



District Progress on School Wellness Policies and Remaining Challenges

Background

All school districts participating in any federally funded child nutrition program were required to establish a locally developed school wellness policy by the beginning of the 2006-07 school year (federal Child Nutrition and WIC Reauthorization Act of 2004, PL 108-265). At a minimum, each policy must address:

- goals for nutrition education, physical activity and other school-based activities that are designed to promote student wellness in a manner that the district determines is appropriate;
- nutritional guidelines selected by the district for all foods available on each campus during the school day, with the objectives of promoting students' health and reducing childhood obesity;
- assurance that the district's guidelines for reimbursable school meals will not be less restrictive than federal regulations and guidance pursuant to federal code; and
- a plan for measuring the implementation of the wellness policy, including the designation of one or more persons in the district or at each school charged with the operational responsibility that this policy is implemented.

The California School Boards Association and California Project LEAN (Leaders Encouraging Activity and Nutrition) commissioned a national research project to determine the extent to which school boards and districts have been able to develop, implement and monitor/ evaluate their wellness policies and to determine what additional tools or information would assist districts with their policies. The project targeted four groups:

- school board members representing a diversity of districts;
- leaders in state school boards associations (presidents, executive directors, communications directors and policy/government services directors);
- state public health nutrition directors; and
- Action for Healthy Kids team members (health/ nutrition professionals; educators/school administrators; state agency professionals; parents; representatives from business, higher education, community and nonprofit organizations; students).

The study was conducted from March to July 2006 using online surveys, focus groups and key informant interviews. Over 2,900 individuals with some familiarity or involvement with the issue participated in the study. A description of the study methodology and the full research results are available in *School Wellness Policy Development, Implementation, and Evaluation: Perceptions, Barriers and Opportunities Among School Board Members, State School Boards Associations, and School Wellness Advocates*, 2007. For further information go to www.csba.org or www.californiaprojectlean.org.

Key Findings

Board member familiarity with policy mandate

The vast majority of school board members included in the survey (90%) were familiar and involved with the school wellness policy mandate, largely through reading about the issue and reviewing and approving policy. A minority of board members were involved in other ways, such as researching policies (22%), serving on a school health advisory council (16%) or attending a training session (11%).

District priority on school wellness

School wellness was viewed as a high or moderate priority in the district among 84% of the board members surveyed (33% reporting a high priority, 51% moderate priority, 15% low priority). Board members in the focus groups had a somewhat more negative view, with responses more evenly divided between low priority and high priority. Nevertheless, they viewed school board members as the most avid group of wellness “champions” taking the lead to drive the issue forward.

Anticipated impact of wellness policy

In rating the wellness policy mandate on a continuum from “bad thing” to “good thing,” board members in focus groups overwhelmingly viewed the mandate as something that would be worthwhile and beneficial to their districts.

Similarly, there is a prevailing belief among all groups participating in the survey that school wellness policies will have “some” or “a lot” of positive impacts. Most highly expected is an impact on children’s access to healthy foods at schools (43-50% of the groups anticipating “a lot of impact”). Other areas in which some respondents expect “a lot” of positive impact from the policy include physical activity levels among students (12-32%); healthy eating habits among students (20-31%); staff support for school wellness (21-29%); health status of students over the long term, including rates of diabetes, cancer and heart disease (12-25%); student academic achievement (12-35%); family/parent support for school wellness (15-22%); prevalence of student overweight and obesity (9-18%); and student satisfaction with the school environment (11-18%).

District capacity to develop, implement and evaluate policy

Most board members surveyed expressed confidence in the work their district is doing relative to school wellness:

- 85% were very or somewhat confident that their policy review and development process reflects best practices (46% very confident, 39% somewhat confident, 5% not at all confident, 9% not sure).
- 51% reported that their district had already accomplished or was making progress in developing the school wellness policy at the time of the survey, and another 44% were confident that their district had adequate or full capacity to do so.

- 36% reported that their district had already accomplished or was making progress in implementing the school wellness policy, and another 57% were confident that their district had adequate or full capacity to do so.
- 28% reported that their district had already accomplished or was making progress in monitoring/evaluating the school wellness policy, and another 61% were confident that their district had adequate or full capacity to do so.

They also believed that their district will actually implement the policy effectively (65% very likely, 33% somewhat likely) and evaluate it effectively (55% very likely, 41% somewhat likely).

In contrast, the other groups of respondents had less confidence in district practices. For example, 30% of AFHK members and 42% of state nutrition directors said they were “not at all confident” that policy development reflected best practices. Another disparity was with regard to district capacity to monitor/evaluate policies, where 6% of school board members, 26% of state school boards association leaders, 48% of AFHK members and 89% of state nutrition directors believed that districts have “minimal capacity.” A third of the wellness advocates believed it is “not at all likely” that districts will actually monitor/evaluate their wellness policy effectively. However, it is important to note that school board members were responding on behalf of their own district whereas the other groups were asked to respond with regard to the “majority of the districts in their state.”

Barriers/challenges

Barriers to effective policy development, implementation and monitoring/evaluation were ranked on a scale of 1 to 5, with 1 = Not a Challenge and 5 = Major Challenge. The most significant barriers identified by the groups surveyed (and mirrored in focus groups and key informant interviews) included:

- **Inadequate funding.** Funding was the number one concern cited by school board members and state school boards association leaders (ranked 3.4 and 4.4, respectively). It was also the most prevalent write-in comment in an open-ended question about districts’ “single biggest need” in fully complying with the wellness policy mandate. Fiscal concerns included the need for additional staff and facilities to carry out the wellness plan, as well as the loss of funding or increased costs as a result of healthier vending, improving food options generally, and fundraising policies. Although inadequate funding

was the most frequently cited barrier, it is important to note that only a minority of school board members (16-32%) cited negative financial impacts from any aspect of their policy. Most expected the financial impact will be neutral, and some (7-12%) expected the policy to have a positive financial impact.

