not charge
	Secondary	\$1.23	\$1.25	\$2.17	\$2.24	

Source: DOE November 2010

Table 5. Eligibility for School Nutrition Programs		
	2008-2009	2009-2010
Number of Students Eligible for Free Meals (at or below 130% of Poverty)	23,369	26,937
Number of Students Eligible for Reduced Price Meals (at or below 185% of Poverty)	7,468	6,739
Total Number of Eligible Students	30,837	33,676
Eligible Students as a percent of Enrollment	32.69%	35.82%
Number of Sites with 50% or More Students Eligible for Free & Reduced Price Meals	95	107

Source: DOE November 2010

Table 6. Meals Served to Eligible Students (Public and Independent)				
	Breakfast 08-09	Breakfast 09-10	Lunch 08-09	Lunch 09-10
Average Daily Participation (ADP)	21,013	21,956	53,495	53,964
Percent of total meals served to Full Pay students	30%	28%	54%	52%
Percent of total meals served to Reduced Price Eligible students	13%	12%	10%	9%
Percent of total meals served to Free Eligible students	57%	60%	36%	39%

Source: DOE November 2010

The Department of Education has identified the following as the primary reasons that not all Vermont students have access to, or are not accessing, healthy school meals:

- Many schools, particularly the smaller schools, do not have kitchen facilities or staff.
- Some children are not able to access free meals promptly after becoming eligible for 3SquaresVT benefits.
- Some children come from families who are not able to pay the costs of even reduced meals.
- Some schools are challenged to support the costs required for additional staff to prepare and serve breakfast in addition to lunch.

Recommendation 6a: Improve access to Child Nutrition Programs in Vermont by improving the direct certification process to ensure students enrolled in 3SquaresVT are automatically enrolled in free school meals programs.

As of October 2010, over 31,000 school-age children receive 3SquaresVT (formerly known as Food Stamp) benefits and are eligible for free school meals. We do not know exactly how many of those children are in fact receiving free meals, or how many are in schools which offer a meal program. Similarly, we do not know exactly how many of the approximately 26,000 free and reduced meals go to children who receive 3SquaresVT benefits, or how many receive the meals on the basis of family income, being a foster child, or some other criterion. Nevertheless, those who work in this area are confident that there are significant numbers of children who are eligible for but not receiving, or are delayed in receiving, free and reduced meals, and that improvements in the direct certification process would increase the number of children with ready access to healthy meals at school.

One reason for the underutilization of the school meal program is that under the current system, it is cumbersome for a school to receive notification of which students are receiving 3SquaresVT benefits. DCF notifies DOE of eligible children, DOE provides electronic access to the names of newly eligible children, and the school adds the student names to their records as eligible for free or reduced meals. However, at present, there is not necessarily a direct or electronic transfer of data into the schools' systems. Each school can pull the list each month in Excel or pdf format, but the onus is on the school registrar to

access the data and then provide the updated list of students to the “Approving Officer” in the school so that master lists of eligible children can be updated. This may be a manual process – adding a name to the list, notifying the household, and notifying the food service. In schools where there is a computerized system, in some cases, this eligibility information is updated by the registrar and/or approving officer/food service manager. Some schools may have the capacity and be able to export the data directly from the file into their school data systems.

DCF and DOE should have – and indeed are working on – a system of electronic transfer of recipients on a regular basis, such as once a month. Ideally, once the electronic system is completed, DOE would have the staff resources to work with individual schools to ensure that every school implements the system and the number of children who receive free and reduced lunch is maximized.

In addition, families are notified of their eligibility for school meal programs on an annual basis, even though families become eligible for 3SquaresVT benefits throughout the school year. Families should be encouraged to submit their 3SquaresVT eligibility determination to their schools at the time eligibility is determined to reduce, as much as possible, the time between eligibility and access to free or reduced meals.

Recommendation 6b: Request the Vermont Legislature to appropriate additional funds to pay reduced price lunch for households with incomes up to 185% of poverty.

In School year 2008-2009, the legislature appropriated funds to cover the 30 cent cost for reduced price breakfast. The number of reduced price breakfasts increased by 27% during the 2009 school year as result of the subsidy. At the same time the total number of breakfasts served increased by 8.7%. For school year 2010, the total number of breakfasts served increased again by 4.5% over the previous year, even while school enrollments continued to decrease. Table 8 shows the increased utilization of school breakfasts when the legislature raised the income threshold for free breakfast from 135% of poverty to 185% of poverty.

Table 8. Effect of Providing Free Breakfasts to Children At or Below 185% of Poverty				
	2009	% Change from 2008	2010	% Change from 2008
Free Breakfasts (≤135% of poverty)	1,982,284	13%	2,189,702	24.9%
Reduced Price Breakfasts (135% to ≤185% of poverty)	440,023	27%	410,975	18.6%
Fully Paid Breakfasts	1,044,918	- 3.8%	1,022,091	-6%
Total Breakfasts	3,467,225	8.7%	3,622,768	13.6%

Source: DOE November 2010

Given the dramatic increase in access to healthy foods at school when a family does not have to pay even \$.30 per day, the State should extend its free breakfast offering to lunch and appropriate the funds so that all children at or below 185% of poverty can receive a free lunch. Vermont has approximately 7,500 students at or below 185% of poverty. An appropriation of \$450,000 would provide those students with free lunch and leverage over \$1.9 million in federal dollars to help defray the costs of those lunches.

