

From Cupcakes to Carrots:
Local Wellness Policies One Year Later

September 2007

Conducted by:

School Nutrition Association



Making the right food choices, together.

School Nutrition Foundation



Education, Research and Scholarship

From Cupcakes to Carrots: *Local School Wellness Policies One Year Later*

BACKGROUND:

The Child Nutrition and WIC Reauthorization Act of 2004 requires that all school districts that participate in the National School Lunch Program have local wellness policies by July 1, 2006. This law says that, at a minimum, the local policies should include

- Goals for nutrition education, physical activity, and nutrition guidelines selected by the local educational agency for all foods available on each school campus.
- A plan established for measuring implementation of the local wellness policy.
- Involvement of parents, students, representatives of the school food authority, the school board, school administrators, and the public in the development of the school wellness policy.

This law does not say what the details of the local policy should be, but it does require that the policies be adopted by the first day of the 2006 school year.

The School Nutrition Association (SNA) and the School Nutrition Foundation (SNF), with support of the National Dairy Council (NDC), have been actively collecting information from school nutrition programs regarding their districts' local school wellness policies. These efforts have included a survey to school nutrition directors in January 2006 to understand districts' progress toward developing local school wellness policies, analysis of the 100 largest school districts' wellness policies in October 2006, and an analysis of a sample of 140 district policies across different regions and sizes to understand the characteristics of local school wellness policies.

GOALS:

The next step in SNA's research of local school wellness policies switched the focus away from the characteristics of the policies and toward the implementation of policies. According to the law, the policies were to be adopted by the first day of the 2006 school year. Therefore, SNA wanted to understand districts' progress toward implementation of these policies at the end of the first school year they were to be adopted.

The three primary goals of this survey are

1. Understand districts' progress toward implementation of local school wellness policies.
2. Understand the impact that districts' nutrition standards have had on school nutrition programs.
3. Understand the common challenges associated with the implementation of local school wellness policies.

The information collected from the survey will help inform SNA of the types of resources school nutrition programs need in order to implement their policies successfully.

METHODOLOGY:

An online survey was sent to 4,850 SNA director-level members via email. The survey was fielded using surveymonkey.com. The survey was posted on May 3, 2007, and closed on June 5, 2007. This allowed respondents approximately a month to respond.

The survey instrument was developed based on the project goals and information from SNA's previous research on local wellness policies. The final survey instrument contained seven different sections that are outlined below.

Demographics:

General demographics of the school district (location, enrollment, percent of students eligible for free/reduced price meals).

Nutrition Standards in Wellness Policies:

Survey items in this section focus on the characteristics of the nutrition standards included in the policy, the implementation status of nutrition standards across different food and beverage outlets, the challenges associated with implementation of nutrition standards, and the impact that these standards have had on school nutrition programs.

Nutrition Education Components in Wellness Policies:

Survey items in this section focus on the persons involved in the implementation of the nutrition education components, the implementation status of these components, and the challenges associated with the implementation of nutrition education.

Physical Activity Components in Wellness Policies:

Survey items in this section focus on the implementation status and the challenges associated with implementing physical education components.

Other School Based Activity Components in Wellness Policies:

Survey items in this section focus on the implementation status of the other school-based activity components included in the policy.

Perceptions & Impact of Wellness Policies:

Survey items in this section focus on the response of key groups to the wellness policy and the impact that the policy has had on the school environment.

Evaluation:

Survey items in this section focus on whether districts were evaluating the implementation or impact of their policies and what tools were being using to do so.

RESULTS:

Responses:

A total of 1,350 full and partial responses were collected via the online survey tool – a 28% response rate. Some of these responses were removed from the final data set, resulting in 976 responses that were analyzed. Responses were removed for the following reasons:

1. Respondent only answered demographic questions
2. Duplicate responses from school districts
3. Respondents indicated that their district had not passed a local school wellness policy

While 976 responses were included in the analyzed data set, not all respondents completed all of the questions in the survey. Because the questions in the survey were not dependent on one another, partial responses were included in the analysis. Since the number of responses for each question varies, the number of responses is noted for each question analyzed.

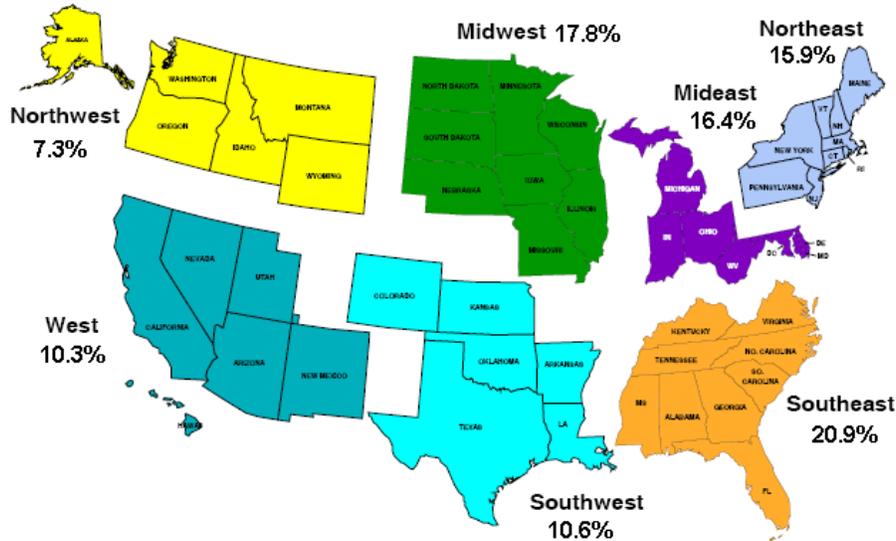
It is important to keep the sample of this survey within context. The survey was administered to school nutrition district directors. Therefore, this sample may have a bias towards the school nutrition program perspective.

Demographics:

The respondents represented all states and four US territories. Each of the seven SNA membership regions were represented. (see Figure A) The Southeast region had relatively more respondents, and the Southwest, West, and Northwest regions had relatively fewer. This distribution is similar to the overall distribution of SNA's membership.

