Healthy Out-of-School Time
framework
STANDARDS AND BEST PRACTICES FOR DEVELOPING
HEALTHY OUT-OF-SCHOOL TIME ENVIRONMENTS

ALLIANCE FOR A
HEALTHIER
GENERATION
CHILDHOOD OBESITY is an epidemic in the United States—nearly one in three children and youth (ages 2-19) is already overweight or obese. The out-of-school time setting holds promise as a critical venue for health promotion.

A growing number of intervention studies provide evidence that intentional efforts during out-of-school time (afterschool programs, community centers, faith-based organizations, summer camps, parks & recreation facilities, etc.) can improve the eating environment and increase physical activity opportunities for youth. Thus, with more than 8.4 million K-12 young people participating in afterschool programs alone, the out-of-school time setting is a key component to helping combat childhood obesity.

Out-of-school time providers have the opportunity to create environments where healthy eating and physical activity are not only accessible, but encouraged. They play an essential role in empowering youth to make healthy choices and become leaders and advocates for healthy changes. The Alliance for a Healthier Generation is committed to supporting out-of-school time

By following the Alliance’s Framework organizations are able to:

1. improve access to healthier foods
2. increase physical activity opportunities
providers in their efforts to create healthier environments through the Healthy Out-of-School Time Framework.

The 11 Standards within the Framework are based on the best available evidence of programs, policies and practices that positively impact healthy eating and physical activity behaviors among youth and staff. Associated tools and resources incorporate positive youth development practices that emphasize the importance of youth engagement, youth voice and youth-adult partnerships to positively affect health outcomes in school age youth.

The Healthy Out-of-School Time Framework has been reviewed and is supported by experts in the field of health promotion and youth development, including the American Heart Association and the Forum for Youth Investment, as well as leading national youth-focused and out-of-school time member organizations. The Framework encompasses the National AfterSchool Association Standards for Healthy Eating and Physical Activity, which will be approved this year as part of industry accreditation language by the Council on Accreditation, and is also aligned with the Alliance’s Healthy Schools Program Framework criteria.

"Without proper prevention and treatment of childhood obesity, the current generation could become the first in American history to live shorter lives than their parents."

– President Bill Clinton, Co-lead of the Alliance for a Healthier Generation
HE 01: **Content and Quality.** Our organization serves foods and beverages in amounts and types that promote lifelong health and help prevent chronic disease.

A Our program prohibits serving foods with artificial trans fats.

B Our program serves only fruit that is fresh, canned or frozen in water, 100% juice, extra light or light syrup, or dried with no added sweeteners.

C Our program serves only vegetables that are fresh, canned or frozen with no added ingredients except water, or dried with no added ingredients.

D Our program serves a fruit or vegetable at every snack and/or meal.

E Our program serves only grain products that are whole grain-rich.

F Our program serves only dairy products (not including milk) that are non-fat or reduced fat.

G Our program serves only protein foods (not including nuts and seeds) that are lean meat, skinless poultry, seafood, beans/legumes or eggs.

H Our program serves only nuts or seeds with no added ingredients.

I Our program serves only packaged snacks that meet the USDA Smart Snacks in School nutrition standards (such as granola bars, baked chips, etc.)

J Our program serves only frozen desserts that meet the USDA Smart Snacks in School nutrition standards (such as frozen fruit bars, ice cream).

K Our program provides plain potable water at all times at no cost to youth and staff.

L Our program serves only plain low-fat milk, or plain or flavored non-fat milk, limited to 8 fluid ounces per day for elementary school students and 12 fluid ounces per day for middle and high school students.

M Our program serves only 100% fruit or vegetable juice with no added sweeteners, or 100% juice diluted with water with no added sweeteners, limited to 8 fluid ounces per day for elementary school students and 12 fluid ounces per day for middle and high school students.

N Our program prohibits serving full-calorie sodas, sports drinks, or juice drinks (not including 100% juice).

