

# Local School Wellness Collaborative Survey

*An Assessment of Local School Wellness Policy Implementation and Practice  
in California Public Elementary, Middle, and High Schools*

## Key Findings Report

August 2015

*Prepared by:*



*With support from:*



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### Key Findings Report

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#### **Introduction and Background**

The Local School Wellness Policy (LSWP) requirement was established by the Child Nutrition and WIC Reauthorization Act of 2004 in an effort to help develop health promotion initiatives in public schools participating in the National School Lunch Program (NSLP) and/or School Breakfast Program. The Healthy, Hunger-Free Kids Act of 2010 strengthened LSWP requirements, thus allowing for enhanced implementation, assessment, evaluation, and community engagement efforts. A final federal rule is expected in the coming months, which will likely include more stringent implementation and reporting requirements—especially at the school level.

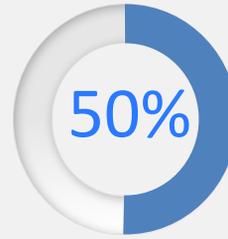
Schools play a crucial role in promoting student health and wellness. Local School Wellness Policies aim to address growing concerns about childhood obesity, physical inactivity, and poor nutrition. In order to provide better guidance and support to local schools as they work to develop and implement customized wellness policies, it is necessary to obtain information on current practices. In an effort to do so, California Project LEAN, working with the California School Boards Association (CSBA), the Association of California School Administrators (ACSA), the California Department of Education (CDE), and the Dairy Council of California, administered an online survey to California public school principals and school/district administrators. The survey, which was part of the evaluation work of the California Local School Wellness Policy Collaborative, aimed to determine existing practices, policies, and needs regarding school wellness, nutrition, and physical education/activity as well as barriers, opportunities, and successes associated with LSWP implementation. This report summarizes key findings in a number of important areas related to school wellness.

#### **Methodology**

In May 2015, an online survey was sent to approximately 6750 California public school principals and school/district administrators with e-mail addresses obtained from the ACSA membership list. The survey yielded 366 responses for a response rate of approximately 6%. The survey data included responses from principals and administrators affiliated with individual schools or school districts. The sample consisted of 347 school principals (n=229) and school administrators (n=118) and 19 district administrators. Some principals and school/district administrators represented a combination of school levels i.e., elementary and middle, elementary, middle, and high, or middle and high. Participation in the survey was voluntary, answers were confidential, and respondents were allowed to remain anonymous if they so desired. While identification of school district was optional and omitted by approximately 75% of respondents, at least 137 school districts were represented. Data analysis was completed using SAS. In an effort to improve accuracy, District Administrator responses were excluded from analyses by school level.

# Key Findings Summary

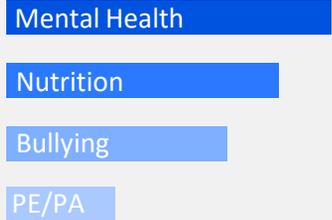
**1. Wellness Policies, Committees, and Priorities :** Approximately half of respondents reported having a fully active wellness committee at either the school or district level. Almost 40% reported having no wellness committee at all. Thirty-nine percent (39%) said that their wellness policy was updated in 2014 or 2015. The highest priorities for school wellness efforts were mental health followed by nutrition, bullying, physical education/physical activity, and violence prevention.



Approximately half of respondents reported having a fully active wellness committee.

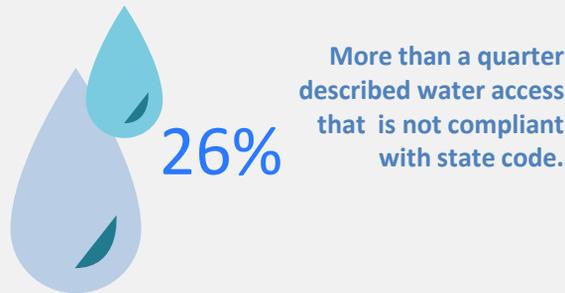
**2. Nutrition Education:** Almost half of survey respondents reported having no nutrition education curriculum. Fourteen percent (14%) said that it is taught in every grade, every year.

Mental Health was listed as the top priority for school health and wellness.



**3. Physical Education and Physical Activity:** Physical Education was reported as increasing slightly over the past five years in one of every four schools, and physical activity increased in four of every ten schools. Decreases were uncommon: 3% and 6%, respectively. About 12% of respondents reported having a waiver from state physical education requirements.

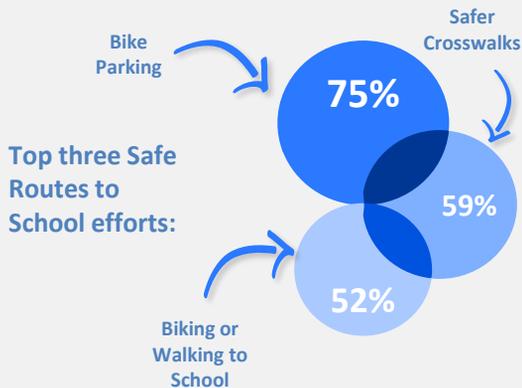
**4. Nutrition and Product Marketing:** Six out of ten respondents reported that they don't allow marketing or promotion of any food or drinks; one out of three restrict marketing of unhealthy products. Four percent (4%) of respondents reported that regular soda is sold on campus during school hours. Eighteen percent (18%) sell sports drinks and 70% sell flavored milk.



**5. Water:** Approximately 26% of respondents described water access that would not meet state requirements of 1 fountain per 150 students, and almost half reported less than 1 fountain per 100 students. The most common barriers to assuring access to drinking water were lack of funds for additional water fountains and/or maintenance and bad-tasting water.

**6. School Garden Key Findings:** About half of all respondents reported that their schools have active gardens.

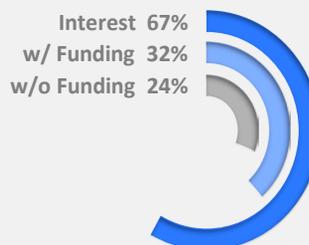
**7. Safe Routes to School:** More than half of respondents are currently working on efforts to promote walking or biking to school. Seventy-five percent (75%) of respondents have bike parking at their schools. The top three SRTS efforts are bike parking, safer crosswalks, and promoting walking or biking to school.



**8. Local Control and Accountability Plan (LCAP):** Two-thirds of respondents reported that there was an interest in including wellness activities in their LCAP; one-third reported that they were actually included with funding in their LCAP.



**9. Wellness Policy Successes, Concerns, and Observations:** While over 50 respondents listed a number of concerns regarding health and wellness, more than 80 provided information about successful wellness activities or experiences at their school.



67% reported interest in including wellness in LCAP; 32% did so with funding and 24% without funding.

**10. Technical Assistance:** More than half of respondents indicated that training and resources for parent engagement on wellness and training or resources on mental health issues would be most useful. Half would value teacher training to lead quality physical activity.

## Key Findings

**Wellness Policies, Committees, and Priorities Key Findings: *Approximately half of respondents reported having a fully active wellness committee at either the school or district level. The highest priorities for school wellness efforts were mental health, followed by nutrition, bullying, physical education/activity, and violence prevention.***

Only 11% of survey respondents reported that their schools have a wellness policy, while 89% reported having a district wellness policy (see Figure 1). Over 20% reported last updating their school wellness policy in 2015 and 17% in 2014. Sixteen percent (16%) of respondents reported that their school has a school wellness committee, 57% reported that their school or district has a district wellness committee, and 27% reported having no wellness committee at all (see Figure 2). Of those principals and school/district administrators who reported having wellness committees, 66% said that they meet regularly and work on ongoing policy development and implementation. In other words, only about half of respondents reported having a fully active wellness committee. Seventy-nine percent (79%) of the wellness committees have a school or district staff person identified as the lead for wellness.

Survey respondents listed mental health, nutrition, bullying, and physical education/activity as the top four school health and wellness priorities. Top priorities were ranked in the following order (highest to lowest—one being highest): mental health (2.41), nutrition (2.45), bullying (2.6), physical education/activity (2.64), violence prevention (3.42), worksite wellness for staff (4.4.), children with other chronic diseases (5.96), asthma (6.02), and reproductive health (7.65) (see Figure 3). Cross tabulations by school level revealed that 49% of high school only principals and school administrators reported that mental illness was their number one health and wellness priority (see Figure 4). Thirty-two percent (32%) of elementary school only principals and school administrators said that nutrition was their number one health and wellness priority (see Figure 5). Forty-one percent (41%) of middle school only principals and school administrators reported that bullying was their number one priority (see Figure 6), and 26% of elementary school only principals and school administrators said that physical education/activity was their top priority (see Figure 7).

