



# School wellness policy development, implementation and evaluation

May 2008

## Research implications for school board members

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

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



### The wellness policy mandate

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

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

### BACKGROUND

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

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

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

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

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

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

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

- researching the issue (47%)
- being involved in policy development (38%)

Smaller numbers of SBMs had participated on a school health council or wellness committee (16%) or had attended a wellness policy training session (11%).

### Perceptions of the school wellness environment

There is a prevailing belief that school wellness policies will have positive impacts, primarily on students' access to healthy foods at schools, healthy eating habits and physical activity levels. SBMs were aligned with SWAs and SPHNDs in terms of their expectations regarding the health impacts of the policy, including some change in the rates of student overweight and obesity, improved long-term health status of students and student satisfaction with the school environment. However, SBMs were somewhat less optimistic than these groups that the wellness policy will have "a lot" of positive impact on student academic achievement (23% of SBMs compared to 30% of SWAs and 35% of SPHNDs).

### Policy development, implementation and evaluation

Disparities among the survey groups were evident in perceptions of policy development, implementation and evaluation. SBMs expressed the most confidence that their district's **policy review and development process reflects best practices**: 46% are "very confident" that the process reflects best practices (compared to 26% of SSBALs, 12% of SWAs and 5% of SPHNDs). Another 39% of SBMs are "somewhat confident" and only 5% are "not at all confident" (9% not sure).

When asked the extent to which their district has the **capacity to develop, implement and monitor/evaluate the wellness policy**, SBMs again expressed the highest level of confidence among all the survey groups. There is a striking contrast in the percentage of SBMs who believe their district has full capacity to develop, implement and monitor/evaluate their policy and the percentages of SPHNDs, SWAs and SSBALs who feel the majority of districts in the state have this capacity (see Table 1). Very small percentages of SBMs said their district has "minimal capacity" to develop (3%), implement (4%) and monitor/evaluate (6%) the wellness policy. The disparities among survey groups are most notable with regard to perceptions of district capacity to monitor/evaluate the policy.

## METHODOLOGY

This brief highlights key findings from SBMs. An online survey was fielded to 9,665 SBMs in 1,817 school districts across the nation. The survey yielded 2,350 responses for a response rate of 24%, representing 1,296 school districts (71% of the districts that received the survey).

Three-quarters (75%) of the respondents had served on the board for at least three years; 21% had served on the board for 11 or more years. Respondents represented districts that are very small (under 1,000 students) to very large (more than 100,000 students). Their districts are somewhat more suburban (52%) and urban (18%) than the national distribution, although rural districts were also well represented (30% of total response). The districts represented by the sample reflect a range of ethnic/racial diversity and socioeconomic status among the student populations.

In addition, three focus groups were held with SBMs (total of 37 SBMs representing 27 school districts in 17 states) and key informant interviews were conducted with several individuals, including a SBM, in each of three school districts which had already adopted and had begun to implement their wellness policy.