Figure A: Distribution of Respondents by SNA Geographic Region

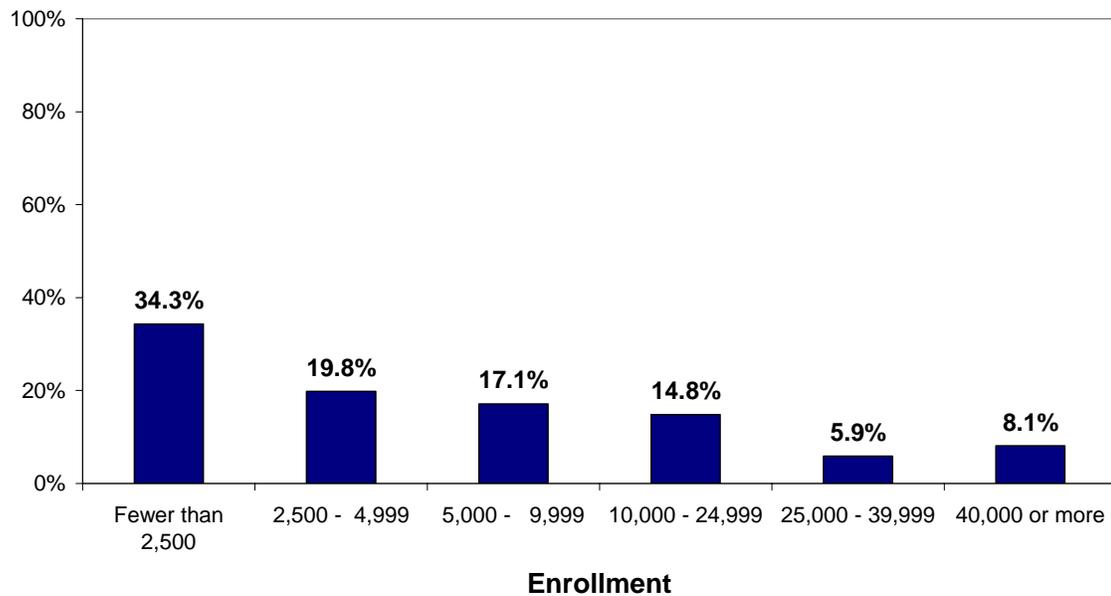
n = 950



The respondents represented districts across different enrollment sizes. When compared to the distribution of enrollment across all school districts, this sample is under-represented by districts with enrollments under 2,500 and over-represented by all other size categories (see Figure B). However, the over-representation of districts with enrollments more than 2,500 may be useful for this report, as the larger districts service more students. This distribution of enrollments of survey respondents is typical of the pattern seen with many SNA research studies.

Figure B: Distribution of Survey Respondents by District Enrollment Size

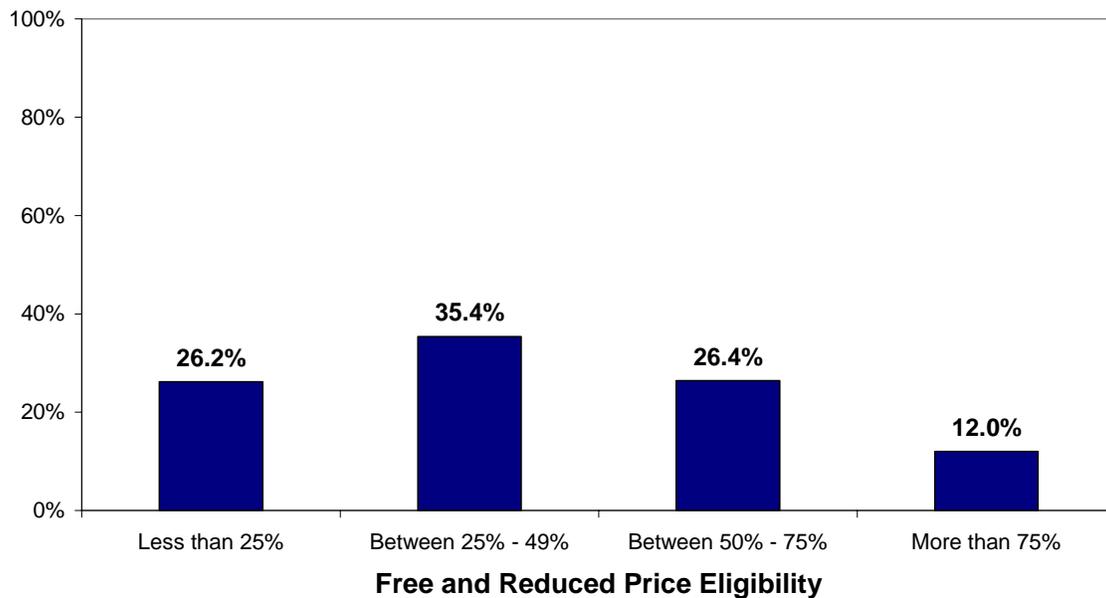
n = 962



Respondents represented districts with different levels of free and reduced price meal eligibility of students (Figure C).

Figure C: Distribution of Survey Respondents by Rates of Free and Reduced Price Meal Eligibility of Students

n = 953



Additional analysis of the data was conducted using these demographic breakouts as appropriate.

Funding for Wellness Initiatives

Fifteen percent of the responding districts indicated receiving a grant related to their district's wellness policy. Respondents in the Southeast region indicated receiving grants significantly more often than respondents in other regions. Additionally, funding is more common in districts with enrollments of more than 25,000 students and districts with more than 50% of students eligible for free and reduced price meals. Appendix A provides a list of the sources of funding. No one source of funding was mentioned significantly more than another, and the sources varied from local to national organizations.

Nutrition Standards:

Characteristics of Nutrition Standards

Typically, the standards for reimbursable meals reference federal requirements (e.g. USDA standards) and recommend or encourage standards beyond federal and state requirements.

It is most common for the standards that apply to foods available outside of the reimbursable meal program to be recommended standards. About half of districts have standards that are broad or general in nature (e.g. consistent with USDA's *Dietary Guidelines for Americans*), and half have detailed or specific standards (e.g. 35% calories from fat / 10% calories from saturated fat / 35% calories from sugar).

Reimbursable Meals:

- 75.6% of district policies reference federal requirements, and 39.6% reference state requirements.
- 54% recommend or encourage standards in addition to the state and federal standards, and 20.5% require standards beyond the state and federal standards.

n = 855

Demographic Differences

- As district size increases, so does the relative frequency of requiring additional nutrition standards for reimbursable meals. Relatively more respondents in the West region and fewer in the Midwest and Northwest regions indicated having state standards for reimbursable meals.