O Our program also prohibits serving diet soda, low-calorie sport drinks, or other low calorie beverages for elementary school students, and/or only allows these beverages for high school students.

P Our program serves only non-caffeinated beverages.
HE 02: **Staff Training.** Our staff regularly participates in learning about healthy eating grounded in effective training models using content that is evidence-based.

A All staff training on healthy eating is:
   - comprehensive (covers multiple topics)
   - evidence-based (based on credible research)
   - does not support a particular industry or food sector agenda
   - delivered by qualified personnel

B At least 2 staff members are trained at a time on healthy eating.

**STAFF MEMBERS WHO ARE CHARGED WITH THE RESPONSIBILITY FOR FOOD SERVICE:**

C Staff members charged with the responsibility to develop or serve a healthy menu receive training at least once a year.

D New staff members charged with food service responsibility are quickly oriented to healthy menu development (if regularly scheduled training is at least a month away).

**ALL STAFF MEMBERS:**

E All staff members are trained at least once a year and coached throughout the year on the role that healthy eating, physical activity and social supports collectively play to support healthy behaviors amongst youth.

"**A big barrier youth face when trying to live a healthier lifestyle in my community is the foods provided to them. If kids were offered healthy, delicious options they would realize how easy and tasty living a healthy life can be.**" — Katie Stagliano, 13, Summerville, SC

F New staff members are quickly oriented to how healthy eating, physical activity and social supports can be used / utilized / integrated into organizational practices to encourage healthy behaviors (if regularly scheduled training is at least a month away).

HE 03: **Nutrition Education Curriculum.** Our organization offers evidence-based nutrition education.

A Our program offers nutrition education to youth.

B The nutrition education we offer is evidence based.

C The nutrition education we offer does not support a particular industry or food sector agenda.

D The individuals that deliver our nutrition education are credentialed health or nutrition educators (i.e., have CHES, RD, LD or a postsecondary degree in appropriate field) or are program staff that have participated in training by credentialed health or nutrition educators.
HE 04: Social Support. Our organization and staff create a social environment (including positive relationships among staff, youth, families and community) that encourages children to enjoy healthy foods.

ON-SITE:
A. Foods and beverages are not used as reward or punishment.
B. All events and celebrations serve or sell foods and beverages that meet the USDA Smart Snacks in School nutrition standards.
C. Fundraisers serve or sell foods and beverages that align with the USDA Smart Snacks in School nutrition standards or rely on non-food items.

YOUTH:
D. Youth participate in food and beverage selection, distribution, preparation and/or clean-up.

SITE STAFF:
E. Staff sit and eat the daily program snack or meal with youth.
F. Staff discuss the health benefits of snack or meal components with youth and have a process in place for discussing inappropriate food choices with youth.
G. Staff do not bring in/consume personal food or beverages in front of youth other than items that would appear on the program’s menu.

FAMILIES & COMMUNITY:
H. Our program’s Nutritional Education (refer to HE 03) materials are made available to families through pamphlets, newsletters, email blasts or other means.
I. Foods and beverages served or sold at family/community events meet the USDA Smart Snacks in School nutrition standards.
J. Families receive guidelines about food and beverages that may be brought into the program by the family members or youth.
K. Our program has a process in place for discussing inappropriate food and beverage choices with families.
L. Our programs’ healthy eating practices are shared and discussed during parent/family/community meetings.
M. Our program develops family advisory groups and/or community network groups to support healthy eating in the community and at home.
HE 05: **Organizational Support.** Our organization supports healthy eating through management and budgeting practices.

A Our organization budgets for food costs so that our food service is aligned with the USDA Smart Snacks in School nutrition standards.

B Our organization accesses federal nutrition programs that assist with providing healthy snacks and meals to participants (i.e. NSLP, CACFP and SFSP).

C Our organization does not use our food budget for food based crafts (e.g. dried pasta for craft projects).

