



Food and Nutrition Policy for Nova Scotia Public Schools

Executive Summary

Introduction

Background

References

Working Group



Education

Health Promotion
and Protection



© Crown copyright, Province of Nova Scotia, 2006.

Nova Scotia Department of Education and Nova Scotia Department of Health Promotion and Protection.

No part of this booklet may be reproduced or utilized in any form or by any means, electronic or mechanical, including photocopying or recording by any means, including information storage and retrieval systems, without obtaining written permission of the Nova Scotia government.

Website references contained within this document are provided solely as a convenience and do not constitute an endorsement by the Department of Education of the content, policies, or products of the referenced website. The department does not control the referenced websites and subsequent links and is not responsible for the accuracy, legality, or content of those websites. Referenced website content may change without notice.

School boards and educators are required under the department's Public School Programs' Internet Access and Use Policy to preview and evaluate sites before recommending them for student use. If an outdated or inappropriate site is found, please report it to links@EDnet.ns.ca.

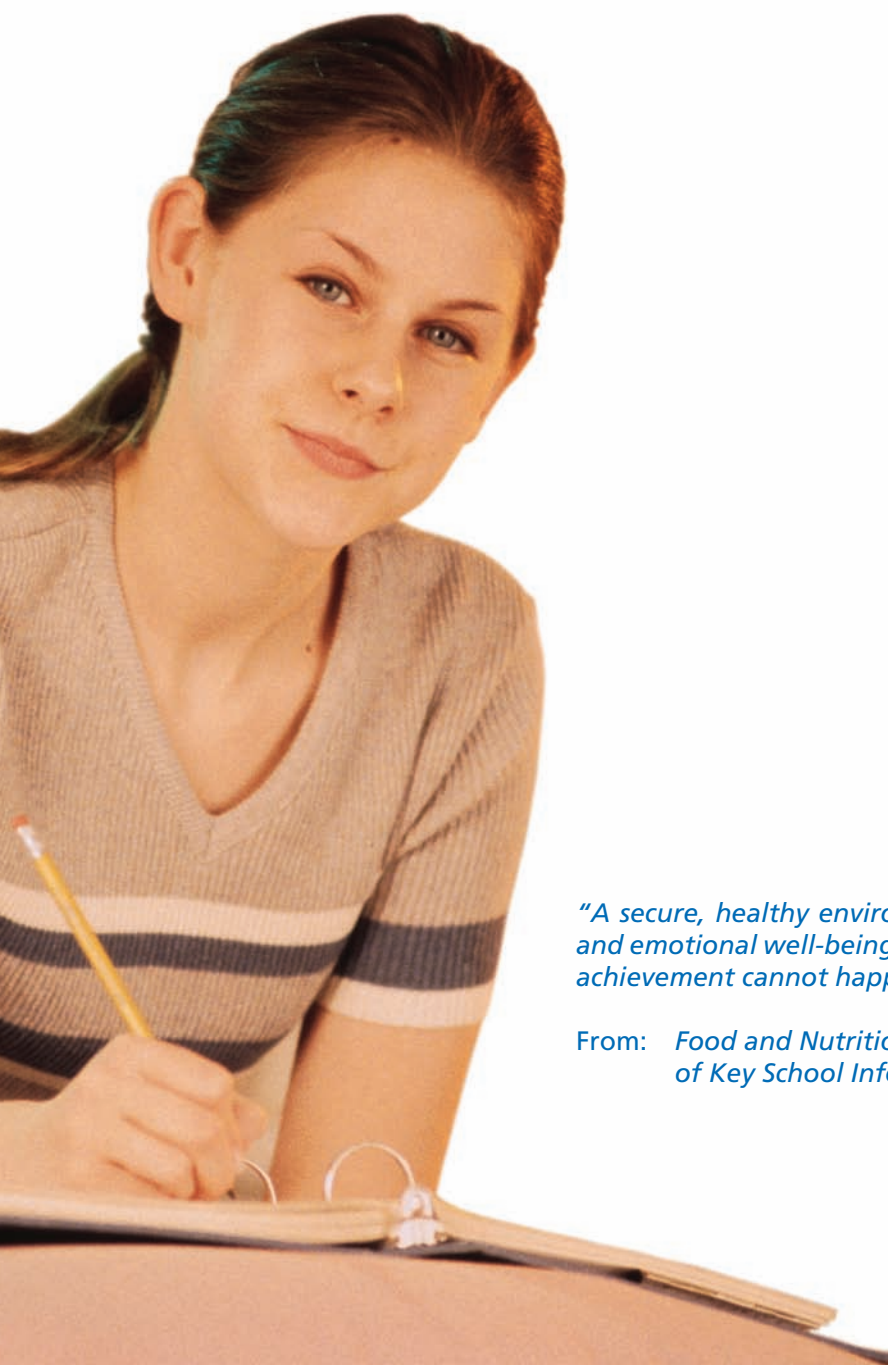
ISBN: 1-55457-028-X
Spring 2006

Contents

Setting the Stage for Healthy Food and Beverages in Schools

Executive Summary	1
Introduction	2
Background	3
References	6
Members of the Food and Nutrition in Nova Scotia Schools Policy Work Group	8

contents



"A secure, healthy environment supporting physical activity, healthy eating, and emotional well-being needs to be created alongside academics. Academic achievement cannot happen without these." – Junior High School Principal

From: *Food and Nutrition in Nova Scotia Schools, An Environmental Scan of Key School Informants*, Nova Scotia Health Promotion, June 2004

Executive Summary

The Food and Nutrition Policy for Nova Scotia Public Schools outlines standards for foods and beverages that can be served and sold in schools. In addition, it promotes nutrition education in the curriculum, encourages community partnerships, and provides a supportive environment for healthy choices. It is designed to complement the efforts of other settings, including those of the home and larger community, to support healthy eating.

The Food and Nutrition Policy for Nova Scotia Public Schools is intended to increase access to and enjoyment of health promoting, safe, and affordable food and beverages, served and sold in Nova Scotia public schools.