Foods available outside of the reimbursable meal program:

- 49.3% recommend standards, and 38.1% require standards.
- 12.6% both recommend and require standards.
- Almost half of standards are general in nature (48.2%), and half are detailed or specific (45.9%). 5.9% include general and detailed components.

n = 856

Demographic Differences

- Requiring nutrition standards is more common in the Southeast and West regions, as well as in the largest districts and ones with high free and reduced price eligibility.
- Recommended standards are more common in the Mideast, Midwest, and Northeast regions, as well as in the smallest districts and those with low free and reduced price eligibility.
- Specific or detailed standards are more common in the West region.

Impact of District Nutrition Standards on Certain Food Products:

Of the districts that have detailed or specific nutrition standards, fat, sugar, and portion size restrictions are impacting the types of foods served. Baked goods and a la carte entrees are commonly impacted by fat, sugar, and portion-size restrictions. Juices are primarily impacted by portion-size and sugar restrictions, while milk and cheese are primarily impacted by fat restrictions. Yogurt is not frequently impacted but, if it is, fat and portion-size restrictions are the primary reasons.

Baked Goods

86.2% of respondents indicated that the nutrition standards in their policy are being impacted baked goods – all three types of restrictions are common reasons for being impacted.

- 62.7% impacted by fat restrictions
- 60.4% impacted by sugar restrictions
- 53.6% impacted by portion-size restrictions

n = 399

A la Carte Entrees

80% of respondents indicated that the nutrition standards in their policy are being impacted a la carte entrees – all three types of restrictions are common reasons for being impacted.

- 61.6% impacted by fat restrictions
- 56.0% impacted by portion-size restrictions
- 46.7% impacted by sugar restrictions

n = 398

Juices

58.6% of respondents indicated that the nutrition standards in their policy are being impacted juice products – primarily because of sugar and portion-size restrictions.

- 39.7% impacted by portion-size restrictions
- 33.2% impacted by sugar restrictions
- 4.5% impacted by fat restrictions

n = 401

Milk

44.9% of respondents indicated that the nutrition standards in their policy are being impacted milk products – primarily because of fat restrictions.

- 37.2% impacted by fat restrictions
- 13.9% impacted by portion-size restrictions
- 7.9% impacted by sugar restrictions

n = 403

Cheese

44.2% of respondents indicated that the nutrition standards in their policy are being impacted cheese products – primarily because of fat restrictions. This is very similar to the impact of milk for fat and portion-size restrictions.

- 34.3% impacted by fat restrictions
- 17.8% impacted by portion-size restrictions
- 2.8% impacted by sugar restrictions

n = 394

Yogurt

29.0% of respondents indicated that the nutrition standards in their policy are being impacted yogurt products.

- 17.5% impacted by fat restrictions
- 15.2% impacted by portion-size restrictions
- 11.7% impacted by sugar restrictions

n 394

Implementation Status of Nutrition Standards

Implementation of nutrition standards is more of an issue for foods *outside* of the school nutrition program. While 72% of school nutrition programs have implemented their districts' nutrition standards for a la carte, less than 35% of districts have implemented the nutrition standards for classroom parties, fundraisers, and food as rewards. Appendix B illustrates the implementation progress for nutrition standards.

Implementation of Nutrition Standards for Food and Beverages Available through School Nutrition Program

Reimbursable Meal Program – 96.9% included in policy standards
Of those that included this element in their policy standards:

Implemented Prior to Policy	76.4%	92.2% Implementation Complete
Implemented	15.8%	
Implementation in Progress	6.0%	
Implementation Planned	1.0%	
No Progress toward Implementation	0%	
Don't Know	1.0%	

n = 809

Districts with enrollments of more than 25,000 students more frequently indicated that implementation occurred prior to their policies being adopted, compared to smaller-sized districts.

A la Carte – 95.9% included in policy standards
Of those that included this element in their policy standards:

Implemented Prior to Policy	36.4%	72.1% Implementation Complete
Implemented	35.7%	
Implementation in Progress	21.8%	
Implementation Planned	2.8%	
No Progress toward Implementation	1.3%	
Don't Know	2.0%	

n = 788

More of the largest school districts report having implemented their policy, compared to smaller-sized districts. Additionally, districts in the West and Southeast report having completed implementation of their a la carte policy, compared to districts in the Mideast, Midwest, Northeast, and Southwest.

School Nutrition Vending – 92% included in policy standards
Of those that included this element in their policy standards:

Implemented Prior to Policy	27.7%	60.8% Implementation Complete
Implemented	33.1%	
Implementation in Progress	23.0%	
Implementation Planned	6.6%	
No Progress toward Implementation	4.2%	
Don't Know	5.4%	

n = 778

Implementation of Nutrition Standards for Foods and Beverages Available Outside of the School Nutrition Program

Vending – 89.7% included in policy standards
Of those that included this element in their policy standards:

Implemented Prior to Policy	15.2%	46.3% Implementation Complete
Implemented	31.1%	
Implementation in Progress	27.5%	
Implementation Planned	7.5%	
No Progress toward Implementation	11.2%	
Don't Know	7.5%	

n = 799

School Stores – 81.8%

Of those that included this element in their policy standards:

Implemented Prior to Policy	8.3%	38.1% Implementation Complete
Implemented	29.8%	
Implementation in Progress	24.6%	
Implementation Planned	8.8%	
No Progress toward Implementation	14.6%	
Don't Know	13.9%	

n = 764

Fundraising – 87.2%

Of those that included this element in their policy standards:

Implemented Prior to Policy	6.5%	29.4% Implementation Complete
Implemented	22.9%	
Implementation in Progress	31.5%	
Implementation Planned	11.8%	
No Progress toward Implementation	16.5%	
Don't Know	10.8%	

n = 797

Classroom Parties – 89.2%

Of those that included this element in their policy standards:

Implemented Prior to Policy	5.4%	30.7% Implementation Complete
Implemented	25.3%	
Implementation in Progress	33.3%	
Implementation Planned	11.0%	
No Progress toward Implementation	15.2%	
Don't Know	9.6%	

n = 802

Food as Rewards – 90.4%

Of those that included this element in their policy standards:

Implemented Prior to Policy	6.8%	33.5% Implementation Complete
Implemented	26.7%	
Implementation in Progress	31.2%	
Implementation Planned	9.7%	
No Progress toward Implementation	14.2%	
Don't Know	11.5%	

n = 801

Districts with enrollments of more than 40,000 students more frequently indicated that standards related to using food as a reward have not been implemented.