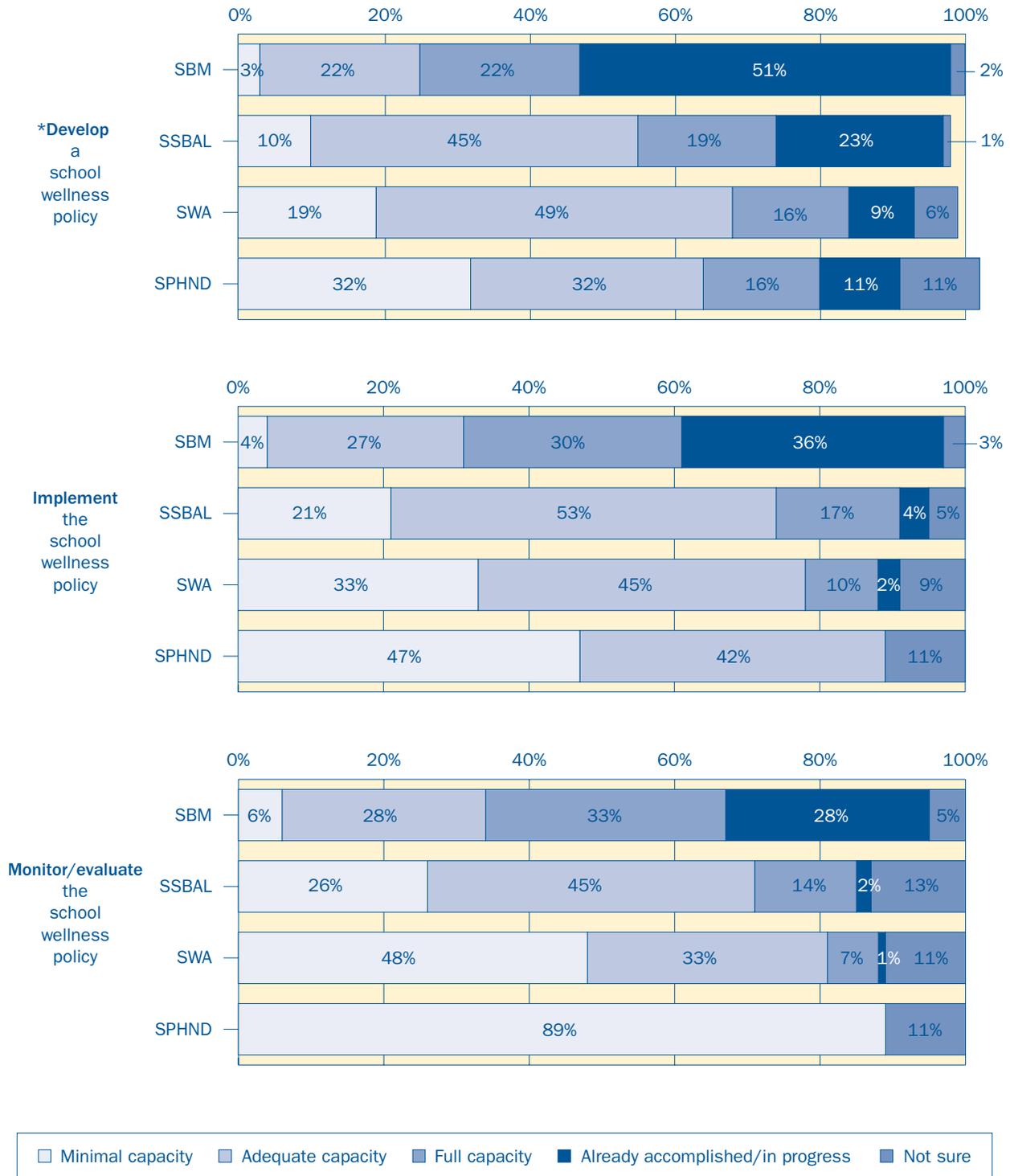
## RESULTS

### Involvement in school wellness policies

The vast majority (86%) of the SBMs in the study reported some type of involvement in the school wellness policy, primarily by:

- reviewing and approving district policy (55%)

**Table 1: Perception of school district capacity**



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

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

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

There are similar patterns in perceptions concerning the likelihood that districts will **actually implement and monitor/evaluate the policy effectively**. The majority of SBMs believe their district is “very likely” to accomplish the goals of effective implementation (65%) and effective evaluation (55%), with almost all the rest believing their district is “somewhat likely” to do so. The other groups had greater concerns about the monitoring/evaluation process, with a third of SWAs and SPHNDs perceiving that the majority of districts in their state are “not at all likely” to accomplish this goal effectively.

### Perceived barriers

SBMs and SSBALs were asked to rate barriers to effective policy development, implementation and monitoring/evaluation on a scale of 1 to 5, with 1 = Not a Challenge and 5 = Major Challenge. The results showed general agreement on the conditions that represent barriers. However, in almost all cases, the magnitude of the challenge was viewed as more daunting by SSBALs than by SBMs.

The four most significant barriers identified by both groups included:

- 1. Inadequate funding.** Funding was the number one concern cited by SBMs and SSBALs (average rankings of 3.4 and 4.4, respectively). Fiscal concerns include the need for additional staff and facilities to carry out the wellness plan, as well as the loss of funding or increased costs as a result of healthier vending, improving food options generally and fundraising policies.
- 2. Competing priorities/lack of time.** SBMs were equally concerned (3.4) about competition with other priorities and mandates, teacher contract restrictions and inadequate time for physical education classes.
- 3. Lack of support from students, parents and community.** SBMs cited the need to educate and gain the support of students (3.1), parents/caregivers (2.9) and the community (2.6) as potential barriers. It was considered less of a problem to gain the support of school board members, district administrators, school administrators or school staff.
- 4. Need for tools and training.** SBMs perceive a need for additional tools and training to support those responsible for policy development (2.8) and those responsible for compliance or policy implementation (2.6).