Recommendation 6c: Improve access to Child Nutrition Programs in Vermont by creating a state-funded grants program administered by DOE to encourage schools to adopt best practices which boost participation, such as universal breakfast and breakfast in the classroom.

Alternatives to traditional breakfast in the cafeteria have proven successful by increasing participation in a breakfast program. For example, “universal breakfast” provides free breakfast to all students in a school. Due to the federal payment structure, the increase in participation covers the cost of the meals served to students above 185% of poverty. Another method that has increased participation in many schools is to serve breakfast in the classroom as part of the educational program and schedule. Some students do not have the opportunity to have breakfast before the school days begins and enjoy the calm and nutritious start to the day. Many middle and high schools find that having breakfast available for breaks or study halls during the morning increases their numbers of meals

served and improves student access to nutritious food options instead of students depending on less nutritious options available in vending machines.

While there has been an increase in schools implementing the school lunch and school breakfast programs, in many cases participation may be below the state average. Creating a grants program would provide resources including equipment, training and technical assistance to schools with low participation rates in their programs. Some schools do not have the immediate resources to evaluate, plan, and implement changes and improvements to their current food service systems.

Recommendation 7: Increase the number of children who receive a well child examination prior to entrance in school and periodically thereafter by (a) encouraging school nurses to use available strategies to promote such doctor visits, (b) identifying current barriers for families in obtaining the examinations, and (c) working with the VDH and DOE School Health Committee to make recommendations for future improvements in the number of children receiving well child examinations.

The working group was divided on whether well child examinations should be required before a child could enter a Vermont public school. In the end, the committee rejected the proposal to mandate well child exams for school entry, in favor of a recommendation to identify and address the barriers to all children entering school having completed a well child exam.

As part of the process which informed the working group's recommendation, members reviewed rates of well child exams in Vermont and in those states which mandate them for school entry, as well as state obesity rates.²⁷ The working group was not able to find any research that indicated that states with mandatory well child exams for school entry had higher rates of exams or lower rates of obesity than those without. Many states that mandate such exams, including Florida and North Carolina, as two examples, have worse obesity rates than Vermont.

²⁷ Simple state-to-state comparisons are not easy because of varying percentages of children with health insurance, provider acceptance of all forms of insurance, alternatives for receiving routine screenings, and mandated kindergarten.

For the past few years VDH has been gathering self report data from parents on whether a child has had a well exam in the previous year. In the first year of reporting, 73% of families reported their child had a well exam; the remaining 27% did not distinguish between “no exam” and “no parental response.” The most recent reporting year indicated 80% had a well exam,²⁸ 6.5% did not (404 children statewide), and the balance did not respond. Thus, 80% to 93.5% of children had a well exam. At the same time, Vermont has one of the lowest obesity rates in the country.

We do have evidence that when schools use identified best practices to increase the rate of well child exams among school children, the rates can approach 100%. In 2009, the rates of well child exams in Vermont ranged from 98% at Mary Hogan School in Middlebury, to 40%, with a statewide average of 82%. While Middlebury may well have a population that can more easily be moved to ensure that children receive well child exams as compared to other towns, schools at the low end of the range, given sufficient resources, undoubtedly can improve their rates by helping families overcome whatever barriers are identified.

The research does not support a direct correlation between mandating well child examinations and the number of children who receive exams, or between rates of exams and rates of obesity. Consequently, the working group concluded that resources that would go to monitoring compliance with a mandate would be better spent educating and encouraging families to obtain the examinations prior to entering their children in school.

Goal 3: Support healthy lifestyles at work and in the community.

As noted above, the Children and Families Working Group spent the majority of its time crafting recommendations on how to prevent obesity in children. Consequently, the recommendations for Goal 3 are less developed than the previous recommendations. In addition, a number of the preliminary ideas supporting healthy lifestyles at work and in the community were referred to other working groups for their consideration.²⁹

²⁸ The 80% rate is consistent with the success of Vermont health plans in providing well child exams.

²⁹ *The following topics were referred to the Retail Environments Working Group:*

1. Taxation of soda or sugar sweetened beverages, and applying all funding to support efforts to prevent and reduce obesity.

Recommendation 8: Help Vermonters access nutritious, affordable food in a range of sites by supporting local food in supplemental meal programs, such as increased local food at congregate meal sites, subsidized baskets for food shelves, reduced price CSA shares, increased resources to build up Farm to Family coupons, and providing healthy food recipes at a greater number of sites.

Congregate meal sites are locations where people come together to share a meal, such as summer food sites for children and adult day centers. Those sites provide a nutritious meal—sometimes the only hot or balanced meal in a child or senior’s day—as well as opportunities for educational programming, physical activity, and social interaction. In addition to the immediate benefits of that nutrition and activity, this meal takes pressure off the household food budget allowing a higher quality of groceries for other meals.

Nonprofits such as the Salvation Army provide food “baskets” for distribution through the food shelves, particularly around holidays when the food shelves run low on supplies. Baskets typically consist of a turkey or ham depending on the holiday, enough dry or canned vegetables or starch for the size of the family, canned fruit, and shelf stable milk. Fresh produce would be a worthy addition to the food baskets.