Figure 1

**Is the wellness policy a school or district policy?**  
(General Survey Analysis--All Respondents)

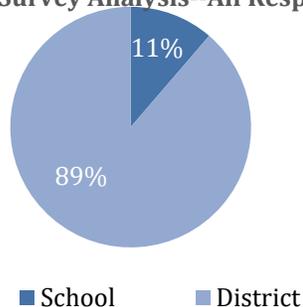


Figure 2

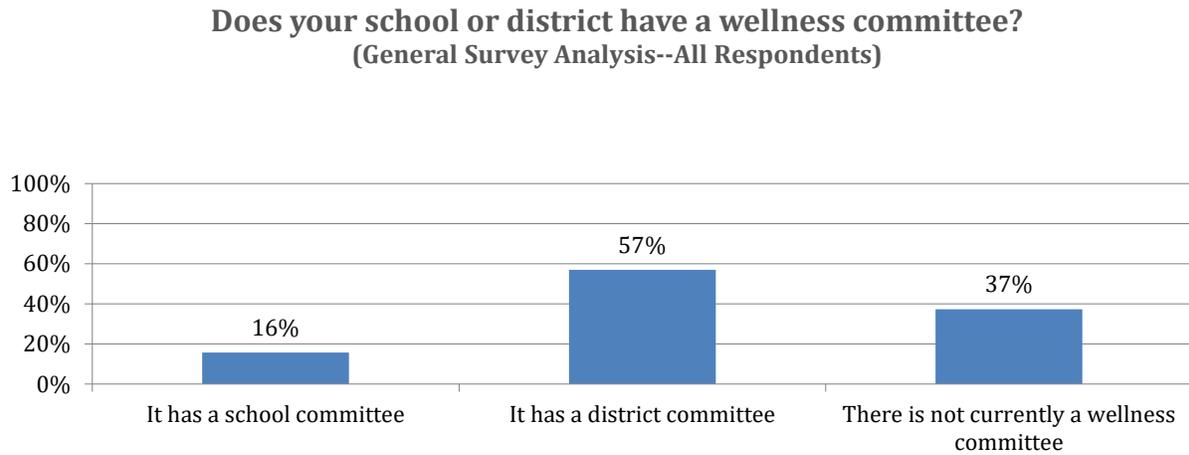


Figure 3

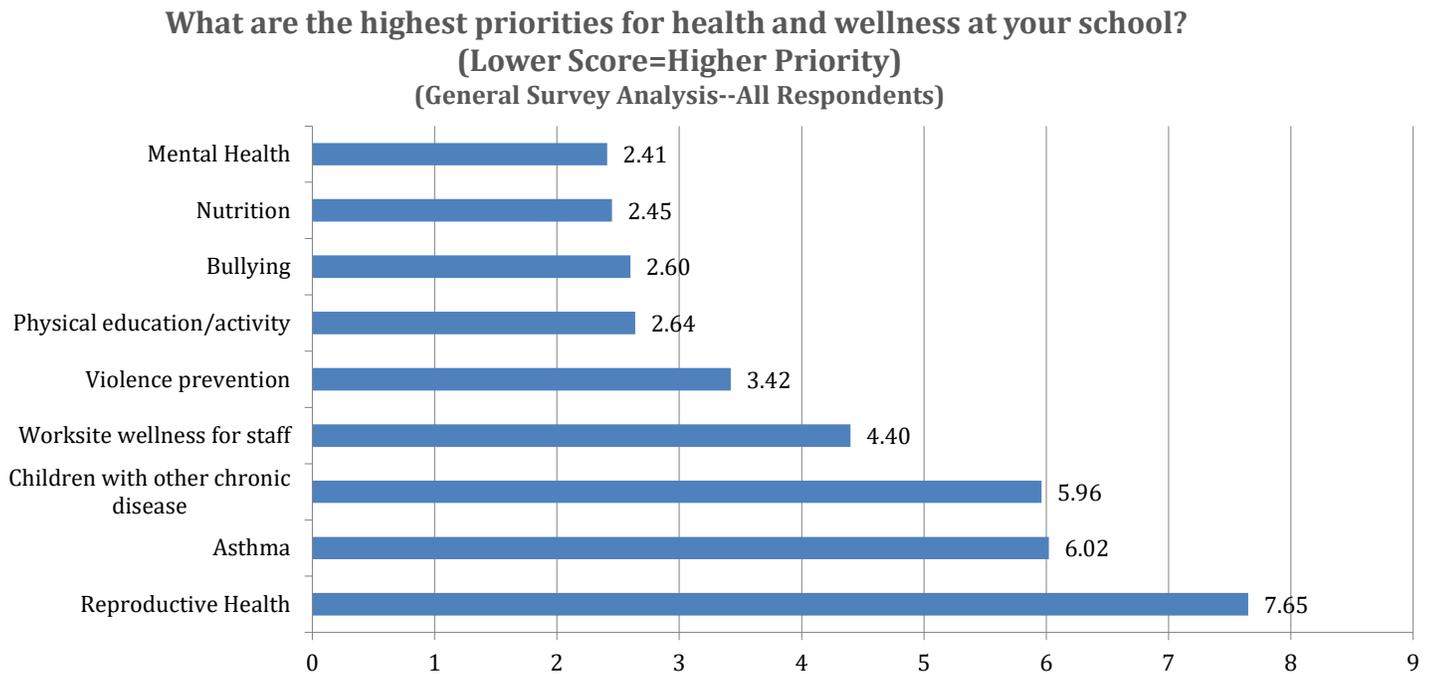


Figure 4

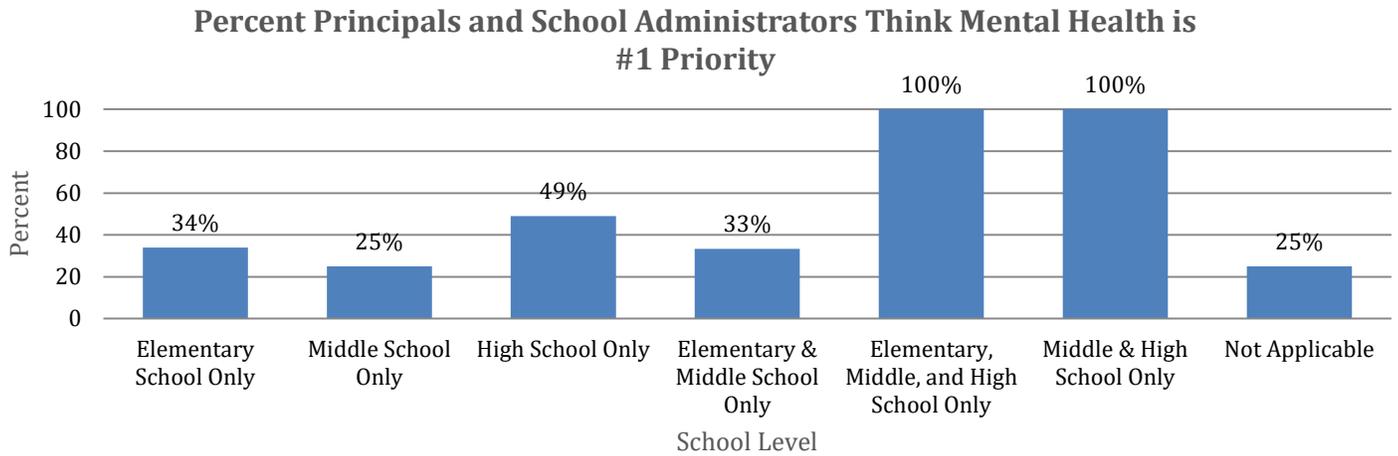


Figure 5

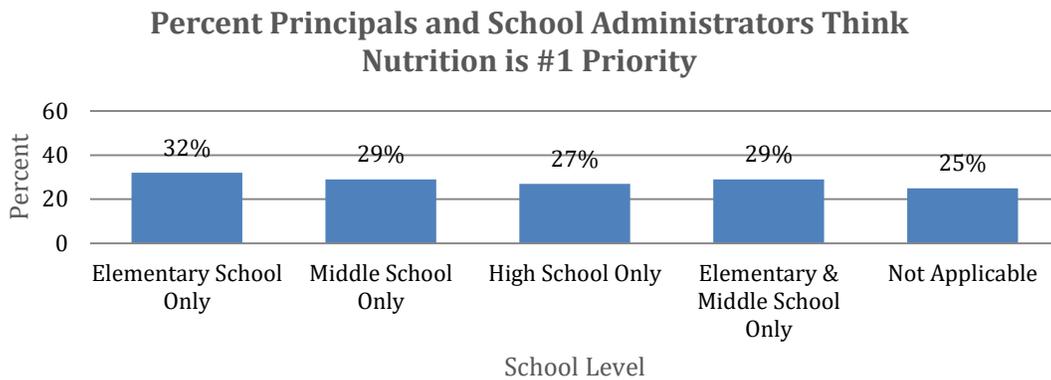


Figure 6

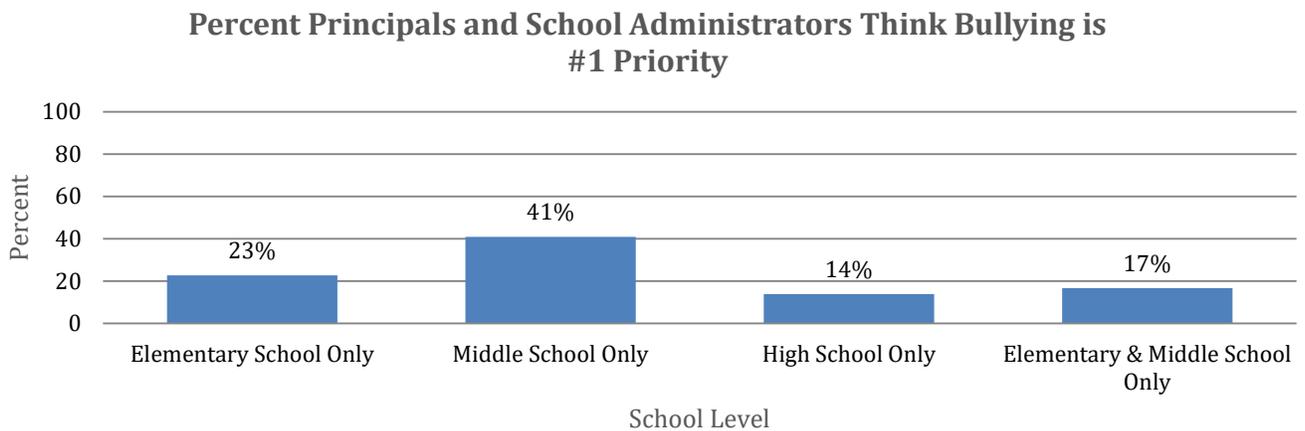
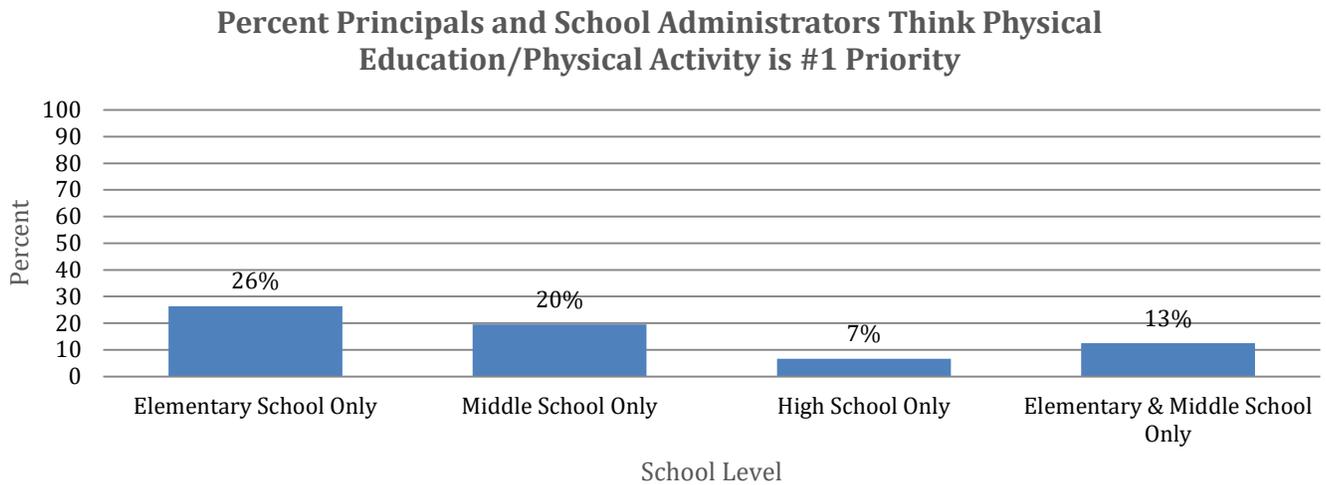