Although inadequate funding was the most frequently cited barrier, only a minority of SBMs (16–32%) expected a negative fiscal impact from any specific aspect of their policy, including nutrition education, physical education, nutrition standards for foods and beverages on campus, other school-based wellness activities and policy implementation and monitoring/evaluation.

### Training/support for school board members

SBMs expressed interest in training topics related to:

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

The topics that rated slightly more valuable than others were:

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

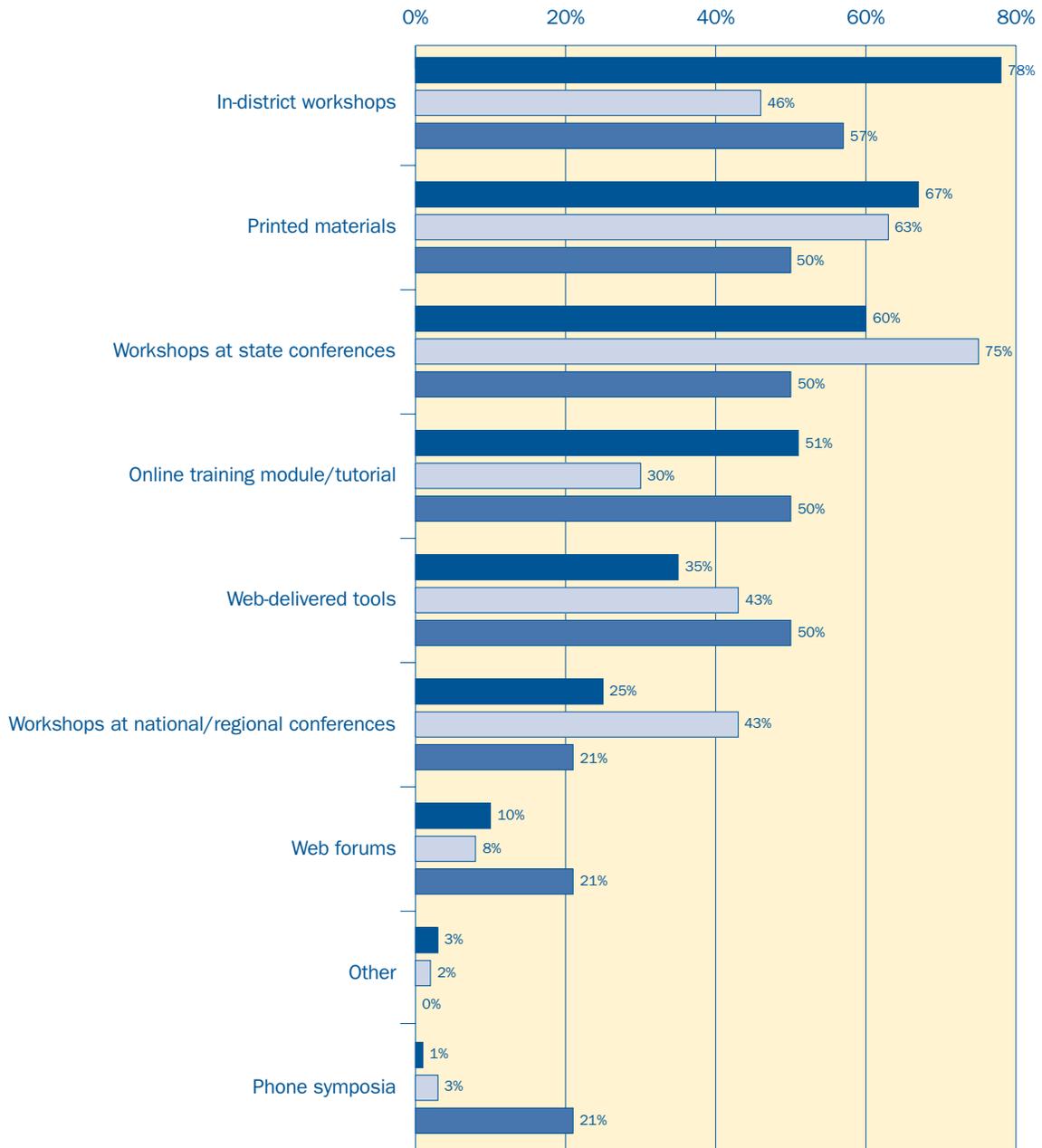
The training formats preferred by SBMs (see Table 2) include in-district workshops (cited by 78%), followed by printed materials (67%), workshops at state conferences (60%) and online training (51%).