Food Sold Outside of the School Day – 74%

Of those that included this element in their policy standards:

Implemented Prior to Policy	5.1%	23.6% Implementation Complete
Implemented	18.5%	
Implementation in Progress	24.8%	
Implementation Planned	10.5%	
No Progress toward Implementation	23.3%	
Don't Know	17.8%	

n = 796

Districts with more than 75% of students eligible for free and reduced price lunches already have implemented the standards for foods available outside of their school nutrition programs prior to their policies being adopted.

Impact of Nutrition Standards on School Nutrition Program Operations:

Revenues and Participation

School nutrition a la carte and vending revenue is tending to decrease with the implementation of nutrition standards, but meal participation is not being negatively impacted. Across elementary, middle, and high schools, most programs are not experiencing a change in meal participation, and, if there has been a change, it is usually an increase in participation. However, approximately half of the programs are experiencing decreases in a la carte revenue at the middle and high-school levels and one-third are experiencing a decrease at the elementary level.

Impacts at Elementary Level				
	Increase	Decrease	No Change	Don't Know
Meal Participation <i>701 respondents, 17 = n/a n = 718</i>	15.5%	5.3%	75.6%	3.6%
A la Carte <i>474 respondents, 221 = n/a</i>	6.5%	33.5%	54.9%	5.1%
Vending <i>246 respondents, 437 = n/a</i>	1.0%	22.2%	13.5%	34.2%

Meal Participation: The highest incidences of meal participation increases at the elementary level are in the Southeast region and districts with enrollments of 25,000 to 40,000.

Impacts at Middle-School Level				
	Increase	Decrease	No Change	Don't Know
Meal Participation <i>653 respondents, 15 = n/a</i>	21.7%	9.8%	63.9%	4.6%
A la Carte <i>572 respondents, 83 = n/a</i>	9.1%	49.5%	34.8%	6.6%
Vending <i>366 respondents, 271 = n/a</i>	4.9%	36.9%	30.3%	27.9%

Meal Participation: The highest incidences of increases in meal participation are in the West region and in districts with enrollments of more than 5,000 students.

A la carte: The highest incidences of decreases in a la carte sales are in the Northeast and West regions. The smallest districts are experiencing relatively fewer decreases in a la carte sales. Districts with high free and reduced price eligibility more frequently indicated that a la carte sales are not applicable to their programs.

Vending: The highest incidences of decreases are in the Northeast region.

Impacts at High-School Level				
	Increase	Decrease	No Change	Don't Know
Meal Participation 644 respondents, 40 = n/a	24.5%	14.1%	56.1%	5.3%
A la Carte 599 respondents, 75 = n/a	12.2%	51.2%	30.4%	6.2%
Vending 447 respondents, 218 = n/a	8.9%	40.0%	26.0%	25.3%

Meal Participation: The highest incidences of increases in meal participation are in the West region.

A la carte: The highest incidences of decreases in a la carte sales are in the Northeast and West regions. The smallest districts are experiencing relatively fewer decreases in a la carte sales. Districts with high free and reduced price eligibility more frequently indicated that a la carte sales are not applicable to their programs.

Vending: The highest incidences of decreases in vending sales are in districts with low free and reduced price eligibility, as well as the Northeast and West regions.

Costs

Most programs (78.3%) have experienced increased costs of some sort as a result of implementing their district's nutrition standards. An increase in the cost of food was the most common type of cost increase, seen by almost all of the respondents that are incurring increased costs. This type of increase in cost was indicated by relatively more respondents in districts with low free and reduced price eligibility and by districts in the Northeast region. Additionally, 27.7% of respondents noted an increase in labor costs, and 12.2% noted an increase in equipment costs.

The most common ways school nutrition programs are accommodating these increased costs are by changing the products that they purchase (56.6%) and by raising prices (45.5%). Changing the products that they purchase is most common in districts with low free and reduced price eligibility and in the Midwest and Northeast regions. Raising prices is also most common in districts with low free and reduced price eligibility, as well as districts in the Northeast region.

Ways School Nutrition Programs are Accommodating the Increased Costs Associated with Implementing Nutrition Standards
1. Changing the types of foods/products available – 56.6%
2. Raising prices – 45.5%
3. Waiting for the situation to settle over time – 23.5%
4. Changing operational procedures – 21.4%
5. Reducing labor hours/headcount – 15.5%
6. Adding services – 8.1%
Don't know – 5.9%
Not experiencing any challenges – 10.0%

n = 763

Hurdles to Implementation of Nutrition Standards:

Respondents most frequently identified the price of products that meet nutrition standards and student acceptance of changes as the hurdles to implementation of nutrition standards – both noted by about 60% of respondents. On-going oversight/monitoring of standards and finding products that meet the standards were also note by about half of respondents.

Hurdles to Implementation
1. Price of products that meet nutrition standards – 61.6% <i>Most common in districts with low free and reduced price eligibility</i> <i>Least common in the Southeast region</i>
2. Acceptance of changes by students – 60.0% <i>Most common in districts with low free and reduced price eligibility</i>
3. On-going oversight and monitoring of standards – 51.3% <i>Most common in the West and Northwest regions</i>
4. Finding products to meet nutrition standards – 50.4% <i>Most common in the West and Northwest regions</i>
5. Resource (time, labor, etc.) to implement – 42.6% <i>Most common in the Mideast and Midwest regions as well as in districts with less than 75% free and reduced price eligibility</i>
6. Support of principals – 37.6% <i>Most common in the Southeast</i>
7. Support of parents – 30.5% <i>Most common in the Southeast</i>
8. Finding a vendor for new products in the area – 25.7% <i>Most common in the Northwest</i>
9. Support of superintendent and/or school board – 16.4%
10. No hurdles to implementation – 5.1%

n = 809

Nutrition Education Components:

Involvement in Nutrition Education Components:

Overall, respondents indicated that many different groups are involved in the implementation of nutrition education components. Most school nutrition respondents (78.1%) indicated that they are involved in the implementation of their policies' goals for nutrition education. Outside of the school nutrition program, teachers are the most commonly involved group (78.1%), as well as principals (65.6%), other administrators (61.0%), and school nurses (59.8%).

Involvement of school nutrition professionals in the nutrition education components of the policy was highest in the largest districts (enrollments of more than 40,000) and in the Southeast region. Additionally, involvement of a school nutrition professional in nutrition education increases as the percent of students eligible for free and reduced price lunches increases. Outside of the school nutrition program, school nurses tend to have a relatively larger involvement in the nutrition education components in the Northeast region.