Figure 7



**Nutrition Education Key Findings: *Almost half of survey respondents reported having no nutrition education curriculum.***

About 47% of all respondents reported that there is currently no nutrition education curriculum in their school or district, while 37% said that there is a curriculum taught in certain grades. Fourteen percent (14%) reported that nutrition education is part of the curriculum in every grade, every year. (See Figure 8.) Analysis by school level revealed that 53% of elementary school only principals and school administrators (see Figure 9), 32% of middle school only principals and school administrators (see Figure 10), and 41% of high school only principals and school administrators (see Figure 11) reported that there is no nutrition education curriculum in use at their school.

Figure 8

### Is there a nutrition education curriculum in use at your school or district? (General Survey Analysis--All Respondents)

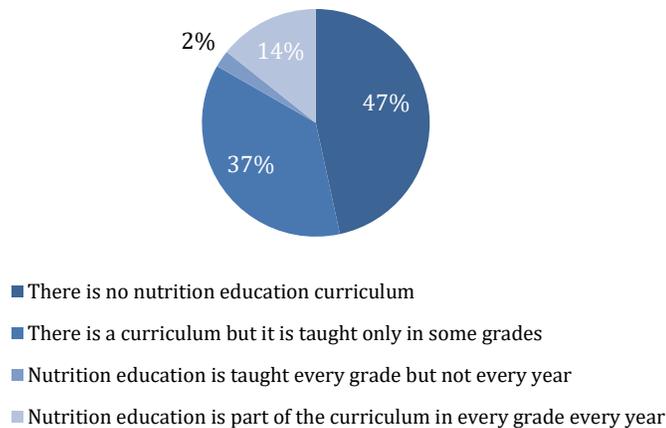


Figure 9

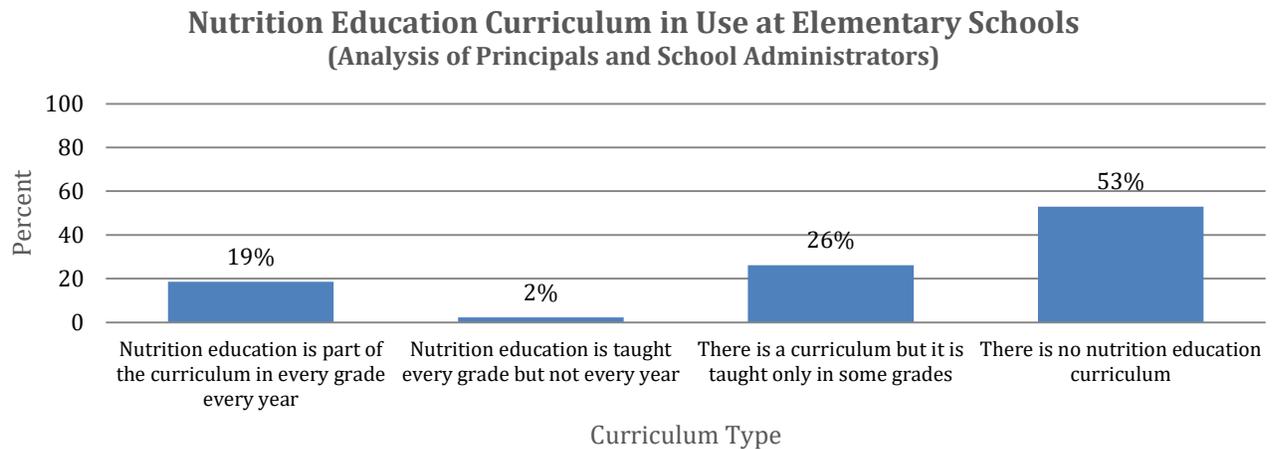


Figure 10

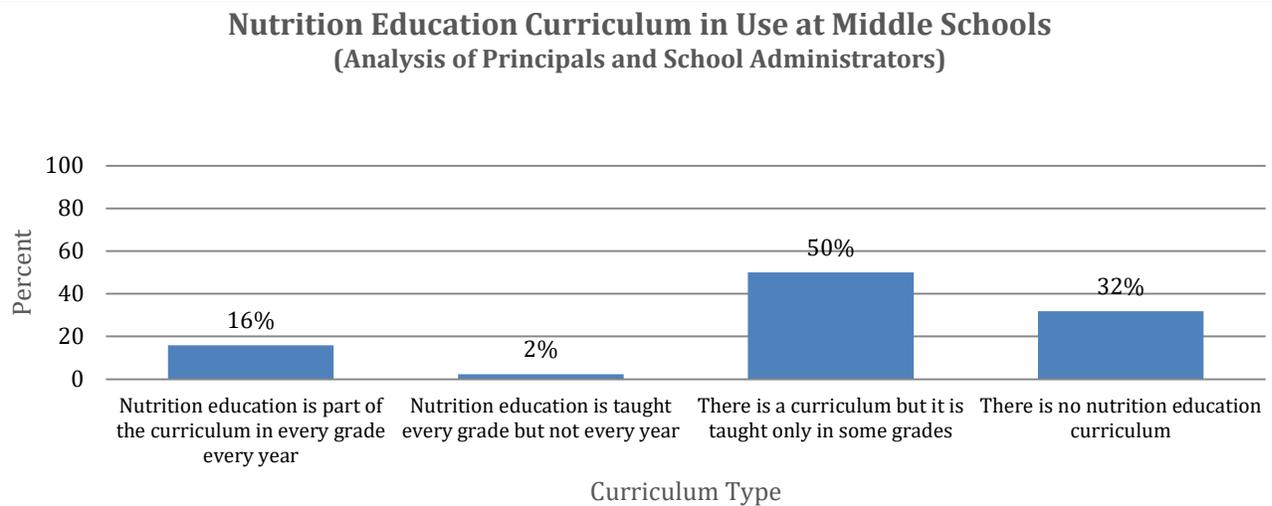
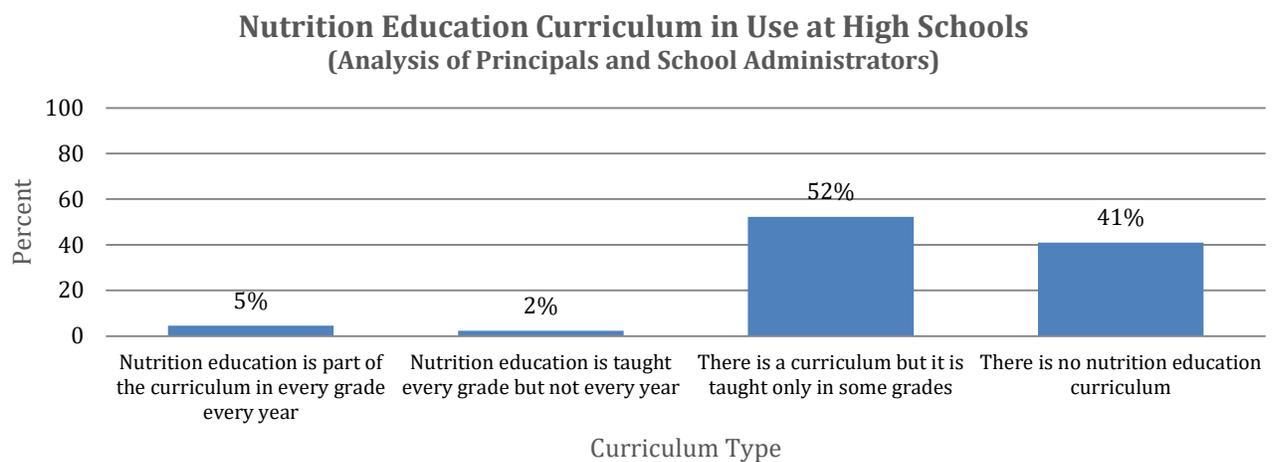


Figure 11



**Physical Education and Physical Activity Key Findings: *Physical Education was reported as increasing slightly over the past five years in one of every four schools, and physical activity increased in four of every ten schools.***

Seventy percent (70%) of respondents reported that over the past five years there has been no change in the average number of minutes of formal physical education offered by their school or district, while over a quarter reported an increase (see Figure 12). Increases were slightly more frequent in elementary schools. About half of respondents reported that their schools exceed the state minimum physical education requirements (see Figure 13). Twelve percent (12%) reported having a waiver from state physical education requirements. Nearly half of respondents reported that some or all teachers have been trained to lead physical education/activity breaks in the classroom, and there was substantial interest (39%) in training teachers to do so.