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

In addition to the above topics, participants in the focus groups felt it would be useful to have more information about related state and county regulations and guidelines, pros and cons of various food options, data on the impact of wellness policies, curriculum support, training and guidelines for site administrators and food services staff, parent education, and evaluation results from other districts for guidance and comparison.

**Table 2: Preferred training formats**

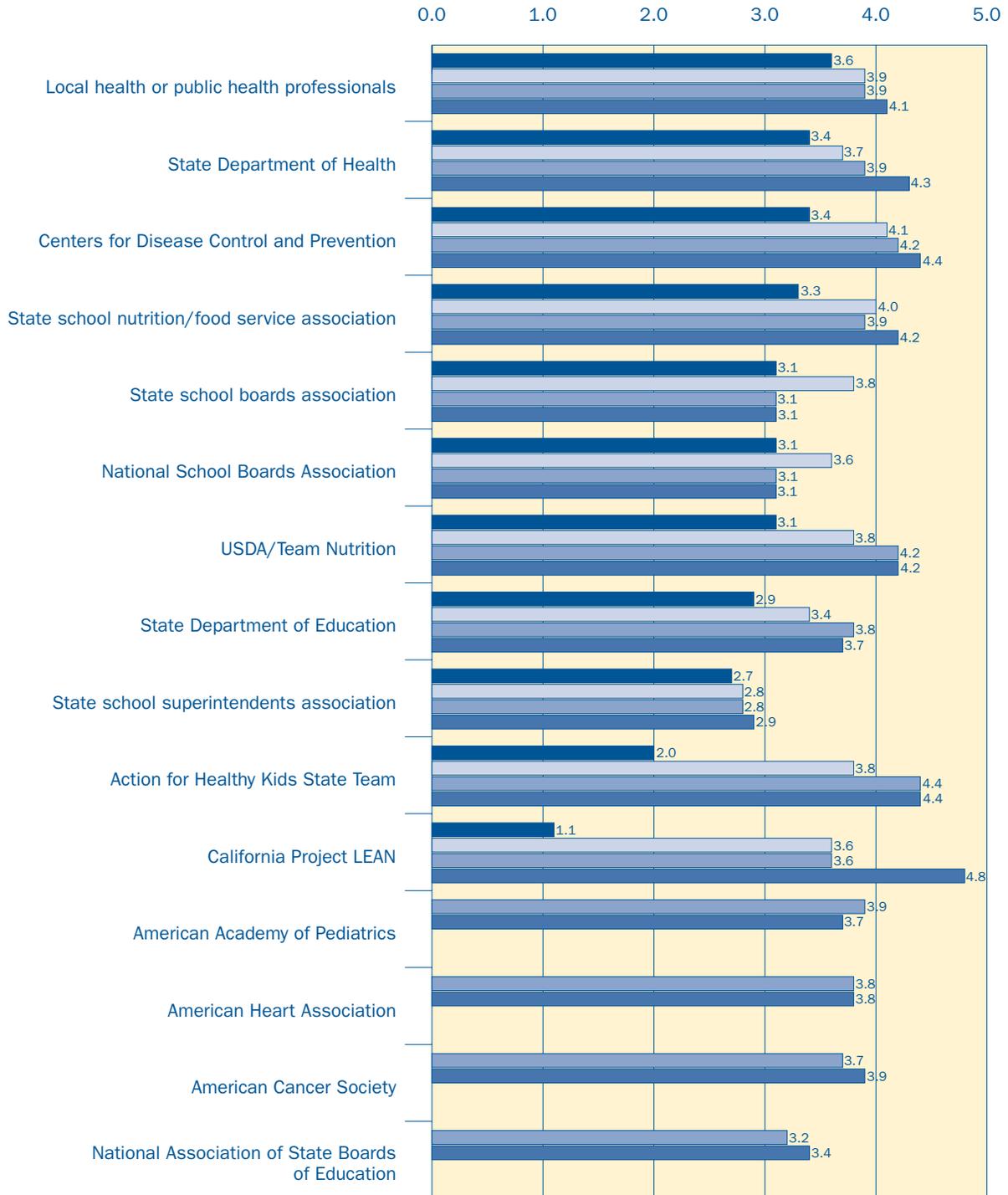
Percentages represent respondents who prefer the training format