Reduced price Community Supported Agriculture (CSA) shares and expansion of Farm to Family coupons, which can be redeemed for fresh (unprocessed) produce at farmers’ markets, are an excellent way to link low-income Vermonters with high quality, nutrient-dense local produce, meat, and eggs. Both of these initiatives increase consumption of fresh fruits and vegetables and establish direct contact with growers who can share recipes or general information on how to cook the produce. Expanding the use of CSAs and farmers’ markets strengthens their viability thereby expanding access to healthy food for all Vermonters. Fit and Healthy Vermonters’ [Eat for Health](#) provides meal plans, shopping lists and recipes.

-
2. 3SquaresVT (food stamp) benefits redeemable at farmers’ markets and all retail establishments.
 3. Menu labeling in schools, hospitals, state and business cafeterias, and other institutions.

The following topics were referred to the Land Use Working Group:

1. Access to nutritious, affordable food through CSAs (Community Supported Agriculture), local food in supplemental meal programs, and Farm to Family coupons.
2. Use of town comprehensive food plans that address every aspect of food security.
3. Integration of food access into planning at the Agency of Transportation.

Low-income Vermonters would benefit from increased resources available for increasing nutritious food, particularly fresh fruits and vegetables.

Recommendation 9: Gather and analyze information on the effectiveness of financial and other incentives for implementation of wellness programs, Weightwatchers, gym memberships, and other workplace programs, to determine whether insurance coverage will result in lower health care costs.

and

Recommendation 10: Work with BISHCA and the Blue Print for Health to provide tools for employers to negotiate effectively for insurance coverage which will promote healthy behaviors, and for the public to compare insurance programs based on their promotion of healthy lifestyles.

We do not yet know the extent to which insurance coverage, insurance choices, and other health expenditures could be harnessed to address obesity in Vermont. For example, are greater insurance expenditures for increased preventive care cost effective? Are gym memberships cost effective because of workers' greater productivity? Which employer benefits are most effective for increasing the health – and output – of workers?

The CDC provides a worksite [obesity cost calculator](#) that employers may use to estimate their annual costs due to obesity because of sick days, reduced productivity, and insurance costs, and their Return on Investment (ROI) for implementing workplace wellness plans. Input data includes average employee income and benefits, as well as information of the percent of employees who are overweight or obese. The results are based on CDC surveys of a variety of workplaces and national health data. Thus employers have access to on-line tools to help them determine the cost effectiveness of certain health expenditures, but how many know of them? How many need assistance in using them?

The CDC website also provides [tools](#) for employers to design workplace interventions to promote physical activity and good nutrition. For example, the CDC provides extensive information on worksite wellness through its [LEAN Works!](#) -- Leading Employees to Activity and Nutrition -- and National Center for Health Marketing [Community Guide](#) websites providing information to employers about the benefits and means of improving healthy behaviors in the workplace. The Community Guide and the

CDC recommend a number of [community interventions to increase physical activity](#), including workplace physical activity campaigns and point of decision prompts to take the stairs, social support interventions such as buddy systems to encourage healthy choices as well as individual behavioral interventions, and improving access to physical activity resources through incentives or gym membership discounts. Other suggested measures include offering more flexible work hours and promoting local walking trails and maps. Increasing access to physical activity is particularly effective when combined with health education, as through organized physical activity at the workplace or videos about healthy foods and nutrition. Workplaces may also offer healthier food options in workplace vending machines, dining halls and meetings, or guides for employees to local restaurants with healthy options. [Wellness Council of America \(WELCOA\)](#) also publishes resources for employers to improve worksite wellness, including resources for small business.

Other jurisdictions have experience with a variety of ways for employers to use insurance and other health expenditures to encourage healthy lifestyles through the work place which might be useful to Vermont employers. The LEAN Works! website provides a dozen state-specific workplace wellness toolkits and other information to assist employers in understanding the financial benefits of healthy employees as well as step-by-step guides to a healthier workforce.

Closer to home, in Orleans County, Vermont, the [Healthy Changes Initiative](#) is not an insurance program but has adopted an innovative technique for encouraging exercise which may be an effective method for increasing exercise that could be useful to employers. The Healthy Changes Initiative is an exercise program targeted at seniors and others suffering from chronic conditions (diabetes, obesity, heart disease, and rheumatoid arthritis), as well as cancer patients and cancer survivors, i.e. those who have conditions for which exercise is helpful in managing, containing, and even improving the conditions. The program offers a discounted membership of \$10 per month at the local sports and fitness center on a “use it or lose it” basis: each month the participant must exercise at least 12 times in order to earn the next month’s discount. Those who fail to exercise 12 times in one month can “buy back” into the discount program by paying \$30 for a month and exercising 12 times. Over 50% of those who sign up stay with the program for 12 months. The program is now serving over 300 qualifying individuals and about 150 partners and family

members. (In addition, through its Adopt-A-Town Youth Initiative, the program has raised sufficient private donations to offer free youth membership to the facility to every child in every town in Orleans and northern Essex Counties. At present over 3,000 kids under the age of 18 have signed up for free youth memberships.)