D Our organization’s leadership supports healthy eating through coaching, mentoring and monitoring menu quality.

E Foods served at staff meetings are consistently/regularly healthy.

F Staff at all levels of the organization model healthy eating on the job.

HE 06: **Environmental Support.** Our organization’s physical environment supports healthy eating.

A Our program environment does not have posters or advertisements on the walls that promote unhealthy foods or beverages.

B Our program environment provides positive messages about healthy eating through posters, pictures and books.

C Youth do not have access to food sources (i.e. vending machines, snack bars, etc.) that sell foods and beverages that do not align with the USDA Smart Snacks in School nutrition standards.

D Our program restricts screen time to avoid exposure to food marketing.

E Our program has access to adequate kitchen and storage facilities to support our healthy eating practices.

---

Youth development can create the conditions by which young people from all populations have opportunities to develop skills and habits that lead to long-term good health.

— New York State Department of Health
Content and Quality. Our organization’s physical activity offerings support the USDHHS 2008 guidelines recommending that all youth obtain a daily minimum of 60 minutes of physical activity per day that includes a mixture of moderate and vigorous intensity activity as well as bone and muscle strengthening activities.

A Our program dedicates at least 20% or at least 30 minutes of morning or afterschool program time to physical activity and at least 60 minutes for a full day program.

B Our program provides physical activities in which youth are moderately to vigorously active for at least 50% of the physical activity time.

C Our program ensures physical activity takes place outdoors whenever possible.

D Our program ensures that daily physical activity time includes:
  - aerobic (i.e. bicycling)
  - age-appropriate bone and muscle strengthening (i.e. jump rope, push-ups, sit-ups), and,
  - cardio-respiratory fitness activities (i.e. running).

E Our program provides a variety of physical activity options that are fun, recreational and life long learning opportunities (i.e. swimming, bicycling, jogging, dancing).

F Our program offers unstructured free play or structured activities that involve all program attendees.

G Our program offers non-competitive activities (i.e. walking, running, dance).

H If we have an intramural program, our program offers competitive physical activities that follow the National/State Standards for Physical Education.

I Our program offers activities that are adaptable, accessible and inclusive of all youth, including those with physical, sensory and intellectual disabilities.

J Our program conducts physical activities that are integrated with enrichment, academic or recreation content (i.e. goal-driven, planned, sequentially designed and delivered in a safe, inclusive, developmentally appropriate and success oriented manner).

"Find a sport or a game or some kind of hobby or activity that gets you moving and excited. The key to being healthier isn’t just one thing, it’s incorporating a lifestyle change one step at a time."

— Madelyn Clark, age 17, Mechanicsville, VA
K Our program provides short physical activity breaks between and/or within program activities to invigorate youth and eliminate long periods of sitting.

L Our program does not permit access to television or movies.

M Our program limits digital device time to less than one hour per day and digital device use is limited to homework or activities that engage youth in moderate to vigorous intensity physical activity.

PA 02: Staff Training. Our staff participate in learning about physical activity through effective training models with content that is evidence-based.

STAFF MEMBERS WHO LEAD PHYSICAL ACTIVITY:
A Receive annually a minimum of 8 contact hours of professional development on effective practices and strategies for including physical activity that supports the USDHHS physical activity guidelines.

B Receive annually a minimum of 16 hours of in-service training, including First Aid/CPR certification.

C Are trained in adapting physical activity opportunities to include youth at all levels of athletic ability and those with physical, sensory or intellectual disability.

ALL STAFF MEMBERS:
D Are trained not to withhold opportunities for physical activity (e.g. not being permitted to play with the rest of the class or being kept from play time) except when a youth’s behavior is dangerous to himself or others. Additionally, staff members are trained to use appropriate alternate strategies as consequences for negative or undesirable behaviors.

E Are trained and familiar with curricular resources on integrating physical activity throughout the program.

