



School wellness policy development, implementation and evaluation

May 2008

Research implications for state public health nutrition directors and school wellness advocates

Studies have provided evidence that poor nutrition and limited physical activity among today's children and youth can negatively impact their physical, social and emotional health, as well as their school attendance, learning and achievement. In addition, childhood overweight and obesity put children and youth at risk for chronic diseases in adulthood.

Schools play a critical role in feeding students, providing opportunities for physical activity and contributing to lifetime health habits. Therefore, implementation and evaluation of school nutrition and physical activity policies play a key role in childhood overweight and obesity prevention.



The wellness policy mandate

Congress passed legislation in 2004 requiring all school districts participating in a federal nutrition program to develop a wellness policy starting in 2006–2007. At a minimum, the policy must include:

- nutrition guidelines for all foods available on campus during the day
- goals for nutrition education, physical activity and other school-based activities
- assurance that the district's guidelines for reimbursable school meals will not be less restrictive than federal regulations
- a plan for measuring the implementation of the wellness policy, including the designation of staff responsible for policy implementation

BACKGROUND

The California School Boards Association and California Project LEAN (Leaders Encouraging Activity and Nutrition) commissioned a national research project to gain a better understanding of the school wellness environment in school districts across the country, and to identify challenges districts face and needs they have in order to effectively implement, monitor and evaluate school wellness policies as mandated by federal law. Over 2,900 individuals participated in online surveys, focus groups and key informant interviews.

This research brief is one of a series of three briefs that use the findings from the 2007 research report, *School Wellness Policy Development, Implementation, and Evaluation: Perceptions, Barriers and Opportunities*, to inform action steps tailored to each of the key audiences targeted in the study:

- school board members (SBMs)
- state school boards association leaders (SSBALs)
- state public health nutrition directors (SPHNDs) and school wellness advocates (SWAs)

School board members are elected to provide direction, oversight and accountability for school wellness policy development, implementation, monitoring and evaluation.

State school boards association leaders work in member-driven organizations that support school board members, superintendents and senior administrative staff in their complex leadership role.

State public health nutrition directors reside in state health departments and provide leadership on nutrition policy and programs.

School wellness advocates are Action for Healthy Kids state team members engaged in improving nutrition and physical activity opportunities through a healthy school environment.

METHODOLOGY

This brief highlights key findings from SPHNDs and SWAs. An online survey was fielded to SPHNDs who are members of the Association of State and Territorial Public Health Nutrition Directors in 46 states. The survey yielded 24 responses (response rate of 52%) from 50% of the states. An online survey was also sent to 4,225 SWAs working through Action for Healthy Kids, a nonprofit organization whose mission is to improve children's nutrition and physical activity levels by focusing on changes in the school. Fifty-one state teams responded, yielding 527 respondents for a response rate of 12%. The SWA survey respondents included health/nutrition professionals (33%), educators or school administrators (25%), state agency professionals (9%), parents (7%) and the balance representing a mix of business/industry, higher education, community and nonprofit organizations, and students.

Almost three-fourths (74%) of the SPHNDs who responded to the survey indicated that they work with school districts, with most serving 50 to 500 districts. The majority of SWA survey respondents (59%) indicated that they work with one to five school districts.

RESULTS

Involvement in school wellness policies

SPHNDs and SWAs are involved in the school wellness policy primarily by:

- researching the issue (68% SPHNDs and 72% SWAs)
- developing resources for districts (45% and 47%)
- disseminating articles and information (36% and 46%)

Almost a quarter (23%) of SPHNDs and more than half (55%) of SWAs participate on a school health advisory council or other school wellness committee. More than a third of SPHNDs (36%) and slightly more than half of SWAs (52%) attended a wellness policy training. Significant percentages of SPHNDs (41%) and SWAs (32%) helped develop model nutrition standards and provided ad hoc guidance and support to school districts.

