

SCHOOL BOARD MEMBER AND SUPERINTENDENT SURVEY RESULTS

for

The Examination of Communication Factors Affecting Policymakers

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EXECUTIVE SUMMARY

Project and Process Overview

The purpose of this project is to better understand California school board members as well as other decision-makers such as superintendents, and the factors that influence their policy decision-making. The study was undertaken through collaboration between California Project LEAN (Leaders Encouraging Activity and Nutrition) [CPL], 10 California communities, and the University of South Florida (USF), College of Public Health. All members formed the Community Research Collaborative. These members have a strong history of conducting community-based health communications research.

The broad, long-term goals of the project include (a) determining policymakers' attitudes, perceptions and motivations related to the enactment of policies that support healthy eating in high schools; (b) mitigating barriers to the adoption of school policies that support healthy eating; and (c) reducing cancer-related risk factors, particularly inadequate diet.

Research Overview

Purpose/Objectives

The literature review, key informant interviews and information from the solicitation survey contributed to the development of the 41-item survey administered to a stratified (by school district) random sample of 404 school board members in California. A modified survey was sent to 100 school superintendents in California. The survey was conducted to gain an insight into school board members and superintendents and their beliefs about nutrition-related school health practices, as both groups play a critical role in decision-making within the school district.

The overall project objectives of this project are to:

- Review and document successful prevention program models that have used policy strategies to impact population-based behavior change, especially in the area of nutrition;
- Identify the economic and policy issues associated with fast food sales on high school campuses;
- Determine which policymakers have the most influence and are the most likely to make policy changes in the school community; and
- Determine the health communication strategies that have the most potential to influence policymakers to enact school policies that support healthy eating for low-income teens.

The research objectives of the survey were to identify:

- The factors that motivate California school board members and superintendents to develop and/or implement healthy food choice policies in their school district;
- The factors that deter California school board members and superintendents from developing and/or implementing healthy food choice policies in their school district; and
- Effective information channels and spokespersons for California school board members and superintendents regarding healthy food choice policies; and effective strategies for increasing school board members' and superintendents' interest in healthy food choice policies in schools.

Methodology

A literature review of school-based health policies and school board members was conducted. Very little information regarding school board members and their decision-making process regarding nutrition-related school health policies was found. Fifty-seven key informant interviews were conducted with school board members and other key stakeholders (i.e., superintendents, state and national school health leaders) to gain an in-depth understanding of how nutrition-related school health policy decisions are made. These key informant interviews provided a rich context in understanding school board members and nutrition-related school health policies and provided a foundation for the development of the school board member and superintendent survey.

A draft survey was developed from reviewing the literature of similar surveys regarding school board members and nutrition-related issues. Using social marketing as a framework, survey questions were developed focusing on product, price, place and promotion. The final survey consisted of 41 questions. The format of the questions varied according to subject matter. Some domains employed Likert-type items, closed options responses, or “select from the following.” When content decisions were concluded, the survey was re-formatted into a booklet-style survey.

Research Findings

This section summarizes the factors associated with nutrition-related policy decision-making among school board members and superintendents. One hundred eighty-one school board members responded for a 46% response rate. Of the 181 returned surveys, only 174 were used for data analysis due to some surveys having too few responses or being delivered after the deadline date. Forty-six superintendents responded for a 46% response rate. Of the 46 returned surveys only 39 were used for data analysis due to some surveys having too few responses or being delivered after the deadline date.

School Board Members



School Board Member Characteristics (n=174)

- ✓ One-third (33%) reported having a nutrition-related policy in their school district.
- ✓ One-third (32%) reported that beverage vendors had an exclusive contract with their school district.
- ✓ Almost one half (48%) reported beverage vendors having an exclusive contract with *any* school in their district.
- ✓ One in four (26%) agreed with the practice of exclusive beverage vendors.
- ✓ The majority believed school board policies supporting good nutrition on school campuses can contribute to the reduction of student cancer and heart disease risks in the future and reduction of the number of overweight or obese students.

**Nutrition NOT
Considered a
Priority**

Factors that Influence School Nutrition-Related Policy Decision-Making

- ✓ Those who believed themselves to be adequately prepared to develop sound nutrition-related policies, provide community leadership, and monitor, review and revise nutrition-related policies also believed themselves to be more effective in influencing nutrition-related school health decisions/policies.
- ✓ Having nutrition-related issues on the school board agenda increases awareness of other school nutrition-related issues and increases likelihood of supporting other positive nutrition-related school health issues.
- ✓ Community and family are salient issues for school board members when addressing nutrition-related issues, especially, community mobilization, student preferences, cultural issues, and personal or family issues.
- ✓ Parent issues such as apathy among parents, lack of policy education among parents and uninformed parents were key factors in school board members' policy decision-making.
- ✓ School staffs, in particular food service staff, were useful in the nutrition-related decision-making among school board members.

Professional Development and Training

- ✓ More than one half believed they were inadequately prepared to develop sound nutrition-related policies, provide community leadership in communicating and supporting nutrition-related policies, and monitor, review and revise nutrition-related policies.
- ✓ Six out of 10 school board members (64%) would like to receive training on nutrition-related school health issues.
- ✓ Internet, email, school board publications, and school board conferences were methods school board members would like to use to learn more about nutrition-related school health issues.

Promoting Nutrition-Related School Health Issues

- ✓ Community members/community organization, parents/parent organization, and/or mandate from the state were likely to bring a nutrition-related school issue to the attention of the school board.

A Majority (over 50%) Supported

- ✓ Providing healthy food choice options
- ✓ Establishing minimum nutritional standards for fast foods sold in school
- ✓ Limiting and monitoring food and soda ads in schools
- ✓ Restricting hours of a la carte food availability

- ✓ Placing soda vending machines in locations not heavily trafficked
- ✓ Banning fast food sales in elementary schools
- ✓ Banning food and soda advertisements in schools

A Majority (over 50%) Did NOT Support

- ✓ Banning a la carte food sales
- ✓ Banning fast food sales
- ✓ Banning a la carte food sales in elementary schools
- ✓ Manipulating vending machine prices so that unhealthy foods cost more than healthy foods

Spokespersons

- ✓ Food service staff opinions, superintendent opinions, and budget considerations were *very influential* with respect to nutrition-related school health decision-making.
- ✓ Advice from a health expert, demonstration of the link between nutrition and academic performance and improved attendance, practical benefits to students, and support of parents/parent organizations were *very important* when considering nutrition-related school health issues.

Superintendents



Superintendent Characteristics (n=39)

- ✓ More than 1/3 (39%) reported having a nutrition-related policy in their school district.
- ✓ 4 in 10 (41%) reported that beverage vendors had an exclusive contract with their school district.
- ✓ Almost 2/3 (64%) reported beverage vendors having an exclusive contract with *any* school in their district.
- ✓ Almost 1/2 (44%) agreed with the practice of exclusive beverage vendors.
- ✓ The majority believed school board policies supporting good nutrition on school campuses can contribute to the reduction of student cancer and heart disease risks in the future and reduction of the number of overweight or obese students.

Factors that Influence School Nutrition-Related Decision-Making

- ✓ Community and family are salient issues for superintendents when addressing nutrition-related issues, especially, community mobilization, and personal or family issues.
- ✓ Parent issues such as apathy among parents, lack of policy education among parents and uninformed parents were key factors in superintendents' policy decision-making.

- ✓ School issues, such as pressure from state leaders to focus on other matters, lack of a food service coordinator and school nurse, and nutrition not considered as a priority, were considered significant factors when addressing nutrition-related issues.

Professional Development and Training

- ✓ Over ½ of the superintendents (56%) would like to receive training on nutrition-related school health issues.
- ✓ Internet, email, school board publications, and school board conferences were methods school board members would like to use to learn more about nutrition-related school health issues.

A Majority (over 50%) Supported

- ✓ Providing healthy food choice options
- ✓ Establishing minimum nutritional standards for fast foods sold in school
- ✓ Limiting and monitoring food and soda ads in schools
- ✓ Restricting hours of a la carte food availability
- ✓ Banning fast food sales in elementary schools
- ✓ Manipulating vending machine prices so that unhealthy foods cost more and healthy foods cost less
- ✓ Placing soda vending machines in locations not heavily trafficked

A Majority (over 50%) Did NOT Support

- ✓ Banning a la carte food sales
- ✓ Banning fast food sales
- ✓ Banning a la carte food sales in elementary schools
- ✓ Banning food and soda advertisements in school

Spokespersons

- ✓ Food service staff opinions, California School Boards Association, budget considerations, parents/parent organizations, and school principal opinions were *very influential* with respect to nutrition-related school health decision-making.
- ✓ Advice from a health expert, demonstration of the link between nutrition and academic performance and improved attendance, practical benefits to students, support of parents/parent organizations and community members/community organizations, and mandate from the state were *very important* when considering nutrition-related school health issues.

OVERVIEW OF PROJECT

Today's youth are at risk for cancer in adulthood due to many factors -- one of which is the rise in adolescent obesity (Centers for Disease Control and Prevention [CDC], 1997; Dietz, 1998). Although the youth obesity epidemic is a multi-faceted issue, what and where children eat are central. California schools play a significant role in feeding California's children and thus, contribute to the acquisition of lifetime dietary habits (California Center for Health Improvement, 1998; California Department of Education, 2000). Many of the foods adolescents eat at school are high in fat, sugar, sodium and calories, and low in fiber. These types of foods are sold in part because they are popular and thus, create a sales profit. School fast food sales, in particular, generate revenue for food service operations with shrinking budgets. Some schools allow advertising on campus, including brand names on facilities and equipment, and sponsorship of school events in exchange for funding to support activities like food service operations, salaries of physical education teachers, and sports programs. These nutrition policy practices can contribute to inadequate diet and the acquisition of poor dietary habits.

The purpose of this project is to better understand California school board members as well as other decision-makers such as superintendents, and the factors that influence their policy decision-making. The study was undertaken through collaboration between California Project LEAN (Leaders Encouraging Activity and Nutrition) [CPL], 10 California communities, and the University of South Florida (USF), College of Public Health. All members formed the Community Research Collaborative. These members have a strong history of conducting community-based health communications research.

The overall project objectives of this project are to:

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- Identify the economic and policy issues associated with fast food sales on high school campuses.
- Determine which policymakers have the most influence and are the most likely to make policy changes in the school community.
- Determine the health communication strategies that have the most potential to influence policymakers to enact school policies that support healthy eating for low-income teens.

The broad, long-term goals of the project include: (a) determining policymakers' attitudes, perceptions and motivations related to the enactment of policies that support healthy eating in high schools; (b) mitigating barriers to the adoption of school policies that support healthy eating; and (c) reducing cancer-related risk factors, particularly inadequate diet.

Very little information exists regarding the motivating and deterring factors that influence school board members in relation to nutrition policy; hence the need for this study. The Centers for Disease Control and Prevention funded a Joint Work Group in 1998 to determine how to talk with school board members about teen pregnancy (Ehrlich & Vega-Matos, 2000). The work group found that school boards develop policy and superintendents implement them. School board policymaking occurs in the context of 1) state statutes and regulations, and 2) politics. Our research project will look at nutrition within these contexts and will present communication strategies for addressing them.

To date, formative research for this initiative has involved an in-depth literature review (McCormack Brown & Pitt, 2001), key informant interviews, a brief solicitation survey, and a survey of both school board members and superintendents regarding their behaviors, beliefs about nutrition-related school health policies, and factors that influence their nutrition-related school health decision-making. The literature review, and results from key informant interviews and solicitation survey were used to develop the school board member and superintendent survey.

This report provides highlights from the key informant interviews and solicitation survey results (McCormack Brown, Henry, & Pitt, 2001) to provide the contextual background for the school board member and superintendent survey, school board member results, superintendent results, and a school district profile.

The results from both the qualitative and quantitative formative research will guide the development of a social marketing plan, including health communication strategies.

FORMATIVE RESEARCH

Key Informant Interviews

The key informant interviews were conducted primarily with school board members, as they were the majority of policy makers interviewed. However, community collaborative members conducted interviews with superintendents, principals, assistant principals, and state

and national education leaders. Key informant interviews were used to gain an in-depth understanding of the school board member's decision-making process, including how policies are made and what their decisions are based upon.

Based on the review of literature, input from community collaborative, and conversations with key individuals, a draft key informant survey was developed. This survey was shared with several state and national experts in the area of school health and social marketing. Based on their comments a final version of the *Healthy Food Choices & School Policies: Key Opinion Leaders* interview guide was developed (McCormack Brown, Henry, & Pitt, 2001).

Key informant interviews (KII) were conducted with 57 policymakers. Coordinators from the community collaborative were asked to identify and interview a minimum of five key informants (KI) within their respective region. A *California Chefs Cook Lean Cookbook* was provided to the interviewees for participation. Fifty-four key informant interviewees completed demographic profiles, 48% of which were school board members. The gender distribution was even; 52% male (28) and 48% female (26). Of those who reported their ethnicity, over half (61%) reported being Caucasian and eight (15%) interviewees identified themselves as Hispanic. Other policymakers interviewed included: superintendents (15%); principals (15%); assistant superintendent (6%); state and national leaders in education (17%). Eighteen (33%) of the interviewees had school age children, and 17 enrolled them in public schools.

Solicitation Survey

Based on the results of the key informant interviews, CPL developed a brief one-page (front and back) solicitation survey that was distributed at the annual California School Boards Association (CSBA) Conference on December 1, 2000. Thirty-eight key opinion solicitation surveys were conducted, among which the majority (89.5%) were school board members. The solicitation survey was used to provide input into the survey development regarding key issues in school districts, key school health issues, opinions regarding select healthy food choice questions, and factors that influence school board decision-making.

Select findings from the Solicitation Survey included:

- *Key issue in school:* academic performance
- *Key health issue in school:* lack of health education (regarding healthy food choices, physical activity, etc.)

- *Fast foods, food carts, vending machines and pouring contracts:* considered important school health issues (response options: Very important, Important, Somewhat important, Not important, Not a Problem)
- *Major factor influencing school board decisions:* money
- *School districts' effectiveness in providing healthy food choices:* 4 out of 10 stated “do not do well”
- *Familiarity with competitive foods:* majority were “somewhat familiar”

The findings of the key informant interviews and solicitation survey suggested that school board members become school board members because they are concerned about the overall well-being of children and youth, and have a desire to give back to their community. However, school health issues, in particular healthy food choices, are not necessarily issues of concern or issues that have been brought to their attention.

School board members believed that parents needed to better understand how the school board operated so they could have greater influence over the policies developed by the school board. In addition, parents needed to better understand the importance of health and nutrition for the overall well being of children.

RESEARCH METHODOLOGY

RESEARCH METHODOLOGY

The literature review, key informant interviews and information from the solicitation survey contributed to the development of the 41-item survey administered to a stratified (by school district) random sample of 404 school board members in California. A modified survey was sent to 100 school superintendents in California. The survey was conducted to gain insight into school board members' and superintendents' beliefs about nutrition-related school health practices, as both groups play a critical role in decision-making within the school district.

The school board member and superintendent surveys as well as protocol to implement the survey were approved by the University of South Florida's Institutional Review Board (IRB #99.333) (Appendix A).

Survey Development

A draft survey was developed from reviewing the literature of similar surveys regarding school board members and nutrition-related issues. Using social marketing as a framework, survey questions were developed focusing on product, price, place and promotion (Bryant, C., Forthofer, M., McCormack Brown, K.R., & McDermott, R.J., 2000; McCormack Brown, K.R., Bryant, C., Forthofer, M., Perrin, K., Quinn, G., Wolper, M., & Lindenberger, J., 2000).

An expert panel comprised of six individuals involved at the national level in nutrition, school health issues, school boards, academia, and/or survey development, as well

The research objectives of the survey were to identify:

- the factors that motivate California school board members and superintendents to develop and/or implement healthy food choice policies in their school district;
- the factors that deter California school board members and superintendents from developing and/or implementing healthy food choice policies in their school district;
- effective information channels and spokespersons for California school board members and superintendents regarding healthy food choice policies; and
- effective strategies for increasing school board members' and superintendents' interest in healthy food choice policies in schools.

as California Food on the Run regional coordinators and state staff, reviewed the survey for content validity (McDermott & Sarvela, 1999; McKenzie, Wood, Kotecki, Clark & Brey, 1999). For each question, the expert panel was asked to indicate: 1) If the question, as stated was appropriate or inappropriate; 2) if the question was clearly stated; and, 3) if the response options were adequate or inadequate. The survey was revised according to remarks made by the panel, and sent out for a second review by the panel. While some questions were discarded, others were added to achieve the objectives of the study.

The final survey consisted of 41 questions (Appendix B). The format of the questions varied according to subject matter. Some domains employed Likert-type items, closed options responses, or “select from the following.” When content decisions were concluded, the survey was re-formatted into a booklet-style survey. At the suggestion of the reviewers, one page included definitions to assist respondents with terms used in the survey (e.g., branded foods, coordinated school health program).

Sampling Description: School Board Members

California has 404 school districts with high schools. The approximate population of school board members in these school districts is 2212. Based on an effect size of .20, a confidence interval level of 95%, and a power of 90%, the total number of respondents needed per cell is 130 (Kraemer & Thieman, 1987). Oversampling by a factor of three brings the total to 390. The California School Boards Association (CSBA) randomly selected one school board member from each of the 404 California school districts with a high school in the district for a total of 404 school board members. School board members were assigned numbers to assist in identifying those who had returned the survey. These assigned numbers were recorded on the back cover of the survey.

Sampling Description: Superintendents

Using an nth probability sampling, the CSBA randomly selected 101 school superintendents from the 404 school districts, selecting every 4th superintendent. Superintendents were assigned numbers to assist in identifying those who had returned the survey. These assigned numbers were recorded on the back cover of the survey.

Data Collection

The questionnaire was administered using a modified version of the Total Design Method (Dillman, 2000; 1978). The Total Design Method is based on a series of contacts with potential respondents strategically designed to maximize the quality and quantity of responses. The mailed survey was accompanied by a cover letter on CSBA letterhead and signed by both the executive director of CSBA and the program chief of CPL, and a self-addressed, stamped envelope (SASE) (Appendix C). The letter briefly explained the purpose of the survey, that the survey is confidential and voluntary, the approval number from the University of South Florida Institutional Review Board (IRB), the length of time to complete the survey, and how to receive a free *California Chefs Cook LEAN Cookbook* for their participation.

One week following the initial mailing, all school board members and superintendents received a reminder postcard requesting them to complete the survey if they had not yet done so, and thanked them if they had.

Three weeks following the initial mailing, a revised signed cover letter, replacement survey, and a replacement SASE were sent to those who had not yet responded. Five weeks following the initial mailing, a signed cover letter, replacement survey, and a replacement SASE were sent to those who had not yet responded. The outside envelope indicated “Last Chance to Reply.” This repeated method was used to ensure the highest response rate possible.

Data Analysis

The mailed survey was administered using a cross-sectional study design. Data coding and entry were facilitated by SPSS 8.0. Descriptive statistics were calculated for all variables for both school board members and superintendents and chi-square analyses and odds ratio were performed on select school board member variables .

Strategic Survey Mailing

- First survey packet mailed to all school board members and superintendents.
- One week later, a reminder postcard.
- Three weeks following initial mailing, another survey packet mailed to all who had yet to respond.
- Five weeks following initial mailing another survey packet mailed to all who had yet to respond.

Results

School board member results, superintendent results and a school district profile are reported separately in the following three sections. Percentages and frequencies for each group (school board members and superintendents) and for the two groups combined (overall) are reported in Appendix B.