Implementation Status of Nutrition Education Components:

Based on previous analysis of wellness policies, a list of common nutrition education components that involve school nutrition was developed and included in the survey. Respondents were asked if the component was included in their districts' policies and what the implementation status was of each included component. Most of the nutrition education components specifically identified in the survey are included in districts' policies. However, many districts have not implemented these nutrition education goals. Implementation of nutrition education guidelines in all grades is the most frequently implemented goal, with 54.2% of those that have included this goal in their policies saying that it has been implemented. Of all of the nutrition education goals, providing

training for teachers or school nutrition professionals is the least likely component to be implemented with only 33.4% of respondents who have included this goal indicating that it has been implemented. Appendix C illustrates the implementation status of nutrition education policy components.

“School nutrition program is integrated into the classroom nutrition education” – 92.3% included in policy standards

Of those that included this element in their policy standards:

Implemented Prior to Policy	16.4%	45.4% Implementation Complete n = 586
Implemented	29.0%	
Implementation in Progress	29.2%	
Implementation Planned	11.5%	
No Progress toward Implementation	6.7%	
Don't Know	9.1%	

Implementation of this component tends to decrease as district size increases.

“School cafeteria is used for teaching nutrition education” – 86.0% included in policy standards. Districts that did not include this component tend to be in the Midwest, Northeast, and Northwest regions.

Of those that included this element in their policy standards:

Implemented Prior to Policy	20.0%	43.2% Implementation Complete n = 586
Implemented	23.2%	
Implementation in Progress	27.6%	
Implementation Planned	14.7%	
No Progress toward Implementation	12.3%	
Don't Know	4.2%	

“Guidelines/recommendation exist for nutrition education requirements for specific grade levels” – 91.6% included in policy standards

Of those that included this element in their policy standards:

Implemented Prior to Policy	18.5%	46.9% Implementation Complete n = 580
Implemented	28.4%	
Implementation in Progress	21.5%	
Implementation Planned	12.0%	
No Progress toward Implementation	8.7%	
Don't Know	12.4%	

“Policy includes guidelines/recommendations for students in all grades within the district” – 92.8% included in policy standards

Of those that included this element in their policy standards:

Implemented Prior to Policy	15.3%	54.2% Implementation Complete n = 581
Implemented	38.9%	
Implementation in Progress	20.5%	
Implementation Planned	9.2%	
No Progress toward Implementation	7.7%	
Don't Know	8.7%	

“Policy includes nutrition education training for teachers or school nutrition professionals” – 86.5% included in policy standards. Policies that did not include this component tend to be in districts with 25,000-40,000, or in districts with free and reduced price eligibilities of more than 50%.

Of those that included this element in their policy standards:

Implemented Prior to Policy	11.2%	33.4% Implementation Complete
Implemented	22.2%	
Implementation in Progress	24.6%	
Implementation Planned	13.6%	
No Progress toward Implementation	15.2%	
Don't Know	14.0%	
		n = 577

“Policy includes nutrition education/communication efforts to parents and/or community” – 92.0% included in policy standards. Districts that did not include this component tend to be in the Northeast and Mideast regions. It is also less likely to be included in districts with free and reduced price eligibilities over 50%.

Of those that included this element in their policy standards:

Implemented Prior to Policy	9.2%	40.1% Implementation Complete
Implemented	30.9%	
Implementation in Progress	29.6%	
Implementation Planned	15.6%	
No Progress toward Implementation	7.3%	
Don't Know	9.4%	
		n = 577

Reasons for Not Implementing Nutrition Education Components:

The most common reason school nutrition professionals indicated that nutrition education goals are not being implemented is due to a lack of priority by teachers to fit these goals into class time – noted by 40.3% of respondents. Other, less common reasons include lack of priority of administrator to fit components into class time, funding, and poor communication between teachers and school nutrition staff.

Reasons for not Implementing Nutrition Education Components of Policy	
1. Priority of teachers to fit into class time –	40.3%
2. Priority of administrators to fit into class time –	29.6%
3. Lack of funding –	26.9%
4. Communication between teachers and school nutrition –	23.8%
5. Lack of nutrition education resources –	12.1%
6. Position vacancy –	2.2%
Have implemented the components of policy –	21.0%
Don't know –	23.2%

n = 538

Physical Activity Education Components

Involvement in Physical Activity Education Components

Fewer school nutrition professionals indicated being involved in the implementation of the physical education components, compared to the nutrition education piece. Forty percent of school nutrition respondents indicated that they are involved. Involvement of a school nutrition professional in physical activity components increases as the percent of students eligible for free and reduced price lunches increases.

Implementation Status of Physical Activity Components:

As with the nutrition education components, a list of common physical activity components was developed. Respondents indicated whether the component was included in the wellness policy and provided its implementation status. Almost all of the respondents indicated that these physical activity components are included in their policies. More than two-thirds of respondents indicated that components related to recess and physical education classes have been implemented. Implementation of components that require a specific time allotment or incorporate physical activities into the classroom have not been implemented as frequently. Appendix D illustrates the implementation status of physical activity policy components.

“Require/recommend recess for certain grade levels” – 94.2% included in policy standards

Of those that included this element in their policy standards:

Implemented Prior to Policy	28.4%	65.8% Implementation Complete
Implemented	37.4%	
Implementation in Progress	15.8%	
Implementation Planned	5.0%	
No Progress toward Implementation	2.5%	
Don't Know	10.8%	

n = 295

“Require/recommend physical education classes” – 97.6% included in policy standards

Of those that included this element in their policy standards:

Implemented Prior to Policy	30.8%	64.4% Implementation Complete
Implemented	33.6%	
Implementation in Progress	17.0%	
Implementation Planned	6.2%	
No Progress toward Implementation	2.4%	
Don't Know	10.0%	

n = 296

“Incorporation of physical activity into classroom” – 93.5% included in policy standards

Of those that included this element in their policy standards:

Implemented Prior to Policy	14.2%	40.7% Implementation Complete
Implemented	26.5%	
Implementation in Progress	23.3%	
Implementation Planned	10.2%	
No Progress toward Implementation	4.4%	
Don't Know	21.4%	

n = 294

“Specific time allotment for incorporation of physical activity” – 95.6% included in policy standards

Of those that included this element in their policy standards:

Implemented Prior to Policy	19.1%	44.6% Implementation Complete
Implemented	25.5%	
Implementation in Progress	19.1%	
Implementation Planned	10.3%	
No progress toward Implementation	5.7%	
Don't Know	20.2%	

n = 295

Reasons for Not Implementing Physical Activity Components:

Thirty-three percent of respondents who are involved in the physical activity components of their policies indicated that they have completed implementation of the physical activity components. For those who have not completed implementation, the most common reason for not implementing is the difficulty with scheduling – indicated by 36.2% of respondents. Other, less frequently cited reasons include priority of teachers and administrators, lack of appropriate staff, and funding.