- **Competing priorities/lack of time.** Ranked 3.4 by school board members and 4.2 by state school boards association leaders, the second most significant concern includes competition with other priorities and mandates, teacher contract restrictions and inadequate time for physical education classes.
- **Lack of support from students, parents and community.** Both board members and state school boards association leaders cited the need to educate and gain the support of students (rankings of 3.1 and 3.5, respectively, by board members and association leaders), parents or caregivers (2.9 and 3.3) and the community (2.6 and 3.1). It was considered less of a problem to gain the support of school board members, district administrators, school administrators or school staff.
- **Need for tools and training.** There is a perceived need for additional tools and training to support those responsible for policy development (ranked 2.8 by school board members and 3.1 by state school boards association leaders) and those responsible for compliance or policy implementation (2.6 and 3.4).

Training/information needs

School board members in the survey expressed interest in a wide range of training topics related to policy development, communications, school environment, mobilization of support, monitoring/evaluation and finances, with the following being rated as slightly more valuable than others:

- mobilizing parent/caregiver support and involvement;
- mobilizing student support and involvement;
- exploring revenue-generating alternatives to the sale of unhealthy foods and beverages; and
- increasing understanding of and promoting the link between good nutrition, physical activity and student achievement.

School board members also identified a variety of policy-related tools that would be useful to them, including model nutrition standards, model physical education standards and sample board policies. Ranked almost as highly were tool kits for engaging key audiences, case studies of other school districts, and guides to assist with policy implementation and monitoring/evaluation.

Participants in the focus groups identified similar topics when they brainstormed a list of information and tools that would help support the policy process. In addition, they felt it would be useful to have more information about related state and county regulations and guidelines, pros and cons of various food options, data on the impact of wellness policies, community/business partnership opportunities, curriculum support, training and guidelines for site administrators and food services staff, parent education, and evaluation results from other districts for guidance and comparison.

Partnerships with wellness advocates

Three-fourths of the wellness advocates surveyed reported having some involvement with school boards in their state with regard to the school wellness policy mandate, although the involvement has often been limited. A substantial percentage of the state nutrition directors (36%) and AFHK team members (42%) say they would like to become more involved with school boards.

Keys to success

In-depth interviews with individuals in three school districts and one state-level collaboration (all outside California) shed light on a number of factors that have contributed to successful school wellness policies:

- long-term, top-level commitment to student health and wellness from administrators and the school board;
- a history and culture of community involvement, including partnerships and collaborations with health, business, faith-based, nonprofit and government entities in the community;
- a community environment that values wellness;
- regular communications with families and the community as a top priority;
- data-driven approach to decision making, communications and program tracking;
- highly motivated, results-oriented staff charged with implementation;

- board involvement on the school health advisory council or other wellness committee;
- state-level leadership and legislation that support and mandate positive change;
- a wellness coordinator or another dedicated person on staff to help guide and implement wellness initiatives;
- cooperation and collaboration with state agencies, such as the departments of education, agriculture and health; and
- state-level collaboration (a previously existing coalition allowed the model wellness policy to be developed faster and with more broad-based involvement than otherwise would have been possible).

The interviews also offer a number of recommendations based on the experiences and “lessons learned” in these districts that have made progress with their wellness policies:

- Don’t bite off too much too soon. Start small and build slowly. Don’t expect to implement everything in one year.
- Get the right representatives on the school health advisory council or other wellness committee.
- Engage “adversaries” on the school health advisory council; educate them and enlist their support.
- Ensure the school health advisory council understands and is committed to working with the district, not trying to compete with or work against it.
- Collaborate with local universities on monitoring and evaluation tactics.
- Identify the “hot button” issue in the district and start by addressing that issue (e.g., diabetes, cafeteria service, etc.).
- Be prepared to tell the story over and over again.
- Get more than one board member involved.
- Treat new programs as a trial. Start with pilot projects and let the benefits speak for themselves.

- Don’t use finances as an excuse. Get creative and proactive with grants. Guard every single penny.
- Model the desired behavior.
- Be prepared to adjust the plan as the district goes along.

Conclusion

School board members participating in this study understand, are involved with and value the mandate to develop a districtwide school wellness policy. They recognize that the policy has potential to produce positive results for the students in their district.

They also believe that their districts are making good progress in fulfilling the policy mandate. At the time of the study, many of the districts were engaged in the policy development process, and some had even entered the implementation or monitoring/evaluation phase. Board members were highly confident that their districts had the capacity to complete the work, but did identify some challenges as well as some tools and information that would better help them address those challenges. They were somewhat less confident in the implementation and monitoring/evaluation of wellness policies than they were in policy development, indicating a need to identify or develop resources to assist districts with these phases.

State public health nutrition directors and AFHK team members and, to a lesser extent, state school boards association leaders had greater concerns about districts’ ability to develop, implement and monitor wellness policies. Whether the difference is due to a lack of knowledge about the work going on in districts, differences in understanding what will be required to effectively implement and evaluate policies or some other factors, the results indicate a need for key stakeholders to work together to ensure that wellness policies reflect best practices and are tailored to local needs and circumstances. Sharing information across districts and across all levels of agencies and organizations involved in promoting student wellness is important in the task of identifying what works and what does not work.

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