The objective is to make the healthy food and beverage choice the easy choice in the school setting.

The policy contains 12 directives related to

- Food and Beverages Served and Sold in Schools
- Clean Drinking Water
- Food and Nutrition Programming
- Pricing
- Fundraising
- Special Functions
- Promotion and Advertising
- Use of Food as a Reinforcer
- Students Who May be Vulnerable
- Portion Sizes
- Food Safety
- Nutrition Education

It also provides five guidelines related to time to eat, use of Nova Scotia produce and products, food packaging and environmental consciousness, role models, and school partnerships and commitment. The policy will be phased in beginning September 2006, with full implementation expected by June 2009.

The accompanying Food and Beverage Standards for Nova Scotia Public Schools provide criteria and suggestions for decisions about the food and beverages served and sold in schools. The standards are based on *Canada's Food Guide to Healthy Eating* and Canada's Nutrient Content Claims and consist of three categories of food and beverages: those of Maximum Nutrition, which can be served or sold daily, Moderate Nutrition, which can be served or sold occasionally (no more than two times per week or make up no more than 30 per cent of choices at one location), and Minimum Nutrition, which may be served or sold once or twice a month as part of Special Functions. The policy and standards are not intended to apply to, or to be used to evaluate, food and beverages brought for lunch or snacks from the home.

The Food and Nutrition Policy for Nova Scotia Public Schools recognizes that education and health go hand in hand. Children and youth need healthy foods to learn, grow, develop, and be physically active. Statistics for Nova Scotia children, youth, and adults tell a story of poor eating habits, increasing rates of overweight and obesity, and high levels of inactivity. Left unchecked, this situation presents both short- and long-term poor health and education outcomes that begin during the school-age years and continue to adult life.

The Department of Education and its many partners believe that healthy eating, active living, and other health-promoting behaviours, as part of Health Promoting Schools programs, are important investments in children and youth. The Food and Nutrition Policy for Nova Scotia Public Schools is part of the larger provincial plan for Health Promoting Schools programs, *Healthy Eating Nova Scotia, Learning for Life II: Brighter Futures Together*, and other healthy-living initiatives for young Nova Scotians.