Employers and individuals do not now have an easy way to compare insurance programs on the basis of their promotion of healthy lifestyles. Could an ad hoc committee of representatives of BISHCA, Blueprint for Health, employers, and other stakeholders identify key elements of insurance that promotes healthy lifestyles by which various health insurance plans could be compared? Or does such a list of key elements already exist?

While the working group did not have the time to answer these questions, it believes that this is an area that could use attention in the future to support obesity prevention through the workplace.

Recommendation 11: Support additional funding for VDH and DOE’s evidence-based consistent messaging in schools, community health teams, and medical homes promoting healthy lifestyles.

[Get moving Vermont!](#) encourages Vermonters to get at least 30 minutes of physical activity most days of the week. The website offers, for example, physical activity tracking sheets, information on pedometer programs, and tips on goal setting and staying motivated. Last spring, Get moving Vermont! promoted a challenge entitled *The Hills are Alive with Vermonters Walking: Vermont Mountain Peaks*, where Vermonters could log on, set personal goals for hiking, and then track their progress on the Internet. More than 4200 Vermonters are registered on the Get moving Vermont! website. The Vermont Governor’s Council on Physical Fitness and Sports Winter Challenge is using social media targeted at students, including a student-developed health-promoting “advertisement” contest, and using local celebrities (such as elementary school heroes) to promote its programs.

These programs are illustrative of the programs VDH and DOE invest in to promote healthy lifestyles in the community. However, VDH, like DOE, has experienced significant cuts to personnel both at the central and district offices. Thus, as an example, there is no dedicated person within VDH whose sole job is to work on workplace wellness, even though evidence shows that by providing support to businesses, especially small businesses, to

improve the health of their workers, businesses would improve productivity and thus improve the health of the businesses and eventually the state economy.

Because of the VDH and DOE budget cuts, the amount of work those agencies have been able to do within existing programs, or in developing new programs, has been seriously curtailed. With more resources, particularly human resources, existing programs could be more fully implemented and other evidence-based programs could be developed to address obesity through our communities.

Recommendation 12: Encourage greater implementation of VDH’s Vermont Worksite Wellness Resource.

Fit and Healthy Vermonters publishes a [Worksite Wellness Resource](#), which includes healthy eating guidelines and pledges for workplaces, and a Six Steps to Worksite Wellness Program. Information about local foods in the workplace and community physical activity resources is also available through the Worksite Wellness website. Fit and Healthy Vermonters also encourages employers to adopt policies that promote breastfeeding by providing information for employers through the [Breastfeeding Friendly Employers Project](#) about why they should adopt such a policy, lists of employers who have adopted such a policy, and other information for working moms and child care providers taking care of breastfeeding babies.

Effective interventions can be seen through the Governor’s Council on Physical Fitness Workplace Wellness awards demonstrating that many Vermont companies have already successfully implemented workplace wellness initiatives.

Award [winners](#) in 2008 included:

- Nonprofit where nine of twelve employees participated in the “Keep It Off Challenge,” including goal setting for losing weight and weekly weigh-ins for six months. Three days a week employees are given the last half hour of the workday to exercise.
- Retailer which saved \$150,000 in healthcare costs for reduced medical services usage by providing on-site fitness facilities or memberships to local gyms and employing a Marathon Health for Life nurse who works 20 hours a week offering free health screenings and coaching, in which 85% of employees participated.

- Utility company for offering on-site fitness facilities, monetary incentives to employees and their family members who complete Health Risk Assessments, and prizes or cash for working towards personal wellness through activities such as joining stretching sessions at work or Weight Watchers.
- Nonprofit for offering monetary credit on health insurance through its Health Trust to members who promote healthy choices among employees.

Other workplaces that are models for best practices:

- Municipality which offers employees flex time during the workday to stretch or walk and provides equipment such as flex bands and medicine and stability balls.
- Small web-based company which gives employees \$800 each year for physical activities of their choice, including ski passes, gym memberships or tennis passes, and an on-site shower, and where owners participate in physical activity with employees.
- College which offers various exercise programs for its employees to choose from, including on-site physical fitness facilities, and subsidy for gym membership or ski pass.
- International company which provides on-site “mindfulness stretching” combining yoga and physical therapy, and also offers discounts on medical insurance premiums for employees who participate in health assessments and screenings, or walking and food journal programs.

The Council’s [website](#) provides further information on worksite best practices.

Despite all the resources available to employers to learn the benefits of a healthy workforce, many Vermont employers spend little time and money to support their employees’ health. The Governor’s Council on Physical Fitness and Sports is encouraged to continue promoting the awards system and developing other ways to promote a healthy workforce. Members of this initiative are encouraged to review their own workplace policies and practices to see how they might be improved to promote better health among employees.

Goal 4: Create long-term supports to combat obesity and overweight.

Recommendation 13: Encourage the Vermont legislature (a) to enhance funding for the CHAMPPS program to distribute grants to communities and (b) to include consideration of the prevention and reduction of obesity and overweight as it develops educational programs or standards, or creates legislative study committees.

The Coordinated Health Activity, Motivation and Prevention Programs (CHAMPPs) is operated through VDH. CHAMPPs was established in 2007 to provide grants to communities seeking to build or improve local nutrition, physical activity, and disease prevention programs. The [CHAMPPs](#) website provides an overview of the CHAMPPs program since 2007. Table 7 shows the history of CHAMPPs grants for the last three years.