Perceptions of the school wellness environment

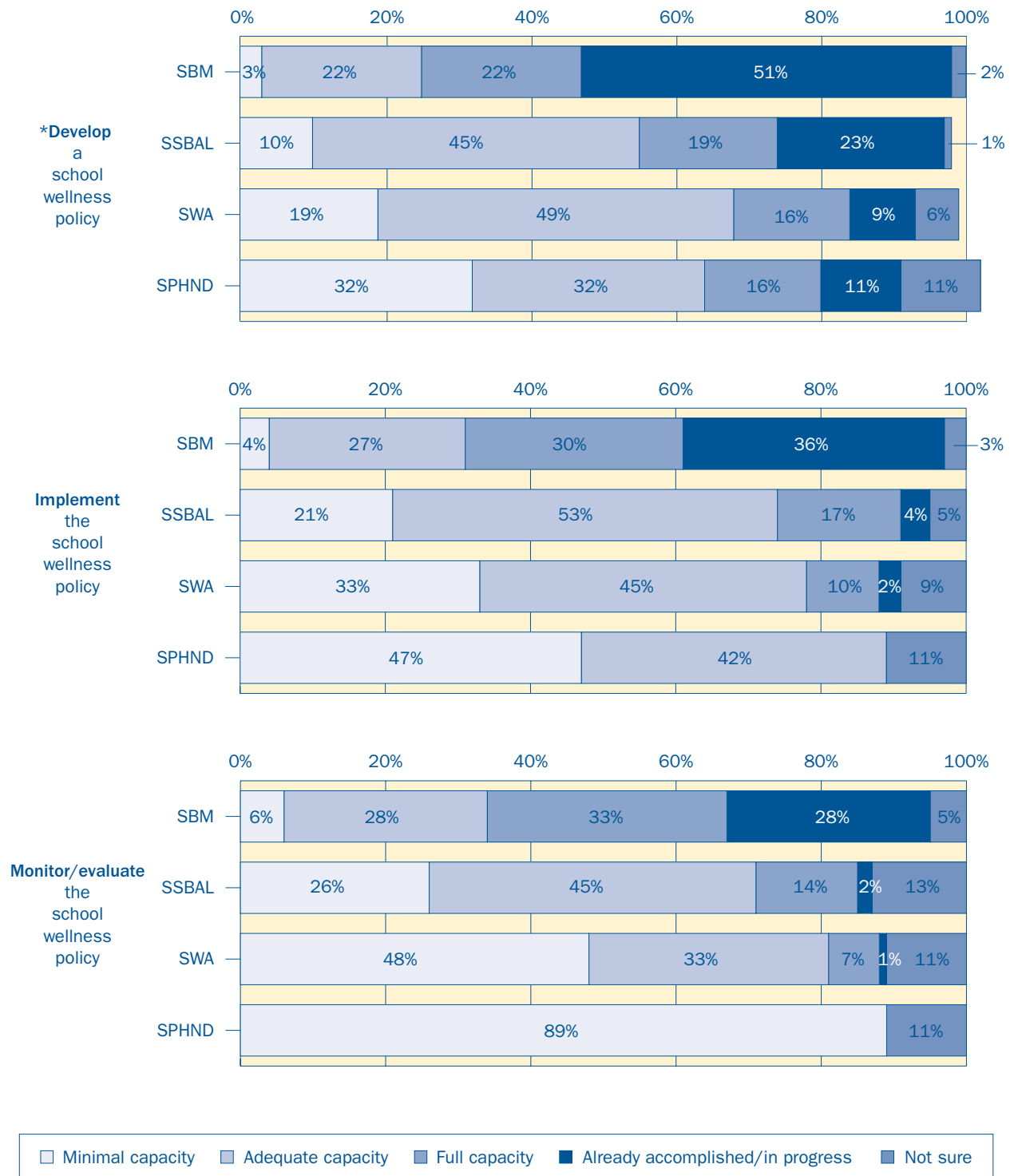
There is a prevailing belief that school wellness policies will have positive impacts, primarily on students' access to healthy foods at schools, healthy eating habits and physical activity levels. SPHNDs and SWAs are aligned with SBMs in terms of their expectations regarding the health impacts of the policy, including some change in the rates of student overweight and obesity, improved long-term health status of students and student satisfaction with the school environment. SPHNDs and SWAs are more optimistic than SBMs or SSBALs about the positive impact of wellness policies on student academic achievement.

Policy development, implementation and evaluation

Disparities among the survey groups were evident in perceptions of policy development, implementation and evaluation. SPHNDs and SWAs were less likely than SBMs and SSBALs to say they are "very confident" that districts' **policy review and development process reflects best practices** (5% of SPHNDs and 12% of SWAs, compared to 26% of SSBALs and 46% of SBMs).