Summary

Introduction

The Food and Nutrition Policy for Nova Scotia Public Schools describes standards for foods and beverages served and sold in schools. It also helps promote nutrition education in the curriculum, encourages community partnerships, and provides a supportive environment for healthy choices. The policy complements the efforts of other settings, including the home and larger community, to support healthy eating. Learning about nutrition in the classroom is most effective when it is reinforced with health-promoting environments that provide opportunities for students to practise what they learn.

Eating well, being active, and making informed choices for health takes more than willpower. Nutrition policies and programs supportive of healthy choices for the entire school community—students, staff, volunteers, and their families—can help ensure that the healthy choice is the easy choice to make in school settings.

The Food and Nutrition Policy for Nova Scotia Public Schools was created through partnerships. Best practices from Health Promoting Schools programs have shown that partnerships, along with shared goals, efforts, and responsibilities on the part of many individuals and organizations, are needed to help raise healthy, active children and youth who are ready to learn.

Partnerships are key to meeting the task of raising healthy, active children and youth who are ready to learn.

In September 2004, the Department of Education established a Food and Nutrition in Nova Scotia Schools Policy Work Group, tasked with developing the draft policy framework and guidelines. Membership included representatives of Nova Scotia Health Promotion and Protection, the Department of Agriculture, the eight school boards, administrators, teachers, dietitians and nutritionists, the Nova Scotia Teachers Union, the Nova Scotia Federation of Home and School Associations, La Fédération des parents acadiens de la Nouvelle-Écosse, the Annapolis Valley Health Promoting Schools Program, and the Cumberland County School Food Project.

A consultation draft of the Food and Nutrition Policy for Nova Scotia Public Schools was released for public feedback in September and October 2005. Focus groups were held in all eight school boards, together with sessions for students, members of the food industry, and public health staff. The consultation produced over 1,000 responses from parents, students, educators, school boards, food industry representatives, health professionals, and the public at large. The existing policy reflects the feedback from consultation as well as recommendations from the provincial policy work group. Government, non-government, and community partners, along with school boards, schools, parents, and students, continue to work together to build health-promoting school communities in Nova Scotia.

Background

Healthy foods are important during the school-age years. Healthy foods provide children and youth with the energy and nutrients necessary for growth, learning, and physical activity, as well as to develop into healthy, productive adults.

Together with the home and other settings, schools can positively influence students' food choices and eating habits. Parents and other caregivers are the primary role models for health behaviours in children and youth. School food policies and programs can complement the efforts of parents and other caregivers to ensure proper nutrition for children and youth in the school setting.

Students have access to food and beverages in many different settings including home, schools, and the larger community in which they live, learn, work, and play. The food experiences provided by different settings, in addition to influential media messages, work together to shape eating habits and preferences. Given the amount of time children spend in school, it is not surprising that parents, children, communities, schools, and government departments recognize the school environment as one that significantly influences students' food choices and intakes.^{1, 2, 3, 4}

Nutrition, health, and learning are linked. Schools help prepare students to be healthy, productive, and responsible citizens. There is much research confirming what most educators have known for some time: that health, nutrition, and learning are linked. Healthy, nourished students who feel safe are better able to learn, perform in class, and attend school more regularly. Those who achieve higher levels of education tend to experience better health as adults.^{5, 6}

Healthy food choices and practices have been linked with learning readiness and academic success, as well as fewer discipline and emotional problems.^{4, 7, 8} School breakfasts, in particular, have been shown to positively influence student performance.^{7, 9, 10, 11} In the short term, missing even one meal can affect behaviour and ability to learn. On a continuous basis, poor nutrition has negative effects on motivation, alertness, attentiveness, and emotional expression.^{7, 12}

Healthy food choices and practices are linked with learning readiness and success, and fewer discipline and emotional problems.