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

**Table 3: Credibility of wellness-related technical assistance providers**

(1 = Least credible; 5 = Most credible)



### Credibility of technical assistance providers

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

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

Other resources, such as Action for Healthy Kids and California Project LEAN, which received high ratings from other survey groups, were less familiar to SBMs.

### ACTION STEPS

The findings of this national study suggest a number of action steps that SBMs can take to effectively develop, support and monitor/evaluate wellness policies:

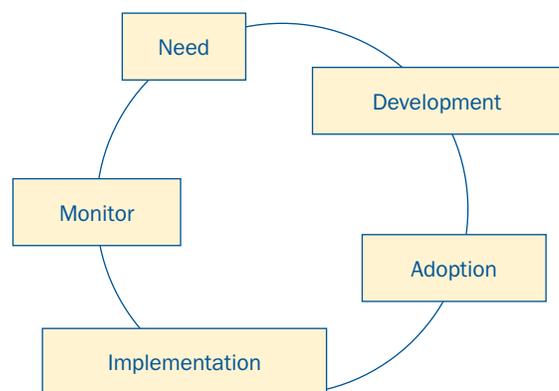
1. Work with district administrators and staff to identify and obtain resources and technical assistance from federal, state and local public health agencies, state school nutrition/food service associations, state and national school boards associations, and other key stakeholders with expertise on school wellness issues.
2. Invest in their own continuing education in order to become informed about wellness issues, especially on such topics as:
  - strategies to mobilize student and parent involvement
  - revenue-generating alternatives to the sale of unhealthy foods and beverages
  - information about the link between nutrition, physical activity and student achievement
  - information on the fiscal impact and lessons learned by districts that are implementing wellness initiatives
  - state or federal funding opportunities for additional teachers and staff to carry out the district's wellness plan
3. To build the district's capacity to implement the wellness policy, provide resources for professional development for staff responsible for policy implementation in order to ensure that administrators, food service staff, nutrition education and physical education teachers, and other staff are knowledgeable about school wellness issues.

4. Ensure that the district's policy on student wellness reflects the components of the federal school wellness mandate as well as any state requirements, best practices and indicators for measuring the implementation and effectiveness of the policy.
5. Utilize existing wellness policy-related tools for:
  - engaging youth
  - highlighting case studies of other districts
  - communicating with key community stakeholders (e.g. sample articles, newsletters, policy briefs)
  - implementing and evaluating wellness policies
  - guiding partnerships and building alliances
6. Communicate with staff, students, parents and the community regarding the district's wellness policy and the impact the policy is making on students' eating habits and physical activity levels. Involve representatives of these groups in evaluating the district's wellness policy and in making recommendations for future action.

### LESSONS LEARNED: BUILDING EFFECTIVE PARTNERSHIPS

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

Policy development cycle



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

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

## RESOURCES

For school wellness policy development, implementation, monitoring and evaluation tools and resources, visit [www.csba.org](http://www.csba.org) and [www.CaliforniaProjectLEAN.org](http://www.CaliforniaProjectLEAN.org)

### Resources available from CSBA include:

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

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

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

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

### Resources available from CPL include:

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

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

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

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

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

## FOR FURTHER INFORMATION

The full results of the study are available at:



California School Boards Association  
3100 Beacon Blvd. | West Sacramento, CA 95691  
[www.csba.org](http://www.csba.org)

and



California Project LEAN  
(Leaders Encouraging Activity and Nutrition)  
PO Box 997377 MS 7211 | Sacramento, CA 95899-7377  
[www.CaliforniaProjectLEAN.org](http://www.CaliforniaProjectLEAN.org)

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