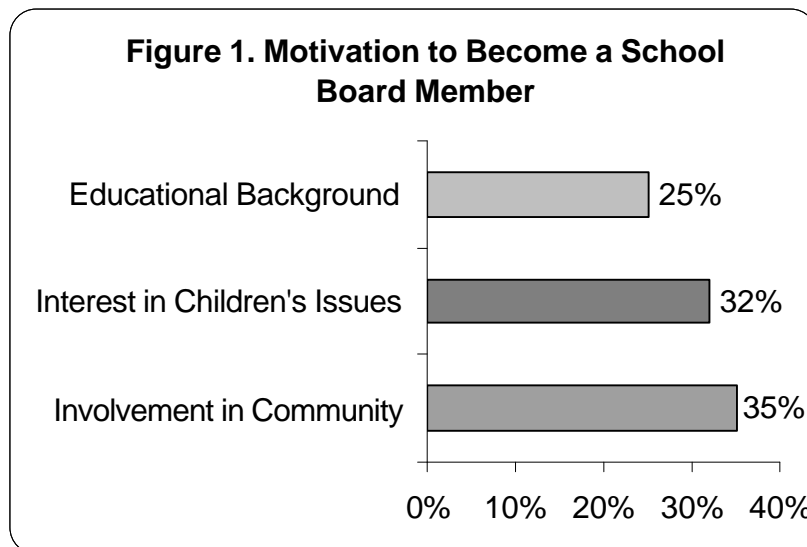
SCHOOL BOARD MEMBER RESEARCH RESULTS

Of the 404 school board surveys, five were undeliverable, resulting in a usable sample of 399. Among deliverable surveys, 181 were returned for a response rate of 46%. Of the 181 returned surveys, only 174 were used for data analysis due to some surveys having too few responses or being delivered after the deadline date.

Only statistically significant chi-square analyses and odds ratios are reported (Appendix C).

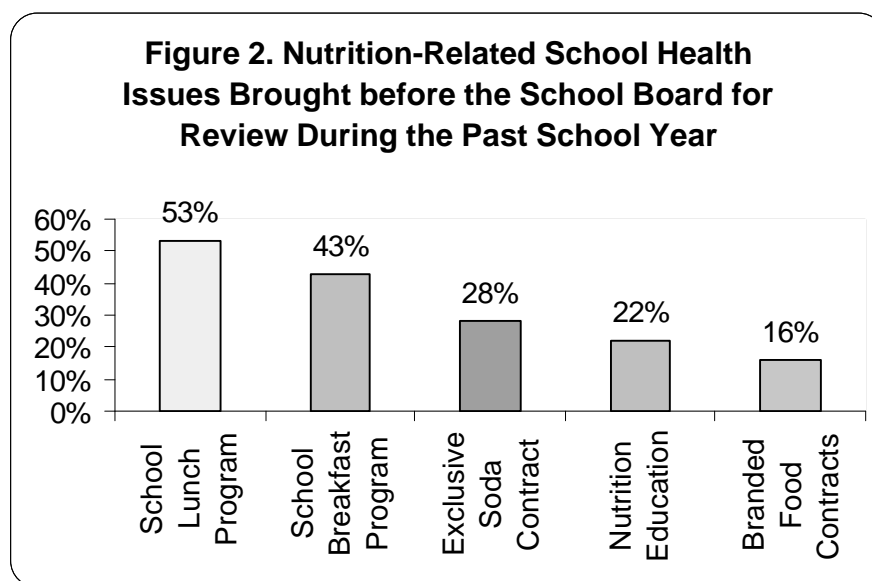
DEMOGRAPHICS

Among the 181 returned school board member surveys, 174 were analyzed. Of those who provided their age, the mean age range was 46-55 years. The mean number of years in service as a school board member was 3-5 years. Among participants who reported their gender, 48% were female and 52% were male. The majority of the school board members reported themselves Anglo/European (75%), while 9% described themselves as Latino. Eight out of ten respondents (81%) reported themselves non-Hispanic. Slightly over one-third (35%) of the respondents became a school board member to be involved in their community (Figure 1) (Question 38).



NUTRITION-RELATED SCHOOL DISTRICT POLICY

When asked “During the past school year, have any of the following nutrition-related school health issues been brought before the school board for review?” (Question 30), over half (53%) indicated the school lunch program and 43% indicated the school breakfast program had been brought before the school board. Exclusive soda contracts, nutrition education, and branded food contracts were cited less frequently by the school board members as agenda items than school and breakfast lunch programs (Figure 2).



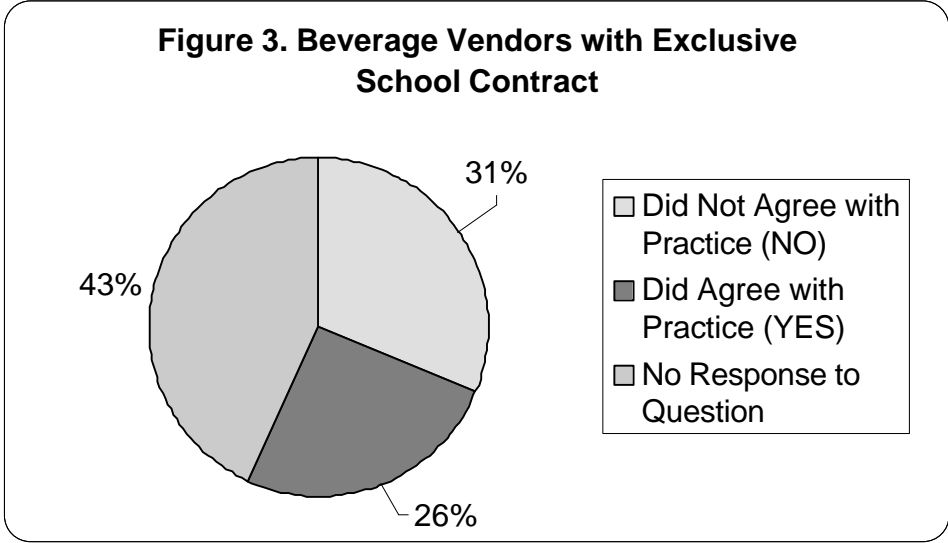
One-third (33%) of the school board members reported having a nutrition-related policy in their school district (Question 31). Almost one-half (45%) were not sure if they had a nutrition-related policy in their school district. Chi-square analyses were used to determine if there were any relationships between reporting nutrition-related policy in their school district (Question 31) and the support of food service directors (Question 14) and, awareness of nutrition-related events in their school district (Question 17). There was a statistically significant relationship between those who reported supportive food service directors and those who reported having a nutrition-related policy in their school district (χ^2 , 2, $n=152$, 9.773, $p=.008$). There was also a statistically significant relationship between those who were *very aware* of nutrition-related events in their school district and those who reported nutrition-related policies in their school district (χ^2 , 4, $n=164$, 19.588, $p=.001$).

One third (32%) of the school board members reported that beverage vendors had an exclusive contract with their school district (Question 4). Almost one-half (48%) reported that beverage vendors had an exclusive contract with at least one school in their district (Question 5).

SCHOOL BOARD MEMBER OPINIONS

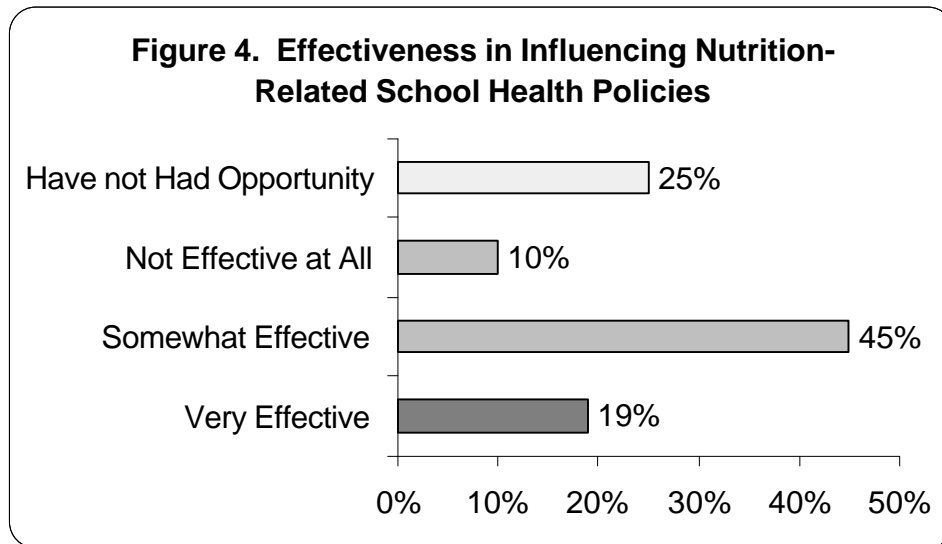
Among those respondents who reported that beverage vendors have an exclusive contract with their district or any single school in their district, 31% said *No*, they did not agree with the practice, 26% said *Yes*, they agreed with the practice (Question 6) (Figure 3). Seventy-six percent of the school board members did **not** believe their school district was doing all it could to foster healthy eating behaviors among its students (Question 20).

76% of school board members did NOT believe their school district was doing all it could to foster healthy eating



School board members who believed in the practice of exclusive beverage contracts (Question 6) were 1.5 times as likely to have had a school breakfast program discussed at a school board meeting during the past year (Question 30) (Appendix C).

When asked “How effective are you in influencing nutrition-related school health decisions/policies?” 19% reported *Very Effective*, 10% *Not Effective at All*, 45% *Somewhat Effective*, and 25% indicated *They Had Not Had the Opportunity* (Question 23) (Figure 4).

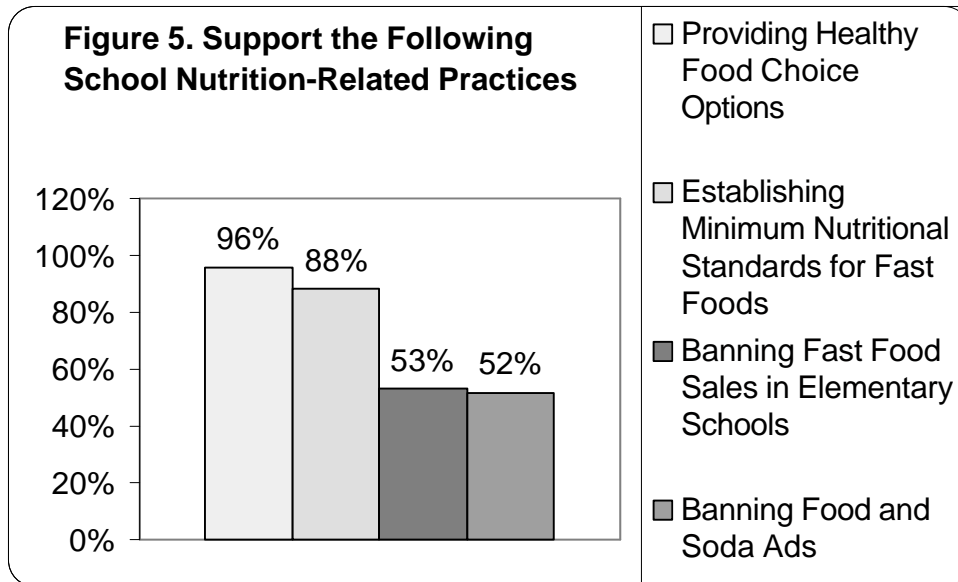


Chi-square analyses were used to determine if there were any relationships between perceived effectiveness in influencing decisions/policies (Question 23) and how adequately prepared they believed themselves to be in developing nutrition-related policies (Question 24), community leadership (Question 25), and monitoring, reviewing and revising nutrition-related policies (Question 26). There was a statistically significant relationship between those who believed themselves adequately prepared to develop nutrition-related policies (Question 24) and those who identified themselves as being effective in influencing policies (Question 23) (X^2 , 3, $n=170$, 14.196, $p=.003$). There was also a statistically significant relationship between those who believed themselves adequately prepared in providing community leadership with regards to nutrition-related issues (Question 25) and those reporting being effective in influencing policies (Question 23) (X^2 , 3, $n=169$, 10.456, $p=.015$). A statistically significant relationship was also found between those who believed themselves adequately prepared in monitoring, reviewing and revising nutrition-related policies (Question 26) and those who identified themselves as being effective in influencing policies (Question 23) (X^2 , 3, $n=170$, 14.714, $p=.002$).

In summary, those who believed themselves to be adequately prepared to develop sound nutrition-related policies, provide community leadership, and monitor, review and revise nutrition-related policies also believed themselves to be more effective in influencing nutrition-related school health decisions/policies.

Support for School Nutrition-Related Practices

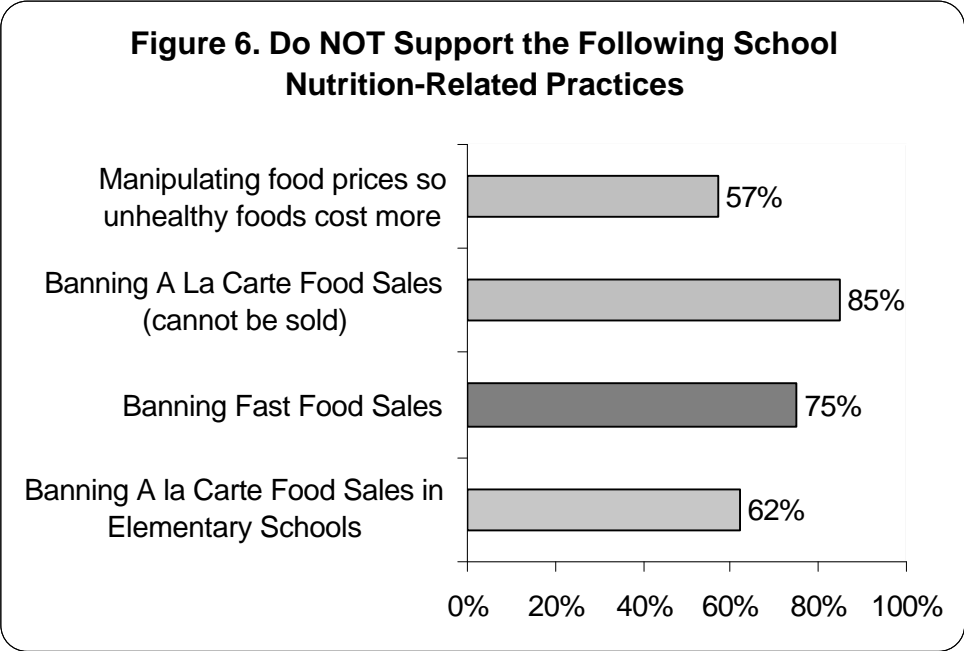
The majority of school board members were in support of practices that would provide more health-promoting food choices for children in their school districts (Question 7). The majority of participants responded that they supported banning food and soda advertisements in school (52%), and banning fast food sales in elementary schools 53% (Figure 5). The majority of respondents (88%), supported the establishment of minimum nutritional standards for fast foods sold in their schools. Eight in ten (83%) school board members supported the limitation and monitoring of food and soda advertisements in schools. Almost all (96%) said they supported providing healthy food options in their districts. Restricting hours of a la carte food availability was supported by the majority (63%) of respondents. Over half of the respondents (58%) believed that soda vending machine locations should not be in heavily trafficked areas.



School board members who had a branded food contract item on the school board agenda within the last year (Question 30), were .6 times more likely to support banning food and soda advertisements in school (Question 7). School board members who had a school lunch program item on the school board agenda within the last year (Question 30), were .7 times more likely to support banning food and soda advertisements in school (Question 7). School board members who had a branded food contract item on the school board agenda within the last year (Question 30), were .7 times more likely to support limiting and monitoring food and soda advertisements in school (Question 7). School board members who had a branded food contract item on the school board agenda within the last year (Question 30), were .4 times more likely to support manipulating vending machine prices so that unhealthy foods cost more and healthy foods cost less (Question 7). If an exclusive soda contract had been discussed as a school board agenda item within the past year (Question 30), school board members were .7 times more likely to support banning fast food sales (Question 7). If nutrition education had been discussed as a school board agenda item with the past year (Question 30), school board members were .5 times more likely to support banning food and soda advertisements in school (Question 7) (Appendix C).

In summary, it appears that having specific types of nutrition-related school health issues on a school board agenda (i.e., school lunch program, branded food contract) increases awareness and increases school board member likelihood of supporting other positive nutrition-related school health issues.

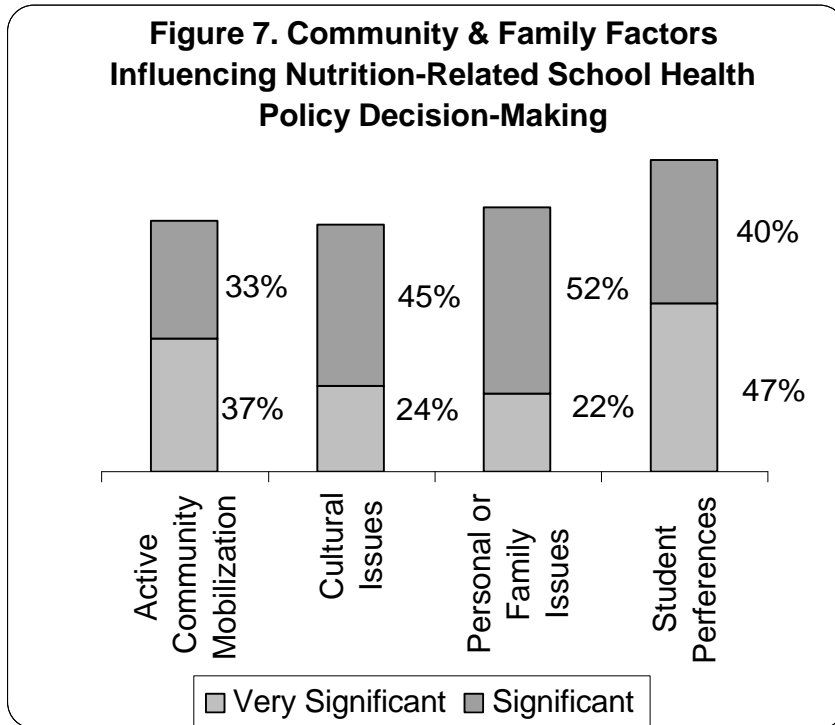
Most respondents (75%), did not support banning fast food sales, banning a la carte foods completely (85%), or banning a la carte foods in elementary schools (62%) (Figure 6). When asked if they supported manipulating vending machine prices so that unhealthy foods cost more and healthy foods cost less, over half of the respondents (59%) said *No*.



FACTORS INFLUENCING NUTRITION-RELATED POLICY DECISION-MAKING

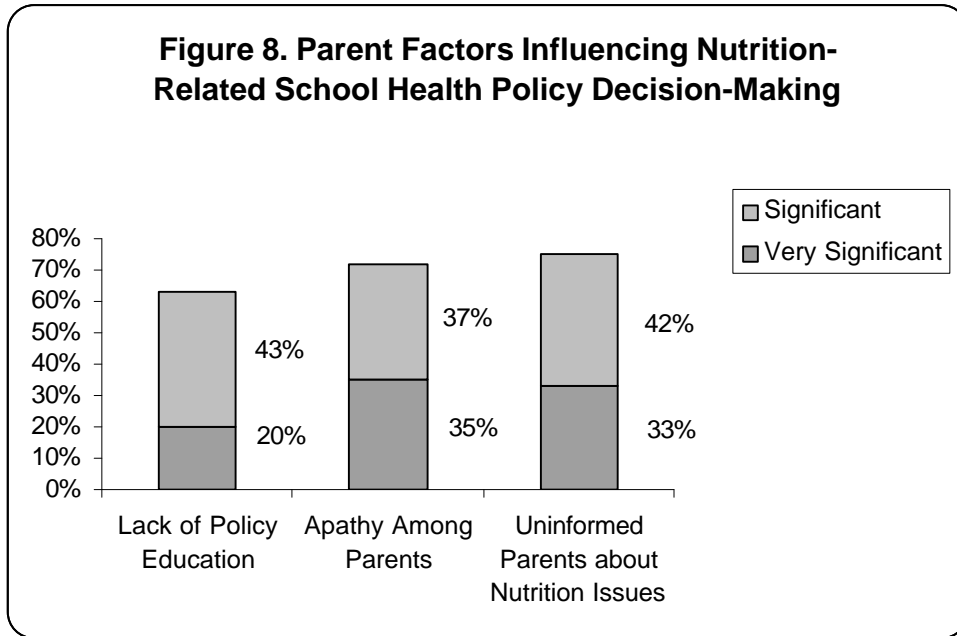
Community and Family Factors

According to school board members, community, family and student issues are all salient and significant when addressing nutrition-related school health issues (Question 16) (Figure 7). School board members reported that active community mobilization was *Very Significant* (37%) and *Significant* (33%) when addressing nutrition-related school health issues. Student food preferences were rated as *Very Significant* (47%) and *Significant* (40%) as a factor influencing nutrition-related school health issues. Over one-half of the respondents (52%) believed that personal or family health issues were *Significant* followed by 22% who stated that family or personal issues were *Very Significant*. Finally, school board members believed that cultural issues were *Very Significant* (24%) or *Significant* (45%) when addressing nutrition-related school health issues.