When asked the extent to which school districts have the **capacity to develop, implement and monitor/evaluate the wellness policy**, SPHNDs and SWAs have less confidence than SBMs. There is a striking contrast in the percentage of SBMs who believe their district has full capacity to develop, implement and monitor/evaluate their policy and the percentages of SPHNDs, SWAs and SSBALs who feel the majority of districts in the state have this capacity (see Table 1). SPHNDs and SWAs are less concerned with districts' capacity to develop the policy than to implement or evaluate it. Especially with regards to monitoring/evaluation, very few SWAs (8%) and no SPHNDs are confident that the majority of school districts have "full capacity" or had already accomplished this task.

Table 1: Perception of school district capacity



SBM = School board members
 SSBAL = State school boards association leaders
 SWA = School wellness advocates
 SPHND = State public health nutrition directors

Note: School board members answered on behalf of their districts; all others answered on behalf of "the majority of districts in the state."

*Due to rounding, the percentages may equal more than 100%.

There are similar perceptions concerning the likelihood that districts will **actually implement and monitor/evaluate the policy effectively**. Only a small percentage of SPHNDs and SWAs believe that the majority of school districts in their state are “very likely” to accomplish the goals of effective implementation (12% of SPHNDs and 14% of SWAs) and monitoring/evaluation (6% for both SPHNDs and SWAs). SBMs were much more likely to believe their districts are very likely to implement and evaluate the wellness policy effectively.

Training/support for school board members

The data reveal clear opportunities for providing support to districts on wellness-related topics. SBMs expressed interest in training topics related to:

- developing, implementing and monitoring/evaluating the policy
- communicating the policy and building partnerships
- providing staff development and support
- setting nutrition/physical education (PE) standards
- maintaining a school health council/school wellness committee

The topics that rated slightly more valuable than others were:

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

SBMs prefer in-district workshops as the most favorable format to receive support and training (cited by 78%), followed by printed materials (67%), workshops at state conferences (60%) and online training (51%) (see Table 2).

SBMs also rated the usefulness of policy-related tools in helping school districts. They consider the most useful to be model nutrition standards (cited by 78%), sample board policies (75%), model PE standards (74%), youth engagement tool kit (67%), case studies (62%), communications tool kit (60%), action planning guide (59%), strategies for addressing implementation and monitoring/evaluation challenges (58% each), and partnership/alliance-building guidelines (50%).

SPHNDs agreed that policy implementation and evaluation tools are useful in helping school districts. SPHNDs also rated a template work plan and timeline as extremely useful to school districts (71%) while only 44% of SBMs and 53% of SSBALs consider these to be useful. Although not highly rated by SBMs, these tools

may be useful to school staff responsible for wellness policy implementation. *Note that school staff responsible for implementation were not surveyed and SWAs were not asked questions regarding the usefulness of policy-related tools in helping districts.*

Training/support for state public health nutrition directors

SPHNDs are interested in providing technical assistance to school districts on wellness-related topics but are marginally equipped to do so. About one-third are providing technical assistance to districts on topics that include policy development, nutrition education/standards and the link between nutrition, physical activity and achievement. They also express the highest interest and lowest capacity to provide training on policy monitoring and evaluation. SPHNDs felt they have “limited or no capacity” to provide assistance related to the following topics:

- monitoring/evaluation (79%)
- implementation (50%)
- PE/physical activity (46%)
- other school-based wellness initiatives such as staff wellness initiatives or after-school programs (43%)