More than 40% of survey respondents reported that the availability of extracurricular physical activity is greater than it was five years ago (see Figure 14). Forty-four percent (44%) of elementary school only principals and school administrators (see Figure 15), 54% of middle school only principals and school administrators (see Figure 16), and 33% of high school only principals and school administrators (see Figure 17) reported an increase in extracurricular physical activity.

Figure 12

**Has the average number of minutes of formal physical education provided by your school or district increased, decreased or stayed the same since 5 years ago?  
(General Survey Analysis--All Respondents)**

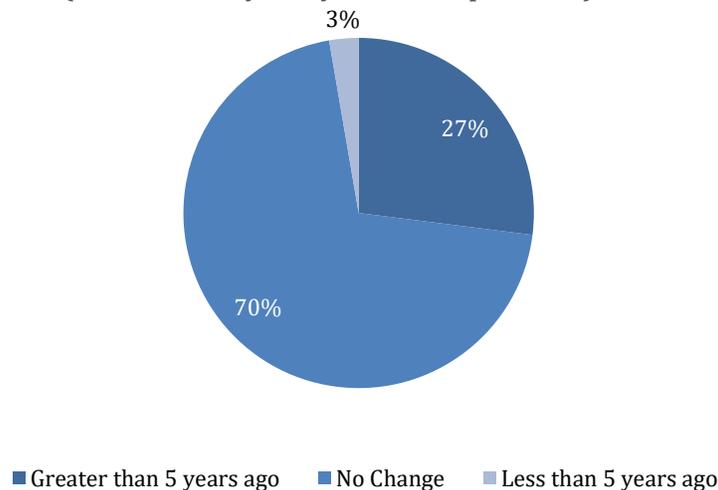


Figure 13

**Is your school or district exceeding the state minimum physical education requirements?**

(General Survey Analysis--All Respondents)

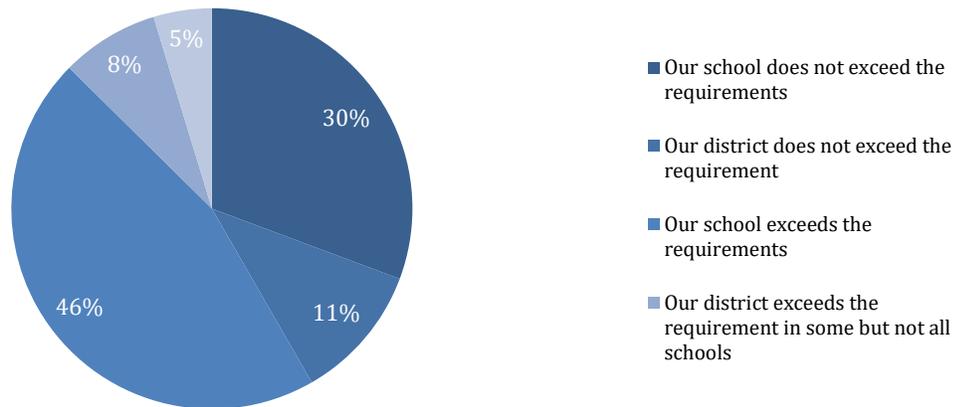


Figure 14

**Has the availability of extracurricular physical activity at your school or district increased, decreased or stayed the same since 5 years ago?**

(General Survey Analysis--All Respondents)

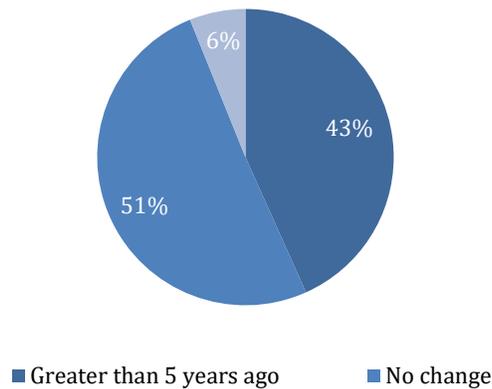


Figure 15

**Has the availability of extracurricular physical activity at your school or district increased, decreased, or stayed the same since 5 years ago?**

(Analysis of Elementary School Only Principals and Administrators)

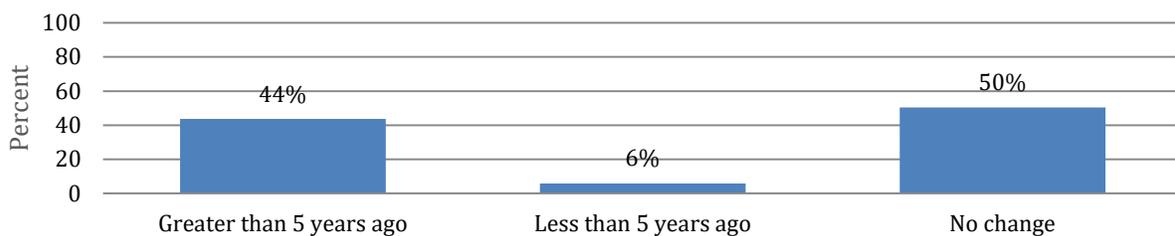


Figure 16

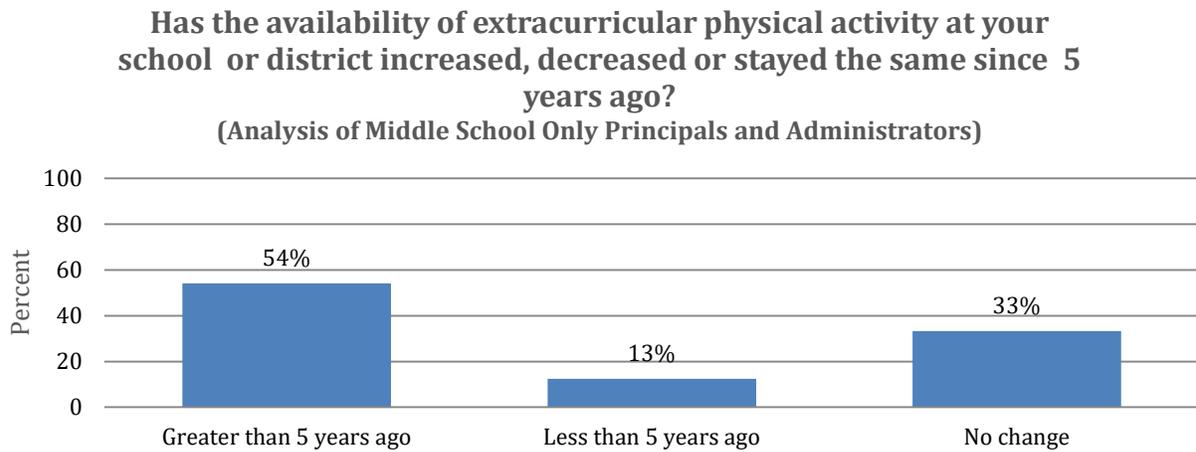
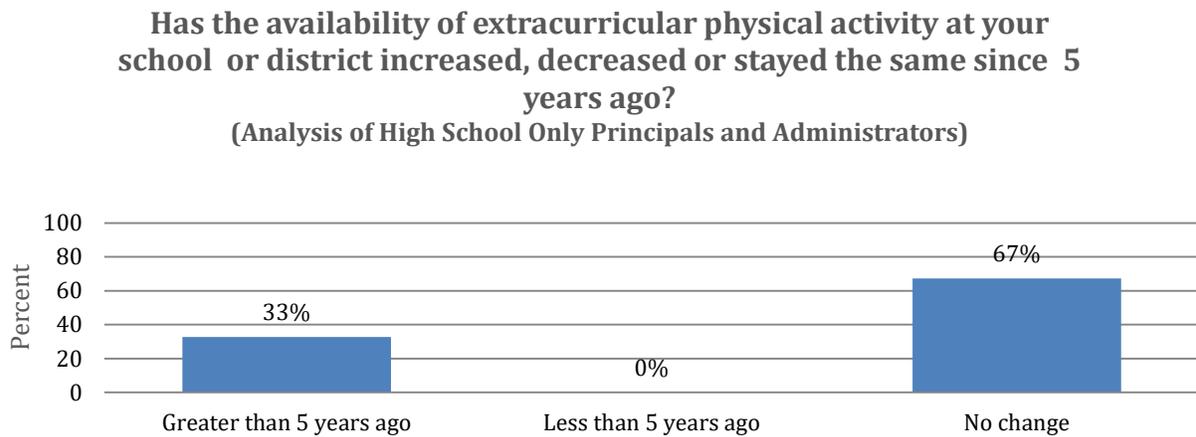


Figure 17



**Nutrition and Product Marketing Key Findings: Six out of ten respondents report that their schools don't allow marketing or promotion of any food or drinks. Four percent (4%) of respondents reported that regular soda is sold on campus during school hours.**

Approximately 60% of respondents reported that marketing and promotion of any type of food or beverage is not allowed, while over 30% said restrictions are limited to unhealthy food and drinks only. Four percent (4%) of schools/districts reported not restricting marketing or promotion of unhealthy food and drinks. (See Figure 18.) Only 4% reported that regular soda is sold on campus during school hours, but 13% said it is sold on campus before or after school. Survey respondents reported that the following beverages (in addition to water and soda) are sold in school or on campus during school hours: sports drinks (18%), flavored milk (67%), and unflavored nonfat or low fat milk (82%) (See Figure 19). Analysis by school level revealed that more than a quarter of high schools sell sports drinks on campus during school hours (see Figure 20), and flavored milk is sold in school or on campus during school hours by 48% of elementary schools, 48% of middle schools, and 36% of high schools (see Figure 21).