Parent Factors

Regarding addressing nutrition-related school health issues, lack of policy education among parents was a *Very Significant* factor among 34 (20%) and a *Significant* factor among 75 (43%) of the respondents; however, 46 (26%) school board members did **not** believe this to be a significant factor (Question 16). As for apathy among parents, 7 out of 10 school board members believed apathy among parents to be a *Very Significant* (35%) or *Significant* (37%) factor. Parents uninformed about health issues was cited as *Very Significant* by 33% of the respondents, while 42% indicated uninformed parents was a *Significant* factor. Sixty-three percent of the school board members reported that a parent/parent organization had **not** approached them about a nutrition-related issue (Question 21) (Figure 8).



When asked, “Based on your experience as a school board member how aware are district parents of the relationship between nutrition and academic performance?” (Question 17) 60% indicated parents were *Aware*. However, 35% indicated parents were *Not Aware* of the relationship between nutrition and academic performance.

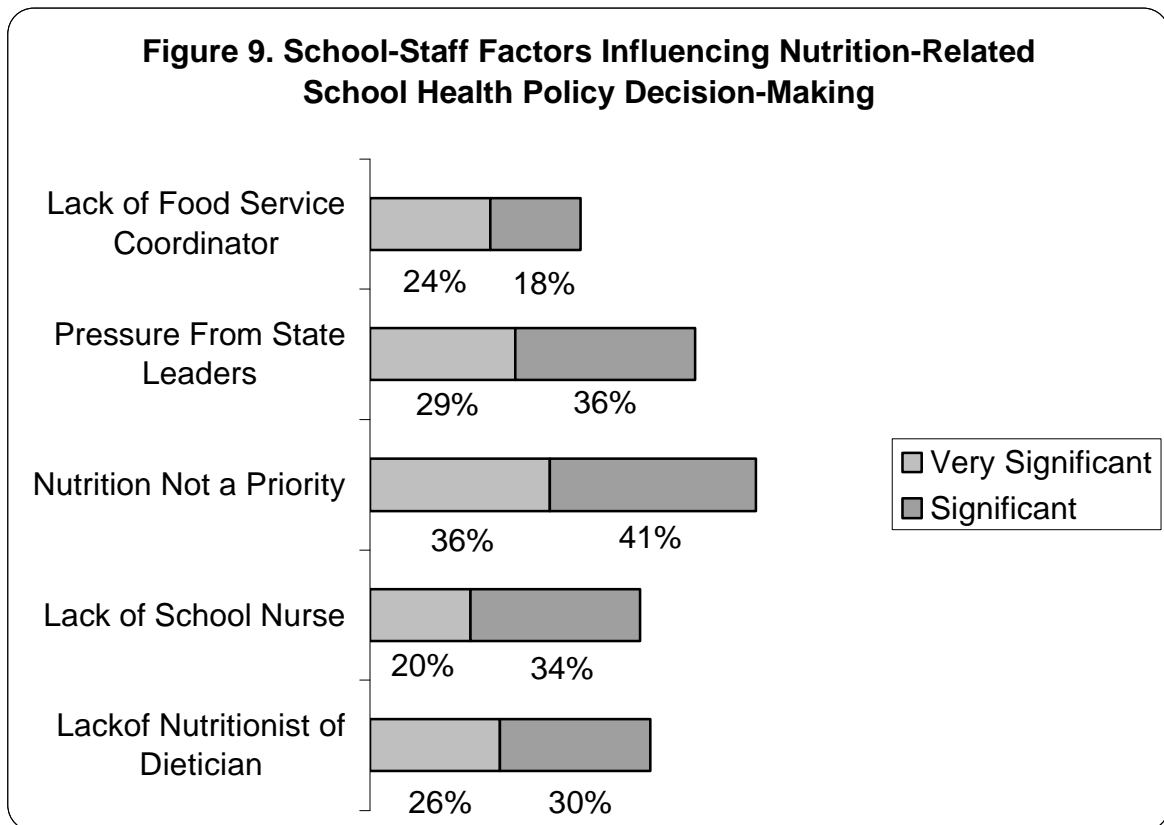
School-Staff Factors

School board members believed that school staff most directly related to the health profession were most significant when addressing nutrition-related school health issues (Question 16) (Figure 9). Almost five out of ten school board members (47%) believed the lack of a food service coordinator was *Not Significant* when addressing nutrition-related school health issues. However, lack of a nutritionist or dietician was *Very Significant* or *Significant* among 26% and 30%, respectively, of the school board members. Lack of a school nurse was considered *Very Significant* (20%) or *Significant* (34%) among 93 of the school board members when addressing nutrition-related school health issues.

The concept of nutrition **not** being a priority was considered *Very Significant* (36%) or *Significant* (41%) among a majority of responding school

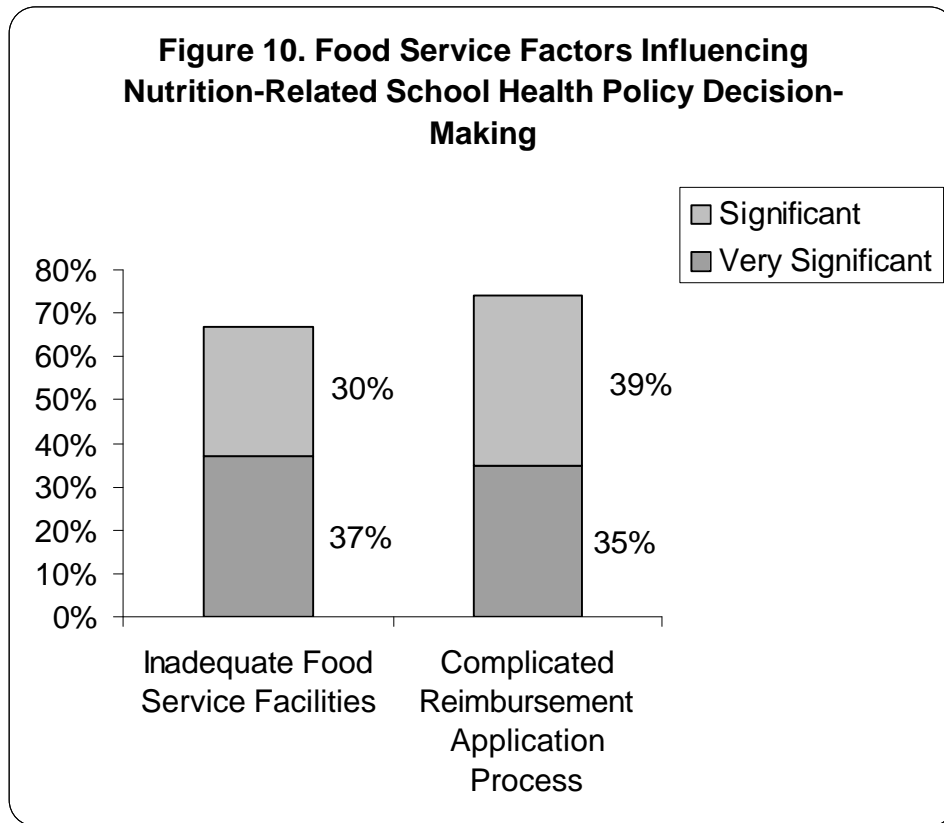
**Nutrition NOT
Considered a
Priority**

board members when addressing nutrition-related school health issues. Six out of 10 (64%) school board members believed pressure from state leaders to focus on matters other than school nutrition was a *Very Significant* (36%) or *Significant* (29%) factor when addressing nutrition-related school health issues.



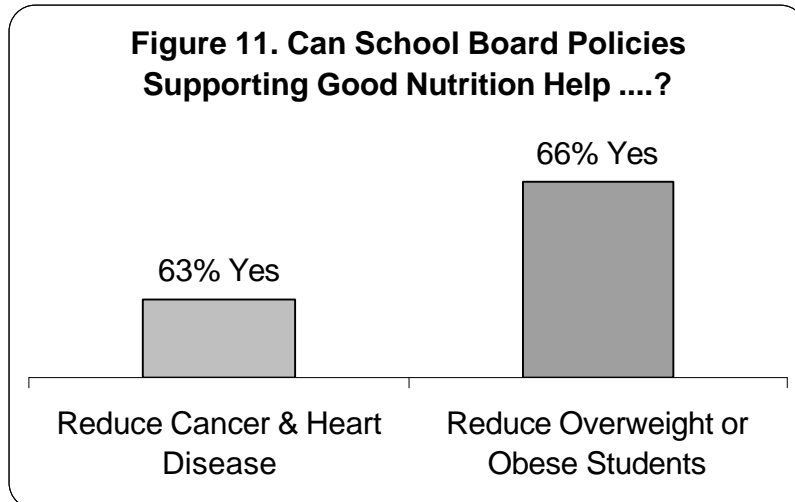
Food Service Factors

The majority of school board members (67%) believed that inadequate food service facilities were *Very Significant* (37%) or *Significant* (30%) with respect to nutrition-related school health issues in their school district (Question 16). A complicated reimbursement application process was also reported as a *Very Significant* (35%) or *Significant* (39%) factor by almost three-fourths of the respondents (74%) with regards to nutrition-related school health issues (Figure 10).



School Board Member Knowledge

When asked whether school board policies supporting good nutrition on school campuses can contribute to the reduction of student cancer and heart disease risks in the future (Question 18), 63% responded *Yes*. Likewise, two-thirds (66%) of school board members believed that school board policies supporting good nutrition on school campuses could help reduce the number of overweight or obese students in the future (Question 19) (Figure 11).



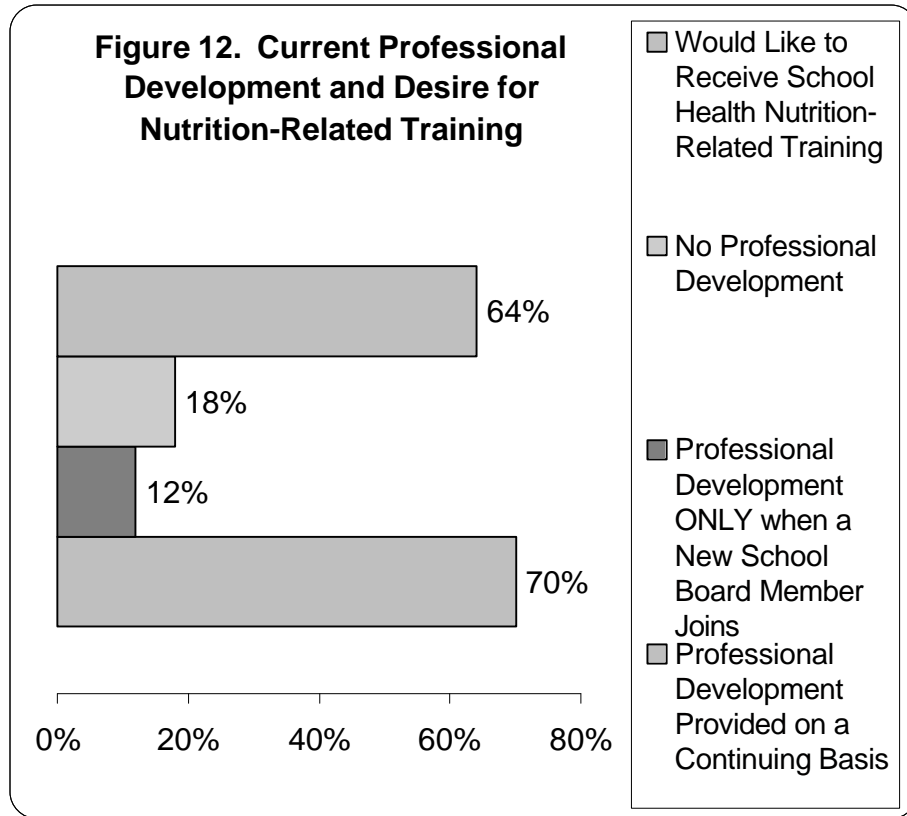
When asked “How aware are district school board members of the relationship between nutrition and academic performance?” (Question 17), 40% responded *Very Aware*, and 45% responded *Aware*. Almost half (47%) were aware of recent nutrition-related news and events in their district. However, 73% indicated they were *Not Aware* of nutrition-related policies in other school districts.

Professional Development and Training

School board members reported the need for training and skills to better prepare them to bring forth nutrition-related school health policies (Questions 24-26). The majority of school board members (56%) felt inadequately prepared to develop sound nutrition-related policies (Question 24). Similarly, more than half (51%) did **not** feel adequately prepared to provide community leadership in communicating and supporting nutrition-related policies within their school (Question 25). Finally, when asked whether they felt adequately prepared to monitor, review and revise nutrition-related policies to ensure their effectiveness, more than half indicated they were not prepared (53%) (Question 26).

Approximately 70% of respondents stated that their district provided on-going professional development for school board members on a continual basis (Question 27). Approximately one in ten (12%) respondents said on-going training was provided only when a new member joined the school board. Nearly one-fifth (18%) said on-going training was

not offered. The majority of school board members (64%) responded that they would like to receive training on nutrition-related school health issues (Question 28) (Figure 12).



PROMOTING NUTRITION-RELATED SCHOOL HEALTH ISSUES

Influential Groups/Organizations/Individuals/Issues

School board members were given a list of different groups and/or individuals and were asked, “In your district, a nutrition-related school health issue is likely to be brought to the attention of the school board by?” (Question 1). See Table 1 for responses.

Table 1. How Likely is a Nutrition-Related School Health Issue Brought to the Attention of the School Board by One of the Following Individuals/ Groups?	
Issue/Group/Individual	Percentage who <i>Strongly Agreed</i> or <i>Agreed</i>
Parent/Parent Organization	81%
Community Member/Community Org.	76%
School Board Member	75%
Student/Student Organization	67%
Mandate from State	66%
School Site Council	65%
School Administrator	60%
California School Boards Association	40%
Cooperative Extension Service	19%

The organizations and agencies **most influential** with regards to communicating nutrition-related school health issues were (Question 12):

- California Department of Health Services
 - American School Food Service Association
 - California School Food Service Association
 - Centers for Disease Control and Prevention
 - American Cancer Society
 - California Department of Education
 - California School Boards Association
- } tied for second

School board members were asked to indicate how influential different groups, individuals, or issues were when making nutrition-related school health decisions (Question 15). Food service staff opinions were considered *Very Influential* by 63% of the school board members, followed by superintendent opinions (52%) (Table 2).

Table 2. <i>Very Influential</i> Issues, Groups or Individuals with Respect to Nutrition-Related School Health Decision-Making	
Issue/Group/Individual	Percentage who Reported <i>Very Influential</i>
Food Service Staff Opinions	63%
Superintendent Opinions	52%
Budget Considerations	49%
Student/Student Organization Opinions	45%
Parent/Parent Organization Opinions	41%
School Principal Opinions	37%
Community Member/Community Organization Opinions	35%
California Department of Health Services Recommendation	30%
California Department of Education Recommendation	12%
California School Boards Association Recommendation	9%

Organizations that Should Be More Involved

When asked to list three organizations they would like to see **more involved** with nutrition-related school health issues, school board members responded with (Question 13):

- California School Boards Association
 - California Department of Education
 - California School Food Service Association
 - California Department of Health Services
 - American School Food service Association
- } tied for third

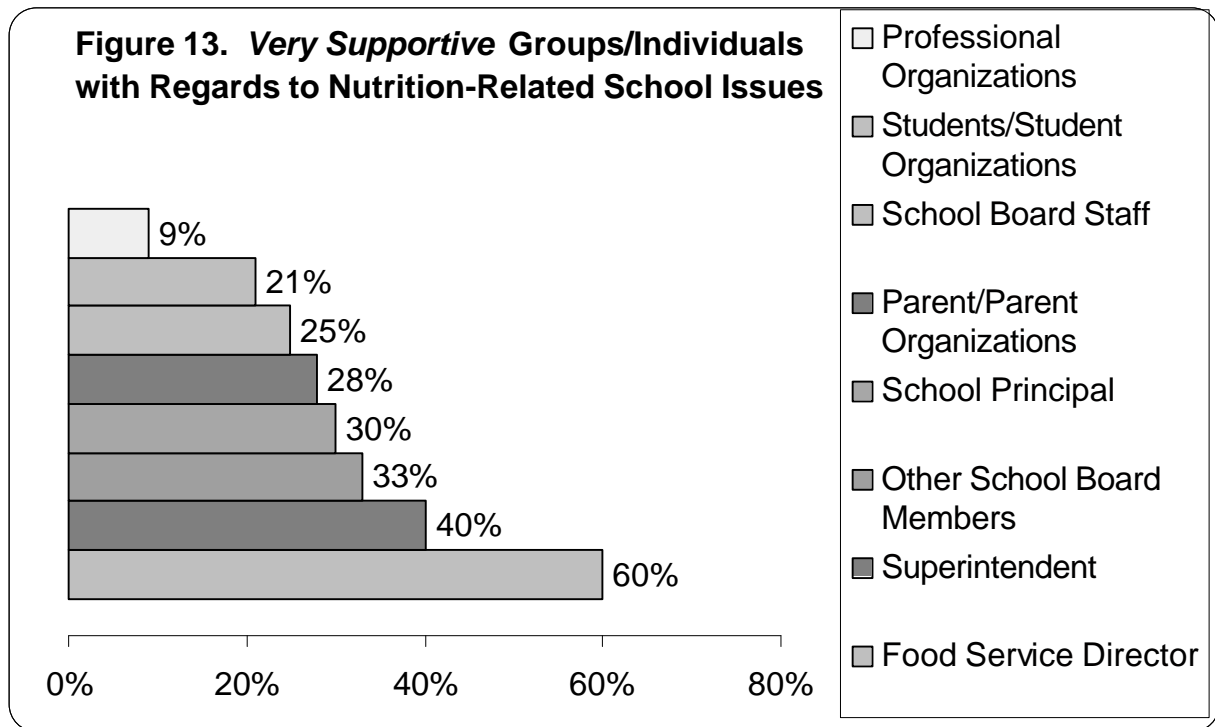
Importance of Information

The majority (75%) school board members believed advice from a health expert was *Very Important* when considering a nutrition-related school health issue (Question 9) (Table 3).

Table 3. <i>Very Important</i> Types of Information when Considering a Nutrition-Related School Health Issue	
Issue/Group/Individual	Percentage who Reported <i>Very Important</i>
Advice from Health Expert	75%
Demonstration of a Link between Nutrition and Academic Performance	74%
Practical Benefit to Students	73%
Demonstration of a Link between Nutrition and Improved Attendance	72%
Support of Parents/Parent Organizations	72%
Support of Community Members/Community Organizations	55%
Background Literature/Research Performed by School or School Board Staff	51%
Mandate from State	47%
Cost Benefit Analysis	33%
Past Successes of Related Policy in Other Districts	22%
Recommendation from State	20%

Support for Nutrition-Related School Health Issues

Food service directors were considered to be *Very Supportive* by school board members (60%) with regards to nutrition-related school health issues (Question 14) (Figure 13). One in four school board members (24%) believed that professional organizations (i.e., CSBA, ACSA) were **not** supportive.



