



Using a Voluntary Recognition Program

to Promote Healthier Out-of-School Time Settings in Florida

Children and youth spend up to 15 hours per week in afterschool and other out-of-school time (OST) activities when school is in session, or as many as 40 hours per week during the summer or other extended school breaks. Implementation of healthy

eating and physical activity (HEPA) standards and programming in OST settings is a natural complement to school wellness and early learning wellness initiatives. Multiple studies have found that OST programs can make modest improvements in unhealthy weight gain in children and youth. A focus on OST environments must be part of a comprehensive strategy to prevent childhood obesity.

Statewide voluntary health recognition programs represent a promising new model for promoting broad implementation of healthy eating and physical activity standards in out-of-school time settings. This resource explains this approach, and highlights some key considerations for implementing this approach in Florida.

What is a voluntary health recognition program?

A voluntary health recognition program sets out specific healthy eating and physical activity (HEPA) standards for programs to implement that go beyond minimum legal requirements such as licensing requirements, or Child and Adult Care Food Program (CACFP) requirements, as applicable. This



type of program typically also provides some support or incentives (which could be monetary or non-monetary) to encourage programs to voluntarily meet the standards. For example, the USDA's Healthier U.S. Schools Challenge program provides recognition to schools that voluntarily achieve specific nutrition and physical activity standards at four award levels: Bronze, Silver, Gold, and Gold Award of Distinction, and provides monetary incentives ranging from \$500 (Bronze) to \$2,000 (Gold Award of Distinction).¹ The Healthier CACFP Award Program for child care providers is another example of this approach. This program has three levels of recognition, but offers no financial incentives. It has been tailored by some states, including Kansas and Missouri.

Florida does not have a health recognition program or similar framework focused on HEPA standards for OST providers. However, this type of program has been established in California, where it is called the Distinguished After School Health (DASH) recognition program. Similar legislation has also been proposed in Texas and North Carolina.

What is the DASH model?

The California legislature enacted the DASH law in September 2014.² DASH applies to specific OST programs listed in the law and other programs in California that serve school age children outside of regular school hours, including before school and on weekends. It establishes HEPA-related standards that OST providers can self-certify they meet to be eligible for the recognition, which is a certificate that is valid for one year. See Table A for a detailed description of the standards that must be met to qualify for a certificate.

The law did not include an appropriation, but specifies that funding is subject to a future appropriation, or receipt of funding from other sources. In spring of 2015, the California governor's budget included \$177,000 to support implementation of the DASH law.

The DASH approach incentivizes OST providers to incorporate good HEPA practices by offering them a marketing tool (the certificate). The California program also has the potential to provide support and help to OST providers in implementing HEPA standards through the website that is to be created.

What is the legal structure of California's DASH program?

The law directs the California Department of Education to create and oversee the program, which includes creating and managing a website through which programs can create a certificate that demonstrates that they have met the DASH requirements.

The website must also have an updated list of DASH programs (including the program's date of qualification), and have resources and links to help programs meet the standards.

To qualify for a certificate, programs must show they meet specific standards relating to: healthy eating; physical activity; use of screen time; fundraisers involving food; connecting with schools (for school-based programs); staff training; staff modeling of healthy behaviors; nutrition education; and parent engagement.

Certificates will be valid for one year, but may be renewed with verification that the program continues to meet the standards.

The DASH law is scheduled to sunset on January 1, 2018.

What are some key considerations to think about in using this approach?

California is the only state to have this kind of HEPA focused recognition program for OST settings. Whether and to what extent it will succeed in promoting adoption of strong HEPA standards



for OST programs remains to be seen. Nonetheless, there are several potential strengths and weaknesses to a DASH approach that can be anticipated.

The fact that DASH is a voluntary program is both a strength and a limitation. The voluntary aspect could make it more politically feasible, and avoids objections relating to imposing more mandates on providers. Also, because OST programs can vary widely and serve so many different ages of kids, doing so many different activities (from educational to recreational to athletic), a voluntary approach allows flexibility for providers to choose whether and to what extent applying the HEPA standards makes sense for their programs. But of course, this flexibility is also a downside – voluntary programs have an

inherently limited impact because they only apply to those who choose to participate.

Another consideration of using this model is that the foundational legislation used by California has some key gaps, including:

- A lack of definitions or explanation for some standards that could lead to inconsistencies among programs and consumer confusion. For example, the California law calls on providers to not serve foods that are “primarily sugar-based,” or “high” in sodium, without defining what these phrases mean. Providers could interpret these phrases differently, so that even though programs all have the same certificate, they are applying different

nutritional standards to their food. The California Department of Education may be able to clarify these standards through an agency rulemaking. When applying this model to a different state (such as Florida), it would be important to make sure that defined terms are used appropriately, and that the definitions and standards align with other relevant Florida law, such as child care licensing laws, or Florida's Child Care Food Program (the Florida version of CACFP). Florida's child care licensing laws and Child Care Food Program are discussed in separate resources.