Daily physical activity has also been shown to have positive effects on student performance and school achievement in terms of memory, observation, problem solving, and decision making, as well as contributing to improvements in attitudes, discipline, behaviours, and creativity.^{13, 14, 15, 16, 17, 18}

Healthy eating can help reduce the risk of developing diseases. Healthy eating helps protect against diseases including heart disease, stroke, type 2 diabetes, osteoporosis, obesity, hypertension, dental decay, and certain cancers.¹⁹

Statistics tell a story of poor health and rising rates of obesity in Nova Scotia children, youth, and adults. Three nutrition-related diseases—heart disease, stroke, and diabetes—are responsible for nearly half of all deaths in the province.²⁰ For the first time in history, Nova Scotia is witnessing an increase in the rate of type 2 diabetes in children and adolescents. Type 2 diabetes, which used to be referred to as adult onset diabetes, was virtually unreported in children and youth in the early 1990s.

In Nova Scotia, type 2 diabetes accounts for 16 to 18% of newly diagnosed cases among those under the age of 19 years.^{24, 25}

background

For the first time in history we are seeing youth with diseases like type 2 diabetes and hypertension, previously diagnosed during the late adult years.

In 2004, 26% of Canadian children and adolescents aged 2 to 17 years were overweight or obese; 8% were obese.²⁶

In 2004, the combined overweight/obesity rate of 2-17-year-olds was significantly above the national level in Nova Scotia at 32%; 9.4% were obese.²⁶

Buying lunch at school was shown to significantly increase the risk of overweight. Relative to those bringing lunch from home, children who bought lunch at school were 39% more likely to be overweight.²⁸

Percentage of grade 5 students in Nova Scotia who did not meet Canada's Food Guide recommendations for food group servings²⁵:

Milk Products: 42.3%
Vegetables & Fruit: 49.9%
Grain Products: 54.4%
Meat & Alternatives: 73.7%

The rates of overweight and obesity have nearly tripled for Canadian children of both genders.^{5, 21} Children who are overweight are at increased risk of becoming obese adults and are at higher risk of early adult diseases and death.²²

If no improvements are made to body weight and eating and activity habits, this generation of adults may actually enjoy better quality of life and longer life spans than their own children!

Poor levels of physical activity have also been reported in Nova Scotia children and youth. Research conducted in Nova Scotia has shown that physical activity tends to decrease from childhood to adolescence for both girls and boys.²³ By grade 11 only 8.7% of males and 5.1% of females accumulated the recommended 60 minutes of daily activity, compared with 90% of males and 92.3% of females in grade 3.²³

Nova Scotia children and youth are reported to have poor eating habits. Supporting students in making healthy food and beverage choices is more important now than ever before. A 2003 study of 5,200 grade 5 students from across Nova Scotia concluded that nutritional intake among children in Nova Scotia was relatively poor. Skipping meals and purchasing meals at school or fast-food restaurants contributed to poor intakes.²⁷

Canadian studies also indicate that 31% of elementary school and 62% of secondary school students do not eat breakfast daily.²⁹ Children and adolescents who eat breakfast generally have a more nutritious diet and are more able to meet nutrient recommendations. Those who do not eat breakfast are unable to make up for nutrient deficits over the course of the day.³⁰

School staff can benefit from healthy eating policies and programs in the workplace. Canadians spend 60% of their waking hours at work and often eat one or more meals and snacks at work. The availability of healthy food and beverage choices in the workplace influences how people eat. Having access to healthy food and beverages during the work day provides opportunities for school staff to choose health-promoting foods that can, in the short term, maintain energy levels and concentration and, in the longer term, reduce the risk of developing nutrition-related chronic diseases.^{31, 32} Many workplaces in Nova Scotia, including hospitals, school board offices, government departments, and private businesses, have adopted healthy workplace plans and policies that support healthy food and beverages, as well as other positive health behaviours. The Food and Nutrition Policy for Nova Scotia Public Schools supports not only the nutritional health of students but also that of the school staff.

Poverty influences the ability to make healthy food choices. Nutritional health depends largely on the food and beverage choices made. The ability to make healthy food choices requires knowledge, cooking skills, time for food preparation, and adequate income to buy nutritious foods, among other factors. Research in Nova Scotia in 2003–2004 shows that people who live in poverty cannot afford to eat a nutritious diet no matter how carefully they choose and prepare foods. For those living in this situation, very few actual food “choices” are available.