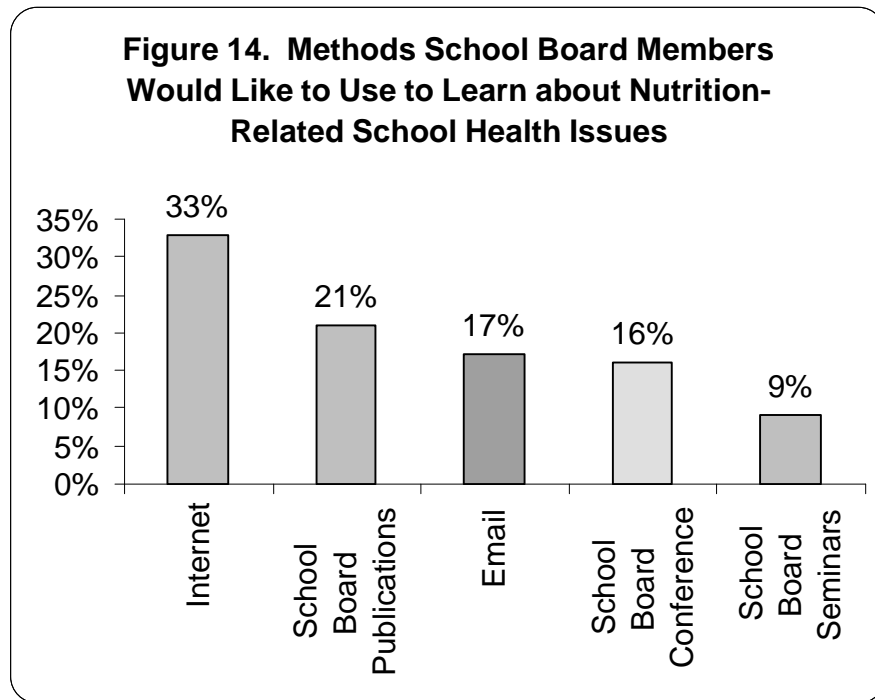
PLACEMENT OF INFORMATION

School board members were asked to consider the five resources they access most often for nutrition-related school health information (Question 8). The most often cited were:

- School Food Service Personnel
- School Health Staff (i.e., nurse, health educator)
- California Department of Health Services
- Health Professional (i.e., physician, nurse)

- California School Boards Association } tied for fifth
- California Department of Education } tied for fifth
- Professional Organizations (i.e., CSBA, ACSA)
- Internet
- School Board Publications

When asked the two methods they would like to use to learn about nutrition-related school health issues, school board members indicated the Internet (33%), school board publications (21%), Email (17%), school board conference (16%), and school board seminars (9%) (Question 10) (Figure 14).



SUMMARY

While school lunch and school breakfast programs were brought before school board members, those issues more salient to nutrition-related school health policy, such as soda contracts, nutrition education, and branded food contracts were tabled less often. Few school board members had a nutrition-related policy in their school district. Those who *did* report having a nutrition-related policy were more likely to have supportive food service directors and believe that school board members in their districts were aware of nutrition-related events. While some school board members believed they were *very effective* in influencing nutrition-related school health decision/policies, almost as many had not had the opportunity to be effective because no such policy had been placed on the agenda. Despite understanding the relationship between nutrition and academic performance and improved attendance and awareness of nutrition-related news and events in their district, many school board members were not aware of nutrition-related policies in other school districts.

School board members' opinions revealed support for policy supporting healthy food choices for students but low self-efficacy with regards to influencing policy change. School board members believed that policies supporting good nutrition could contribute to reduction of student cancer and heart disease as well as reduce the number of overweight or obese kids. Despite these attitudes, the majority did not believe their school district was doing enough to foster healthy eating behaviors among students. Those who believed they were adequately prepared to develop sound nutrition-related policies, provide community leadership, or monitor, review and revise nutrition-related policies were more likely to believe they were effective in influencing nutrition-related school health decisions/policies. Many, however, did *not* feel adequately prepared to develop sound nutrition-related policies, provide community leadership in communicating and supporting nutrition-related policies within their school districts, or prepared to monitor, review and revise nutrition-related policies to ensure their effectiveness.

Active community mobilization, cultural issues, personal or family issues, and food preferences were perceived as relatively significant factors influencing nutrition-related school health issues. Specifically, parents uninformed regarding school health issues, as well as their lack of policy education, were significant factors among the majority of school board

members. To that end, the majority stated that no parent/parent organization had approached them about nutrition-related school health issues. However, over half of the school board members believed that parents were aware of the relationship between nutrition and academic performance. Health related school staff were cited as *significant* when addressing nutrition-related school health issues. Inadequate food service facilities and a complicated reimbursement process were also significant factors related to nutrition-related school health issues.

School board members who had experienced specific nutrition-related health policies being brought to the board were more likely to favor practices that would positively impact healthy food choices for students. In summary, school board members who had a branded food contract item or had a lunch program item on the school board agenda were more likely to support banning food and soda advertisements in school. Those with a branded food contract item on the school board agenda were more likely to support limiting and monitoring food advertising in schools and to support manipulating vending machine prices so that healthy foods cost less than unhealthy foods. Those who had discussed soda contracts as a board agenda item were more likely to support banning fast food sales. Finally, if nutrition education had been discussed on the agenda, they were more likely to support banning a la carte food sales.

According to participants, school board members did not consider school health issues a priority. This lack of importance was seen as a by-product of state leaderships' focus on other matters, and the majority felt this was a factor related to fewer nutrition-related policies being brought before the school board. Professional development training was provided to most school board members within their districts, but most school board members indicated they would like more specific training on nutrition-related school health policies/issues.

School board members said they would like to receive school nutrition-related information via the Internet, school board publications, and email. When making nutrition-related school decisions food service staff opinions, superintendent opinions, and budget considerations were very influential. The California Department of Health Services was considered the most influential with regards to communicating nutrition-related school health issues.

SUPERINTENDENT RESEARCH RESULTS

Of the 101 superintendent surveys, 46 were returned for a response rate of 46%. Of the 46 returned, surveys only 39 were used for data analysis due to some surveys having too few responses or being delivered after the deadline date.

DEMOGRAPHICS

Forty-six superintendents completed the surveys, of which thirty-nine were analyzed. The mean age range of participants was 46-55 years. Among those who responded, 77% were male and 21% were female. A large proportion of participants (72%) were Anglo/European, followed by Latino (8%), Asian (8%), and African American and Asian (5%). Eight out of ten (85%) of respondents considered themselves Non-Hispanic. The most common motivation for individuals to become superintendents was their involvement in the community (46%). Thirty-three percent of the superintendents believed their educational background was also a motivating factor.

NUTRITION-RELATED POLICY IN SCHOOL DISTRICT

Almost four out of ten (39%) superintendents reported having a nutrition-related policy in their school district (Question 31). Approximately one in five (18%) were not sure if they had a nutrition-related policy in their school district.

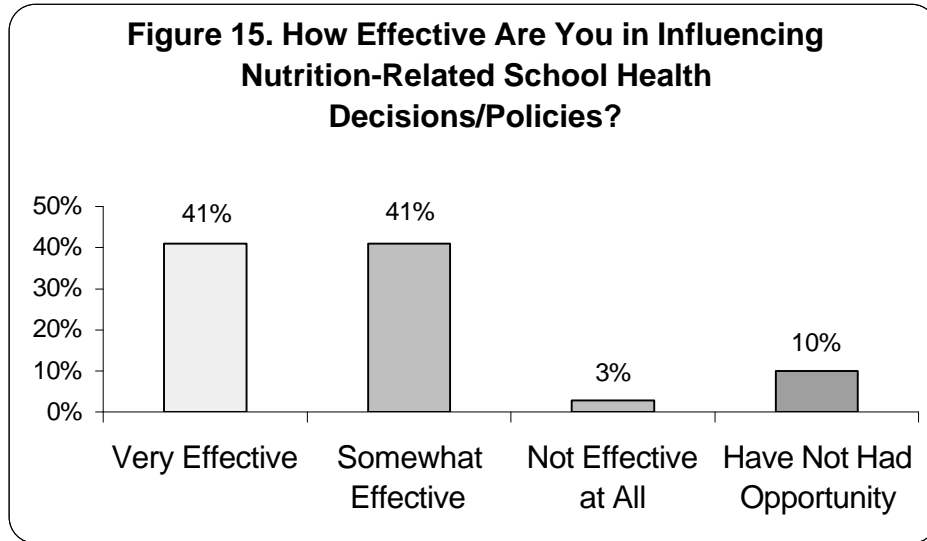
Forty-one percent of respondents indicated that a beverage vendor had an exclusive contract with their school district (Question 4), and 64% reported an exclusive beverage vendor contract with *any* school in their school district (Question 5).

SUPERINTENDENT OPINIONS

Almost half of the superintendents (44%) believe in the exclusive beverage vendor contract practice; that is, allowing beverage vendors to have an exclusive contract with a particular school or school district (Question 6).

When asked “How effective are you in influencing nutrition-related school health decisions/policies?” 41% reported *Very Effective*, 41% *Somewhat Effective*, 3% *Not Effective*

at All, and 10% indicated *They Have Not Had the Opportunity* (Question 23) (Figure 15).



Support for Nutrition-Related Practices

A majority of superintendents do **not** support banning a la carte food sales (95%), banning fast food sales (77%), or banning a la carte food sales in elementary schools (75%) (Question 7) (Figure 16). However, fifty-six percent of the superintendents support the banning of fast food sales in elementary schools and 100% support providing healthy food options. Forty-four percent of superintendents support the banning of food and soda advertisements in school, while 51% do **not** support this practice. Ninety percent support limiting and monitoring food and soda advertisements in school. In addition, 9 out of 10 superintendents support establishing minimum nutritional standards for fast foods sold in school (92%) and limiting and monitoring food and soda advertisements in school (90%) (Figure 17).

Figure 16. Do NOT Support the Following School Nutrition-Related Practices

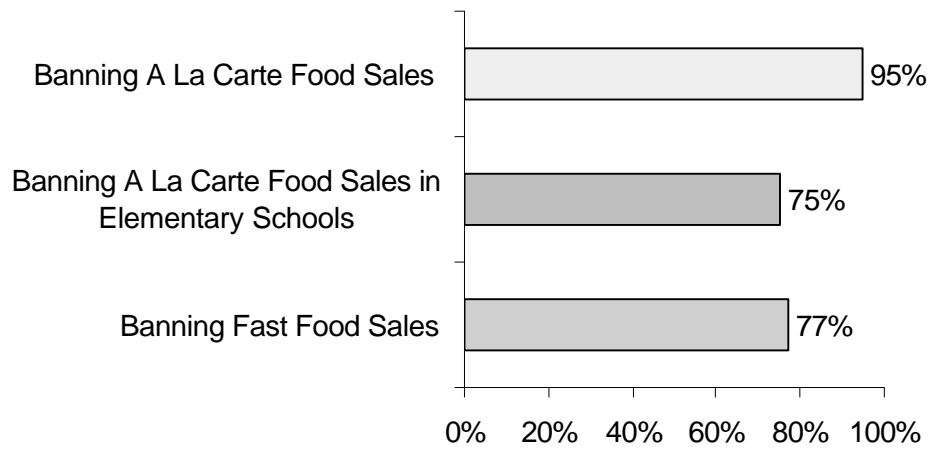
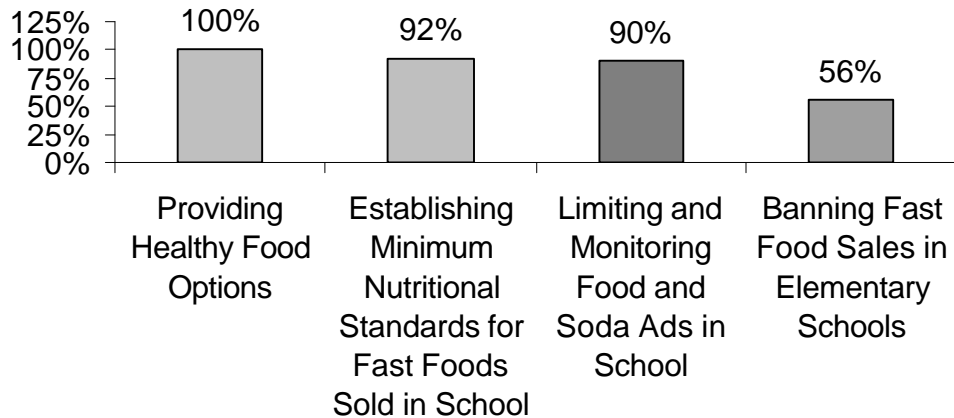


Figure 17. Support the Following School Nutrition-Related Practices

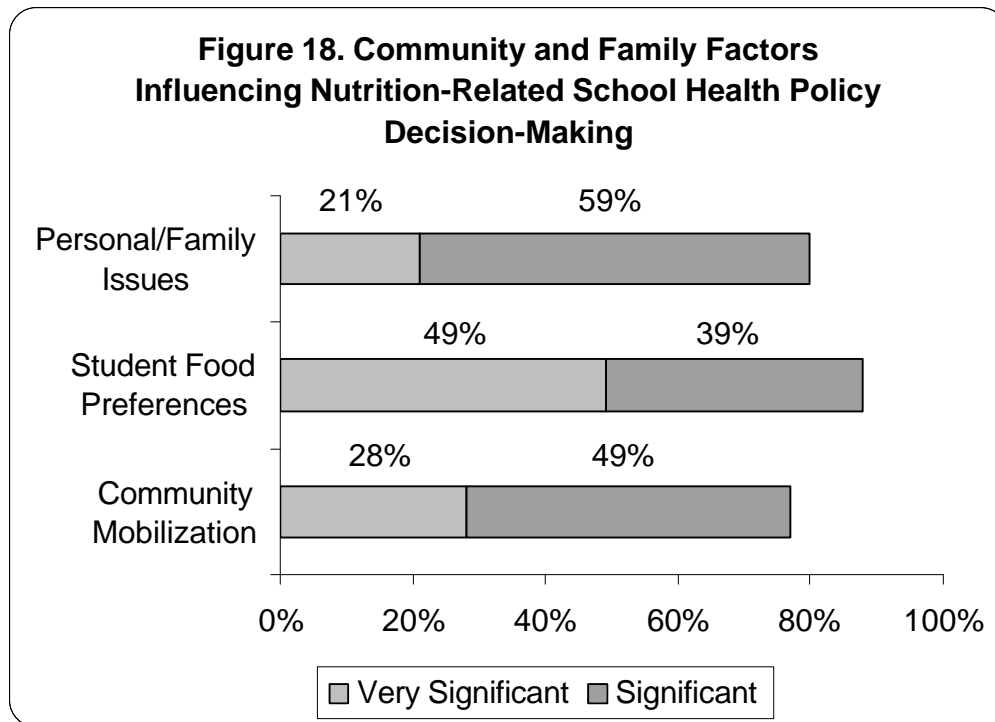


FACTORS INFLUENCING NUTRITION-RELATED POLICY DECISION-MAKING

Community and Family Factors

Superintendents believe community, family and student issues are essential when addressing nutrition-related school health issues (Question 16) (Figure 18). Three-fourths of

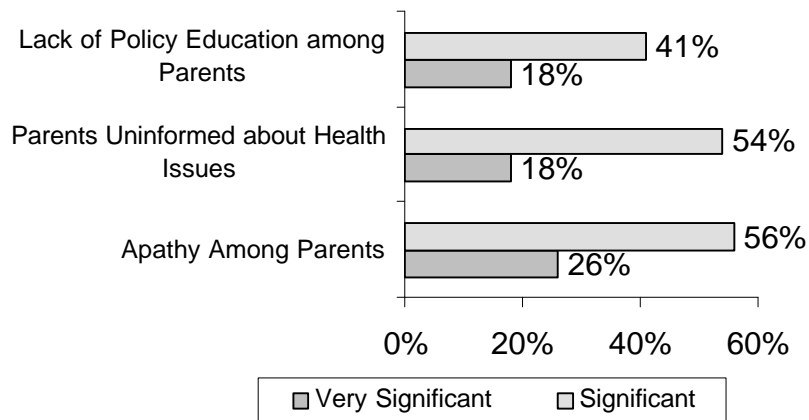
superintendents (77%) reported active community mobilization as a *Very Significant* (28%) or *Significant* (49%) factor when addressing nutrition-related school health issues. Almost one-half of the respondents (49%) believed student food preferences were *Very Significant* when addressing nutrition-related school health issues. Eight out of ten respondents (80%) believed that personal or family health issues were *Very Significant* (21%) or *Significant* (59%).



Parent Factors

Lack of policy education among parents was rated *Very Significant* or *Significant* among 18% and 41%, respectively, of the respondents; however, 31% did **not** believe this to be a factor when addressing nutrition-related school health issues (Question 16). As for apathy among parents, 32 (82%) of the superintendents believed apathy among parents to be *Very Significant* (26%) or *Significant* (56%). Parents uninformed about health issues were cited as *Very Significant* (18%) or *Significant* (54%) by the superintendents. Over one-half (54%) of the superintendents reported that a parent/parent organization had approached them about a nutrition-related issue (Question 21) (Figure 19).

Figure 19. Parent Factors Influencing Nutrition-Related School Health Policy Decision-Making

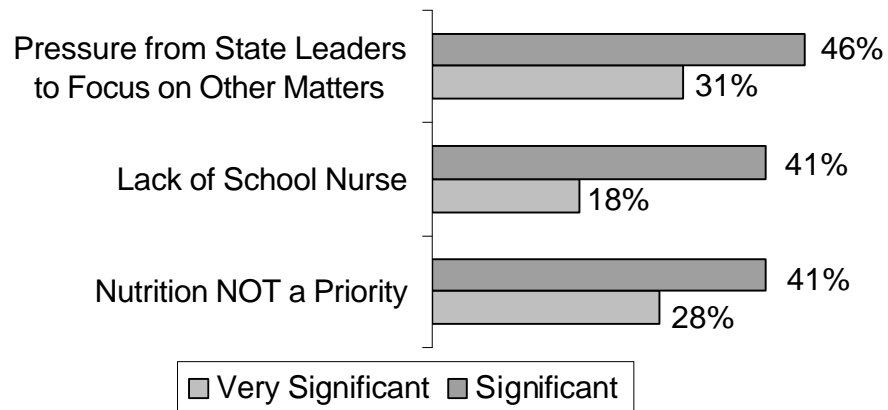


School-Staff Factors

Four out of ten superintendents (41%) believed the lack of a food service coordinator was *Not Significant* when addressing nutrition-related school health issues (Question 16). Lack of a nutritionist or dietician was reported as a *Very Significant* or *Significant* factor among 23% and 31%, respectively, of superintendents. Lack of a school nurse was considered *Very Significant* by 18% of superintendents and *Significant* by 41% of superintendents when addressing nutrition-related school health issues.

Lack of nutrition as a priority was considered *Very Significant* (28%) and *Significant* (41%) among responding superintendents. Approximately 8 out of 10 (77%) superintendents believed pressure from state leaders to focus on matters other than school nutrition was a *Very Significant* (31%) or *Significant* (46%) factor (Figure 20).

