



**Problem:** One-third of students in New York State (NYS) are overweight or obese, and more than a third report unhealthy dietary practices such as consuming fruit less than one time daily. The prevalence of these risk factors is even higher among low-income and minority populations. A healthy diet can reduce the risk of many chronic diseases, such as obesity, cardiovascular disease, diabetes, osteoporosis, and some cancers. According to the 2015-2020 Dietary Guidelines for Americans, a healthy eating pattern includes a variety of vegetables, fruits, and whole grains; and limits saturated fats, trans fats, added sugars and sodium.

**Intervention:** In 2013, the Department of Health (DOH) received funding from Centers for Disease Control and Prevention to improve the nutrition environment for students in NYS. Local grantees partnered with school staff to strengthen wellness policies and implement regulations or policies to increase access to healthy affordable foods and the school districts' ability to meet the Healthy, Hunger-Free Kids Act. Strategies included conducting environmental assessments, implementing nutrition standards for competitive foods and beverages sold outside the school meal programs, providing guidance on healthy fundraising and classroom celebrations, and eliminating all forms of advertising and promotion of less nutritious foods and beverages on school property.

**Impact:** NYSDOH worked with local grantees to measure the impact of program activities. During the funded period, 125 school districts adopted nutrition policies and 341 school buildings implemented nutrition strategies. Altogether, these accomplishments improved the nutrition environment for 449,992 students — 17% of all students in NYS.

During the first phase of the program, NYSDOH used WellSAT 1.0 to measure the strength of nutrition policies in targeted school districts. Results demonstrate significant improvements were achieved (see Figure 1). The percent of district policies restricting sales of competitive foods increased from 8% to 27%, the percent restricting sales of competitive beverages increased from 22% to 39%, the percent restricting celebrations with food and beverages increased from 14% to 24%, and the percent restricting fundraisers with food and beverages increased from 9% to 20%. When WellSAT 2.0 was released, NYSDOH used it to determine that 47% of district policies restrict advertising and marketing for food and beverages, although only 15% of the policies use strong language for this strategy.

During the second phase of the program, NYSDOH adapted the WellSAT-i and used it to measure implementation of nutrition strategies in targeted school buildings. Results demonstrate most buildings are implementing key nutrition strategies (see Figure 2). For example, 74% of school buildings restrict sales of competitive foods, 80% restrict beverage sales, and 78% restrict fundraisers with food and beverages. Using School Health Profile data, NYSDOH determined that 75% of school buildings restrict advertising and promotion for food and beverages.

NYSDOH uses multiple surveillance systems to monitor student health indicators including Student Weight Status Category Reporting System, Fitnessgram, Youth Risk Behavior Survey (YRBS), and Youth Tobacco Survey (YTS). During the funded period, the prevalence of obesity declined slightly in NYS. Among students in targeted elementary schools, the prevalence decreased from 20.4% to 19.7% (see Figure 3). But unhealthy nutrition behaviors are still common: 43.8% of students consume fruit less than once a day (YRBS, 2015), 22.3% drink sugary beverages at least once a day (YTS, 2016), and 34.7% eat vegetables less than once a day (YRBS upstate, 2017). Now that district wellness policies have been strengthened, it is time for public health programs to focus on increasing building-level implementation.

WellSAT is the Wellness School Assessment Tool. It measures the quality of school district wellness policies. WellSAT-i measures policy implementation.

Figure 1. % of school district policies that prohibit or strongly restrict unhealthy nutrition practices

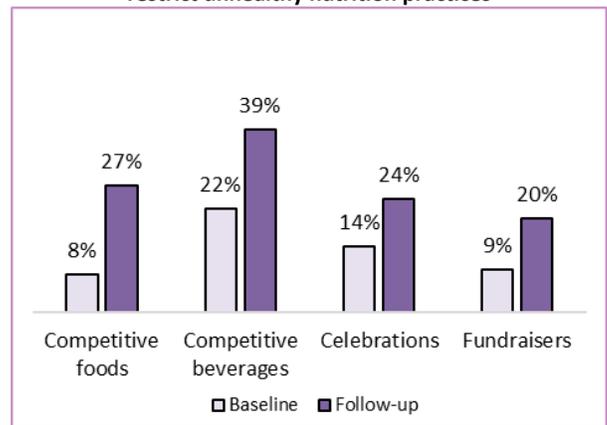


Figure 2. % of school buildings that implement nutrition strategies

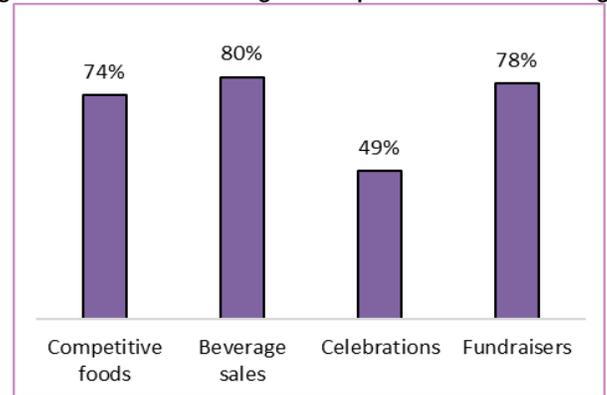


Figure 3. % of students who are obese