According to survey responses, the following beverages (in addition to water and soda) are sold in school or on campus before or after school hours: sports drinks (37%), flavored milk (32%), and unflavored nonfat or low fat milk (42%) (See Figure 22). Analysis by school level revealed that nearly 40% of high schools sell sports drinks before or after school (see Figure 23).

Four percent (4%) of schools reported that students get less than 20 minutes for lunch. Twenty-three percent (23%) of schools reported lunch breaks ranging from 20 to 30 minutes, more than 40% reported that students get between 30 and 40 minutes for lunch, and about 33% reported lunch breaks longer than 40 minutes. (See Figure 24.)

When asked if there is a place where breastfeeding staff or students can breastfeed or pump in privacy, 38% of respondents replied *yes* and 20% *no*. Forty-two percent (42%) reported that there is only a private space for staff members. (See Figure 25.)

Figure 18

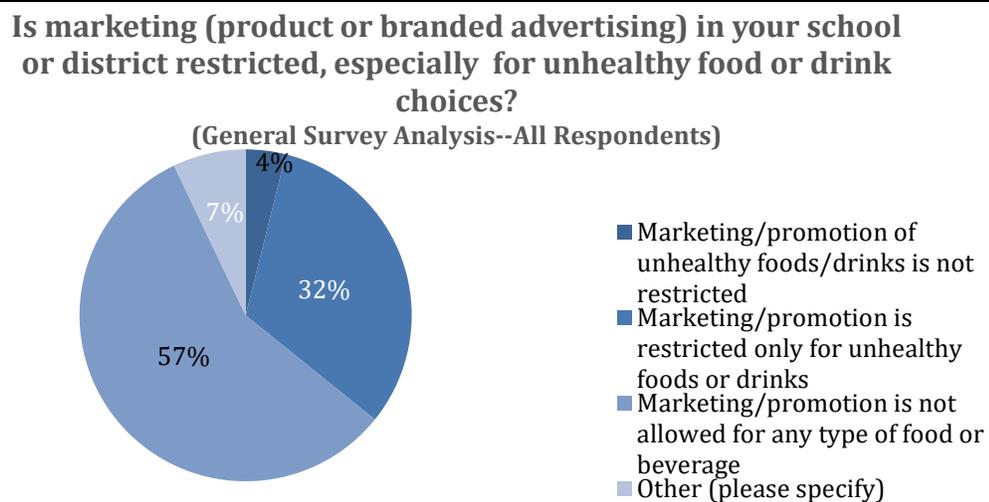


Figure 19

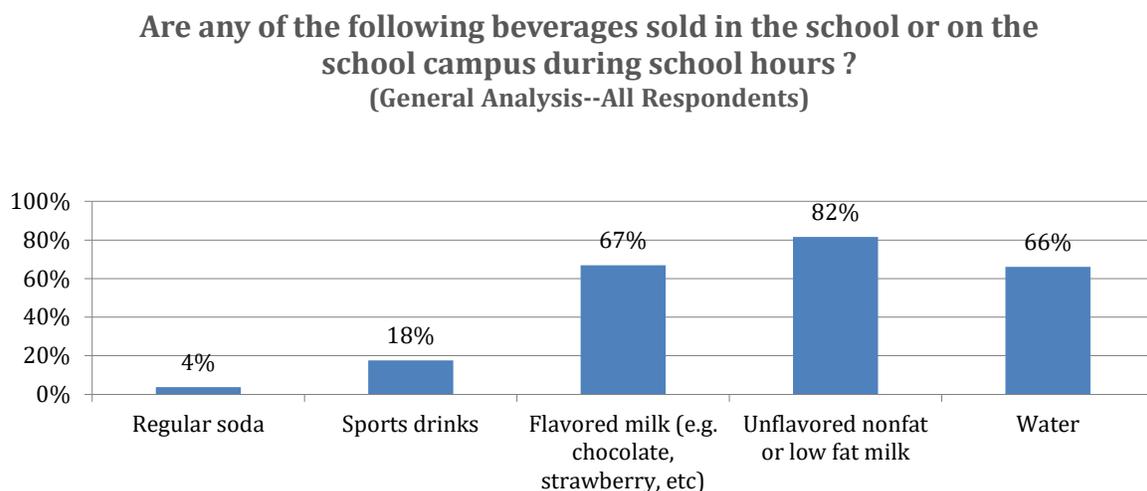


Figure 20

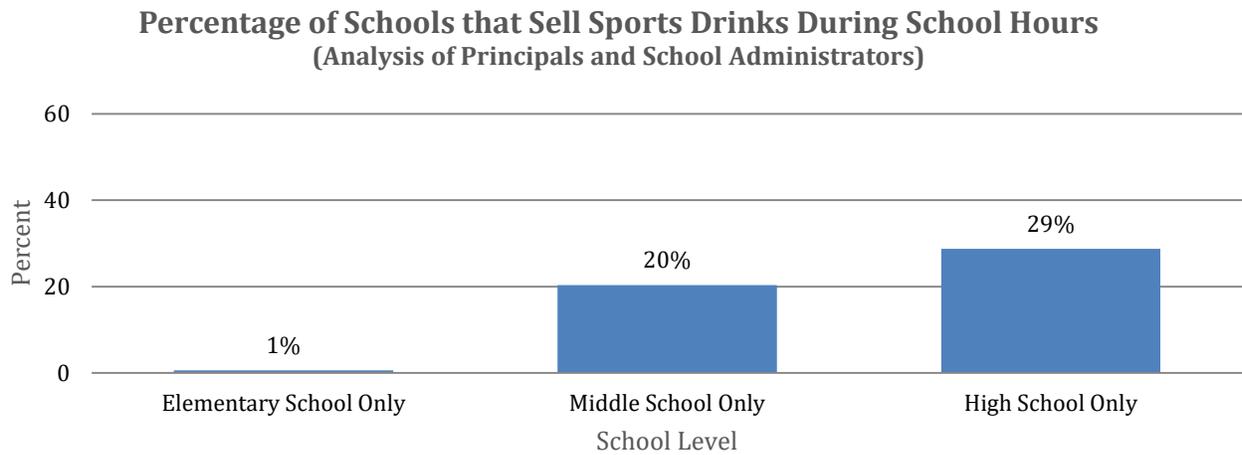


Figure 21

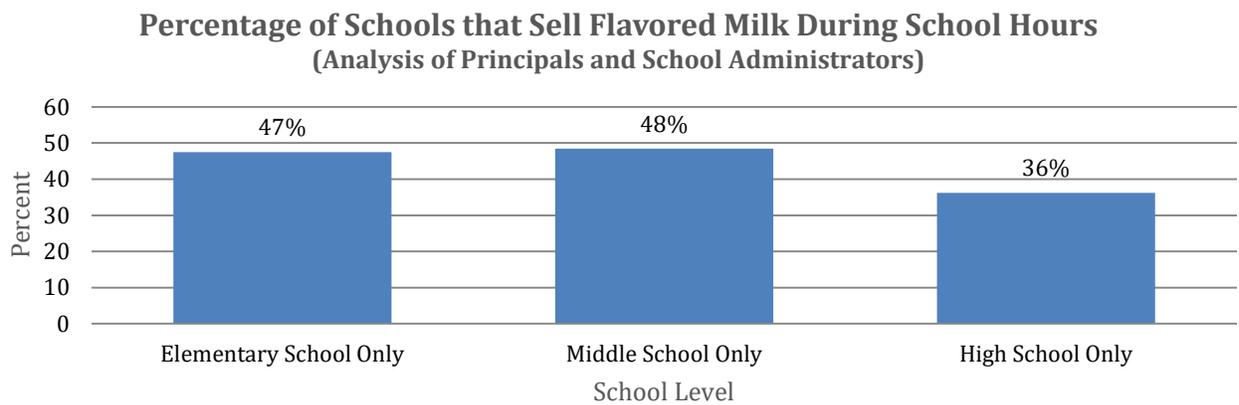


Figure 22

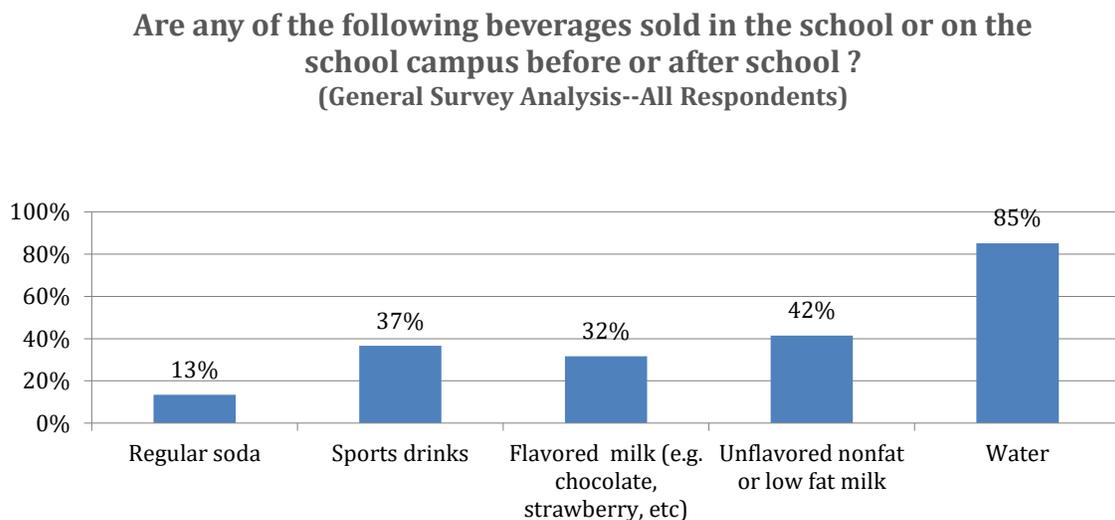


Figure 23

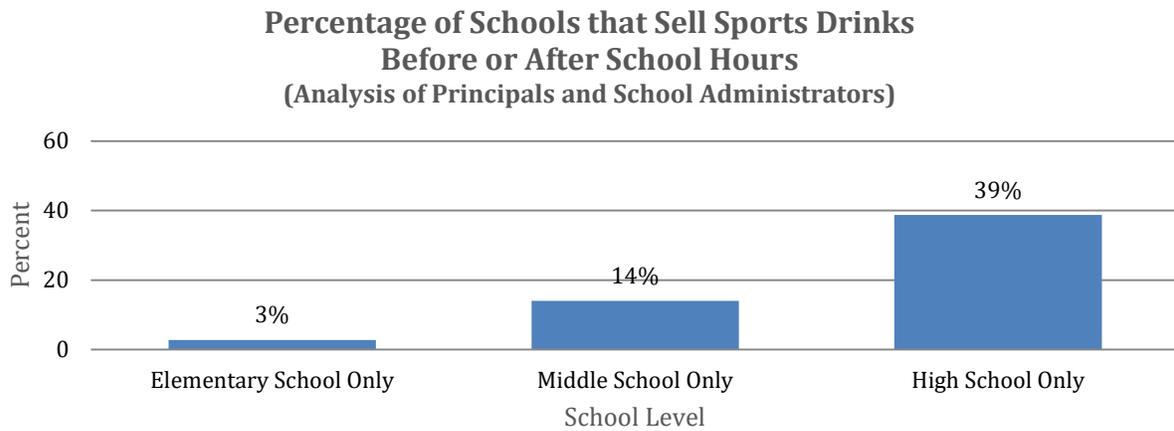


Figure 24

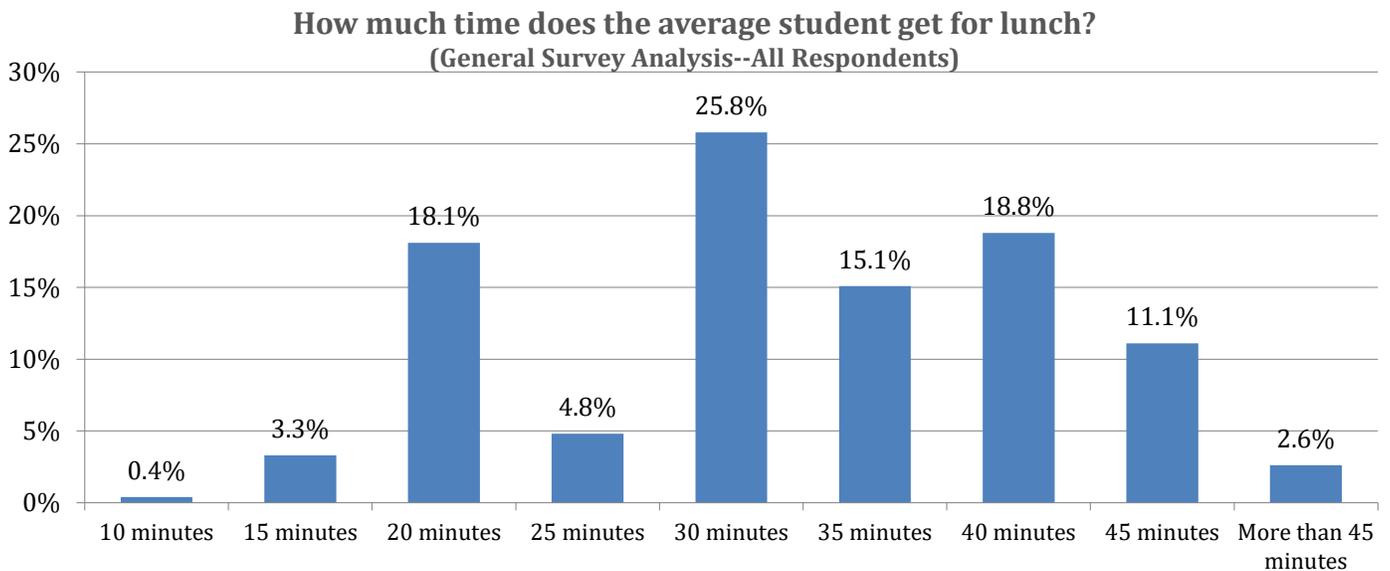
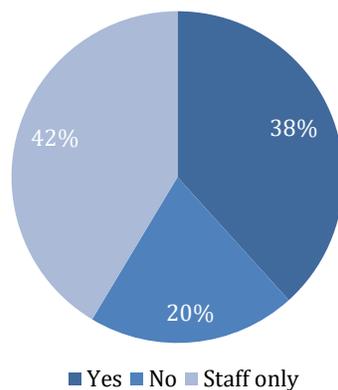


Figure 25

### Is there a place where breastfeeding staff or students can breastfeed or pump in privacy? (General Survey Analysis--All Respondents)



**Water Key Findings: Approximately 26% of respondents described water access that would not meet state requirements of one fountain per 150 students, and almost half reported less than one fountain per 100 students.