PA 03: Social Support. Our organization and staff create a social environment (including positive relationships among staff, youth, families and community) that encourages children to enjoy and participate in physical activity.

SITE STAFF:
A Staff leads and participates in active play (e.g. games and activities).

B Staff does not withhold or use physical activity as a reward or punishment.

YOUTH:
C Youth participate in activity selection, organization and leadership.

FAMILIES & COMMUNITY:
D Educational materials about physical activity are made available to families through pamphlets, newsletters, email blasts, etc.

E Parent/family/community events incorporate physical activity.

F Our programs’ physical activity standards and practices are shared and discussed during parent/family/community meetings.
Our program develops family advisory groups and/or community network groups to support physical activity in the community and at home.

**PA 04: Organizational Support.** Our organization supports physical activity through management and budgeting practices.

- **A** Our organization budgets appropriately to provide high quality physical activity experiences.
- **B** Our organization’s leadership supports physical activity improvements through coaching, mentoring and monitoring progress.
- **C** Our organization participates in ongoing self-evaluation and program improvement strategies for physical activity programming.
- **D** Our organization’s liability and risk management policies enable staff to participate in physical activity with youth.
- **E** Our organization promotes and encourages a physically active lifestyle among staff.

**PA 05: Environmental Support.** Our organization’s physical environment supports physical activity standards.

- **A** Equipment for games, sports and activities is age and developmentally appropriate.
- **B** Equipment is sufficient to engage all participants and meets all required safety standards.
- **C** Equipment supports cardio-respiratory and musculoskeletal (bone and muscle strengthening) fitness (per USDHHS 2008 guidelines).
- **D** Our program has adequate indoor facilities for physical activity.
- **E** Our program has adequate outdoor facilities for physical activity, including fields and playgrounds that meet safety standards.
- **F** Our program has adequate access to indoor and outdoor facilities through formal or informal shared use agreements with host facilities.
- **G** Our program environment provides positive messages about safe and developmentally appropriate physical activity through posters, pictures and books.

**During an economic and health crisis in which concerns about nutrition, physical activity and chronic disease are paramount, it is incumbent on every program that serves US children to help promote access to health promoting lifestyles.**

— National AfterSchool Association
To implement the Healthy Eating and Physical Activity Standards and Best Practices, out-of-school time settings use the Six Steps to a Healthier Out-of-School Time Environment. The Alliance works with sites throughout this continuous quality improvement process, providing tools, support and guidance along the way.

1. Build support for implementing healthy changes within the out-of-school time site and community.

2. Assess the strengths of the out-of-school time site in achieving the healthy eating and physical activity Standards.

3. Prioritize opportunities for improvement and create an Action Plan to achieve the Standards and Best Practices.

4. Identify resources locally and nationally to support the achievement of the Standards and Best Practices.

5. Take calculated and incremental steps to achieve the Standards and Best Practices.

6. Collect success stories from youth, staff and the community to celebrate accomplishments and sustain change.
Acknowledgements

The Alliance for a Healthier Generation is grateful for the support and insights supplied by individuals and organizations throughout the development of the Healthy Out-of-School Time Framework. In addition to Alliance internal staff experts, we would like to acknowledge the following:

>> California Afterschool Network, School of Education, University of California Davis

>> Department of Parks & Recreation, City of Huntington Park, California

>> Forum for Youth Investment

>> Out-of-School Time programs and staff who participated in the 2011-2012 inaugural Healthy Out-of-School Time Framework implementation

>> Out-of-School Time Resource Center, School of Social Policy and Practice, University of Pennsylvania

>> Partnership for Youth Development, New Orleans, Louisiana

>> Youth Advisory Board Members, Alliance for a Healthier Generation

**Healthy Out-of-School Time Coalition (HOST) founding organizations:**

>> National Institute on Out-of-School Time (NIOST) at the Wellesley Centers for Women at Wellesley College

>> University of Massachusetts Boston (UMB)

>> YMCA of the USA

>> National AfterSchool Association
Sources


Sources


Glossary

The following terms appear in the Healthy Out-of-School Time Framework, Inventory and associated tools and resources. The definitions below are intended to clarify these terms and assist practitioners in effectively interpreting the Standards and Best Practices.