- Lack of clarity regarding flavored milk. The DASH standards state that only food and beverages without added sugar should be served, which presumably would disallow many flavored milks. However, the law also expressly allows serving of flavored milk so long as it is non-fat. This seemingly inconsistent language could create confusion, and a different jurisdiction might wish to treat flavored milks like other beverages with added sugar.
- The DASH standards do not address withholding of food or physical activity as a form of punishment or discipline.
- The DASH law does not require the Department of Education to provide any monetary incentives or awards to support provider efforts to implement the standards. Without these incentives, widespread adoption of the standards seems less likely. The lack of financial incentives is believed to be a significant limiting factor in the impact of the Healthier CACFP Award program in some states.

Another key consideration is that proper monitoring and enforcement will be needed to ensure that the recognition program is meaningful, which takes resources and staff time. The California approach is structured to rely upon self-assessment and self-reporting by OST providers that they meet the standards. Self-reported information is often

inaccurate. To earn and maintain consumer trust in the DASH certification, quality control and verification measures will be necessary. Further, periodic follow-up with providers also will be necessary to ensure that they are maintaining the standards consistently over time, and not just for a temporary period at the time of the self-report. Additionally, because the DASH standards are relatively strong standards, it should be anticipated that many providers, and particularly the ones that primarily serve low income children, will need technical assistance and other kinds of support to both meet and maintain the standards.

What are some potential unintended consequences related to the DASH model?

As noted above, maintaining a voluntary recognition program effectively requires resources, including staff time, marketing expertise, and the ability to provide technical assistance. If a program is created but not adequately funded or staffed, it could create a misleading impression that more progress in implementing HEPA standards has been made than is actually the case, deflecting energy and resources from efforts that would result in substantive improvements. A poorly implemented program could also fail to attract providers to participate, or participation could become meaningless if there is no quality control or monitoring of participants. In that case, the program could lead to consumer confusion about which programs are truly implementing HEPA standards and which are not. Similar to voluntary quality rating programs, a DASH-type program may also be more attractive to providers that are already high-performing. Low-performing providers, the providers that probably need the most assistance with nutrition and physical activity policies, may be less likely to participate in a DASH-like program, particularly if they believe that meeting the standards will raise their costs and increase their administrative burdens.

TABLE A: California's DASH Law Standards**Healthy Eating Standards and Education**

- Healthy foods such as fruits or vegetables, without added sugar, are served as snacks on a daily basis. Fried foods, candy, or foods that are primarily sugar-based, high in sodium, or include trans fat are not served or consumed by staff during program hours.
- Snacks/meals provided pursuant to the After School Education and Safety (ASES) Program, the 21st Century High School After School Safety and Enrichment for Teens (ASSET) program,²¹ and the Child and Adult Care Food Program meal guidelines are deemed to meet this standard.
- Only water, low-fat or nonfat milk, nonfat flavored milk, or 100% fruit juice is served. Water is preferred. Milk and fruit juices are not served in quantities exceeding eight ounces per day.
- Safe and clean drinking water is available and accessible at all times to attendees and staff.
- Sugar-sweetened beverages are not served to students and staff do not consume them on site.
- Program provides regular and ongoing nutrition education to each attendee.

Physical Activity Standards

- Each attendee gets 30 to 60 minutes of moderate to vigorous physical activity.
- Screen time is limited, and is only allowed in connection with homework or an activity that engages attendees in a physical activity or educational experience, consistent with the California After School Physical Activity Guidelines.

Standards for Fundraisers Involving Food (for fundraisers during program hours)

- Items sold must meet food and beverage guidelines.
- Sales must be in compliance with USDA competitive food rules.
- Sales cannot be scheduled during snack or meal service.

Parent Engagement Standards

- An educational program for parents that provides nutrition and physical activity information relevant to the program and children's health is implemented.
- Information about implementation of these requirements is available for review by parents at the site, and on the program's website, if there is one.
- Parents sign an acknowledgement that they are aware of the DASH program requirements and policies to institute and reinforce these specific healthy behaviors for attendees; the program must keep a copy of these acknowledgments in its records.

Staff Training

- Each staff member has received training on standards and importance of modeling healthy eating and physical activity. Training shall be in accordance with YMCA, Center for Collaborative Solutions, A World Fit for Kids!, NIOST, or similar programs.

Standards for School-Based Programs

- Must communicate with school regarding nutrition education and physical activity to provide attendees with a complete educational experience.
- Adheres to school wellness policy.



Conclusion

A healthy OST voluntary recognition program is a promising, emerging strategy for promoting wider adoption of meaningful HEPA standards by OST providers. To achieve its full potential, a program should align with existing laws and programs, such as Florida’s Child Care Food Program. In addition, it should provide adequate monitoring and supports, including technical assistance and incentives, to promote successful engagement with OST providers, and especially, with at-risk providers.

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Endnotes

- ¹ USDA, Healthier US School Challenge: Smarter Lunchrooms (Nov. 2014), <http://www.fns.usda.gov/sites/default/files/tn/HUSSCbrochure2014.pdf>.
- ² AFTER SCHOOL PROGRAMS—DISTINGUISHED AFTER SCHOOL HEALTH RECOGNITION PROGRAM, 2014 CAL. LEGIS. SERV. CH. 369 (S.B. 949), http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140SB949.