Table 7

CHAMPPs GRANTS
Data as of June 30, 2010

	Number of Grants	Grant Range	Total Grant Amount
FY 2008	9	\$60,000 - \$111,714	\$656,714
FY 2009	6	\$50,000	\$300,000
FY 2010	11	\$35,000 - \$67,082	\$465,517

A brief description of past grant recipients appears in footnote 15 on page 14. However, in FY2011, the legislature did not appropriate any new funding, and so the only CHAMPPs grants that will be awarded are those that will allow organizations to complete a two-year grant awarded in FY2010.

The legislature should increase funding for CHAMPPs to enable communities to enhance the health of their citizens with cost effective and researched-based activities and interventions.

In addition, whenever the legislature develops educational programs or standards, or creates a legislative study committee, it should include consideration of the prevention and reduction of obesity and overweight. Often those elements of the health of our citizens, particularly students, are overlooked when the focus is on disease prevention or academic achievement. Healthy lifestyles, including good nutrition and active bodies, are essential to disease prevention, high-achieving students, and a productive workforce, and should be incorporated into any consideration of achieving our goals in those areas.

Recommendation 14: For the next three years, or until the coalition described in the next recommendation is prepared to take on this task, the Attorney General should issue and publicize an annual report outlining progress to date on the recommendations of this initiative.

Many of the recommendations identified by this and the other working groups can be implemented only by nonprofits or governmental agencies, neither of which may have the resources to focus on these recommendations at this time. In order to maintain the connections and momentum that have been created or enhanced through this initiative, the Attorney General should, for at least three years, monitor progress towards implementation of the recommendations. At such time as a more permanent coalition on the reduction and prevention of obesity and overweight is formed, annual reporting on these recommendations and other priorities set by the coalition would, hopefully, be taken on by the coalition.

Recommendation 15: Expand the current Coalition for a Tobacco Free Vermont (CTFV) to promote independent legislative advocacy for obesity reduction and prevention on behalf of the Coalition members. The Coalition should collaborate with, but act independently from, the Fit and Healthy Coalition and not duplicate existing activities of that coalition or other groups such as the VDH and DOE School Health Committee.

In 2003, the Vermont Department of Health created the [Fit and Healthy Vermonters](#) Initiative, which focuses on obesity prevention by working with government and private sector partners to accomplish its goals. The Fit and Healthy Vermonters Initiative does not engage in legislative advocacy.

Many of the Fit and Healthy Vermonters partners are also part of the Tobacco Free Vermont Coalition. The Coalition for a Tobacco Free Vermont promotes, primarily through legislative advocacy, and assists in the implementation of, policies and programs at the state, local, and national levels to reduce tobacco use and its impact on the health and economic well-being of Vermonters. The Vermont chapters of the American Heart Association, American Cancer Society, and American Lung Association have spearheaded that effort with the support of more than a hundred local, regional, and statewide organizations, non-profits, government entities, health care providers, schools, concerned businesses, and others, and the time of one half-time employee.

Now, given the relevance of overweight and obesity to heart disease and cancer rates, the Tobacco Free Vermont Coalition has begun to consider expanding its mission to include the promotion of healthy nutrition and physical activity, and the prevention of obesity. The Coalition is committed to *not* duplicating the work of Fit and Healthy Vermonters or other groups working to reduce obesity, and to remaining independent for purposes of legislative advocacy.

A comparable expansion in focus has occurred in Maine where the anti-tobacco advocates have expanded their mission to include obesity prevention. Advocates in Maine have found that the expansion in mission has worked well because there is significant overlap between those interested in reducing tobacco usage and those interested in reducing overweight or obesity, and because individual advocates are working on both issues in the legislature and other arenas where policy is formulated.

As noted, the Vermont chapters of the American Cancer Society and the American Heart Association are interested in pursuing legislative advocacy for obesity prevention. They have begun discussions with colleagues in other member organizations of Tobacco Free Vermont about expanding the coalition to address legislative advocacy for obesity prevention.

Recommendation 16: Where appropriate, by letter or other means to Vermont's congressional delegation or federal agencies, support amendments to federal legislation which provide funding or new policies which would prevent or reduce obesity or overweight.

A number of the recommendations of this working group and the other working groups touch up policies that will be set by others: Congress, federal agencies, or even the affected industries. The Vermont Attorney General often initiates, or is called upon by other states' offices of Attorney General, to sign onto letters to Congress or federal agencies, critiquing policies or proposals under consideration and providing more effective alternatives from the Attorney General's perspective. When policies involving obesity or overweight are being considered and when appropriate, members of the initiative should present a coordinated response setting out the perspective and recommendations regarding the policy under consideration.

**Vermont Healthy Weight Initiative
Children & Families Working Group Participant List**

No assumption of endorsement of the proposals in the report of the Attorney General or the working groups can be made by the appearance of a name on this list. The following persons participated in the work of the Children and Families working group in a variety of manners: by regularly or occasionally attending working group meetings, by participating in discussions by email, by monitoring the work of a working group, by providing information or expertise, or by expressing opposition to proposals. We appreciate the work of all participants.