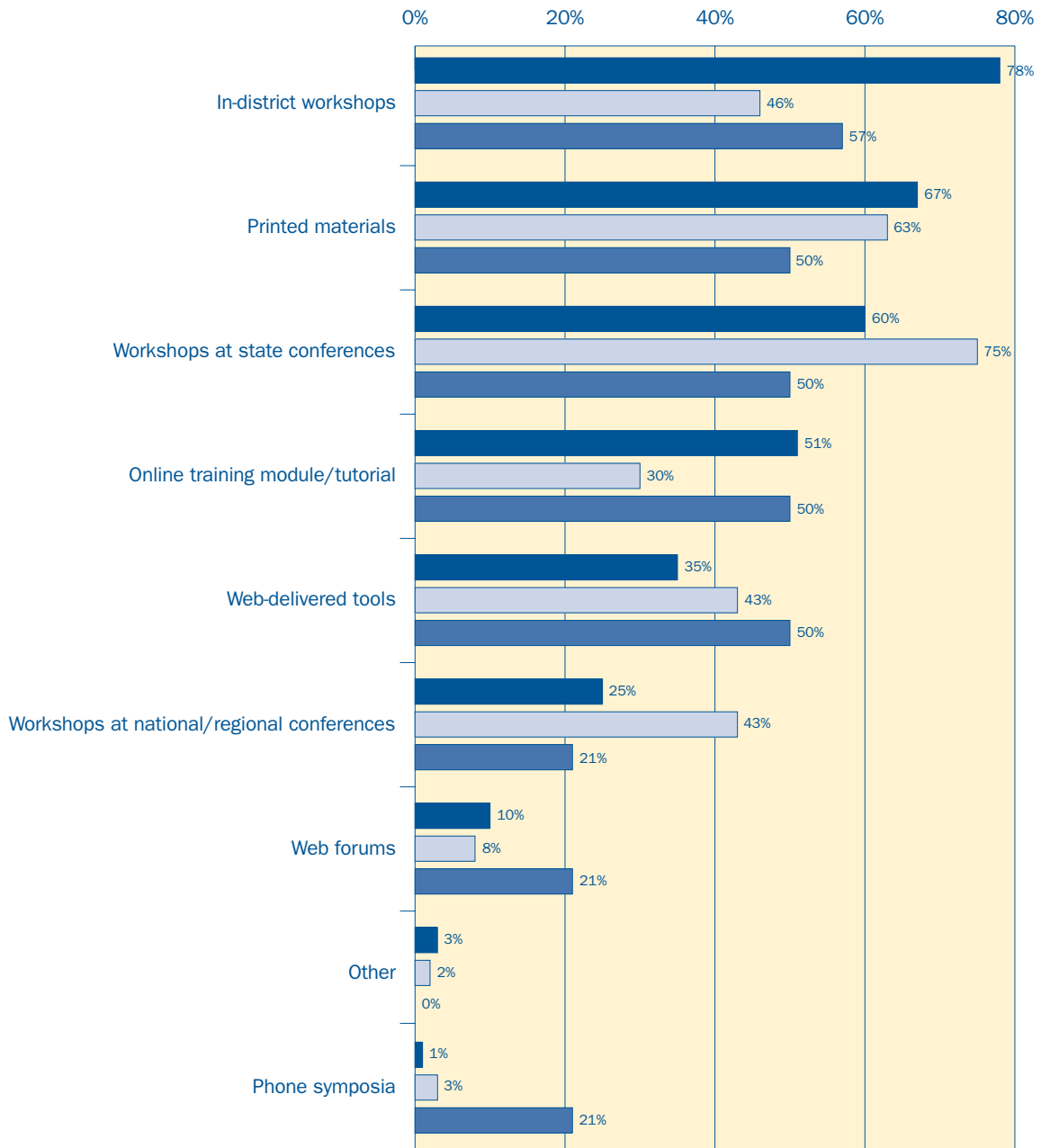
SPHNDs indicated that the most valuable topic for their own training and/or resources would be monitoring/evaluation (cited by 85%), followed by implementation (62%) and other school-based wellness initiatives (46%).

The training formats SPHNDs prefer (see Table 2) are in-district workshops, printed materials, workshops at state conferences, online training and web-delivered tools (50–57% say they prefer each of these formats).

Note that SWAs were not asked questions regarding training needs.