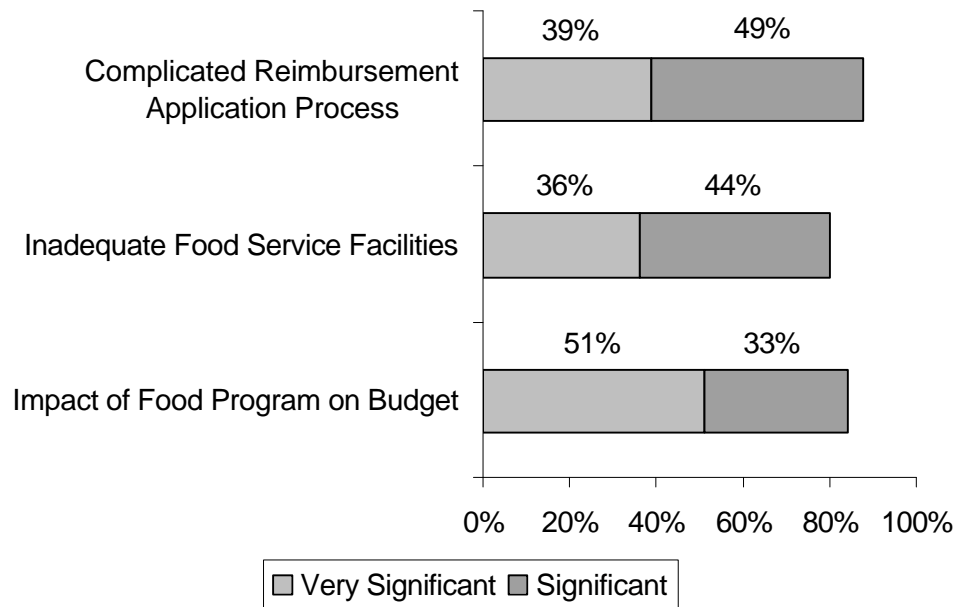
Figure 20. School-Staff Factors Influencing Nutrition-Related School Policy Decision-Making



Food Service Factors

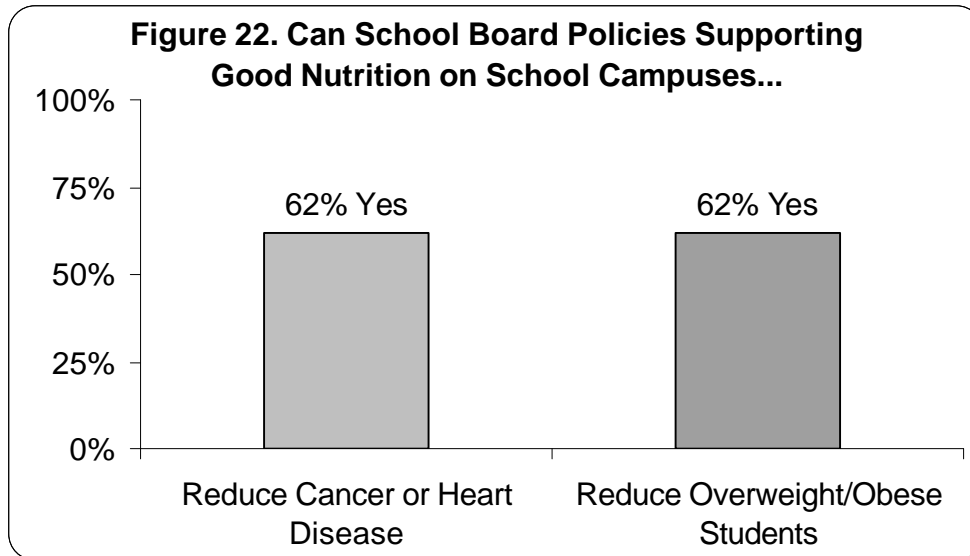
Impact of food program on budget was *Very Significant* among 51% of superintendents and *Significant* among 33% when addressing nutrition-related school health issues (Question 16). The majority of respondents believed that inadequate food service facilities were *Very Significant* (36%) or *Significant* (44%) with respect to nutrition-related school health issues in their school district. A complicated reimbursement application process was also reported as a *Very Significant* (39%) or *Significant* (49%) factor with regards to nutrition-related school health issues (Figure 21).

Figure 21. Food Service Factors Influencing Nutrition-Related School Health Policy Decision-Making



Superintendent Knowledge

When asked whether school board policies supporting good nutrition on school campuses can contribute to the reduction of student cancer and heart disease risks in the future, 62% responded *Yes* (Question 18). Likewise, almost two-thirds (62%) of the superintendents believed school board policies supporting good nutrition on school campuses could help reduce the number of overweight or obese students in the future (Figure 22).



The examination of the experiences of superintendents revealed that 31% believed school board members were *Very Aware* of the relationship between nutrition and academic performance (Question 17). In addition, 31% percent of superintendents believed they themselves were *Very Aware* of recent national and state nutrition-related news and events. However, only 8% believed parents were *Very Aware* of the relationship between nutrition and academic performance. Only one in ten superintendents (10%) were *Very Aware* of nutrition-related polices in other school districts.

Professional Development and Training

When asked whether on-going professional development is offered for superintendents, 54% responded affirmatively. Furthermore, 56% of superintendents were interested in receiving training on nutrition-related school health issues

Superintendents reported the need for training and skills to better prepare them to bring forth nutrition-related school health policies. The majority of superintendents (56%) responded that they felt inadequately prepared to recommend sound nutrition-related policies (Question 24). However, more than half (59%) felt adequately prepared to provide community leadership in communicating and supporting nutrition related policies within their school district (Question 25). Finally, when asked whether they felt adequately

prepared to monitor, review and revise nutrition-related policies to ensure their effectiveness, more than half indicated they were prepared (54%) (Question 26).

PROMOTING NUTRITION-RELATED SCHOOL HEALTH ISSUES

Influential Groups/Organizations/Individuals/Issues

Superintendents were given a list of different groups and/or individuals and were asked, “In your district, a nutrition-related school health issue is likely to be brought to the attention of the school board by?” (Question 1). See Table 4.

Table 4. How Likely is a Nutrition-Related School Health Issue Brought to the Attention of the School Board by One of the Following Individuals/ Groups	
Issue/Group/Individual	Percentage who <i>Strongly Agreed</i> or <i>Agreed</i>
Mandate from State	80%
Parent/Parent Organization	77%
Community Member/Community Org.	77%
Student/Student Organization	77%
School Administrator	72%
School Board Member	70%
School Site Council	70%
California School Boards Association	47%
Cooperative Extension Service	21%

Organizations and agencies **most influential** with regards to communicating nutrition-related school health issues were (Question 12):

- California Department of Education
- California Department of Health Services
- California School Food Service Association
- American Cancer Society
- American School Food Service Association

Organizations that Should Be More Involved

When asked to list three organizations superintendents would like to see **more involved** with nutrition-related school health issues, the superintendents responded with (Question 13):

- American School Food Service Association
 - California School Boards Association
 - California Department of Education
 - California School Food Service Association
 - California Department of Health Services
- } tied for second

Food service staff opinions and California School Boards Association recommendations were considered *Very Influential* by 74% of the superintendents (Question 15). Almost one-half of the superintendents (49%) believed budget considerations, parents/parent organizations, and school principal opinions were *Very Influential* in their nutrition-related school health decision-making (Table 5).

Table 5. <i>Very Influential</i> Issues, Groups or Individuals with Respect to Nutrition-Related School Health Decision Making	
Issue/Group/Individual	Percentage who Reported <i>Very Influential</i>
Food Service Staff Opinions	74%
California School Boards Association Recommendation	74%
Parent/Parent Organization Opinions	49%
Budget Considerations	49%
School Principal Opinions	49%
Student/Student Organization Opinions	41%
School Board Staff Opinions	33%
California Department of Health Services Recommendation	33%
California Department of Education Recommendation	31%
Community Member/Community Organization Opinions	31%
Local Media	3%

Support for Nutrition-Related School Health Issues

Food service directors were considered to be *Very Supportive* (90%) by superintendents with regards to nutrition-related school health issues (Question 14). One in five superintendents (21%) believed that professional organizations (i.e., CSBA, ACSA) were *Very Supportive*.

Importance of Information

The majority (82%) believed demonstration of a link between nutrition and improved attendance was *Very Important* when considering a nutrition-related school health issue (Question 9) (Table 6).

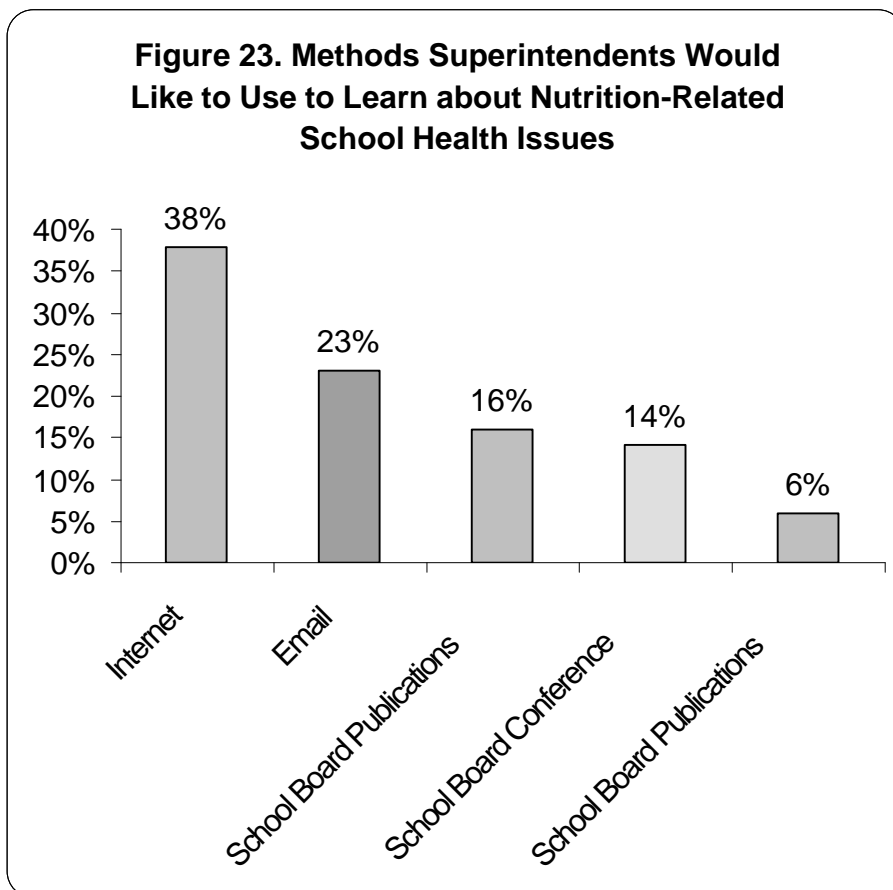
Table 6. <i>Very Important</i> Types of Information when Considering a Nutrition-Related School Health Issue	
Issue/Group/Individual	Percentage who Reported <i>Very Important</i>
Demonstration of a link between Nutrition and Improved Attendance	82%
Advice from Health Expert	80%
Demonstration of a Link between Nutrition and Academic Performance	80%
Practical Benefit to Students	80%
Support of Parents/Parent Originations	77%
Mandate from State	67%
Support of Community Members/Community Organizations	64%
Past Successes of Related Policy in Other Districts	41%
Background Literature/Research Performed by School or School Board Staff	41%
Cost Benefit Analysis	33%
Recommendation from State	28%

PLACEMENT OF INFORMATION

Superintendents were asked to consider the five resources they access most often for nutrition-related school health information. They selected (Question 8):

- School Food Service Personnel
 - California Department of Education
 - School Health Staff (i.e., nurse, health educator)
 - Health Professional (i.e., physician, nurse)
 - Professional Journals
 - California Department of Health Services
- } tied for fourth

When asked the two methods they would like to use to learn about nutrition-related school health issues superintendents cited the Internet (38%), Email (23%), school board publications (16%), school board conferences (14%), and school board seminars (6%) (Question 10) (Figure 23).



SUMMARY

Overall, superintendents feel *very effective* in influencing nutrition-related school health decisions/policies, even though less than half are fully aware of nutrition-related policies in their school district. They agree that limiting and monitoring food and soda advertisements is beneficial to students, and disagree with the banning of fast food and a la carte food sales in schools. The consensus amongst superintendents is that minimum nutritional standards should be established for fast foods sold in schools. The survey findings also reveal that less than half of the superintendents believe in the exclusive beverage vendor contract practice, yet a majority of the school districts currently have exclusive beverage vendor contracts. Lack of nutrition as a priority was considered a significant factor among superintendents.

The American School Food Service, the California School Boards Association, and local food service personnel are highly valued with regards to nutrition-related school health issues. The importance of the relationship between nutrition and academic performance and improved attendance is valued highly by superintendents. In general, superintendents believe that supporting good nutrition on school campuses can contribute positively to health, particularly to the reduction of cancer, heart disease and obesity.

The need for better training and skills to prepare them to bring forth nutrition-related school health policies was expressed by most of the superintendents. The superintendent survey findings reveal that superintendents desire preparation for dealing with nutrition-related school health policies. Being prepared for policies mandated by the state or brought forward by parent/parent organizations prove to be the most effective in introducing and implementing successful nutrition-related school health policy. The American School Food Service, the California School Boards Association, and the local food service personnel are great resources of superintendents. Increased parent involvement is an issue that would make nutrition issues more appealing to superintendents. Overall, education on nutrition and its impact on academic performance and young people for superintendents and parents is vital for supporting positive nutrition-related school health policies.

SCHOOL DISTRICT PROFILE

The school district profile provides an overview of select general characteristics of the schools as reported by school board members and superintendents. This profile includes all responses from both the school board members and superintendents for a total of 213 responses.

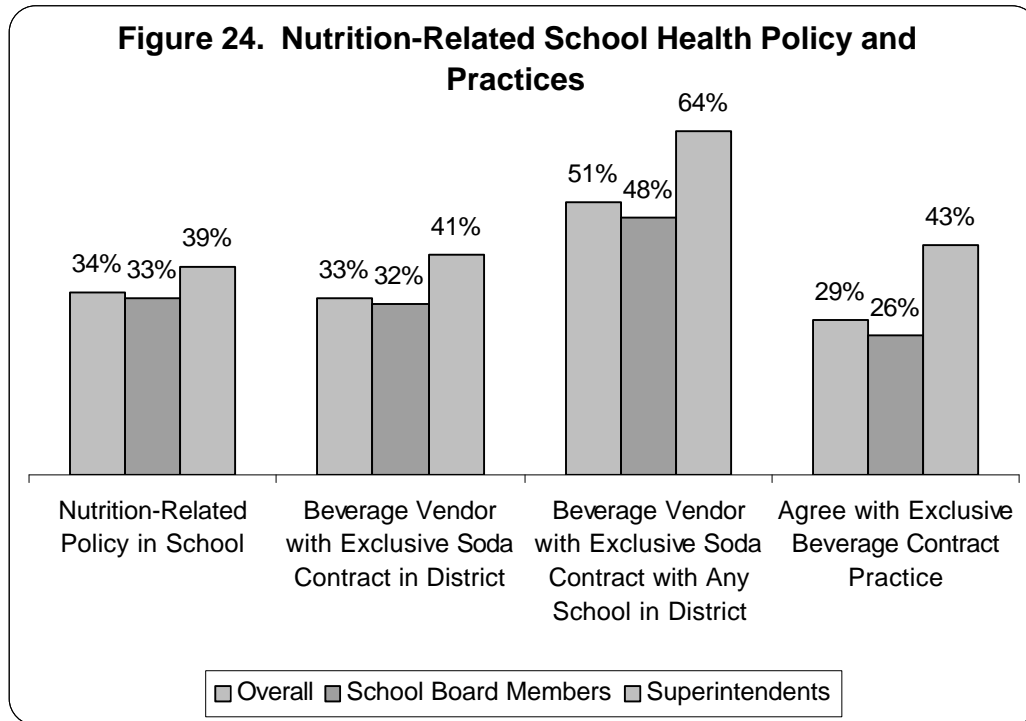
Approximately one-half of the districts (43%) participating in this study can be categorized as rural. Among school board members and superintendents, 32% categorized their district as suburban. This was followed by a classification of urban for 14% of the districts. The mean average daily attendance in a particular school district was 1,001-3000 students for 30% of the respondents. Among the school board members who participated, 22% indicated their district had *only* high schools.

NUTRITION-RELATED POLICY

Over one-third (34%) of all respondents reported having a nutrition-related policy in their school district (Question 31) (Figure 24). One in five (22%) responded *No* and, 40% responded *Not Sure* to having a nutrition-related policy in their school district

Soda Contracts

Forty-six percent of all respondents indicated *No* when asked if beverage vendors have an exclusive contract with *their* school district (Questions 4-6). Yet, 51% responded that beverage vendors had an exclusive contract with *any* school in their district (Question 5). The overall agreement with the exclusive beverage contract practice was “split,” *Yes* (29%) and *No* (30%) (Figure 24).

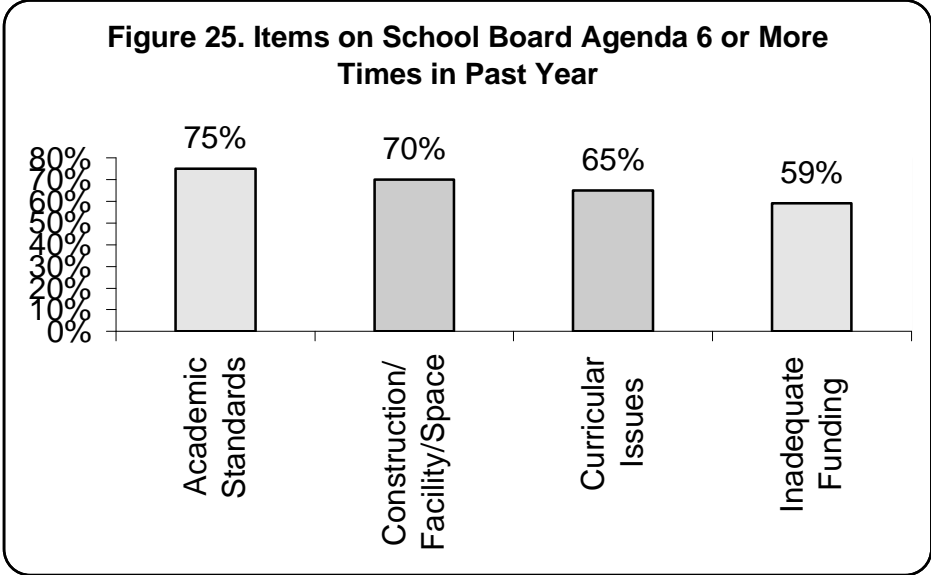


ACTIVE COMMUNITY

Overall, school board members and superintendents agree that community members are *Not Active* (58%) with regards to nutrition-related school health issues (Question 11). Thirty percent of community members are considered *Somewhat Active* regarding nutrition-related school health issues.

SCHOOL BOARD AGENDA

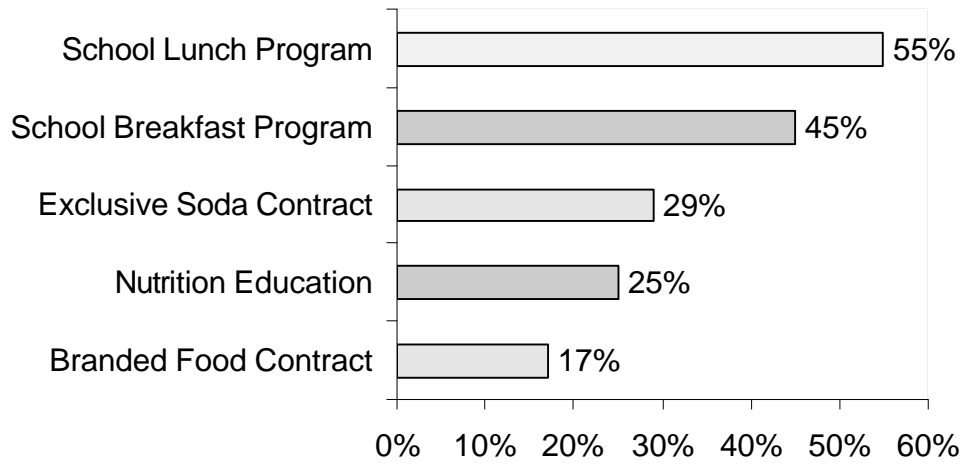
The most frequently cited issue to be placed on the school board agenda during the past academic year six or more times was that of academic standards (75%) (Question 2) (Figure 25). Construction, facility or space (70%) was the second most frequently cited item to have been on the agenda 6 more times during the past year. Also cited as appearing on the agenda six or more times was curricular issues (65%) and inadequate funding (59%). Sixty-two percent of school board members and superintendents stated that school food programs (i.e. breakfast and lunch programs) appeared on the agenda between 1 –3 times during the past school year.



Nutrition-Related School Health Issues Brought Before the School Board for Review

During the past school year, 55% of the school board members and superintendents reported the school lunch program had been brought before the school board for review (Question 30) (Figure 26). Similarly, 45% reported the school breakfast program being brought before the board for review.

Figure 26. Nutrition-Related School Health Issues Brought Before School Board for Review



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APPENDIX A

**UNIVERSITY OF SOUTH FLORIDA'S
INSTITUTIONAL REVIEW BOARD**



November 21,

2000
Kelli McCormack Brown, Ph.D., CHES
Department of Community and Family Health
MDC Box 56

Dear Dr. Brown:

Your new protocol (IRB #99.333) entitled,

"Examination of Communication Factors Affecting Policymakers"

has been approved under Exempt Category number 3 (i). This action will be reported at the next convened IRB-02 meeting on December 15, 2000.