Adachi-Mejia, Anna	Dartmouth Medical School
Alexander, Katherine	Ferrisburgh Central School
Barnard, Susan	Barre Town Middle and Elementary School
Biglow, John	The Dartmouth Institute for Health Policy and Clinical Practice
Bjornson, Gerhild	
Boynton, Koi	Vermont Agency of Agriculture
Brown, Betsy	Northeastern Vermont AHEC
Budbill, Nadine	Girls Move Mountains
Clarkson, Rep. Alison	Vermont Legislature
Coburn, Susan	Vermont Department of Health
Colgan, Laurie	Vermont Department of Education
Copeland-Hanzas, Rep. Sarah	Vermont Legislature
Costantino, Bob	Vermont Department for Children and Families
Davis, Commissioner Wendy	Vermont Department of Health
Diehl, Kathleen	Green Mountain and Finger Lakes National Forests
Felix, Teresa	School Nutrition Association of Vermont
Fischer, Jacqueline	Ottauquechee Community Partnership
Flynn, Karen	Vermont Department of Health
Fortier, Steve	Meeting Waters YMCA/Healthy Communities Coalition of Windham County
Frankowski, Barbara	University Pediatrics, VT Children's Hospital at FAHC
Gierzynski, Anthony	University of Vermont
Goode, Brant	Centers for Disease Control and Prevention
Gower, Sue	Milton Elementary School
Grance, Sandra	American Beverage Association
Hamilton, Jean	Northeast Organic Farming Association of Vermont
Hicks, Jennifer	Vermont Department of Health
Holmes, Breena	Vermont Department of Health

Hurowitz, Laurie	University of Vermont - College of Medicine
Hutchinson, Jennifer	Vermont Foodbank
Johansen, Sue	Vermont Dietetic Association; Green Mountain Nutrition Associates
Johnson, Mitzi	Vermont Campaign to End Childhood Hunger, Vermont Legislature
Kittell, Rep. Sarah	Vermont Legislature
Lukas, Nicole	American Heart Association
Lyons, Senator Virginia	Vermont Senator
McIsaac, Catherine	Fletcher Allen Health Care
McManus, Andrea	New England Culinary Institute
Meehan, Chris	Vermont Foodbank
Miller, Fayneese	University of Vermont - College of Education
Mongan, Madeleine	Vermont Medical Society
Morgan, Wendy	Vermont Office of the Attorney General
Murray-Clasen, Theresa	
Nelson, Abbie	Northeast Organic Farming Association of Vermont, Vermont FEED
Orr, Diana	Essex CHIPS
Ottinger, Elizabeth	Vermont Public Television
Pastore, Emily	Vermont Department of Health
Peek, Megan	Blue Cross Blue Shield of Vermont
Pleban, Lisa	Castleton State College
Prelock, Patricia	University of Vermont
Robinson, Sarah	Vermont Campaign to End Childhood Hunger
Samuelson, Jenney	Vermont Department of Health
Schaedel, Garry	Vermont Department of Health
Schaefer, Nancy	Southern Vermont Area Health Education Center
Schwartz, Thea	Vermont Attorney General's Office
Shaw, Linda	Copley Hospital
Simpson, Lindsay	Vermont Department of Education
Spengler, Rep. Kristy	Vermont Legislature
Stevens, Robert	Stevens-Huntley Associates, LLC
Turley, Patty	Governor's Council on Physical Fitness and Sports
Vassar, Carol	Vermont Chapter, American College of Physicians
Winters, Stephanie	Vermont Medical Society, AAPVT

Vermont Healthy Weight Initiative
Children & Families Working Group Endnotes

Page 2:

Behavioral Risk Factor Surveillance System
<http://apps.nccd.cdc.gov/brfss/>

Page 3:

Pediatric Nutrition Surveillance System (see Table)
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5828a1.htm>

Vermont Youth Risk Behavior Survey
http://healthvermont.gov/pubs/yrbs2009/documents/YRBS_2009.pdf

Vermont Campaign to End Childhood Hunger
<http://www.vtnohunger.org/VT%20Hunger%20Facts.pdf>

Youth Overweight & Nutrition by County
http://www.healthvermont.org/family/fit/documents/youthoverweightandnutrition_county.pdf

Page 4:

Behavioral Risk Factor Surveillance System
<http://apps.nccd.cdc.gov/brfss/>

Rudd Center for Food Policy & Obesity
<http://www.atg.state.vt.us/assets/files/2010%20AG%20Vermont%20Report%20Yale%20Rudd%20Center.pdf>

Page 5:

USDA/WIC
<http://www.fns.usda.gov/pd/WIC%20Data.xls>

USDA/SNAP
<http://www.fns.usda.gov/pd/90.xls>

VDH exclusive breastfeeding
<http://healthvermont.gov/wic/food-feeding/breastfeeding/index.aspx>

Page 6:

Breastfeeding friendly Employer Project

<http://healthvermont.gov/wic/food-feeding/breastfeeding/friendly-employer-project.aspx>

Breastfeeding Friendly Care Project

<http://healthvermont.gov/wic/food-feeding/breastfeeding/childcare.aspx>

The Business Case for Breastfeeding

http://www.ask.hrsa.gov/detail_materials.cfm?ProdID=4135

Vermont Fit WIC

<http://healthvermont.gov/wic/fit.aspx>

3SquaresVT

<http://www.vermontfoodhelp.com/info/>

Page 7:

Vermont FEED Farm to School Primer

<http://www.vtfeed.org/materials/farm-school-primer>

[This is an older resource and is being updated.]