Reasons for not Implementing Physical Education Components of Policy	
1. Scheduling – 36.2%	
2. Priority of teachers – 22.7%	
3. Lack of appropriate staff – 17.9%	
4. Priority of administration – 17.1%	
5. Lack of funding – 16.7%	
6. Lack of equipment/facilities – 12.0%	
7. Lack of physical activity resources – 10.0%	
Don't know – 21.1%	

n = 251

Other School-Based Activity Components:

Implementation Status of Other School-Based Activity Components:

Overall, the specific components related to other school-based activities are not as commonly included in policies, compared to the nutrition education and physical activity components. For instance, recess before lunch components have not been fully implemented by most districts that include them. Overall, many of these components are still in the early stages of implementation. Appendix E illustrates the implementation status of these policy components.

“Require/recommend minimum time to eat for students” – 78.5% included in policy standards

Of those that included this element in their policy standards:

Implemented	56.8%
Implementation in Progress	14.1%
Implementation Planned	8.2%
No Progress toward Implementation	11.5%
Don't Know	9.4%

n = 731

“Require/recommend time of earliest or latest lunch period” – 64.4% included in policy standards

Of those that included this element into their policy standards:

Implemented	47.1%
Implementation in Progress	12.9%
Implementation Planned	6.9%
No Progress toward Implementation	16.3%
Don't Know	16.8%

n = 722

“Require/recommend recess before lunch” – 67.4% included in policy standards

Of those that included this element in their policy standards:

Implemented	22.6%
Implementation in Progress	19.5%
Implementation Planned	9.5%
No Progress toward Implementation	26.5%
Don't Know	21.8%

n = 721

“Staff wellness program” – 77.7% included in policy standards

Of those that included this element in their policy standards:

Implemented	32.6%
Implementation in Progress	25.2%
Implementation Planned	13.7%
No Progress toward Implementation	14.0%
Don't Know	14.5%

n = 726

“Involvement of community in wellness activities” – 82.4% included in policy standards

Of those that included this element in their policy standards:

Implemented	23.5%
Implementation in Progress	28.2%
Implementation Planned	15.9%
No Progress toward Implementation	14.6%
Don't Know	17.8%

n = 723

“Before and/or after school programs for students” – 80.2% included in policy standards

Of those that included this element in their policy standards:

Implemented	39.1%
Implementation in Progress	20.7%
Implementation Planned	7.6%
No Progress toward Implementation	13.7%
Don't Know	18.9%

n = 576

Outcomes of Local School Wellness Policies:

The most frequently cited outcome of local school wellness policies is that school nutrition programs are offering more healthy food options, as indicated by 83% of respondents. The selection of this outcome by respondents decreases as district size increases. Other commonly mentioned outcomes include increased visibility of school nutrition programs to students and adults and that there have been changes in healthy choices/behaviors of students – all indicated

by approximately half of the respondents. Less than 15% indicated that local wellness policies are increasing program administration and/or jurisdiction of school nutrition program personnel.

Response to Local School Wellness Policies by Key Groups:

Overall, respondents indicated that the response from parents, teachers, and administrators has been positive, with no more than 10% of respondents indicating that these groups have had a negative response. Student response was typically neutral, with 21% indicating that they had a negative response to the wellness policy.

Evaluation:

While only 42% of respondents indicated that their district is evaluating the implementation or the impact of their local wellness policy, an additional 48.8% are planning on evaluating. In the districts with enrollments of more than 10,000, evaluation of policies is currently happening, while in smaller districts (enrollments of less than 10,000), the evaluation phase is still being planned. Additionally, districts in the Southwest, West, and Southeast regions have a higher percentage of districts that indicated they are evaluating.

The most common evaluation tool is USDA's criteria for Healthier US Schools, mentioned by 41.8%. State agency evaluation tools, measuring/monitoring BMI, and CDC's School Health Index also were cited by 15-30% of respondents.

CONCLUSIONS & DISCUSSION:

It is important to keep the context and time frame of this research in mind when interpreting the findings. This information is *not* meant to measure the effectiveness or final impact of local wellness policies but is meant to provide insights into the progress districts are making with these policies. With understanding of the progress being made, appropriate resources and programs can be developed to help districts make their policies a success.

Progress Towards Implementation

Foods available through the school nutrition program (reimbursable meals, a la carte, and school nutrition vending) tend to be further along in the implementation process compared to implementation of standards for fundraising, classroom parties, and use of food as a reward. Different factors could be driving the lag between the implementation of standards for foods available through the cafeteria compared to other food available in schools. For instance, food available in the cafeteria has a history of meeting federally regulated nutrition standards and is under the single control of the school nutrition program. Conversely, foods available outside of the cafeteria involve multiple groups within the school environment (i.e. principals, parents, teachers, student groups, etc.). Coordination and buy-in from these groups could be more difficult and take more time to complete.

Implementation of Nutrition Standards Comes with a Price

The implementation of these standards has had a fiscal impact on school nutrition programs in two key ways. First, revenues decreased for a la carte sales at the middle and high-school levels for 49.5% and 51.2% of districts, respectively. Secondly, 78.3% of districts indicated experiencing increased costs, usually from food, as a result of the implementation of nutrition standards. The price of food products that meet nutrition standards was the most frequently identified hurdle to implementation, with 61.6% of districts noting this as an issue. Districts report dealing with these increased costs by changing the types of foods and products available and by raising prices. While some districts have seen an increase in meal participation rates (21.7% of middle schools and 24.5% of high schools), the increase in food costs and decrease in a la carte revenues could impact meal programs negatively, as well. Typically, in districts with low free and reduced participation, a la carte revenues help to subsidize the food and labor costs associated with National School Lunch Program meals. The decrease in this source of revenue could have a negative impact on school meal programs. Additional federal, state or local district funding for

school meal programs would help to eliminate the need to rely on a la carte and other sources of revenue to supplement the meal program. Creating uniform nutrition standards and improving the supply chain are strategies that could help minimize the increased food costs associated with diverse nutrition standards.