**

A detailed analysis was performed to determine the number of students per water fountain by school level. California code currently requires schools to have at least one water fountain for every 150 students; although, most other states require more fountains. Reports from respondents indicate that a substantial number of schools might be out of compliance: approximately one quarter reported less than one fountain per 150 students, and nearly half reported less than one fountain per 100 students (see Figure 26). Analysis by school level revealed that 13% of elementary schools only, 28% of middle schools only, and 56% of high schools only have less than one fountain per 150 students (see Figure 27).

The survey revealed that water, in some form, is generally available for students during the lunch break. More than three-quarters of respondents commented that there was a water fountain in the cafeteria, while 39% said water was available on the lunch line (see Figure 28). Sixty-six percent (66%) of respondents reported that water is sold in the school or on campus during school hours. Eighty-five percent (85%) noted that it is sold in school or on campus before or after school. About half or more of middle and high schools reported selling water in school or on campus before, during, and after school (see Figures 29 & 30).

Individual responses revealed innovative practices at schools such as hydration stations, water pitchers and cups at each lunch table, bottle filling stations, water dispensers, and water vending machines. Three-quarters of respondents reported no difficulty in assuring access to drinking water on campus. The following challenges to assuring access to drinking water were mentioned: funds for the addition of new fountains (13%), water tastes bad (12%), funds for water fountain maintenance (9%), water shortage (4%), and lead pipes (3%).