Table 2: Preferred training formats

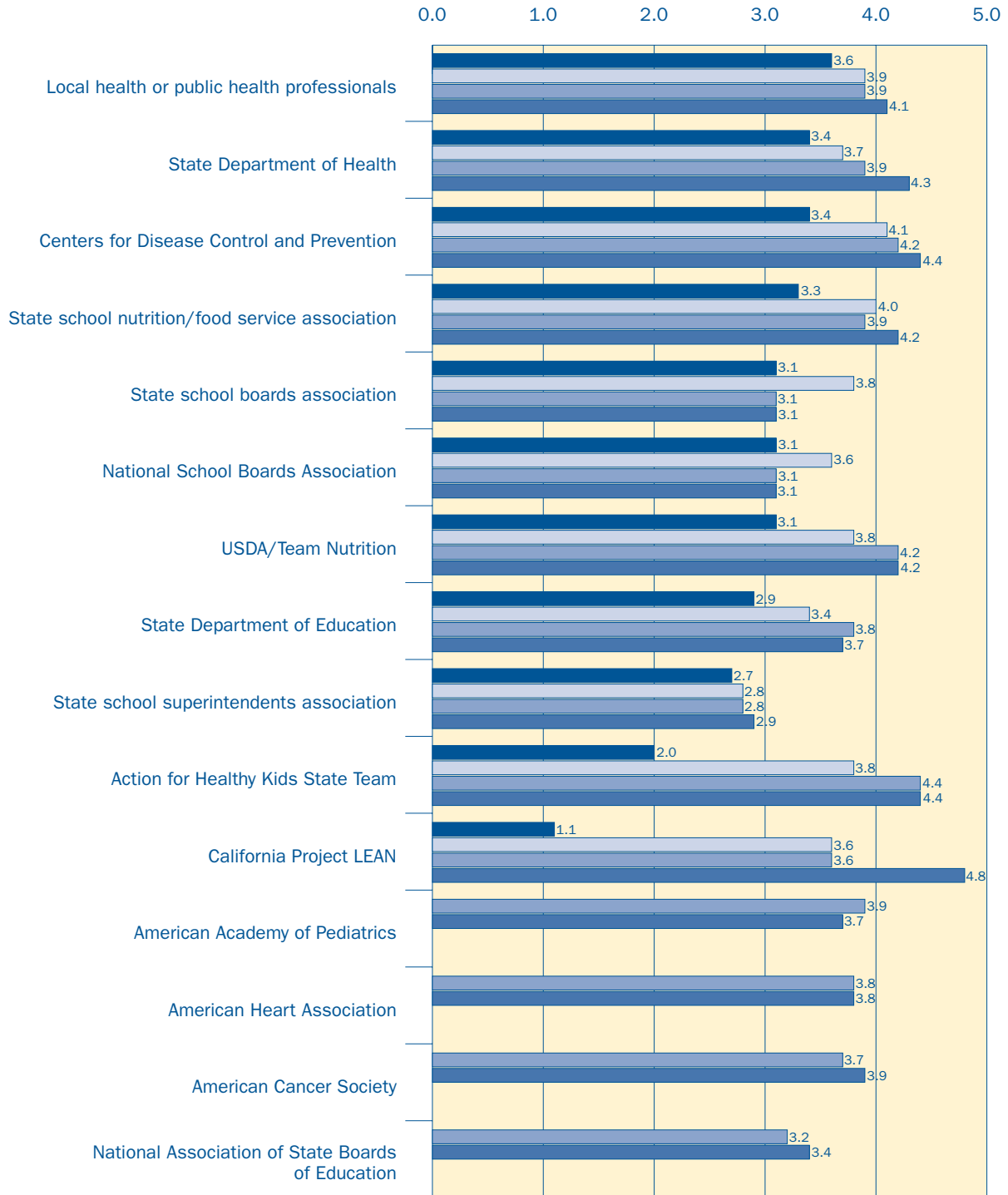
Percentages represent respondents who prefer the training format



■ School board members
 ■ State school boards association leaders
 ■ State public health nutrition directors

Table 3: Credibility of wellness-related technical assistance providers

(1 = Least credible; 5 = Most credible)



Credibility of technical assistance providers

As shown in Table 3, the following groups were rated by SBMs as credible providers of wellness-related technical assistance (rated 3.1 or above on a scale from 1 to 5, with 1 being the least credible and 5 the most):

- local health or public health professionals
- State Department of Health
- Centers for Disease Control and Prevention
- state school nutrition/food service association
- state school boards association
- National School Boards Association
- USDA/Team Nutrition

The technical assistance providers that received a combined rating of 4.0 or higher from SPHNDs and SWAs were:

- Action for Healthy Kids state team
- California Project LEAN
- Centers for Disease Control and Prevention
- USDA/Team Nutrition
- State Department of Health
- state school nutrition/food service association
- local health or public health professionals

A key opportunity exists for greater collaboration between SBMs, SSBALs, SPHNDs and SWAs. In the survey, three out of four SPHNDs and SWAs said they are already involved with school boards in their states with regard to the wellness policy mandate, although for most that involvement is limited. Significant percentages (42% of SWAs and 36% of SPHNDs) said they would like to become more involved.