Page 8:

Vermont School Food Service Programs

<http://www.fns.usda.gov/pd/cnpmain.htm>

Nutrition Guidelines for Competitive Food and Beverage Sales in Schools

http://healthvermont.gov/admin/legislature/documents/SchoolNutritionGuidelines_legrpt011509.pdf

Page 9:

School Quality Standards

<http://education.vermont.gov/new/html/board/rules/2000.html>

Framework of Standards and Learning Opportunities

<http://education.vermont.gov/new/html/pubs/framework.html>

Grade Expectations for Vermont's Framework of Standards and Learning Opportunities (Health Education)

http://www.education.vermont.gov/new/pdfdoc/pubs/grade_expectations/health_ed_rev.pdf

Grade Expectations for Vermont's Framework of Standards and Learning Opportunities (Physical Education)

http://education.vermont.gov/new/pdfdoc/pubs/grade_expectations/physical_education.pdf

Vermont Statutes 16 V.S.A. § 906

<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=16&Chapter=023&Section=00906>

Vermont Statutes 16 V.S.A. § 131

<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=16&Chapter=001&Section=00131>

Manual of Rules School Quality Standards

http://education.vermont.gov/new/pdfdoc/board/rules/manual_of_rules_ALL.pdf

Page 11:

Fit and Healthy Vermonters

<http://healthvermont.gov/fitandhealthy.aspx>

Page 12:

Vermont Nutrition and Fitness Policy Guidelines

http://education.vermont.gov/new/pdfdoc/pgm_nutrition/school_nutrition/policy/nutrition_policy_guidelines_1008.pdf

Page 13:

Coordinated School Health Model

<http://www.cdc.gov/HealthyYouth/CSHP/>

Vermont CSH Model

http://education.vermont.gov/new/pdfdoc/pgm_health_services/health_services_manual/health_services_manual.pdf

Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents

<http://www.brightfutures.org/bf2/pdf/>

Page 14:

Fit and Healthy Vermonters Toolkits for Adults

http://healthvermont.gov/family/fit/documents/Promoting_Healthier_Weight_toolkit.pdf

Fit and Healthy Vermonters Toolkit for Children

http://healthvermont.gov/family/fit/documents/healthier-weight_pediatric-toolkit.pdf

Vermont Recreational Facilities Grant Program

<http://bgs.vermont.gov/sites/bgs/files/pdfs/BGS-Grant-Rec-Facilities-Program.pdf>

Coordinated Health Activity, Motivation and Prevention Programs (CHAMPPs)

<http://healthvermont.gov/local/grants/CHAMPPS.aspx>

2009 Grant Recipients

http://healthvermont.gov/local/grants/documents/CHAMPPS_applicationsummaryFY09.pdf

2008 Grant Recipients

<http://healthvermont.gov/local/grants/documents/CHAMPPSGrantsFY08.pdf>

Blueprint for Health Report

http://healthvermont.gov/admin/legislature/documents/blueprint_leg_report.pdf

Fit and Healthy Kids

http://healthvermont.gov/family/fit_healthykids.aspx

Vermont Action for Healthy Kids

http://take.actionforhealthykids.org/site/Clubs?club_id=1210&pg=main

Girls on the Run Vermont

<http://www.girlsontherunvermont.org>

Page 15:

Run Vermont

<http://www.runvermont.org>

Vermont Safe Routes to Schools

<http://www.aot.state.vt.us/progdev/sections/ltf/srts/VTSRTS.htm>

Vermont's Child Care Statutes

<http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/care/Statutes.pdf>

Statutory Definitions

http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/care/Definitions_Related_to_Child_Care_Licensing.pdf

Early Childhood Programs

http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/care/Early_Childhood_Program.pdf

Family Child Care

http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/care/Licensed_Family_Child_Care_Regulations.pdf

After School Programs

http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/care/School_age_Regs.pdf

Act 215

<http://healthvermont.gov/local/grants/documents/champpslegislation.pdf>

Page 16:

Vermont Early Learning Standards (VELS)

http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/care/2006-03-29-VELS_booklet.pdf

Guide for Implementing Prekindergarten Education

http://education.vermont.gov/new/pdfdoc/pgm_earlyed/prekindergarten/educ_prekindergarten_guide_0209.pdf

DOE Pre-K website

http://education.vermont.gov/new/html/pgm_earlyed/prekindergarten.html

The Vermont Head Start Association

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

“I am Moving, I am Learning” (IMIL)

<http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Health/Nutrition/Nutrition%20Program%20Staff/IMIL/IamMovingIam.htm>

Page 18:

Bright Futures Child Care Information System

<http://www.brightfutures.dcf.state.vt.us>

DCF's Steps Ahead Recognition System (STARS)

<http://dcf.vermont.gov/cdd/stars/>

Child Development Division (CDD)

http://dcf.vermont.gov/cdd/about_us

Page 19:

DCF STARS webpage

<http://www.brightfutures.dcf.state.vt.us>

STARS Rules

http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/stars/Adopted_STARS_rule_FINAL.pdf