**Aerobic Fitness Activities** (also Cardio-Respiratory Fitness Activities) refers to endurance, or the ability to sustain work for prolonged periods. This is usually experienced in the abilities to walk, run, climb uphill, swim, etc. In order to be fully aerobic, the activity generally needs to last at least 12 minutes.

**Bone Strengthening Activities** produce a force on the bones that promotes bone growth and strength through impact with the ground.

**Best Practices** are activities that put the Standard into action. These reflect scientific literature and/or reflect national OST-field consensus on practical methods of operationalizing the Standard based on experience.

**Body Mass Index (BMI)** (for children and teens) is a number calculated from a child’s weight and height and used as an indicator of body fatness. The Centers for Disease Control and Prevention (CDC) BMI-for-age growth charts take into account differences in criteria used to interpret the meaning of BMI for children and teens versus for adults (the amount of body fat changes with a child’s age and differs between girls and boys) and allow translation of a BMI number into a percentile for a child’s sex and age.

**Cardio-Respiratory Fitness Activities**, see Aerobic Fitness Activities.

**Childhood Obesity**, see Obesity (child).

**Chronic Disease** is a disease that is long-lasting or recurrent. Four modifiable health risk behaviors—lack of physical activity, poor nutrition, tobacco use and excessive alcohol consumption—are responsible for much of the illness, suffering, and early death related to chronic diseases.

**Community Networks and Family Advisory Groups** are working groups made up of families, youth and community members convened to address pressing health issues and is representative of multiple segments of the community.

**Evidence-Based Programs** are interventions that have been found to have positive effects or impacts on targeted outcomes through evaluation.

**Family Advisory Groups and Community Networks**, see Community Networks and Family Advisory Groups.
Glossary

**Healthy Menu** is a menu comprised of foods and beverages that meet the Alliance for a Healthier Generation’s meal, snack and beverage Guidelines or other nationally recognized standards or criteria.

**Intramural Programs** are activities and competitions that occur between youth attending the same school or OST site/organization.

**Moderate and Vigorous Intensity Activities** are activities that cause an increase in heart rate and breathing and body temperature.

**Muscle Strengthening Activities** (strength training, resistance training or muscular strength and endurance exercises) are activities that involve lifting, pushing or pulling to increase muscle strength and endurance.

**National/State Standards for Physical Education** (i.e. National Association for Sport and Physical Education (NASPE) guidelines) define what a student should know and be able to do as a result of quality health education or physical education programs. They provide a framework for developing realistic and achievable expectations for student performance at every grade level.

**Obesity** (child) is defined as a BMI at or above the 95th percentile for children of the same age and sex.

**Overweight** (child) is defined as a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex.

**Physical Environment** is the actual physical space where the out-of-school time program operates.

**Positive Youth Development** addresses the broader developmental needs of youth, in contrast to deficit-based models which focus solely on youth problems.

**Qualified Personnel** have received the appropriate amount and quality of training (informal or formal) in a particular subject.

**Standards** are the best available evidence of programs, policies and practices that positively impact healthy eating and physical activity behaviors among youth.

**USDA**, also known as the Department of Agriculture, is responsible for developing and executing the United States federal government policy on farming, agriculture and food.

**USDHHS**, also known as the Department of Health and Human Services (HHS) is the United States government’s principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. The 2008 Physical Activity Guidelines for Americans provides science-based guidance to help Americans aged 6 and older improve their health through appropriate physical activity.
LEADING THE WAY FOR CHILDREN’S HEALTH

FOUNDED BY:

American Heart Association

CLINTON FOUNDATION