While the results indicate that revenues have decreased, districts may be in different stages of implementation. Prior case study research by the U.S. Department of Agriculture (USDA) and the Centers for Disease Control and Prevention (CDC) has indicated that it is common for districts to experience a decrease in revenue upon implementation, but that revenues and/or meal participation tend to return to their prior levels after students acclimate to the changes¹. While the results from this survey indicate a decrease in revenue, this may be a result of districts' being at different stages in the implementation and acclimation process.

Creating Opportunity for Partnerships

Wellness policies have provided an opportunity for school nutrition programs to become involved in nutrition education and physical activity efforts. Seventy-eight percent of school nutrition respondents indicated being involved in the nutrition education components of the policy, and 40.4% are involved in the physical activity components. Not only has this increased the visibility of school nutrition programs, but establishing partnerships also can help create a more integrated approach to school wellness. For example, the biggest hurdle to implementation of nutrition education components was the priority to incorporate nutrition education into class time. Understandably, as school districts are being held accountable for traditional academic standards, it might be difficult to incorporate nutrition into the curriculum. However, with an integrated approach and partnership among others within the school, nutrition education can be incorporated into other elements of the school day, such as in the cafeteria.

It also bears noting that the impact of school wellness policies is primarily limited to the school grounds during the school day. With approximately 30% of students' calories being consumed at school in a calendar year, the need for both healthy food and beverage choices and physical activity opportunities outside of the school day (particularly during the evenings, weekends and summer months) is critical.

Evaluation is Important

Overall, most districts have either completed implementation or are making progress. In addition to implementation, the evaluation of policies is an important aspect of creating healthy environments. While 42% of districts report that they are currently evaluating their policies, 48.8% indicate that they are planning on evaluations. Therefore, it is important to make evaluation resources available to districts as well as share insights from districts that are currently evaluating about what evaluation processes have worked best.

¹ Food and Nutrition Service, U.S. Department of Agriculture; Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; and U.S. Department of Education. FNS-374, *Making It Happen! School Nutrition Success Stories*. Alexandria, VA, January 2005.

Appendix A: Funding/Grant source for Wellness Policy Initiatives

\$25,000 from a local hospital 30 fruit trees for school orchard via state dept. of Agriculture Action For Healthy Kids	county grants COMMUNITY BUILDERS, UNITED WAY & MOUNT WACHUSETT COLLEGE Dairy Company Dairy Council	Fruit and Veggie Grant fruit/vegetable? Go The Distance Day Gov Fruit and Veggie Program grant grants Grants harvest of the month Harvest of the Month HEALTH CLINIC Health Dept. of NYS Healthy Beverage Healthy Kids Learn Better Grants, NW Health Foundation Healthy Vending Machine Healthy Vending Machine Heart Hennepin County Health Herb Kohl Grant Hidden Valley & USDA Hidden Valley Love Your Veggies Grant Highmark Indianan Wellness in Schools Workshop Kellogs Keystone Healthy Zone Mini- Grant 2006 KSDE/USDA local Local hospitals and others not sure of
Action for Healthy Kids, also Purdue Extension Stipend for attending an inservice AFHK \$2000 Anthem (blue cross) Arizona Dept. of Education Grant AZ Nutrition Network- Matching funds BASIC Grant blue cross blue shield Blue Cross Blue Shield of Michigan Bowers Foundation	Dakota County health Dept. Department of Education Department of Education and Thriving Communities Dept. of Health DHEC District foundation grant being sought for a walking trail F V H A FDA federal grants FIT Grant AFHC Fresh Fruit & Vegetable Grant Fresh Fruit & Vegetable Program Fresh Fruit & Vegetable Grant Fresh Fruit and Vegetable Grant Fresh Fruit and Vegetable Grant for the 2007-2008 school year. FRESH FRUIT AND VEGETABLE PROGRAM Fresh Fruit and Vegetable Program USDA	Midwest Dairy Council, Allina Net \$1000 NIH, KCSH, USDA, KSDE, Community nutrition network, carol white P.E. grant Nutrition Network Nutrition Network ;Beach Cities Health District Nutrition Network Funds
CA Nutrition Network (USDA) California Nutrition Network California Nutrition Network; LEAF; TUPE; PE/visual arts; likely others Carol M White PE Grant Carol M. White Physical Education Program Carol M. White/ Team Nutrition/ BC&BS CATCH catch program -state CDC	Fresh Fruit and Veggie Grant Fresh Fruits and Vegetable Grant Fresh Fruits and Vegetables Grant fruit and vegetable grants Fruit and Vegetable Pilot Program - USDA Fruit and Veggie and Action for Healthy Children in Michigan	
CDC STEPS to Healthier US Coordinated School Health coordinated health Coordinated Health Grant/ PEP Grant Coordinated School Health Cornell Cooperative Extension		