Poverty limits the ability of parents to provide nutritious foods for their children and help them develop sound eating habits. Evidence suggests that the income-related inability to access food is growing among Nova Scotia children.³³

Food and beverages served and sold in schools should primarily be for the purposes of nourishment rather than for revenue generation.

Students need healthy foods during the school day to sustain the energy and concentration required for learning. To help ensure access to healthy food and beverages, it is important that they are affordably priced.

The promotion and sale of healthy food and beverages in school reinforces nutrition messages taught in the classroom and at home. While it is true that there are no “good” foods and “bad” foods, there are “most of the time” and “sometimes” foods. Foods and beverages of limited nutritional value (i.e., those that are high in sugars, sweeteners, fat, salt, and caffeine) can be part of a healthy pattern of eating and can add enjoyment to eating when consumed in moderation (i.e., sometimes). However, when foods and beverages of minimal nutritional value are available or promoted to students and staff at school every day, it becomes increasingly difficult to practise moderation.

School fundraising contributes valuable programs and opportunities for students. Fundraising can be complementary to the health of both students and the community by offering healthy food and beverage options or non-food items for sale. Many Nova Scotia schools have already shown that they can raise money and promote health at the same time.

The Food and Nutrition Policy for Nova Scotia Public Schools, as part of the Health Promoting Schools program, *Healthy Eating Nova Scotia, and Learning for Life II: Brighter Futures Together*, is an important investment in children and youth.

Health Promoting Schools (HPS) is an approach to school-based health involving a wide range of programs, activities, and services that take place in schools and their communities. HPS enhances health education through community support and partnerships. HPS also creates supportive environments based on health promoting programs and policies. These actions are intended to develop over time and to strengthen the school community as a healthy setting for learning, playing, working, and living.^{34, 35} The HPS approach helps prepare students for a life of health and learning.

School health, including nutrition, is an important investment in children and youth.

Released in 2005, *Healthy Eating Nova Scotia* describes a plan to address nutrition-related health issues in the province. One of the four priority areas is children and youth, and it includes increasing the availability and affordability of healthy foods in school among other settings and increasing the knowledge about food and nutrition among parents, teachers, and caregivers.³³

Together, *Learning for Life II: Brighter Futures Together* (2005), *Blueprint for Building a Better Nova Scotia* (2003), *Healthy Eating Nova Scotia* (2005), *Active Kids, Healthy Kids* (2002), *Health Promoting Schools Program* (2005), and the *Nova Scotia Tobacco Strategy* (2001) illustrate government’s commitment to work with school boards, parents, caregivers, and other key stakeholders on health-promoting policies and programs for the school-age population.

A study published in the *American Journal of Public Health* indicated that students in Nova Scotia schools with a comprehensive healthy living program (i.e., one that combined physical education, healthy foods, nutrition education, training of staff, and parental involvement) had significantly lower rates of overweight and obesity, had healthier diets, and reported more physical activity than students in schools without such a program.²⁷

The Food and Nutrition Policy for Nova Scotia Public Schools is a component of the provincial Health Promoting Schools program.