Figure 26

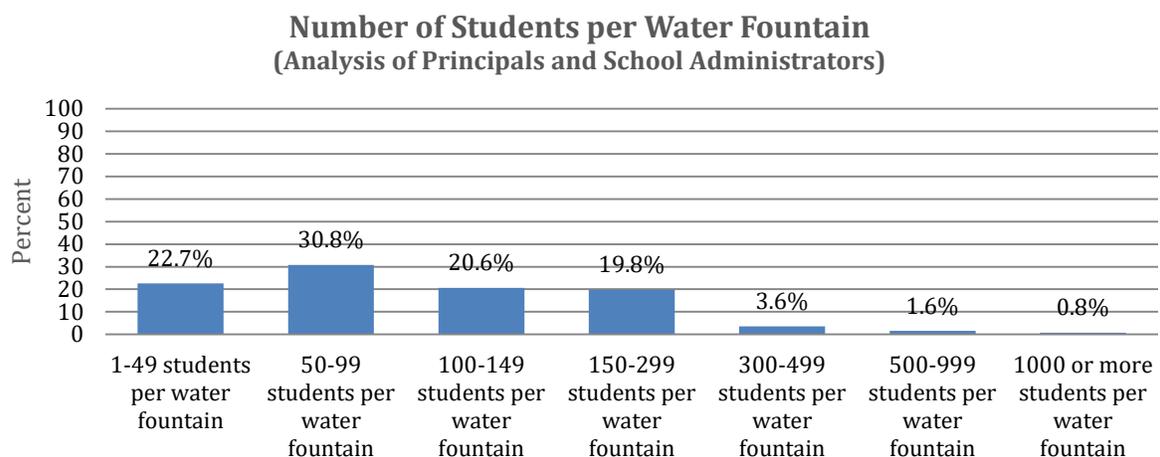


Figure 27

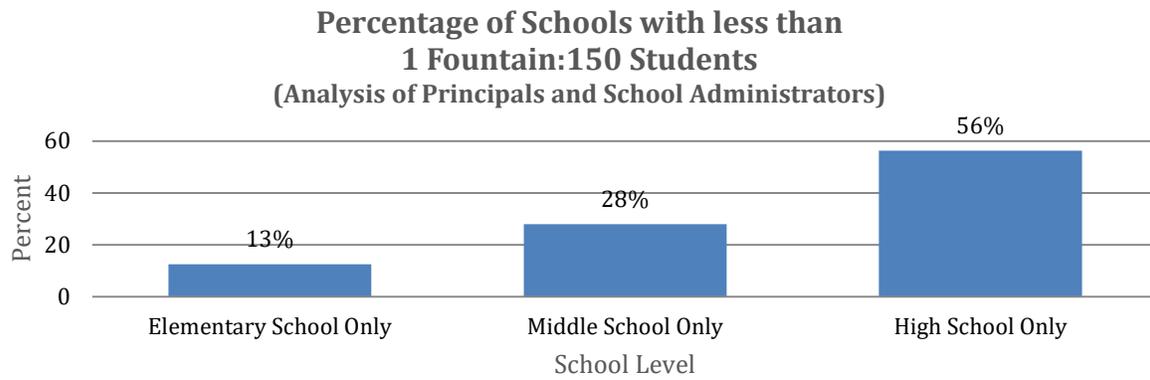


Figure 28

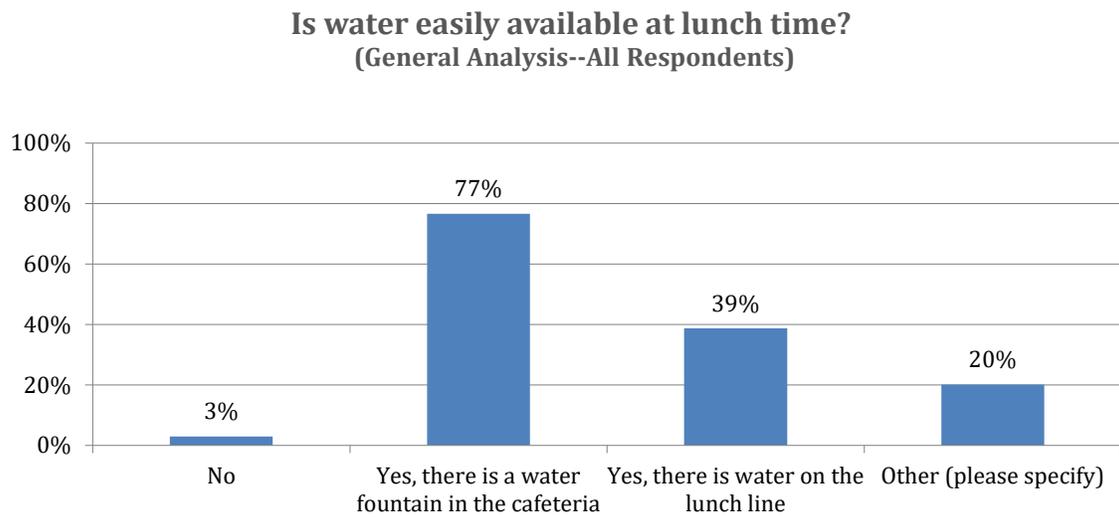


Figure 29

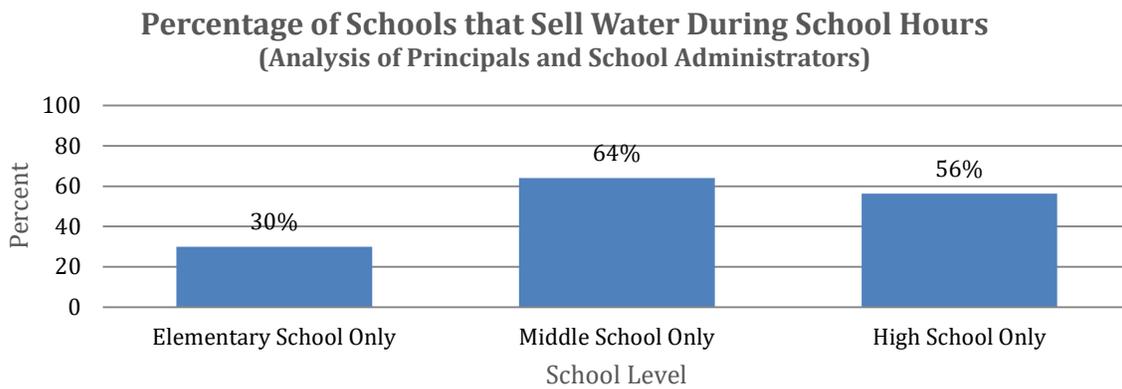
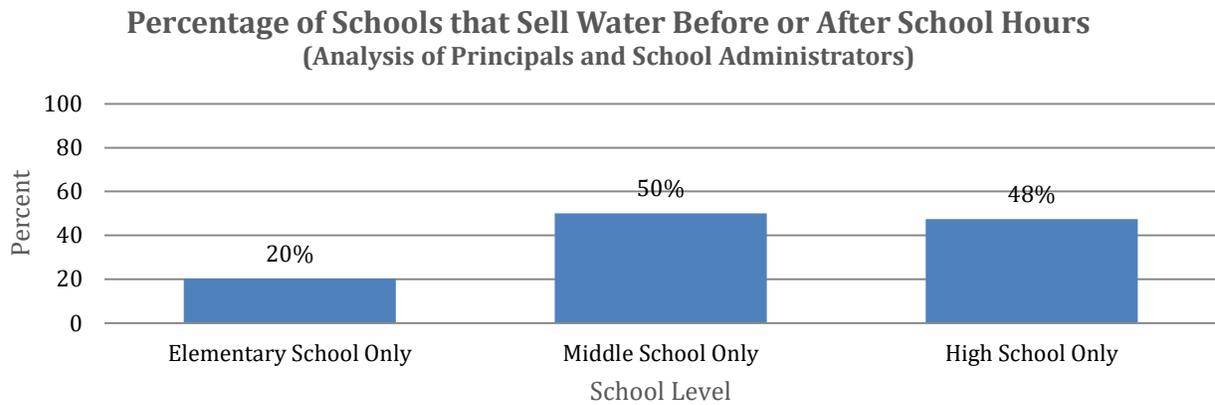


Figure 30

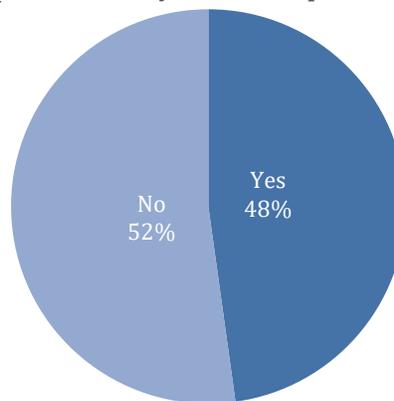


**School Garden Key Findings: *About half of all respondents reported that their schools have active gardens.***

On a positive note, nearly half of all respondents (48%) reported having active school gardens (see Figure 31). Analysis by school level revealed that this is true for all school levels: responses indicate that 47% of elementary schools only, 45% of middle schools only, and 46% of high schools only have active school gardens.

Figure 31

**Is there an active school garden?**  
(General Analysis--All Respondents)



**Safe Routes to School Key Findings: *More than half of respondents are currently working on efforts to promote walking or biking to school. Seventy-five percent (75%) of respondents have bike parking at their schools.***

Respondents reported working on the following Safe Routes to School efforts: bike parking (75%), safer crosswalks (59%), promotion of walking or biking to school (52%), safe sidewalks and paths to school (48%), walking school bus (35%), adequate public transportation availability to get to school (18%), and expansion/creation of bike paths (14%) (See Figure 32). Analysis by school level revealed that the top three Safe

Routes to School efforts were consistent across all school levels: bike parking, assuring safer crosswalks, and promoting walking/biking to school (see Figures 33, 34, & 35).

Figure 32

**Does your school or district have any of the following Safe Routes to School efforts?**

(General Survey Analysis--All Respondents)

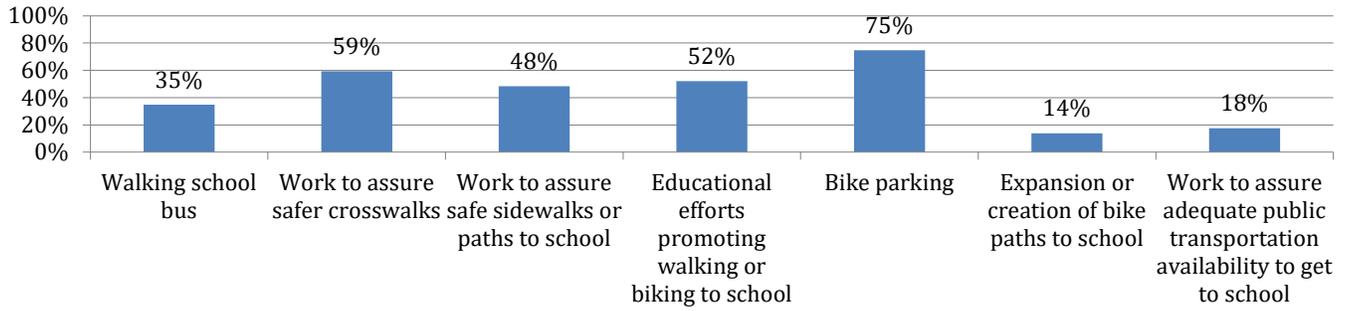


Figure 33

**Percentage of Schools Working on Bike Parking Efforts**  
(Analysis of Principals and School Administrators)

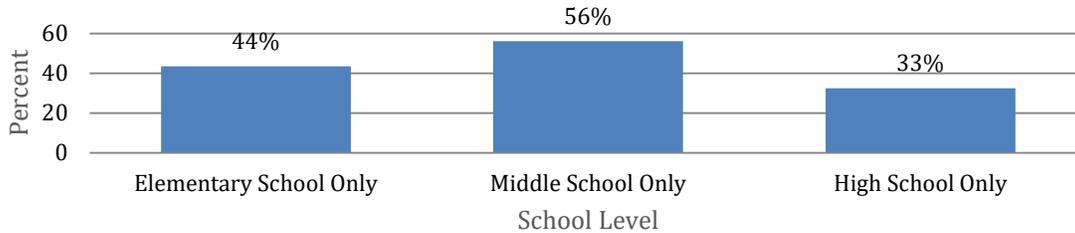


Figure 34

**Percentage of Schools Working to Assure Safer Crosswalks**  
(Analysis of Principals and School Administrators)

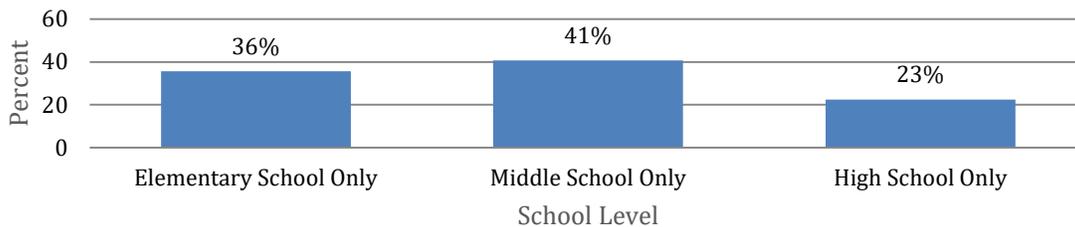
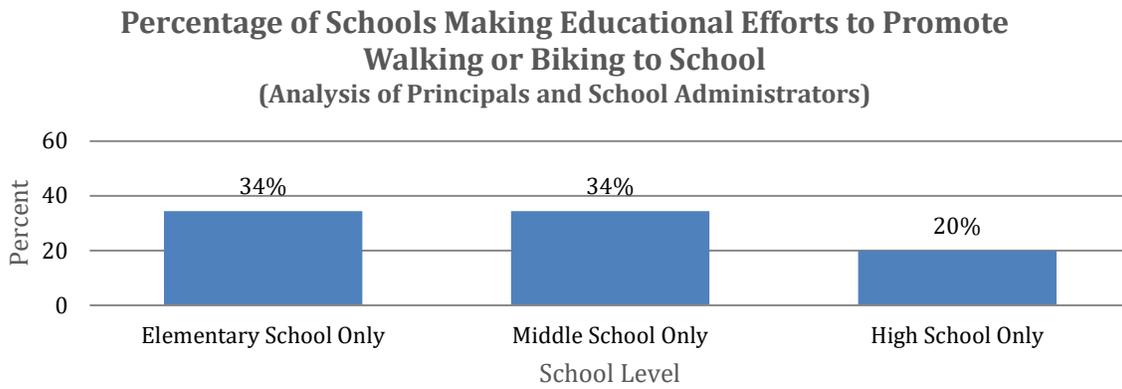