If you have any questions regarding this matter please do not hesitate to call my office at 974-5638.

Sincerely,

Louis Penner, Ph.D.
Chairperson, IRB-02

LP: amr
cc: FAO

Office of Research, Division of Research Compliance
Institutional Review Boards, MPA No. 1284-01/M1284-02XM
University of South Florida · 12901 Bruce B. Downs Blvd., MDC 035 · Tampa, Florida 33612-4799
(813) 974-5638 · FAX (813) 974-5618

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January 25,

2001
Kelli McCormack-Brown, Ph.D.
College of Public Health
Department of Community and Family Health
IvDC Box 56

Dear Dr. McCormack-Brown:

Your Change in Procedure [IRB #99.333] for your protocol entitled,
"Examination of Communication Factors Affecting Policymakers"

included the following change:

- Additions of the cover letter and postcard that will be used in the study.

The Institutional Review Board under expedited review approved this change. This action will be reported at the next convened IRB-02 meeting on February 16, 2001. If you have any questions or comments please telephone me at 974-5638.

Sincerely,

Louis Penner, Ph.D.
Chairperson, IRB-02

LP: amr

cc: FAO

Office of Research, Division of Research Compliance
Institutional Review Boards, MPA No. 1284-01/M1284-02XM
University of South Florida · 12901 Bruce B. Downs Blvd., MDC 035 · Tampa, Florida 33612-4799
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February 19,

2001
Kelli McCormack Brown, Ph.D.
College of Public Health
Department of Community and Family Health
MDC Box 56

Dear Dr. McCormack Brown:

Your Change in Procedure [IRB #99.333] for your protocol entitled,
"Examination of Communication Factors Affecting Policymakers"
Included the following change:

- Addition of the "Healthy Food Choices & Nutrition- Related School Health Policies: Key Opinion Leaders Survey." This survey was added based on qualitative data collected during formative research and thus developed. This survey will be used to collect the quantitative data in this study.

The Institutional Review Board under expedited review approved this change. This action will be reported at the next convened IRB-02 meeting on March 23, 2001.

If you have any questions or comments please telephone me at 974-5638.

Sincerely,

Louis Penner, Ph.D.
Chairperson, IRB-02

LP: amr

cc: FAO

Office of Research, Division of Research Compliance
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February 28,

2001
Kelli McCormack Brown, Ph.D.
Department of Community and Family Health
MDC Box 56

Dear Dr. Brown:

Your Change in Procedure [IRB #99.333] for your protocol entitled,
"Examination of Communication Factors Affecting Policymakers"
Included the following change:

- Formative research revealed that superintendents played a major role with regards to policy decisions related to nutrition policy issues. Based on qualitative data collected, a survey was developed for superintendents. Therefore, a cover letter, survey and postcard message will be used for this population to collect the quantitative data in this study.

The Institutional Review Board under expedited review approved this change. This action will be reported at the next convened IRB-02 meeting on March 23, 2001. If you have any questions or comments please telephone me at 974-5638.

Sincerely,

Louis Penner, Ph.D.
Chairperson, IRB-02

LP: amr

cc: FAO

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February 28,

2001
Kelli McCormack Brown, Ph.D.
Department of Community and Family Health
MDC Box 56

Dear Dr. Brown:

Your Change in Procedure [IRB #99.333] for your protocol entitled,
"Examination of Communication Factors Affecting Policymakers"
Included the following change:

- Formative research revealed that superintendents played a major role with regards to policy decisions related to nutrition policy issues. Based on qualitative data collected, a survey was developed for superintendents. Therefore, a cover letter, survey and postcard message will be used for this population to collect the quantitative data in this study.

The Institutional Review Board under expedited review approved this change. This action will be reported at the next convened IRB-02 meeting on March 23, 2001. If you have any questions or comments please telephone me at 974-5638.

Sincerely,

Louis Penner, Ph.D.
Chairperson, IRB-02

LP: amr

cc: FAO

Office of Research, Division of Research Compliance
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APPENDIX B

**SCHOOL BOARD MEMBER, SUPERINTENDENT & OVERALL
SURVEY RESULTS: FREQUENCIES AND PERCENTAGES**

1. In your district, a nutrition-related school health issue is likely to be brought to the attention of the school board by:								
	School Board				Superintendent			
	Strongly Agree % (N)	Agree % (N)	Disagree % (N)	Non Response % (N)	Strongly Agree % (N)	Agree % (N)	Disagree % (N)	Non Response % (N)
California School Boards Association	7.5 (13)	32.2 (56)	48.9 (85)	11.5 (20)	7.7 (3)	38.5 (15)	48.7 (19)	5.1 (2)
Cooperative Extension Service	2.3 (4)	16.7 (29)	62.6 (109)	18.4 (32)	0	20.5 (8)	69.2 (27)	10.3 (4)
Community Member/Community Organization	30.5 (53)	44.8 (78)	15.5 (27)	9.2 (16)	25.6 (10)	51.3 (20)	17.9 (7)	5.1 (2)
Mandate from State	24.7 (43)	40.8 (71)	21.8 (38)	12.6 (22)	38.5 (15)	41.0 (16)	15.4 (6)	5.1 (2)
Parent/Parent Organization	28.7 (50)	52.3 (91)	10.9 (19)	8.0 (14)	23.1 (9)	53.8 (21)	17.9 (7)	5.1 (2)
School Administrators (i.e. Principal, Superintendent)	16.7 (29)	42.5 (74)	29.9 (52)	10.9 (19)	28.2 (11)	43.6 (17)	23.1 (9)	5.1 (2)
School Board Member	16.1 (28)	59.2 (103)	16.7 (29)	8.0 (14)	20.5 (8)	48.7 (19)	23.1 (9)	7.7 (3)
School Site Council	17.8 (31)	46.6 (81)	24.7 (43)	10.9 (19)	20.5 (8)	48.7 (19)	23.1 (9)	7.7 (3)
Student/Student Organization	23.0 (40)	44.3 (77)	24.1 (42)	8.6 (15)	23.1 (9)	53.8 (21)	15.4 (6)	7.7 (3)

1. In your district, a nutrition-related school health issue is likely to be brought to the attention of the school board by: (continued)				
	Overall			
	Strongly Agree % (N)	Agree % (N)	Disagree % (N)	Non Response %(N)
California School Boards Association	7.5 (16)	33.3 (71)	48.8 (104)	10.3 (22)
Cooperative Extension Service	1.9 (4)	17.4 (37)	63.8 (136)	16.9 (36)
Community Member/Community Organization	29.6 (63)	46.0 (98)	16.0 (34)	8.5 (18)
Mandate from State	27.2 (58)	40.8 (57)	20.7 (44)	11.3 (24)
Parent/Parent Organization	27.7 (59)	52.6 (112)	12.2 (26)	7.5 (16)
School Administrators (i.e. Principal, Superintendent)	18.8 (40)	42.7 (91)	28.6 (61)	9.9 (21)
School Board Member	16.9 (36)	57.3 (122)	17.8 (38)	8.0 (17)
School Site Council	18.3 (39)	46.9 (100)	24.4 (191)	10.3 (22)
Student/Student Organization	23.0 (49)	46.0 (98)	22.5 (48)	8.5 (18)

2. To the best of your recollection, indicate how many separate school board meetings during the past academic year each of the following issues was discussed.

	School Board					Superintendent				
	Very Frequently (6 or more times) % (N)	Frequently (4-5 times) % (N)	Sometimes (1-3 times) % (N)	Never % (N)	No Response % (N)	Very Frequently (6 or more times) % (N)	Frequently (4-5 times) % (N)	Sometimes (1-3 times) % (N)	Never % (N)	No Response % (N)
Academic Standards	72.4 (126)	20.1 (35)	4.6 (8)	0	2.9 (5)	84.6 (33)	12.8 (5)	0	0	2.6 (1)
Inadequate Funding	59.8 (104)	19.5 (34)	14.4 (25)	2.3 (4)	4.0 (7)	56.4 (22)	23.1 (9)	17.9 (7)	0	2.6 (1)
Changing Demographics	21.3 (37)	27.6 (48)	40.2 (70)	6.9 (12)	4.0 (7)	15.4 (6)	28.2 (11)	43.6 (17)	7.7 (3)	5.1 (2)
Construction/ Facility/Space	69.0 (120)	23.6 (41)	5.2 (9)	0	2.3 (4)	71.8 (28)	15.4 (6)	5.1 (2)	2.6 (1)	5.1 (2)
Curricular Issues	62.1 (108)	25.9 (45)	8.6 (15)	0	3.4 (6)	79.5 (31)	12.8 (5)	2.6 (1)	0	5.1 (2)
Health of Students	5.7 (10)	27.6 (48)	52.3 (91)	8.6 (15)	5.7 (10)	2.6 (1)	28.2 (11)	59.0 (23)	7.7 (3)	2.6 (1)
Safety (i.e., security, violence)	30.5 (53)	36.8 (64)	28.7 (50)	96.0 (167)	4.0 (7)	25.6 (10)	56.4 (22)	15.4 (6)	0	2.6 (1)
School Food Programs (i.e. breakfast and lunch programs)	8.0 (14)	19.0 (33)	59.8 (104)	10.9 (19)	2.3 (4)	5.1 (2)	7.7 (3)	71.8 (28)	12.8 (5)	2.6 (1)
Other	2.3 (4)	1.7 (3)	2.9 (5)	.6 (1)	92.5 (161)	0	0	2.6 (1)	0	97.4 (38)

2. To the best of your recollection, indicate how many separate school board meetings during the past academic year each of the following issues was discussed. (continued)

	Overall				
	Very Frequently (6 or more times) % (N)	Frequently (4-5 times) % (N)	Sometimes (1-3 times) % (N)	Never % (N)	Non Response % (N)
Academic Standards	74.6 (159)	18.8 (3.8)	3.8 (8)	0	2.8 (6)
Inadequate Funding	59.2 (126)	20.2 (43)	15.0 (32)	1.9 (4)	3.8 (8)
Changing Demographics	20.2 (43)	27.7 (59)	40.8 (87)	7.0 (15)	4.2 (9)
Construction/ Facility/Space	69.5 (148)	22.1 (47)	5.2 (11)	.5 (1)	2.8 (6)
Curricular Issues	65.3 (139)	23.5 (50)	7.5 (16)	0	3.8 (8)
Health of Students	5.2 (11)	27.7 (59)	53.5 (114)	8.5 (18)	5.2 (11)
Safety (i.e., security, violence)	29.6 (63)	40.4 (86)	26.3 (56)	0	3.8 (8)
School Food Programs (i.e. breakfast and lunch programs)	7.5 (16)	16.9 (36)	62.0 (132)	11.3 (24)	2.3 (5)
Other	1.9 (4)	1.4 (3)	2.8 (6)	.5 (1)	93.4 (199)

3. How much do you think each of the following factors influence a student's eating behaviors at school?

	School Board					Superintendent				
	A Lot % (N)	Some % (N)	A Little % (N)	None % (N)	Non Response % (N)	A Lot % (N)	Some % (N)	A Little % (N)	None % (N)	Non Response % (N)
Ability to Pay	28.2 (49)	45.4 (79)	18.4 (32)	6.3 (11)	1.7 (3)	20.5 (8)	38.5 (15)	20.5 (8)	17.9 (7)	2.6 (1)
Branded Food Available	25.3 (44)	46.6 (81)	16.1 (28)	4.6 (8)	7.5 (13)	53.8 (21)	23.1 (9)	10.3 (4)	7.7 (3)	5.1 (2)
Cafeteria Environment (i.e. crowded facilities, long lunch lines)	50.0 (87)	28.2 (49)	15.5 (27)	4.0 (7)	2.3 (4)	51.3 (20)	25.6 (10)	12.8 (5)	7.7 (3)	2.6 (1)
A La Carte Food Options Available	48.9 (85)	36.2 (63)	10.3 (18)	2.3 (4)	2.3 (4)	71.8 (28)	15.4 (6)	5.1 (2)	5.1(2)	2.6 (1)
Cultural/Home Influence	30.5 (53)	49.4 (86)	16.1 (28)	.6 (1)	3.4 (6)	41.0 (16)	35.9 (14)	15.4 (6)	5.1 (2)	2.6 (1)
Fast Food Options Available	49.4 (86)	34.5 (60)	8.0 (14)	5.2 (9)	2.9 (5)	61.5 (24)	28.2 (11)	0	7.7 (3)	2.6 (1)
Food/Soda Advertising in School	14.9 (26)	29.3 (51)	32.8 (57)	20.1 (35)	2.9 (5)	10.3 (4)	46.2 (18)	28.2 (11)	12.8 (5)	2.6 (1)
Food/Soda Advertising Outside of School	31.0 (54)	32.2 (56)	27.6 (48)	6.9 (12)	2.3 (4)	17.9 (7)	51.3 (20)	20.5 (8)	5.1 (2)	5.1 (2)
Length of Time For Meals	23.6 (41)	51.1 (89)	21.3 (37)	2.3 (4)	1.7 (3)	41.0 (16)	38.5 (15)	15.4 (6)	2.6 (1)	2.6 (1)
Meal Times	10.3 (18)	46.0 (80)	29.9 (52)	10.3 (18)	3.4 (6)	17.9 (7)	38.5 (15)	30.8 (12)	10.3 (4)	2.6 (1)
Nutrition Education In School	7.5 (13)	32.2 (56)	44.8 (78)	13.2 (23)	2.3 (4)	2.6 (1)	30.8 (12)	51.3 (20)	12.8 (5)	2.6 (1)
Peer Influence	63.8 (111)	24.7 (43)	7.5 (13)	1.1 (2)	2.9 (5)	66.7 (26)	20.5 (8)	7.7 (3)	0	5.1 (2)
Student Preference	69.5 (121)	23.6 (41)	3.4 (6)	.6 (1)	2.9 (5)	84.6 (33)	7.7 (3)	5.1 (2)	0	2.6 (1)

3. How much do you think each of the following factors influence a student's eating behaviors at school? (continued)

	Overall				
	A Lot % (N)	Some % (N)	A Little % (N)	None % (N)	Non Response % (N)
Ability to Pay	26.8 (57)	44.1 (94)	18.8 (4)	8.5 (18)	4 (1.9)
Branded Food Available	30.5 (65)	42.3 (90)	15.0 (32)	5.2 (11)	7.0 (15)
Cafeteria Environment (i.e., crowded facilities, long lunch lines)	50.2 (107)	27.7 (59)	15.0 (32)	4.7 (10)	2.3 (5)
A La Carte Food Options Available	53.1 (113)	32.4 (69)	9.4 (20)	2.8 (6)	2.3 (4)
Cultural/Home Influence	32.4 (69)	46.9 (100)	16.0 (34)	1.4 (3)	3.3 (7)
Fast Food Options Available	51.6 (110)	33.3 (71)	6.6 (14)	5.6 (12)	2.8 (6)
Food/Soda Advertising in School	14.1 (3)	32.4 (69)	31.9 (68)	18.8 (40)	2.8 (6)
Food/Soda Advertising Outside of School	28.6 (61)	35.7 (76)	26.3 (56)	6.6 (14)	2.8 (6)
Length of Time For Meals	26.8 (57)	48.8 (104)	20.2 (43)	2.3 (5)	2.8 (6)
Meal Times	11.7 (25)	44.6 (95)	30.0 (64)	10.3 (22)	1.9 (4)
Nutrition Education In School	6.6 (14)	31.9 (68)	46.0 (98)	13.1 (28)	2.3 (5)
Peer Influence	64.3 (137)	23.9 (51)	7.5 (16)	.9 (2)	3.3 (7)
Student Preference	72.3 (154)	20.7 (44)	3.8 (8)	.5 (1)	2.8 (6)

	School Board				Superintendent				Overall			
	Yes % (N)	No % (N)	Not Sure/ Don't Know % (N)	Non Respo nse % (N)	Yes % (N)	No % (N)	Not Sure/ Don't Know % (N)	Non Respo nse % (N)	Yes % (N)	No % (N)	Not Sure/ Don't Know % (N)	Non Respo nse % (N)
4. Do beverage vendors (i.e. Pepsi, Coke) have an exclusive contract with your school district?	31.6 (55)	44.8 (78)	22.4 (39)	1.1 (2)	41.0 (16)	51.3 (20)	5.1 (2)	2.6 (1)	33.3 (71)	46.0 (98)	19.2 (41)	1.4 (3)
5. Do beverage vendors (i.e. Pepsi, Coke) have an exclusive contract with <i>any</i> school in your district?	47.7 (83)	27.0 (47)	24.1 (42)	1.1 (2)	64.1 (25)	20.5 (8)	7.7 (3)	7.7 (3)	50.7 (108)	25.8 (55)	21.1 (45)	2.3 (5)
6. If you responded Yes to Question 5 or 6, do you agree with the practice?	25.9 (45)	31.0 (54)		43.1 (75)	43.6 (17)	23.1 (9)		33.3 (13)	29.1 (62)	29.6 (63)		41.3 (88)

7. Do you support the practice of each of the following in your school district?						
	School Board			Superintendent		
	Yes % (N)	No % (N)	Non Response % (N)	Yes % (N)	No % (N)	Non Response % (N)
Banning Food and Soda Advertisements in School	52.3 (91)	44.8 (78)	2.9 (5)	43.6 (17)	51.3 (20)	5.1 (2)
Banning Fast Food Sales (cannot be sold)	21.8 (38)	74.7 (130)	3.4 (6)	17.9 (7)	76.9 (30)	5.1 (2)
Banning A La Carte Food Sales (cannot be sold)	10.3 (8)	85.1 (148)	4.6 (8)	2.6 (1)	94.9 (37)	2.6 (1)
Banning Fast Food Sales in Elementary Schools	52.9 (92)	42.5 (74)	4.6 (8)	56.4 (22)	33.3 (13)	10.3 (4)
Banning A La Carte Food Sales in Elementary Schools	33.9 (59)	61.5 (107)	4.6 (8)	12.8 (5)	74.4 (29)	12.8 (5)
Establishing Minimum Nutritional Standards for Fast Foods Sold in School	87.9 (153)	9.2 (16)	2.9 (5)	92.3 (36)	7.7 (3)	0
Limiting and Monitoring Food and Soda Advertisements in School	83.3 (145)	13.8 (24)	2.9 (5)	89.7 (35)	10.3 (4)	0
Manipulating Vending Machine Prices so that Unhealthy Foods Cost More and Healthy Foods Cost less	38.5 (67)	58.6 (102)	2.9 (5)	56.4 (22)	43.6 (17)	0
Providing Healthy Food Options (i.e., fruits, vegetables, low fat milk)	96.6 (168)	1.7 (3)	1.7 (3)	100 (39)	0	0
Restricting Hours of A La Carte Food Availability	62.6 (109)	35.1 (61)	2.3 (4)	64.1 (25)	35.9 (14)	0
Soda Vending Machine Locations are not in Heavily Trafficked Areas	57.5 (100)	37.4 (65)	5.2 (9)	53.8 (21)	38.5 (15)	7.7 (3)

7. Do you support the practice of each of the following in your school district? (continued)

	Overall		
	Yes % (N)	No % (N)	Non Response % (N)
Banning Food and Soda Advertisements in School	50.7 (108)	46.0 (98)	3.3 (7)
Banning Fast Food Sales (cannot be sold)	21.1 (45)	75.1 (160)	3.8 (8)
Banning A La Carte Food Sales (cannot be sold)	8.9 (19)	86.9 (185)	4.2 (9)
Banning Fast Food Sales in Elementary Schools	53.5 (114)	40.8 (87)	5.6 (12)
Banning A La Carte Food Sales in Elementary Schools	30.0 (64)	63.8 (136)	6.1 (13)
Establishing Minimum Nutritional Standards for Fast Foods Sold in School	88.7 (189)	8.9 (19)	2.3 (5)
Limiting and Monitoring Food and Soda Advertisements in School	84.5 (180)	13.1 (28)	2.3 (5)
Manipulating Vending Machine Prices so that Unhealthy Foods Cost More and Healthy Foods Cost less	41.8 (89)	55.9 (119)	2.3 (5)
Providing Healthy Food Options (i.e., fruits, vegetables, low fat milk)	97.2 (207)	1.4 (3)	1.4 (3)
Restricting Hours of A La Carte Food Availability	62.9 (134)	35.2 (75)	1.9 (4)
Soda Vending Machine Locations are not in Heavily Trafficked Areas	56.8 (121)	37.6 (80)	5.6 (12)

**8. When considering nutrition-related school health issues, what FIVE resources do you most often access for information?
(Check Five Only)***

	School Board %	Superintendent %	Overall %
California School Boards Association	8.3	2.8	6.5
California Department of Education	8.2	14.7	9.1
California Department of Health Services	11.7	9.0	10.7
California Project LEAN/Food on the Run Staff	1.8	3.4	2.0
Health Professional (i.e. physician, nurse)	10.8	9.6	10.0
Internet	5.2	6.8	5.8
Local Newspaper	3.6	1.1	3.5
National Newspaper (i.e. USA Today, New York Times)	1.8	1.7	1.6
Professional Journals	3.3	9.6	4.7
Popular Magazines/Journals (i.e. Self Magazine, Men's Health)	.7	.6	.6
Professional Organizations (i.e.,CSBA, ACSA)	7.4	7.9	6.9
Regional Newspaper (i.e. LA Times, Sacramento Bee)	2.4	1.7	2.7
School Health Staff (i.e. nurse, health educator)	14.1	11.3	13.8

8. When considering nutrition-related school health issues, what FIVE resources do you most often access for information? (Check Five Only) (continued)			
	School Board %	Superintendent %	Overall %
School Board Publications	4.7	1.1	4.4
School Food Service Personnel (i.e. nutritionist)	16.0	18.6	17.7
TOTAL	100	100	100

*As participants were not asked to rank responses, frequency of responses are reported

9. In addition to the resources you access most often (Question 8), how important are the following types of information when considering a nutrition-related school health issue?