References

1. Health Canada. (1997) Canada's Food Guide to Healthy Eating. Focus on children six to twelve years. Background for educators and communicators. Ottawa: Public Works and Government Services Canada.
2. Health Canada. (1997) Food for Thought: Schools and Nutrition. Ottawa: Health Canada. http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/food_thought_schools_e.pdf (accessed April 2006).
3. Centers for Disease Control and Prevention. (1996) Guidelines for School Health Programs to Promote Lifelong Healthy Eating. Atlanta: Morbidity and Mortality Weekly Report. 45 (No.RR-9): 1-33.
4. American Dietetic Association, Society for Nutrition Education, and American School Food Service Association (2003). Nutrition services: An essential component of comprehensive health programs. *Journal of the American Dietetic Association* 103: 505-514.
5. Canadian Institute for Health Information. (2004) Improving the Health of Canadians. Ottawa: Canadian Institute for Health Information.
6. Canadian Institute for Health Information. (2005) Improving the Health of Young Canadians. Ottawa: Canadian Institute for Health Information.
7. Brandeis University. Center on Hunger Poverty, and Nutrition Policy. (1998) Statement on the Link between Nutrition and Cognitive Development in Children. <http://www.centeronhunger.org/cognitive.html> (accessed June 2006).
8. Russell J. (2004) Best Practices for Child Nutrition Programs: A Review of the Literature. Breakfast for Learning, Canadian Living Foundation. http://www.breakfastforlearning.ca/english/resources/materials/bplr_0305.pdf (accessed June 2006).
9. Pollitt E. (1995) "Does breakfast make a difference in school?" *Journal of the American Dietetic Association*. 95(10): 1134-1139.
10. Powell CA, Walker SP, Chang SM, Grantham-McGregor SMI. (1998) Nutrition and education: A randomized trial of the effects of breakfast in rural primary school children. *American Journal of Clinical Nutrition*. 68: 873-879.
11. Minnesota. Department of Children, Families and Learning. (1998) School Breakfast Programs: Energizing the Classroom. St Paul, Minnesota: Minnesota Department of Children, Families and Learning.
12. Action for Healthy Kids. (2005) The Learning Connection. The Value of Improving Nutrition and Physical Activity in Our Schools. http://www.actionforhealthykids.org/pdf/LC_color_120204_final.pdf (accessed June 2006).
13. Symons CW, Cinelli B, James TC, Groff P. (1997) Bridging student health risks and academic achievement through comprehensive school health programs. *Journal of School Health*. 67(6): 220-7.
14. Dwyer T, Blizzard L, Dean K. (1996) Physical activity and performance in children. *Nutrition Reviews*. 54(4 P+2) S27-S31.
15. Etnier JL, Salazar, Landers DM, Petruzzello SJ, Han M, Nowell P. (1997) The influence of physical fitness and exercise upon cognitive functioning: A meta analysis. *Journal of Sport and Exercise Physiology*. 19(3): 249-77.
16. Shepard, RJ. (1997) Curricular physical activity and academic performance. *Pediatric Exercise Science*. 9: 113-126.
17. Keays JJ, Allison KR. (1995) The effects of regular to moderate to vigorous physical activity on student outcomes: A review. *Canadian Journal of Public Health*. 86 (1): 62-65
18. Calfas KJ, Taylor WC. (1994) Effects of physical activity on psychological variables in adolescents. *Pediatric Exercise Science*. 6 (4): 406-423.
19. United Nations. World Health Organization. (2003) Diet, Nutrition and the Prevention of Chronic Diseases. Report of a Joint WHO/FAO Expert Consultation. WHO Technical Report Series 916.
20. Colman R. (2002) Cost of Chronic Disease in Nova Scotia. Halifax: GPI Atlantic.
21. Tremblay MS, Willms JD. (2000) Secular trends in the body mass index of Canadian children. *Canadian Medical Association Journal* 163(11):1429-1433.

