21st Century Community Learning Centers

Incorporating healthy food and physical activity into afterschool and out-of-school time (OST) programs is an integral component of a comprehensive strategy to prevent childhood obesity. This factsheet provides an overview of the efforts of 21st Century Community Learning Centers (21st CCLC) to incorporate healthy eating and physical activity practices. To learn more, please visit the Center’s Minnesota Afterschool and Out-of-School Time Toolkit for Healthy Eating and Physical Activity.

About 21st CCLC programs

In 2012, $2.5 billion was allocated to 21st CCLC programs across the country through the No Child Left Behind Act; however, less than half of that amount, $1.15 billion, has been appropriated to fund the programs. The funds flow through formula grants to the states, which, in turn, award local grants to public and private entities. The Afterschool Alliance, a national group that advocates for access to quality, affordable afterschool programs, estimates that in 2011 alone, 21st CCLC reached 1.6 million children in more than 10,000 schools, community-based organizations, and other centers nationwide. About 90% of 21st CCLC programs are located in school buildings; programs are also operated by community-based or faith-based organizations.

Nationally, two-thirds of children in 21st CCLC programs are eligible for free or reduced lunch, and 21st CCLCs are federally funded afterschool enrichment programs that are designed to reach children at “high-poverty, low-performing schools” — those with 40 percent or greater poverty, based on eligibility for free and reduced lunch.
17% speak English as a second language. Most children who participate in 21st CCLC programs are from low-income families or communities of color. A quarter of student participants are African-American and about one-third are Hispanic or Latino. In Minnesota, 21st CCLC provides the largest source of statewide funding for afterschool programming. About 21,000 children and youth are enrolled in programs that receive 21st CCLC dollars across the state. Grantees are incentivized to serve youth in grades 6 and higher.

State efforts to incorporate healthy eating and physical activity into 21st CCLC

Several states, including Oregon, Alabama, and Missouri, have explored the opportunity to incorporate healthy eating and physical activity into 21st CCLC programs. In Oregon, the Department of Public Health partnered with the state’s Department of Education to align 21st CCLC and Coordinated School Health programs in four counties. Over two years, school districts and non-profits received six trainings on the links between health, learning, and systems thinking. Before-school and afterschool program managers with experience in health initiatives presented examples of their work, and trainers provided a crosswalk of the program requirements for 21st CCLC and Coordinated School Health to help stakeholders understand the connections between the two programs. Each county then developed an afterschool action plan. Gervais School District in Oregon’s Marion County, for instance, used local health data to decide on the focus of their efforts, and used technical assistance from the Alliance for a Healthier Generation to strengthen physical activity in its afterschool

Incorporating healthy food and physical activity into afterschool and out-of-school time (OST) programs is an integral component of a comprehensive strategy to prevent childhood obesity.
programs. Two middle schools in Deschutes County in central Oregon decided to focus on improving asthma management and increasing opportunities for physical activity.

In Alabama, the Departments of Health and Education have partnered to provide technical assistance to 21st CCLC as part of a Healthy Weight Initiative. Some 21st CCLC sites in the state are participating in the National Institutes of Health’s We Can! program to improve nutrition and physical activity and reduce sedentary activity.

The State of Missouri requires that all afterschool programs with 21st CCLC funding use the state’s quality standards for afterschool programs as part of their annual self-assessments. Many local funders also require their grantees to use the state’s assessment tool.

**Challenges and opportunities**

Many challenges can arise when introducing healthy food and physical activity in 21st CCLC settings. Iowa’s Afterschool Alliance, for example, found wide variations among 21st CCLC programs in the availability of food storage and preparation space. While some programs had access to kitchen spaces and refrigerated storage in their host building, others merely had a cupboard — thus making it difficult to consistently implement healthy food policies at all sites. Similar variability may exist with regard to the availability of play equipment, the adequacy of staff training to lead games, and the provision of opportunities for children to be physically active. This may be due, in part, to variations in funded sites, given that some sites are school-based, while others are community-based. A persistent challenge facing school-based programs is that nutrition standards frequently run from bell-to-bell only; standards that apply during the regular school day (e.g., limiting use of vending machines and school stores) are often relaxed or non-existent at other times of day.

Working with 21st CCLC programs offers a unique opportunity to improve access to nutrition and fitness for disadvantaged youth. Oregon has seen success in involving 21st CCLC programs as part of a broader Coordinated School Health program. A growing interest in Coordinated School Health combined with an influx of federal funding for innovative education programs, particularly for underserved children, may mean that Oregon’s model could provide a promising pathway to expand access to healthy food and physical activity in Minnesota and other states’ afterschool programs. (Funds for Coordinated School Health are competitive, however, and are not guaranteed to states. In the absence of funds from the CDC, the program model could continue, but states might lack capacity to support staff time to coordinate and guide program activities.)

Like other OST health initiatives and policies mentioned in this series of factsheets, a sole focus on 21st CCLC programs would have limitations. In Minnesota, for example, only 21,000 children and youth in afterschool programs participate in 21st CCLC programming. Oregon’s program took place in schools with experience in health initiatives and with providers that were eager to participate. Similar healthy eating and physical activity pilot programs in 21st CCLC will depend heavily on interest among a state’s 21st CCLC managers and staff, as well as the capacity of state agency staff to support program activities and policies through the provision of technical assistance and training. Minnesota’s most recent 21st CCLC grants require recipients to include health, fitness and nutrition programming. Resources and trainings have been provided on best practices. However, no standards are in place to help grantees implement these programs.
Last updated: May, 2013

The Public Health Law Center thanks Hanna Kite, MPH, Health Policy Workshop, for her assistance in writing and editing this series, as well as Cassie Benson for her work on the project. The Public Health Law Center would also like to thank Allison Anfinson, Senior Program Evaluator, Center for Prevention, Blue Cross and Blue Shield of Minnesota, Eric Billiet, Expanded Learning ED Specialist, Minnesota Department of Education, Dr. Dale Blyth, Extension Professor, School of Social Work, College of Education and Human Development, University of Minnesota, and Dr. Marilyn S. (Susie) Nanney, Associate Professor, Family Medicine and Community Health, Program in Health Disparities Research, University of Minnesota, for their assistance in reviewing this document.

Endnotes


4 Afterschool Alliance, supra note 2.


7 Telephone Interview with Isabelle Barbour, School Health Coordinator, Oregon Public Health Division (Nov. 7, 2012).


9 Telephone Interview with Isabelle Barbour, School Health Coordinator, Oregon Public Health Division (Nov. 7, 2012).