ACTION STEPS

The findings of this national study suggest a number of action steps that SPHNDs and SWAs can take to support school boards in their states:

1. Build their own capacity to provide training, assistance and resources to districts on wellness issues, particularly PE/physical activity, school-based wellness initiatives and strategies for implementing and monitoring/evaluating wellness policies.
2. Provide assistance to districts using in-district workshops, printed materials, workshops at state conferences and online trainings. Focus efforts on priority topics which include:
 - strategies to mobilize student and parent involvement

- revenue-generating alternatives to the sale of unhealthy foods and beverages
- information about the link between nutrition, physical activity and student achievement
- information on the fiscal impact and lessons learned by districts that are implementing wellness initiatives
- state or federal funding opportunities for additional teachers and staff to carry out the district's wellness plan

3. Provide wellness policy-related tools for:

- engaging youth
- highlighting case studies of other districts
- communicating with key community stakeholders (e.g., sample articles, newsletters, policy briefs)
- implementing and evaluating wellness policies
- guiding partnerships and building alliances

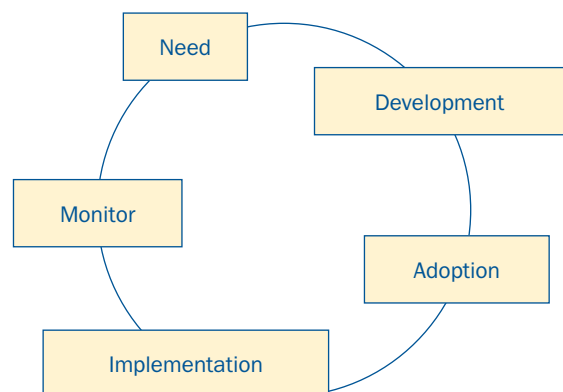
4. Collaborate with credible partners identified by SBMs, including but not limited to:

- federal, state and local public health agencies
- state school nutrition/food service associations
- state and national school boards associations

LESSONS LEARNED: BUILDING EFFECTIVE PARTNERSHIPS

School boards provide direction, oversight and accountability for school wellness policy development, implementation and monitoring/evaluation. Their role is critical to maintaining momentum and producing effective outcomes. As such, they are an essential stakeholder that needs to be engaged to ensure that the full impact of wellness policies on student health and achievement are realized.

Policy development cycle



CSBA and CPL have a long history of working together through their *Successful Students through Food and Fitness Policies* campaign to increase the adoption and implementation of school nutrition and physical activity policies in California. The strength and role of each organization were pivotal to the success of their efforts. State school boards associations are seen as credible providers of policy expertise, while local and state health departments are seen as content experts on wellness-related issues. The following summarizes lessons learned:

- Partnering with a diverse group of health, education and community stakeholders promotes positive policy and environmental change.
- Mobilizing community efforts results in state policy action.
- Promoting the link between nutrition, physical activity and learning builds school board support.
- Identifying ways to advocate for stronger federal, state and local nutritional standards and increased requirements for physical education and/or health education continues to improve children's and youth's eating and physical activity habits.
- Collaborating on funding proposals adds value.
- Providing opportunities for stakeholders to share successes and challenges increases learning and confidence in adopting similar successes.

RESOURCES

For school wellness policy development, implementation, monitoring and evaluation tools and resources, visit www.csba.org and www.CaliforniaProjectLEAN.org

Resources available from CSBA include:

Student Wellness: A Healthy Food and Physical Activity Policy Resource Guide offers a step-by-step approach for creating a healthy school environment so students can practice healthy eating and physical activity habits while at school. A joint publication of CSBA and CPL.

Monitoring for Success: Student Wellness Policy Implementation Monitoring Report and Guide addresses the board's responsibility to monitor the implementation of the district's wellness policy.

Nutrition Standards for Schools: Implications for Student Wellness provides information about federal and state nutritional standards and actions that boards can take to support healthy eating in schools.

Physical Education and California Schools describes the board's role in ensuring that students have access to high-quality physical education programs.

Resources available from CPL include:

Reaching School Board Members Guide helps community groups create win-win situations when working with school districts on nutrition and physical activity issues. Available in English and Spanish.

Playing the Policy Game highlights nutrition and physical activity policies in the school and community that teens can pursue with adult guidance. Available in English and Spanish.

Food on the Run: Lessons Learned from a Youth Nutrition and Physical Activity Campaign provides examples of how to work with youth advocates to make healthy eating and physical activity easier to do at their schools.

Captive Kids: Selling Obesity at Schools addresses the issue of marketing unhealthy foods and beverages on school campuses.

Policy in Action: A Guide to Implementing Your Local School Wellness Policy serves as a roadmap for implementing school nutrition and physical activity policies.

FOR FURTHER INFORMATION

The full results of the study are available at:



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3100 Beacon Blvd. | West Sacramento, CA 95691
www.csba.org

and



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