22. Guo SS, Chumlea WC. (1999) Tracking of body mass index in children in relation to overweight in adulthood. *American Journal of Clinical Nutrition*. 70 (1): 145S-85.
23. Campagna P, Ness G, Rasmussen R, Porter J, Rehman L. (2002) Physical Activity Levels in Children and Youth in the Province of Nova Scotia. Report submitted to the Sport and Recreation Commission, Government of Nova Scotia.
24. Diabetes Care Program of Nova Scotia. (2003) Diabetes in Nova Scotia: A Ten Year Perspective. Halifax: Diabetes Care Program of Nova Scotia.
25. Diabetes Care Program of Nova Scotia. (2004) Nova Scotia Incident Cases of Diabetes Mellitus (types 1 and 2). Online document: www.diabetescareprogram.ns.ca/news/news10.asp
26. Statistics Canada. (2004) Canadian Community Health Survey.
27. Veugeliers PJ, Fitzgerald AL, Johnston EJ. (2005) Dietary intake and risk factors for poor diet quality among children in Nova Scotia. *Canadian Journal of Public Health*. (96) 3: 212-216.
28. Veugeliers PJ, Fitzgerald AL. (2005b) Prevalence and risk factors for childhood overweight and obesity. *Canadian Medical Association Journal*. 173 (6): 607-613.
29. Breakfast for Learning, Canadian Living Foundation. (2004) Online document. <http://breakfast4learning.ca> (accessed June 2006).
30. Rampersaud GC, et al. (2005) Breakfast habits, nutritional status, body weight and academic performance in children and adolescents. *Journal of the American Dietetic Association*. 105:743-60.
31. Canadian Centre for Occupational Health and Safety. (2002) Healthy Eating at Work. <http://www.ccohs.ca/oshanswers/psychosocial/healthyeating.html> (accessed June 2006).
32. County of Lambton Community Health Services Department. (2004) Wellness Works: A Guide to Healthy Living at Work. Lambton, Ontario: County of Lambton Community Health Services.
33. Healthy Eating Nova Scotia. (2005) Halifax: Healthy Eating Action Group of the Nova Scotia Alliance for Healthy Eating and Physical Activity.
34. Canadian Association for Health, Physical Education, Recreation and Dance. (2005) Comprehensive School Health — Quality School Health. Online document. http://www.cahperd.ca/eng/health/about_qsh.cfm (accessed June 2006).
35. United Nations. World Health Organization. (2005) School and Youth Health: What Is a Health Promoting School. http://www.who.int/school_youth_health/gshi/hps/en/index.html (accessed June 2006).
36. Nestle M. (2002) Food Politics: How the Food Industry Influences Nutrition and Health. University of California Press.
37. Media Awareness Network. (2003a) Special issues for young children. Developmental concerns. Online document. http://www.media-awareness.ca/english/parents/marketing/issues_kids_marketing.cfm (accessed June 2006).
38. Media Awareness Network. (2003b) How marketers target kids. Online document. http://www.media-awareness.ca/english/parents/marketing/marketers_target_kids.cfm (accessed June 2006).
39. Satter, EM. (2000) Child of Mine: Feeding with Love and Good Sense. Palo Alto: Bull Publishing.
40. Young LR, Nestle M. (2002) The contribution of expanding portion sizes to the US obesity epidemic. *American Journal of Public Health*. 92(2): 246-249.
41. Ontario Society of Nutrition Professionals in Public Health, School Nutrition Workgroup Steering Committee. (2004) Creating a Healthy School Nutrition Environment.
42. Conklin MT, Lambert LG, Anderson JB. (2002) How long does it take students to eat lunch? A summary of three studies. *The Journal of Child Nutrition & Management*. Issue 1 (Spring). Online document. <http://docs.schoolnutrition.org/newsroom/jcnm/02Spring/conklin> (accessed June 2006).
43. National Academies of Sciences. Food and Nutrition Board, Institute of Medicine. (2004) Dietary Reference Intakes for Water, Potassium, Sodium, Chloride and Sulfate. Washington, DC: National Academies Press.



members

Members of the Food and Nutrition in Nova Scotia Schools Policy Work Group

Michelle Amero,
Department of Health Promotion and Protection

Ann Blackwood,
Department of Education

Ismay Bligh,
Annapolis Valley Health Promoting Schools Program

George Carmichael,
Department of Agriculture

Sandi Carmichael,
Annapolis Valley Regional School Board

Cathy Carreau,
Halifax Regional School Board

Sharon Costey,
Cumberland County School Food Project

Bill Curry,
Tri-County Regional School Board

Louise D'Entremont,
La Fédération des parents acadiens de la Nouvelle-Écosse

Kevin Gallant,
Conseil scolaire acadien provincial

Paul Long,
Strait Regional School Board

Jeff Lynds,
Chignecto-Central Regional School Board

Debbie Madore,
Cape Breton-Victoria Regional School Board

Bev Mullin,
Nova Scotia Federation of Home and School Associations

Michelle Murton,
Department of Health Promotion and Protection

David Patrick,
South Shore Regional School Board

Dianne Raoul,
Nova Scotia Teachers Union

Bernadette Reid,
Nova Scotia School Boards Association

Gary Scott,
Department of Agriculture