	School Board				Superintendent			
	Very Important % (N)	Somewhat Important % (N)	Not Important % (N)	No Response % (N)	Very Important % (N)	Somewhat Important % (N)	Not Important % (N)	No Response % (N)
Advice from Health Expert	75.3 (131)	19.5 (34)	.6 (1)	4.6 (8)	79.5 (31)	15.4 (6)	2.6 (1)	2.6 (1)
Background Literature/Research Performed by School or School Board Staff	51.1 (89)	39.7 (69)	3.4 (6)	5.7 (10)	41.0 (16)	43.6 (17)	5.1 (2)	10.3 (4)
Cost Benefit Analysis	32.8 (57)	50.6 (88)	10.3 (18)	6.3 (11)	33.3 (13)	61.5 (24)	0	5.1 (2)
Demonstration of a Link between Nutrition and Academic Performance	73.6 (128)	19.0 (33)	2.9 (5)	4.6 (8)	79.5 (31)	12.8 (5)	0	7.7 (3)
Demonstration of a Link between Nutrition and Improved Attendance	71.8 (125)	21.3 (37)	2.9 (5)	4.0 (7)	82.1 (32)	12.8 (5)	0	5.1 (2)
Mandate from the State	46.6 (81)	36.2 (63)	10.9 (19)	6.3 (11)	66.7 (26)	15.4 (6)	2.6 (1)	15.4 (6)
Past Success of Nutrition Policy in Other Districts	21.8 (38)	63.2 (110)	9.8 (17)	5.2 (9)	41.0 (16)	51.3 (20)	0	7.7 (3)
Practical Benefit to Students	73.0 (127)	23.0 (40)	.6 (1)	3.4 (6)	79.5 (31)	15.4 (6)	0	5.1 (2)
Recommendation from State	19.5 (34)	64.9 (113)	9.2 (16)	6.3 (11)	28.2 (11)	61.5 (24)	5.1 (2)	5.1 (2)
Support of Community Members/Community Organizations	55.2 (96)	38.5 (67)	1.7 (3)	4.6 (8)	64.1 (25)	33.3 (13)	0	2.6 (1)
Support of Parents/ Parent Organizations	71.8 (125)	23.6 (41)	1.1 (2)	3.4 (6)	76.9 (30)	20.5 (8)	97.4 (38)	2.6 (1)

9. In addition to the resources you access most often (Question 8), how important are the following types of information when considering a nutrition-related school health issue? (continued)

	Overall			
	Very Important % (N)	Somewhat Important % (N)	Not Important % (N)	Non Response % (N)
Advice from Health Expert	76.1 (162)	18.8 (40)	.9 (2)	4.2 (9)
Background Literature/Research Performed by School or School Board Staff	49.3 (105)	40.4 (86)	3.8 (8)	6.6 (14)
Cost Benefit Analysis	32.9 (70)	52.6 (112)	8.5 (18)	6.1 (13)
Demonstration of a Link between Nutrition and Academic Performance	74.6 (159)	17.8 (38)	2.3 (5)	5.2 (11)
Demonstration of a Link between Nutrition and Improved Attendance	73.7 (157)	19.7 (42)	2.3 (5)	4.2 (9)
Mandate from the State	50.2 (107)	32.4 (69)	9.4 (20)	8.0 (17)
Past Success of Nutrition Policy in Other Districts	25.4 (54)	61.0 (130)	8.0 (17)	5.6 (12)
Practical Benefit to Students	74.2 (158)	21.6 (46)	.5 (1)	3.8 (8)
Recommendation from State	21.1 (45)	64.3 (137)	8.5 (18)	6.1 (13)
Support of Community Members/Community Organizations	56.8 (121)	37.6 (80)	1.4 (3)	4.2 (9)
Support of Parents/ Parent Organizations	72.8 (155)	23.0 (49)	.9 (2)	3.3 (7)

10. What TWO methods would you like to use to learn about nutrition- related school health issues? (Check Two Only)*			
	School Board %	Superintendent %	Overall %
Email	16.8	22.5	16.6
Internet (i.e. web page with nutrition-related information for school board members)	32.7	38.0	31.5
Listserv	2.0	1.4	2.0
School Board Conference	15.8	14.1	15.4
School Board Publications	21.2	15.5	22.9
School Board Seminars	9.1	5.6	8.6
Other_____	2.4	2.8	3.0
TOTAL	100	100	100

*As participants were not asked to rank responses, frequency of responses are reported

	School Board				Superintendent				Overall			
	Active % (N)	Somewhat Active % (N)	Not Active % (N)	No Response % (N)	Active % (N)	Somewhat Active % (N)	Not Active % (N)	No Response % (N)	Active % (N)	Somewhat Active % (N)	Not Active % (N)	No Response % (N)
11. How active are people in your community about nutrition-related school health issues (i.e. attending school board meetings, contacting school board members regarding school issues)?	5.7 (10)	31.0 (54)	58.6 (102)	4.6 (8)	10.3 (4)	25.6 (10)	56.4 (22)	7.7 (3)	6.6 (14)	30.0 (64)	58.2 (124)	5.2 (11)

12. Which THREE organizations/agencies do you view as most influential with regards to communicating nutrition-related school health issues? (Check Three Only)*

	School Board %	Superintendent %	Overall %
American Cancer Society	11.8	11.5	10.4
American School Food Service Association	12.1	10.4	10.4
California Department of Health Services	18.3	17.7	19.0
California Department of Education	11.2	20.8	15.6
California Project LEAN/Food on the Run	4.2	6.3	4.6
California School Boards Association	9.8	5.2	8.8
California School Food Service Association	12.1	16.7	13.1
California State Board of Education	5.1	4.2	5.0
Centers for Disease Control and Prevention	12.1	5.2	10.0
National Association of State Boards of Education	.8	0	.6
Other	2.5	2.1	2.5
TOTAL	100	100	100

*As participants were not asked to rank responses, frequency of responses are reported

**13. Which THREE organizations/agencies would you like to see more involved with nutrition-related school health issues?
(Check Three Only)***

	School Board %	Superintendent %	Overall %
American Cancer Society	7.5	8.4	7.6
American School Food Service Association	9.4	18.1	10.9
California Department of Health Services	12.8	12.0	12.7
California Department of Education	13.3	13.3	13.3
California Project LEAN/Food on the Run	7.7	4.8	7.2
California School Boards Association	15.5	13.3	15.1
California School Food Service Association	12.8	13.3	12.9
California State Board of Education	6.8	2.4	6.0
Centers for Disease Control and Prevention	7.7	8.4	7.8
National Association of State Boards of Education	1.2	4.8	1.8
Other	5.3	1.2	4.6
TOTAL	100	100	100

*As participants were not asked to rank responses, frequency of responses are reported

14. During your tenure as a school board member, how supportive do you believe each of the following have been with regards to nutrition-related school health issues (i.e. addressing nutrition-related issues despite competing priorities – academic standards, adequate funding, etc.)?

School Board

	Very Supportive % (N)	Somewhat Supportive % (N)	Not Supportive % (N)	Non Response % (N)
Food Service Director	59.8 (104)	24.1 (42)	7.5 (13)	8.6 (15)
Other School Board Members	33.3 (58)	50.0 (87)	10.3 (18)	6.3 (11)
Parents/Parent Organization	28.2 (49)	57.5 (100)	7.5 (13)	6.9 (12)
School Board Staff	25.3 (44)	48.9 (85)	10.3 (18)	15.5 (27)
School Principal	29.9 (52)	54.0 (94)	9.8 (17)	6.3 (11)
Superintendent	40.2 (70)	43.1 (75)	9.2 (16)	7.5 (13)
Support of Professional Organizations (i.e. CSBA, ACSA)	8.6 (15)	56.3 (98)	23.6 (41)	11.5 (2)
Support of Students/Student Organizations	21.3 (37)	48.3 (84)	21.8 (38)	8.6 (15)

14. During your tenure as a school board member, how supportive do you believe each of the following have been with regards to nutrition-related school health issues (i.e. addressing nutrition-related issues despite competing priorities – academic standards, adequate funding, etc.)? (continued)

Superintendent				
	Very Supportive % (N)	Somewhat Supportive % (N)	Not Supportive % (N)	Non Response % (N)
Food Service Director	89.7 (35)	5.1 (2)	0	5.1 (2)
Other School Board Members	53.8 (21)	43.6 (17)	0	2.6 (1)
Parents/Parent Organization	41.0 (16)	46.2 (18)	5.1 (2)	7.7. (3)
School Board Staff	35.9 (14)	43.6 (17)	7.7. (3)	0
School Principal	43.6 (17)	48.7 (19)	7.7 (3)	0
Superintendent	23.1 (9)	53.8 (21)	10.3 (4)	12.8 (5)
Support of Professional Organizations (i.e. CSBA, ACSA)	20.5 (8)	59.0 (23)	12.8 (5)	7.7 (3)
Support of Students/Student Organizations	0	5.1 (2)	0	94.9 (37)

14. During your tenure as a school board member, how supportive do you believe each of the following have been with regards to nutrition-related school health issues (i.e. addressing nutrition-related issues despite competing priorities – academic standards, adequate funding, etc.)? (continued)

	Overall			
	Very Supportive % (N)	Somewhat Supportive % (N)	Not Supportive % (N)	Non Response % (N)
Food Service Director	65.3 (139)	20.7 (44)	6.1 (13)	8.0 (17)
Other School Board Members	37.1 (79)	48.8 (104)	8.5 (18)	5.6 (12)
Parents/Parent Organization	30.5 (65)	55.4 (118)	7.0 (15)	7.0 (15)
School Board Staff	27.2 (58)	47.9 (102)	9.9 (21)	15.0 (32)
School Principal	32.4 (69)	53.1 (113)	9.4 (20)	5.2 (11)
Superintendent	32.9 (70)	35.2 (75)	7.5 (16)	24.4 (52)
Support of Professional Organizations (i.e. CSBA, ACSA)	11.3 (24)	55.9 (119)	21.1(45)	11.7 (25)
Support of Students/Student Organizations	21.1 (45)	50.2 (107)	20.2 (43)	8.5 (18)

15. How influential is each of the following in your nutrition-related school health issue decision making?								
	School Board				Superintendent			
	Very Influential % (N)	Somewhat Influential % (N)	Not Influential % (N)	No Response % (N)	Very Influential % (N)	Somewhat Influential % (N)	Not Influential % (N)	No Response % (N)
Budget Considerations	48.9 (85)	38.5 (67)	7.5 (13)	5.2 (9)	48.7 (19)	38.5 (15)	10.3 (4)	2.6 (1)
California School Boards Association Recommendation	9.2 (16)	51.7 (90)	32.2 (56)	6.9 (12)	74.4 (29)	17.9 (7)	0	7.7 (3)
California Department of Education Recommendation	12.1 (21)	61.5 (107)	21.3 (37)	5.2 (9)	30.8 (12)	53.8 (21)	10.3 (4)	5.1 (2)
California Department of Health Services Recommendation	29.9 (52)	53.4 (93)	11.5 (20)	5.2 (9)	33.3 (13)	48.7 (19)	12.8 (5)	5.1 (2)
Community Member/Community Organization Opinions	34.5 (60)	55.7 (97)	4.6 (8)	5.2 (9)	30.8 (12)	59.0 (23)	5.1 (2)	5.1 (2)
Food Service Staff Opinions	62.6 (109)	26.4 (46)	5.2 (9)	5.7 (10)	74.4 (29)	23.1 (9)	0	2.6 (1)
Local Media	3.4 (6)	49.4 (86)	39.7 (69)	7.5 (13)	2.6 (1)	64.1 (25)	28.2 (11)	5.1 (2)
Parent/Parent Organization Opinions	40.8 (71)	50.6 (88)	3.4 (6)	5.2 (9)	48.7 (19)	38.5 (15)	7.7 (3)	5.1 (2)
School Board Staff Opinions	.6 (1)	27.6 (48)	49.4 (86)	10.9 (19)	33.3 (13)	41.0 (16)	12.8 (5)	12.8 (5)
School Principal Opinions	37.4 (65)	51.7 (90)	5.2 (9)	5.7 (10)	48.7 (19)	41.0 (16)	5.1 (2)	5.1 (2)
Student/Student Organization Opinions	44.8 (78)	43.7 (76)	6.9 (12)	4.6 (8)	41.0 (16)	48.7 (19)	5.1 (2)	5.1 (2)
Superintendent Opinions	51.7 (90)	40.8 (71)	2.9 (5)	4.6 (8)				

15. How influential is each of the following in your nutrition-related school health issue decision making? (continued)

	Overall			
	Very Influential % (N)	Somewhat Influential % (N)	Not Influential % (N)	No Response % (N)
Budget Considerations	48.8 (104)	38.5 (82)	8.0 (17)	4.7 (10)
California School Boards Association Recommendation	7.5 (16)	55.9 (119)	29.6 (63)	7.0 (15)
California Department of Education Recommendation	15.5 (33)	60.1 (128)	19.2 (41)	5.2 (11)
California Department of Health Services Recommendation	30.5 (65)	52.6 (112)	11.7 (25)	5.2 (11)
Community Member/Community Organization Opinions	33.8 (72)	6.3 (120)	4.7 (10)	5.2 (11)
Food Service Staff Opinions	64.8 (138)	25.8 (55)	4.2 (9)	5.2 (11)
Local Media	3.3 (7)	52.1 (111)	37.6 (80)	7.0 (15)
Parent/Parent Organization Opinions	42.3 (90)	48.4 (103)	4.2 (9)	5.2 (11)
School Board Staff Opinions	.5 (1)	28.6 (61)	47.9 (102)	11.3 (24)
School Principal Opinions	39.4 (84)	49.8 (106)	5.2 (11)	5.6 (12)
Student/Student Organization Opinions	44.1 (94)	44.6 (95)	6.6 (14)	4.7 (10)
Superintendent Opinions	42.3 (90)	33.3 (71)	2.3 (5)	22.1 (47)

16. According to your experience, how significant is each of the following factors when addressing nutrition-related school health issues?

	School Board				Superintendent			
	Very Significant % (N)	Significant % (N)	Not Significant % (N)	No Response % (N)	Very Significant % (N)	Significant % (N)	Not Significant % (N)	No Response % (N)
Active Community Mobilization	37.4 (65)	32.8 (57)	20.1 (35)	9.8 (17)	28.2 (11)	48.7 (19)	17.9 (7)	5.1 (2)
Apathy Among Parents	34.5 (60)	36.8 (64)	18.4 (32)	10.3 (18)	25.6 (10)	56.4 (22)	10.3 (4)	7.7 (3)
Complicated Reimbursement Application (i.e. school breakfast and lunch program)	34.5 (60)	39.1 (68)	17.2 (30)	9.2 (16)	38.5 (15)	48.7 (19)	5.1 (2)	7.7 (3)
Cultural Issues	24.1 (42)	44.8 (78)	23.0 (40)	8.0 (14)	38.5 (15)	46.2 (18)	7.7 (3)	7.7 (3)
Impact of Food Program on Budget	36.8 (64)	40.8 (71)	14.4 (25)	8.0 (14)	51.3 (20)	33.3 (13)	7.7 (3)	7.7 (3)
Inadequate Food Service Facilities (i.e. satellite food preparation)	36.8 (64)	29.9 (52)	24.7 (43)	8.6 (15)	35.9 (14)	43.6 (17)	12.8 (5)	7.7 (3)
Lack of Food Service Coordinator	24.1 (42)	18.4 (32)	47.1 (82)	10.3 (18)	25.6 (10)	25.6 (10)	41.0 (16)	7.7 (3)
Lack of Nutritionist/Dietitian	25.9 (45)	29.9 (52)	33.9 (59)	10.3 (18)	23.1 (9)	30.8 (12)	38.5 (15)	7.7 (3)
Lack of Policy Education Among Parents	19.5 (34)	43.1 (75)	26.4 (46)	10.9 (19)	17.9 (7)	41.0 (16)	30.8 (12)	10.3 (4)
Lack of Qualified Teachers	14.9 (26)	33.3 (58)	43.1 (75)	8.6 (15)	15.4 (6)	38.5 (15)	38.5 (15)	7.7 (3)
Lack of School Nurse	19.5 (34)	33.9 (59)	38.5 (67)	8.0 (14)	17.9 (7)	41.0 (16)	33.3 (13)	7.7 (3)
Nutrition is Not Considered a Priority	35.6 (62)	40.8 (71)	15.5 (27)	8.0 (14)	28.2 (11)	41.0 (16)	20.5 (8)	10.3 (4)

16. According to your experience, how significant is each of the following factors when addressing nutrition-related school health issues? (continued)

	School Board				Superintendent			
	Very Significant % (N)	Significant % (N)	Not Significant % (N)	No Response % (N)	Very Significant % (N)	Significant % (N)	Not Significant % (N)	No Response % (N)
Parents are Uninformed about Health Issues	33.3 (58)	42.0 (73)	16.1 (28)	8.6 (15)	17.9 (7)	53.8 (21)	17.9 (7)	10.3 (4)
Personal/Family Health Issue	22.4 (39)	52.3 (91)	14.9 (26)	10.3 (18)	20.5 (8)	59.0 (23)	10.3 (4)	10.3 (4)
Pressure from State Leaders to Focus on Other Matters	28.7 (50)	35.6 (62)	26.4 (46)	9.2 (16)	30.8 (12)	46.2 (18)	12.8 (5)	10.3 (4)
Student Food Preferences	47.1 (82)	39.7 (69)	5.2 (9)	8.0 (14)	48.7 (19)	38.5 (15)	7.7 (3)	5.1 (2)