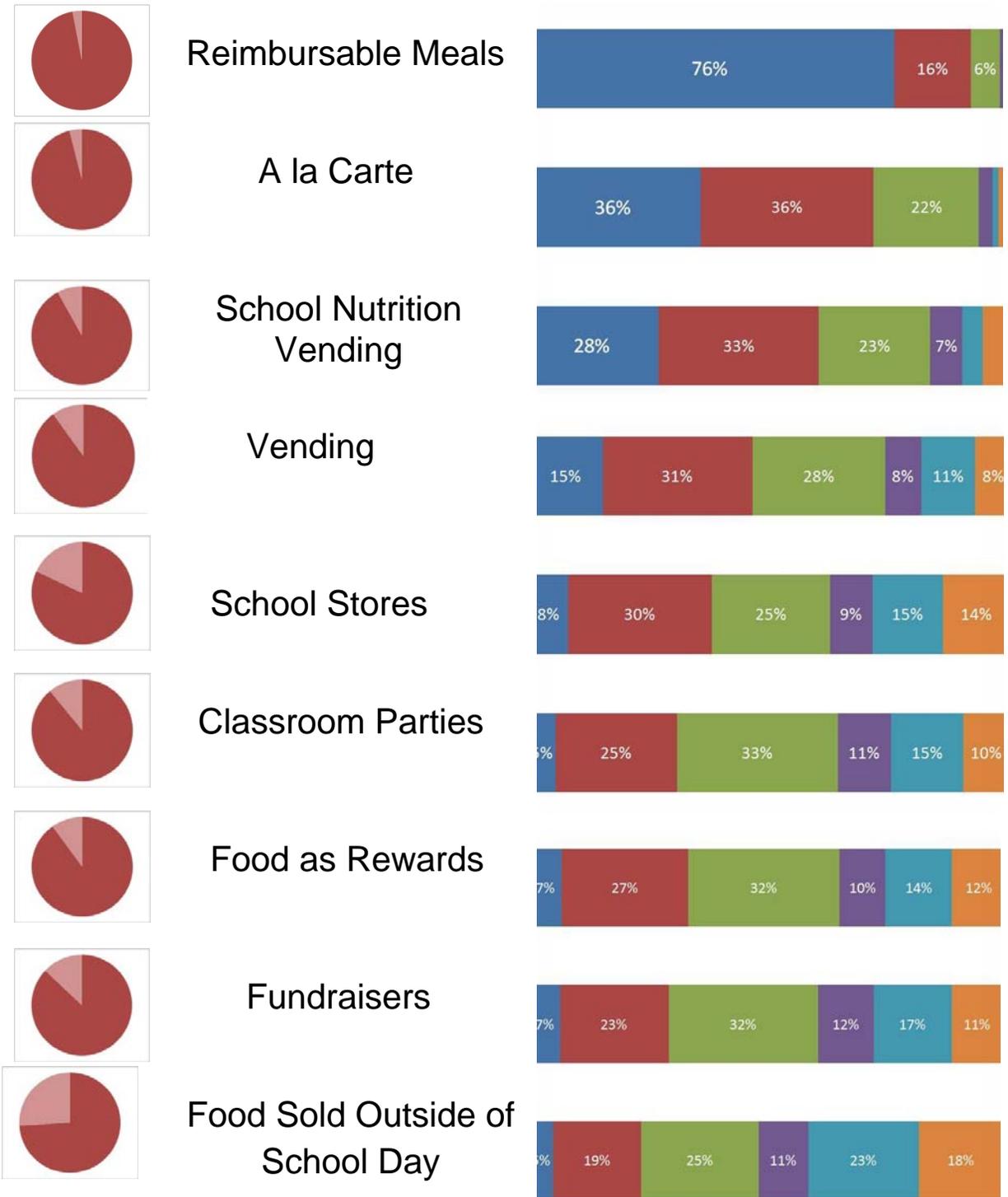
Ohio Department of Health --
select schools received
Fresh Fruit and Vegetable
Grants and Team Nutrition
Schools received My
Pyramid Grants
Our P.E. Dept. has a grant, I
am unsure of the funding
source.
P.E. dept. received a federal
grant for health, fitness and
wellness
PAN Grant
PANA
PANA mini grant
Pana mini grants
part of the cost of a portable
salad bar
pep grant
PEP grant
Phys ed
Physical Education Dept.
Physical Education
Promotion (PEP)
Physical fitness teachers
have applied and also
Cherokee Nation has
provided
Pottstown Area Health &
Wellness Foundation
private companies
Provision
Public Health - Walk to
School Prizes
Safe Schools/Healthy
Students
Sierra Cascade Nutrition
Activity Consortium
State Grant & Local School
Grant
State Mini Grant
state wellness group and
running shoe company
STEPS
STEPS and PEP grants
STEPS, TUPE and PEP
Grants
Sun safety program grant

Sunflower Grant
Tabacco
Tabacco company
Team Nutrition
Team Nutrition
Team Nutrition
Team Nutrition
Texas Dept. of Agriculture
TOYOTETSU
UDIM
UNC School of Nursing
UNITED DAIRY OF
MICHIGAN and
MICHIGANDEPT. of
COMMUNITY HEALTH
CARDIO VASCULAR
DISEASE PREVENTION
DIVISION
unknown
USDA
Vending machine

waiting on our school health
supervisor 10,000 grant we
purchased dvr with

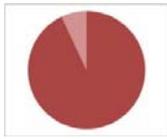
We have just been given the
tobacco settlement money to
use for STAFF wellness
purposes, we also used
district foundation money to
develop a 5th grade wellness
curriculum, and the FACS
class received
WEA Trust
will receive money for
attending wellness seminar
YMCA grants

Appendix B: Implementation Status of Wellness Policy Nutrition Standards

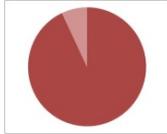


■ Completed Prior
 ■ Completed
 ■ In Progress
 ■ Planned
 ■ No Progress
 ■ Don't Know
■ Included in Policy
 ■ Not Included in Policy

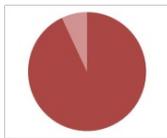
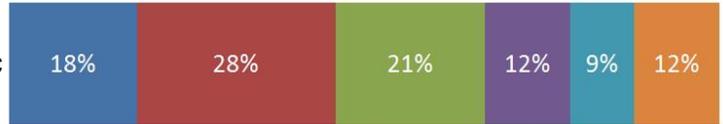
Appendix C: Implementation Status of Nutrition Education Components



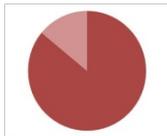
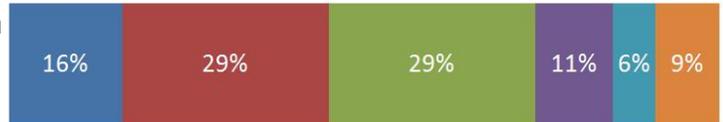
Nutrition education for students in all grade levels



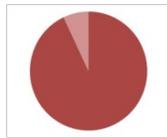
Nutrition education requirements for specific grade levels



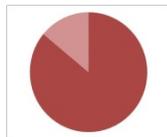
School nutrition program is integrated with classroom nutrition education



School cafeteria is used for teaching nutrition education



Nutrition education and communication efforts to parents and/or community



Nutrition education training for teachers or school nutrition professionals

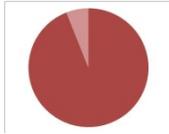


■ Completed Prior
 ■ Completed
 ■ In Progress
 ■ Planned
 ■ No Progress
 ■ Don't Know

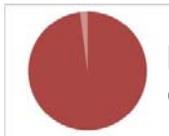
■ Included in Policy

■ Not Included in Policy

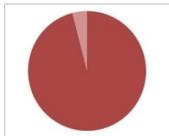
Appendix D: Implementation Status of Physical Activity Components



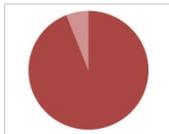
Requires/Recommends recess for certain grade levels



Requires/Recommends physical education classes



Specific time allotment for incorporation of physical activity



Incorporation of physical activity into classroom



■ Completed Prior
 ■ Completed
 ■ In Progress
 ■ Planned
 ■ No Progress
 ■ Don't Know

■ Included in Policy

■ Not Included in Policy

Appendix E: Implementation Status of Other School-Based Activity Components