Figure 35

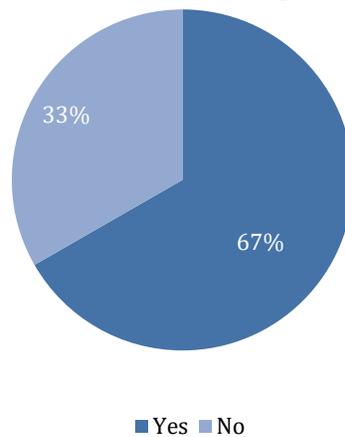


**Local Control and Accountability Plan (LCAP) Key Findings: *Two-thirds of respondents reported that there was an interest in including wellness activities in their LCAP; one-third reported that they were actually included with funding in their LCAP.***

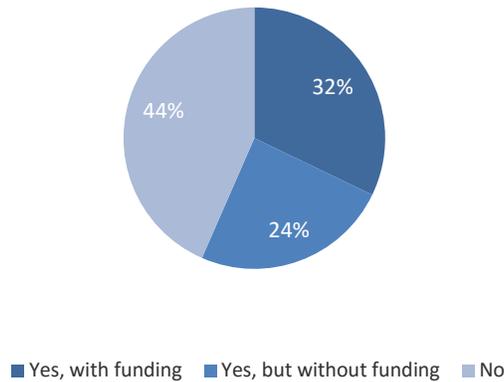
About 67% of respondents said there was interest in including wellness activities in their LCAP (see Figure 36). Fifty-six percent (56%) reported that wellness activities were included in their LCAP (24% without funding and 32% with funding), while 44% said no wellness activities were included (see Figure 37). Individual responses regarding which wellness activities were incorporated into LCAPs included increasing physical education staff and time, campus wellness centers, daily salad bars, walk-a-thons, school gardens, positive behavior interventions and supports, anti-bullying efforts, mental health support, club sports, organized and supervised recess breaks, better access to drinking water, and measures to improve campus safety.

Figure 36

### Was there interest in including wellness activities in your Local Control and Accountability Plan (LCAP)? (General Analysis--All Respondents)



**Did you include any wellness activities in your LCAP?**  
(General Survey Analysis--All Respondents)



**Wellness Policy Successes, Concerns, and Observations Key Findings: *While over 50 respondents listed a number of concerns regarding health and wellness, more than 80 provided information about successful wellness activities or experiences at their school.***

Respondents listed a range of successful wellness activities. Some of them included implementation of recess, hydration stations, workplace wellness programs and staff exercise rooms, nutrition education classes for families, school-wide physical fitness activities, intramural sports, and walk/bike to school days. Respondents expressed concern about mental illness and obesity, lack of funding for wellness activities, parents packing unhealthy lunches and/or providing unhealthy snacks for class parties, lack of carpools, trouble finding healthy food vendors that are popular with students, the lack of healthy food choices for low income families, and healthier school meals resulting in food waste. Most comments regarding school wellness regulations were favorable, with the exception of a few that indicated strict state and federal guidelines present more challenges to school administrators.

**Technical Assistance Key Findings: *More than half of respondents indicated that training and resources for parent engagement on wellness and training or resources on mental health issues would be most useful. Over half would value teacher training to lead quality physical activity.***

The survey has provided information regarding how to best support local schools as they navigate the LSWP implementation process. Principals and school/district administrators expressed the most interest in the following five types of assistance: training or resources for parent engagement on wellness, training or resources on mental health issues, training of teachers and/or staff to lead quality physical activity, training or resources for teachers on nutrition, and examples of addressing wellness in the LCAP (see Figure 38). More than half expressed some interest in teacher training for physical education or physical activity breaks in the classroom (see Figure 39).

Figure 38

**What type of assistance would be most useful to you to advance wellness at your school or district?  
(General Survey Analysis--All Respondents)**

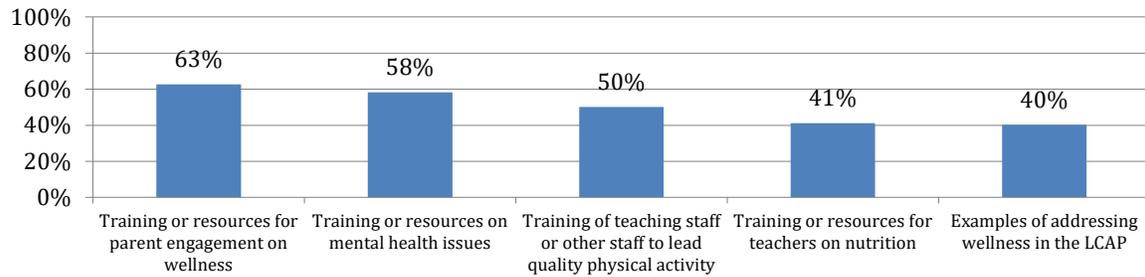
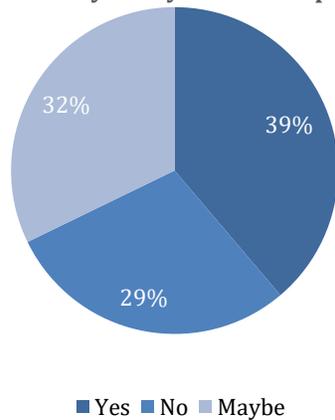


Figure 39

**Are you interested in training teachers to lead physical education or physical activity breaks?  
(General Survey Analysis--All Respondents)**



**General Conclusions**

Much progress has been made in rolling out wellness policies in California schools. Noticeable improvements have occurred in areas such as school gardens, physical education, and the marketing and sale of unhealthy food and beverages; however, implementation of Local School Wellness Policies is still far from complete. A substantial amount of work remains to ensure that LSWPs are developed and implemented in all California school districts. New and updated requirements, which will create additional demands on school districts, are expected from the United States Department of Agriculture (USDA) soon. Schools and administrators should get a head start on planning for more stringent guidelines and monitoring. On a positive note, survey results demonstrated the feasibility of designing and implementing desired changes and needed measures, which are now in place in a number of districts across the state. Findings show that it is possible to successfully incorporate health and wellness into school culture, policy, and planning. While the ability to generalize findings is limited due to a low response rate, the survey provides valuable insights about LSWP implementation and practice.

## Recommendations

The survey findings suggest a number of action steps that California schools can take to properly and efficiently develop and implement LSWPs:

- 1. Wellness Committees:** *Schools and districts that do not have active wellness committees should establish them immediately to engage stakeholders in wellness policy updating and implementation.*
- 2. Mental Health:** *Staffing, support, education, and models for mental health, including prevention of bullying in schools must be strengthened as a top priority for school and district administrators.*
- 3. Supports Desired by Schools to Advance School Wellness:** *Areas identified by administrators as key needs for assistance include parent engagement, mental health, physical education, physical activity, and nutrition. Materials and assistance on improving the school environment in relation to these topics should be created and disseminated.*
- 4. Nutrition Education and School Gardens:** *All schools should have a nutrition education curriculum and make funding and implementing it a priority. Active school gardens are on the rise. Efforts to expand this practice to all California schools and integrate their use into school food and nutrition education curricula should be made.*
- 5. Nutrition and Product Marketing:** *The majority of administrators reported that marketing or promotion of food or drinks in school or on campus is prohibited, indicating that this is a feasible practice for California schools that should be extended to all schools. The small percentage of schools that reported still selling regular soda on campus during school hours (a violation of new federal rules) should correct that practice. Schools should remain vigilant about reducing products with added sugar.*
- 6. Physical Education and Activity:** *The schools that reported having waivers for state physical education requirements should seek to remedy this situation. Additionally, resources should be expanded, for hiring credentialed physical education specialists and training teachers to lead physical activity.*
- 7. Water Access and Intake:** *Efforts to make water available to students should be increased. Whenever possible, water fountains should be added, repaired, and maintained. Innovative practices should be encouraged including water stations on the lunch line, classroom water coolers, and dispensers for filling water bottles.*
- 8. Safe Routes to School:** *Schools should continue their work regarding Safe Routes to School, especially those efforts that encourage students to walk, bike, or take public transportation. Schools should work with local transportation agencies to seek active transportation program funding opportunities.*
- 9. LCAPs:** *Priorities related to student health and wellness should be incorporated into Local Control and Accountability Plans (LCAPs). Support and models as to how this can be achieved should be explored and developed.*
- 10. Forums for Sharing Success:** *Many lessons can be learned from the progress that has already been achieved regarding wellness initiatives in schools. Forums for sharing successes and challenges should be provided and promoted to increase learning opportunities.*

## Resources

For additional information regarding the Local School Wellness Collaborative Study or for school wellness policy development, implementation, monitoring, and evaluation tools and resources please contact:



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