16. According to your experience, how significant is each of the following factors when addressing nutrition-related school health issues? (continued)				
	Overall			
	Very Significant % (N)	Somewhat Significant % (N)	Not Significant % (N)	No Response % (N)
Active Community Mobilization	35.7 (76)	35.7 (76)	19.7 (42)	8.9 (19)
Apathy Among Parents	32.9 (70)	40.4 (86)	16.9 (36)	9.9 (21)
Complicated Reimbursement Application (i.e. school breakfast and lunch program)	35.2 (75)	40.8 (87)	15.0 (32)	8.9 (19)
Cultural Issues	26.8 (57)	45.1 (96)	20.2 (43)	8.0 (17)
Impact of Food Program on Budget	39.4 (84)	39.4 (84)	13.1 (28)	8.0 (17)
Inadequate Food Service Facilities (i.e. satellite food preparation)	36.6 (78)	32.4 (69)	22.5 (48)	8.5 (18)
Lack of Food Service Coordinator	24.4 (52)	19.7 (42)	46.0 (98)	9.9 (21)
Lack of Nutritionist/Dietitian	25.4 (54)	30.0 (64)	34.7 (74)	9.9 (21)
Lack of Policy Education Among Parents	19.2 (41)	42.7 (91)	27.2 (58)	10.8 (23)
Lack of Qualified Teachers	15.0 (32)	34.3 (73)	42.3 (90)	8.5 (18)
Lack of School Nurse	19.2 (41)	35.2 (75)	37.6 (80)	8.0 (17)

16. According to your experience, how significant is each of the following factors when addressing nutrition-related school health issues? (continued)

	Overall			
	Very Significant % (N)	Somewhat Significant % (N)	Not Significant % (N)	No Response % (N)
Nutrition is Not Considered a Priority	34.3 (73)	40.8 (87)	16.4 (35)	8.5 (18)
Parents are Uninformed about Health Issues	30.5 (65)	44.1 (94)	16.4 (35)	8.9 (19)
Personal/Family Health Issue	22.1 (47)	53.5 (114)	14.1 (30)	10.3 (22)
Pressure from State Leaders to Focus on Other Matters	29.1 (62)	37.6 (80)	23.9 (51)	9.4 (20)
Student Food Preferences	47.4 (101)	39.4 (84)	5.6 (12)	7.5 (16)

17. Based on your experience as a school board member/superintendent:

	School Board				Superintendent				Overall			
	Very Aware % (N)	Aware % (N)	Not Aware % (N)	NR	Very Aware % (N)	Aware % (N)	Not Aware % (N)	NR	Very Aware % (N)	Aware % (N)	Not Aware % (N)	NR
How aware are district parents of the relationship between nutrition and academic performance?	3.4 (6)	59.8 (104)	35.1 (61)	1.7 (3)	7.7 (3)	53.8 (21)	38.5 (15)	0	4.2 (9)	58.7 (125)	35.7 (76)	1.7 (3)
How aware are district school board members of the relationship between nutrition and academic performance?	39.7 (69)	44.8 (78)	14.1 (25)	1.1 (2)	30.8 (12)	61.5 (24)	7.7 (3)	0	38.0 (81)	47.9 (102)	13.1 (28)	1.1 (2)
How aware are you of recent national and state nutrition-related news and events in your district?	21.8 (38)	46.6 (81)	30.5 (53)	1.1 (2)	30.8 (12)	53.8 (21)	15.4 (6)	0	23.5 (50)	47.9 (102)	27.7 (59)	1.1 (2)
How aware are you of recent nutrition-related news and events in your district?	28.2 (49)	47.1 (82)	23.6 (41)	1.1 (2)	59.0 (23)	35.9 (14)	5.1 (2)	0	33.8 (72)	45.1 (96)	20.2 (43)	1.1 (2)
How aware are you of nutrition-related policies in other school districts?	5.7 (10)	20.1 (35)	73.0 (127)	1.1 (2)	10.3 (4)	56.4 (22)	33.3 (13)	0	6.6 (14)	26.8 (57)	65.7 (140)	1.1 (2)

	School Board				Superintendent				Overall			
	Yes % (N)	No % (N)	Not Sure % (N)	No Response % (N)	Yes % (N)	No % (N)	Not Sure % (N)	No Response % (N)	Yes % (N)	No % (N)	Not Sure % (N)	No Response % (N)
18. Do you think that school board policies supporting good nutrition on school campuses can contribute to the reduction of student cancer and heart disease risks in the future?	62.6 (109)	35.6 (62)	.6 (1)	1.1 (2)	61.5 (24)	38.5 (15)	0	0	62.4 (133)	36.2 (77)	.5 (1)	.9 (2)
19. Do you think that school board policies supporting good nutrition on school campuses can help reduce the number of overweight or obese students?	66.1 (115)	16.1 (28)	16.7 (29)	1.1 (2)	61.5 (24)	12.8 (5)	25.6 (10)	0	65.3 (139)	15.5 (33)	18.3 (39)	.9 (2)
20. Do you believe your school district is doing all it can to foster healthy eating behaviors among students?	21.8 (38)	75.9 (132)	1.1 (2)	1.1 (2)	41.0 (16)	59.0 (23)	0	0	25.4 (54)	72.8 (155)	.9 (2)	.9 (2)
21. Has a parent/parent organization ever approached you about a nutrition-related issue?	36.2 (63)	62.6 (109)		1.1 (2)	53.8 (21)	46.2 (18)	0		39.4 (84)	59.6 (127)	.9 (2)	

	School Board					Superintendent				
	Yes, Always % (N)	Yes, Sometimes % (N)	Rarely or Never % (N)	I have had no reason to research nutrition - related issue	No Response % (N)	Yes, Always % (N)	Yes, Sometimes % (N)	Rarely or Never % (N)	I have had no reason to research nutrition - related issue	No Response % (N)
22. Do you conduct your own research (i.e. information gathering and reading) on nutrition-related school health issues?	12.6 (22)	48.9 (85)	18.4 (32)	19.5 (34)	.6 (1)	5.1 (2)	53.8 (21)	25.6 (10)	15.4 (6)	0

Overall					
	Yes, Always % (N)	Yes, Sometimes % (N)	Rarely or Never % (N)	I have had no reason to research nutrition- related issue % (N)	No Response % (N)
22. Do you conduct your own research (i.e. information gathering and reading) on nutrition-related school health issues?	11.3 (24)	49.8 (106)	19.7 (42)	18.8 (40)	.5 (1)

	School Board					Superintendent				
	Very Effective % (N)	Somewhat Effective % (N)	Not Effective at all % (N)	Have Not had the Opportunity % (N)	No Response % (N)	Very Effective % (N)	Somewhat Effective % (N)	Not Effective at all % (N)	Have Not had the Opportunity % (N)	No Response % (N)
23. How effective are you in influencing nutrition-related school health decisions/policies?	18.4 (32)	45.4 (79)	10.3 (18)	24.7 (43)	1.1 (2)	41.0 (16)	41.0 (16)	2.6 (1)	10.3 (4)	5.1 (2)

Overall					
	Very Effective % (N)	Somewhat Effective % (N)	Not Effective at all % (N)	Have Not had the Opportunity % (N)	No Response % (N)
23. How effective are you in influencing nutrition-related school health decisions/policies?	22.5 (48)	44.6 (95)	8.9 (19)	22.1 (47)	1.9 (4)

	School Board			Superintendent			Overall		
	Yes % (N)	No % (N)	No Response % (N)	Yes % (N)	No % (N)	No Response % (N)	Yes % (N)	No % (N)	No Response % (N)
24. Do you feel adequately prepared to develop sound nutrition-related policies within your school district?	42.5 (74)	55.7 (97)	1.7 (3)	41.0 (16)	56.4 (22)	2.6 (1)	42.3 (90)	55.9 (119)	1.9 (4)
25. Do you feel adequately prepared to provide community leadership in communicating and supporting nutrition-related policies within your school district?	46.6 (81)	51.1 (89)	2.3 (4)	59.0 (23)	41.0 (16)	0	48.8 (104)	49.3 (105)	1.9 (4)
26. Do you feel adequately prepared to monitor, review and revise nutrition-related policies to ensure their effectiveness?	44.8 (78)	53.4 (93)	1.7 (3)	53.8 (21)	41.0 (16)	5.1 (2)	46.5 (99)	51.2 (109)	2.3 (5)

	School Board				Superintendent		
	Yes, on a continuing basis % (N)	Yes, but only when a new member joins the school board % (N)	No % (N)	No Response % (N)	Yes	No % (N)	No Response % (N)
27. Does your district offer on-going professional development for school board members? (Check One Only)	69.5 (121)	11.5 (20)	17.8 (31)	1.1 (2)	53.8 (21)	43.6 (17)	2.6 (1)

	School Board			Superintendent			Overall		
	Yes % (N)	No % (N)	No Response % (N)	Yes % (N)	No % (N)	% (N)	Yes % (N)	No % (N)	No Response % (N)
28. Would you like to receive training on nutrition-related school health issues?	64.4 (112)	31.0 (54)	4.6 (8)	56.4 (22)	41.0 (16)	2.6 (1)	62.9 (134)	32.9 (70)	4.2 (9)

29. In your opinion, what <i>TWO</i> factors would <i>most</i> likely make nutrition-related school health issues more of a priority in your school district? (Check Two Only)*			
	School Board %	Superintendent %	Overall %
Demonstration of a Link between Nutrition and Academic Performance	31.3	30.8	31.2
Mandate by the State	20.1	30.8	22.1
California School Boards Association Recommendation	2.9	1.3	2.6
National Attention on a Nutrition Issue	4.4	6.4	4.8
Local Community Attention on a Nutrition Issue	15.6	17.9	16.1
Knowledge of Health Status of Students	10.6	3.8	9.4
News Media Spotlight	1.2	2.6	1.4
Request by a Parent/Parent Organization	12.7	6.4	11.5
Other	1.2	0	1.0
TOTAL	100	100	100

*As participants were not asked to rank responses, frequency of responses are reported

30. During the past school year, have any of the following nutrition-related school health issues been brought before the school board for review?

	School Board				Superintendent				Overall			
	Yes % (N)	No % (N)	Not Sure % (N)	No Response % (N)	Yes % (N)	No % (N)	Not Sure % (N)	No Response % (N)	Yes % (N)	No % (N)	Not Sure % (N)	No Response % (N)
Branded Foods Contract	16.1 (28)	74.7 (130)	4.6 (8)	4.6 (8)	20.5 (8)	79.5 (31)	0	0	16.9 (36)	75.6 (161)	3.8 (8)	3.8 (8)
Exclusive Soda Contract	28.2 (49)	64.4 (112)	4.0 (7)	3.4 (6)	33.3 (13)	66.7 (26)	0	0	29.1 (62)	64.8 (138)	3.3 (7)	2.8 (6)
Nutrition Education	22.4 (39)	67.2 (117)	6.3 (11)	4.0 (7)	35.9 (14)	64.1 (25)	0	0	24.9 (53)	66.7 (142)	5.2 (11)	3.3 (7)
School Lunch Program	53.4 (93)	42.5 (74)	2.3 (4)	1.7 (3)	59.0 (23)	38.5 (15)	2.6 (1)	0	54.5 (116)	41.8 (89)	2.3 (5)	1.4 (3)
School Breakfast Program	43.1 (75)	51.7 (90)	2.9 (5)	2.3 (4)	51.3 (20)	46.2 (18)	2.6 (1)	0	44.6 (95)	50.7 (108)	2.8 (6)	1.9 (4)

	School Board				Superintendent				Overall			
	Yes % (N)	No % (N)	Not Sure % (N)	No Respon se % (N)	Yes % (N)	No % (N)	Not Sure % (N)	No Respon se % (N)	Yes % (N)	No % (N)	Not Sure % (N)	No Respon se % (N)
31. Do you have a nutrition-related policy in your school district?	33.3 (58)	17.2 (30)	44.8 (78)	4.6 (8)	38.5 (15)	41.0 (16)	17.9 (7)	2.6 (1)	34.3 (73)	21.6 (46)	39.9 (85)	4.2 (9)

33. Number of years in position:			
	School Board Member	Superintendent % (N)	Overall % (N)
0-2 years	15.5 (27)	12.8 (5)	15.0 (32)
3-5 years	40.2 (70)	33.3 (13)	39.0 (83)
6-8 years	19.5 (34)	17.9 (7)	19.2 (41)
More than 8 years	24.1 (42)	35.9 (14)	26.3 (56)
Non Response	.6 (1)	0	.5 (1)

34. Age:			
	School Board Member % (N)	Superintendent % (N)	Overall % (N)
Under 25 years	0	0	0
26-35 years	4.6 (8)	0	3.8 (8)
36-45 years	22.4 (39)	2.6 (1)	18.8 (40)
46-55 years	37.4 (65)	51.3 (20)	39.9 (85)
56 years and over	35.1 (61)	46.2 (18)	37.1 (79)
No Response	.6 (1)	0	.5 (1)

35. Gender:			
	School Board Member % (N)	Superintendent % (N)	Overall % (N)
Female	47.7 (83)	20.5 (8)	42.7 (91)
Male	51.7 (90)	76.9 (30)	56.3 (120)
No Response	.6 (1)	2.6 (1)	.9 (2)

36. What do you consider your ethnicity? (Check All that Apply)

	School Board Member % (N)	Superintendent % (N)	Overall % (N)
Anglo/European	131 (75.3)	71.8 (28)	159 (74.6)
African American	5 (2.9)	5.1 (2)	7 (3.3)
Alaskan	0	0	0
Asian/Pacific Island	1 (.6)	7.7 (3)	4 (1.9)
American Indian/Native American	3 (1.7)	5.1 (2)	5 (2.3)
Latino	15 (8.6)	7.7 (3)	18 (8.5)
Other {please specify}	11 (6.3)	0	11 (5.2)
No Response	8 (4.6)	2.6 (1)	9 (4.2)

37. Do you consider yourself:			
	School Board Member % (N)	Superintendent % (N)	Overall % (N)
Hispanic	10.9 (19)	12.8 (5)	11.3 (24)
Non-Hispanic	81.0 (141)	84.6 (33)	81.7 (174)
Non Response	8.0 (14)	2.6 (1)	7.0 (15)

38. What has most motivated you to become a school board member? (Check Only One)			
	School Board Member % (N)	Superintendent % (N)	Overall % (N)
Educational Background	20.1 (35)	33.3 (13)	22.5 (48)
Involvement in the Community	34.5 (60)	46.2 (18)	36.6 (78)
Interest in Children’s Issues	25.9 (45)	17.9 (7)	24.4 (52)
Interest in School District Finances	3.4 (6)	2.6 (1)	3.3 (7)
My Children Attend School in the District	10.9 (19)	0	8.9 (19)
Other	4.0 (7)	0	3.3 (7)
No Response	1.1 (2)	0	.9 (2)

39. Would you consider your district to be?			
	School Board Member	Superintendent	Overall
Rural	48.9 (85)	30.8 (12)	42.7 (91)
Suburban	33.3 (58)	46.2 (18)	31.9 (68)
Urban	15.5 (27)	23.1 (9)	13.6 (29)
No Response	2.3 (4)	0	19.7 (42)

40. What is the average daily attendance of your school district?			
	School Board Member % (N)	Superintendent % (N)	Overall % (N)
Under 1,000	14.4 (25)	20.5 (8)	15.5 (33)
1,001-3,000	19.5 (34)	76.9 (30)	30.0 (64)
3,001-5,000	13.8 (24)	0	11.3 (24)
5,001-10,000	21.8 (38)	0	17.8 (38)
10,001-20,000	17.2 (30)	2.6 (1)	14.6 (31)
20,001 or more	12.6 (22)	0	10.3 (22)
No Response	.6 (1)	0	.5 (1)

	School Board			Superintendent		
	Yes % (N)	No % (N)	No Response % (N)			
41. Does your district only contain high schools?	21.8 (38)	76.4 (133)	1.7 (3)			

APPENDIX C

Cover Letter to School Board Members and Superintendents

FIRST LETTER

February, 2001

Dear School Board Member,

The California School Board Association is proud to announce its joint effort with the California Department of Health Services and the Public Health Institute, California Project LEAN, to promote healthy eating and physical activity.

Research shows that today's youth are at risk for heart disease, type 2 diabetes and cancer in adulthood due to many factors—one of which is the rise in adolescent obesity. Healthy eating patterns are essential for students to achieve their full academic potential, full physical and mental growth, and lifelong health and well-being. Many of our school districts have already implemented well-planned school nutrition programs that positively influence students' eating habits but we can do more.

As an outgrowth of its high-school based work, California Project LEAN (Leaders Encouraging Activity and Nutrition) was awarded a grant to conduct formative research with local policymakers, including school board members, superintendents and principals, to better understand what education, resources and tools can be provided to ensure schools have a healthy nutrition environment.

We would like to receive input from you through the enclosed survey. The survey report along with other relevant research will be used to develop a plan that will help school districts, communities and partners across the state address the role schools can continue to play in helping children develop good nutrition habits. Once completed, the survey results and recommendations will be shared with school districts.

Completing this survey is completely voluntary and all information will remain confidential for all respondents. If you feel uncomfortable with a question you do not need to respond to it. The survey will take less than 10 minutes to complete. We have subcontracted with the University of South Florida to assist in the development, analysis and reporting of this research. Please return the survey booklet to them in the enclosed self-addressed, stamped envelope. The University of South Florida's Institutional Review Board has approved this study (IRB# 99.333).

Educators and public health professionals realize that an appropriate diet can improve problem-solving, test scores and school attendance rates. We encourage you to take an active role in ensuring the health of our children by completing the enclosed survey.

If you have questions, or would like additional information on this project, please contact Peggy Agron at (916) 327-3020, or myself at (916) 371-4691.

Sincerely,

Davis Campbell
Executive Director
California School Boards Association

Peggy Agron
Program Chief
California Project LEAN

FINAL LETTER

March, 2001

Dear School Board Member,

You recently received this same survey as part of a joint effort between the California School Boards Association, California Department of Health Services and the Public Health Institute, and California Project LEAN, to promote healthy eating and physical activity. We haven't received yours yet. We *encourage* you to take the time to complete the survey and return it in the SASE.

Research shows that today's youth are at risk for heart disease, type 2 diabetes and cancer in adulthood due to many factors—one of which is the rise in adolescent obesity. Healthy eating patterns are essential for students to achieve their full academic potential, full physical and mental growth, and lifelong health and well-being. Many of our school districts have already implemented well-planned school nutrition programs that positively influence students' eating habits but we can do more.

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Sincerely,

Davis Campbell
Executive Director
California School Boards Association

Peggy Agron
Program Chief
California Project LEAN

APPENDIX D

Odds Ratio for School Board Members

Odds Ratio and 95% Confidence Intervals for School Board Issue and Nutrition-Related Practice Support

Variable	OR	Lower CI	Upper CI	X ² value
During the past school year, has a <i>school breakfast program</i> been brought before the school board for review? (Q #30E – yes/no) X Do you agree with beverage vendor exclusive contracts? (Q #6 – yes/no)	1.571	1.015	2.432	4.149 (df = 1, p < .000)
During the past school year, has a <i>branded food contract</i> issue been brought before the school board for review? (Q #30A – yes/no) X Do you support <i>banning food and soda advertisements in school</i> (Q #7A - yes/no).	.601	.359	1.008	5.248 (df = 1, p<.000)
During the past school year, has a <i>branded food contract</i> issue been brought before the school board for review? (Q #30A – yes/no) X Do you support <i>limiting and monitoring food and soda advertisements in school</i> (Q #7G – yes/no).	.799	.621	1.029	5.544 (df=1, p<.000)
During the past school year, has an <i>exclusive soda contract</i> issue been brought before the school board for review? (Q #30 B – yes/no) X Do you support <i>banning food and soda advertisements in school</i> (Q #7A - yes/no).	.718	.503	1.027	3.898 (df=1, p<.000)
During the past school year, has a <i>nutrition education</i> issue been brought before the school board for review? (Q #30 C – yes/no) X Do you support <i>banning food and soda advertisements in school</i> (Q #7A - yes/no).	.558	.351	.886	8.616 (df=1, p<.000)

Variable	OR	Upper CI	Lower CI	X² value
During the past school year, has a <i>school lunch program</i> issue been brought before the school board for review? (Q #30 D – yes/no) X Do you support <i>banning food and soda advertisements in school</i> (Q #7A - yes/no).	.721	.545	.954	5.275 (df=1, p<.000)
During the past school year, has a <i>branded food contract</i> issue been brought before the school board for review? (Q #30A – yes/no) X Do you support <i>manipulating vending machine prices so that unhealthy foods cost more and healthy foods cost less</i> (Q#7H – yes/no)	.491	.236	1.025	4.751 (df=1, p<.000)