STARS Application Forms

http://dcf.vermont.gov/cdd/stars/apply_to_stars

National Association for the Education of Young Children

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

National Association for Family Child Care
<http://www.nafcc.org>

National After School Association Accreditation
<http://www.naaweb.org/>

Federal Child Nutrition and Women Infants Children (WIC) Reauthorization Act of 2004
http://www.fns.usda.gov/cnd/governance/Legislation/Historical/PL_108-265.pdf

Page 20:

Vermont Nutrition and Fitness Policy Guidelines
http://education.vermont.gov/new/html/pgm_nutrition/school_nutrition/policy.html

Dietary Guidelines for Americans
<http://www.health.gov/dietaryguidelines/dga2005/document/default.htm>

Activity for Life
Vermont Nutrition and Fitness Policy Guidelines
http://education.vermont.gov/new/pdfdoc/pgm_nutrition/school_nutrition/policy/nutrition_policy_guidelines_1008.pdf

Interruptions
School Quality Standards
<http://education.vermont.gov/new/html/board/rules/2000.html>

Page 21:

Fitnessgram®
<http://www.fitnessgram.net/home/>

Physical Best
<http://www.aahperd.org/naspe/professionaldevelopment/physicalBest/>

Presidents Challenge
<http://www.presidentschallenge.org/>

School Wellness Policy
<http://www.vtvsba.org/policy/f28.htm>

Vermont Nutrition and Fitness Policy Guidelines
http://healthvermont.gov/family/fit/documents/nutrition_fitness_policy_guidelines.pdf

Page 22:

Vermont 2006 School Health Profiles Report
http://www.education.vermont.gov/new/pdfdoc/pgm_health_ed/publications_resources/school_health_profile_report_06.pdf

2008 School Health Profiles
http://www.cdc.gov/healthyyouth/profiles/2008/profiles_report.pdf

16 V.S.A. § 131
<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=16&Chapter=001&Section=00131>

Vermont Healthy Schools Resources
http://www.healthvermont.org/local/school/healthy_schools.aspx

2009 Report to the legislature
http://education.vermont.gov/new/html/pgm_health_ed/publications_resources/bulletin.html

Page 25:

CDC's School Health Index
<https://apps.nccd.cdc.gov/shi/default.aspx>

Page 26:

WellSAT
<http://wellsat.org>

Linking Health and Learning
http://education.vermont.gov/new/html/pgm_health_ed/publications_resources/bulletin.html

Vermont School Wellness Awards
<http://www.vermontfitness.org/pdf/Wellness%20Awards%202008%20Announce.pdf>

The Healthy Schools Resources: Nutrition and Physical Education/Activity
http://healthvermont.gov/local/school/healthy_schools.aspx

Page 28:

Vermont FEED
<http://www.vtfeed.org>

Vermont FEED Impact Assessment of Vermont Farm2School Program
http://www.vtfeed.org/sites/default/files/staff-files/site-downloads/F2S_FinalReport.pdf

Page 29:

Healthy Hunger Free Kids Act S. 3307
<http://ag.senate.gov/site/ComLeg/s3307.pdf>

Vermont Farm to School Law (VT Act 125 of 2006)
<http://www.leg.state.vt.us/docs/legdoc.cfm?URL=/docs/2006/acts/ACT145.HTM>

Vermont FEED
<http://www.vtfeed.org>

A Guide for Connecting Farms to Schools & Communities
<http://www.vtfeed.org/materials/guide-connecting-farms-schools-communities>

Page 31:

2010 Child Nutrition Reauthorization Bill
<http://www.schoolnutrition.org/Content.aspx?id=2402>

Page 39:

Eat for Health
<http://healthvermont.gov/eatforhealth>

Page 40:

Obesity Cost Calculator
<http://www.cdc.gov/leanworks/costcalculator/index.html>

CDC Employer Tools
<http://www.cdc.gov/leanworks/resources/tools.html>

LEAN works!
<http://www.cdc.gov/leanworks/>

The Community Guide
<http://www.thecommunityguide.org/pa/environmental-policy/improvingaccess.html>

Page 41:

Community interventions to increase physical activity
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5018a1.htm>

Wellness Council of America (WELCOA) Wellworkplace
<http://www.welcoa.org/wellworkplace/>

Healthy Changes Initiative
<http://www.irocvt.org/>

Page 42:

Get Moving Vermont

<http://www.getmoving.vermont.gov/>

Page 43:

Worksite Wellness Resource

http://www.healthvermont.org/family/fit/documents/WorksiteWellness_Resource.pdf

Breastfeeding Friendly Employers Project

<http://healthvermont.gov/wic/food-feeding/breastfeeding/friendly-employer-project.aspx>

2008 Winners of the Governor's Council on Physical Fitness Workplace Wellness Awards

<http://www.vermontfitness.org/pdf/Wellness%20Awards%202008%20Announce.pdf>

Page 44:

Vermont Governor's Council on Physical Fitness and Sports

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

Page 45:

CHAMPPs

http://healthvermont.gov/local/grants/documents/2010CHAMMPSProgramSummaries_forwebsite.pdf

Page 46:

Fit and Healthy Vermonters

<http://healthvermont.gov/fitandhealthy.aspx>