

School Wellness Policy Development, Implementation, and Evaluation

Perceptions, barriers, and opportunities among school board members, state school boards associations, school wellness advocates, state public health nutrition directors, and superintendents

RESEARCH REPORT



This project was made possible with funding from the Robert Wood Johnson Foundation

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RESEARCH REPORT

Commissioned by:

California School Boards Association
California Project LEAN (Leaders Encouraging Activity and Nutrition)

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SUMMARY REPORT

OVERVIEW

In 2006, the California School Boards Association and California Project LEAN (Leaders Encouraging Activity and Nutrition) commissioned a national research project on School Wellness Policy development, implementation and evaluation. Through their multi-year partnership, CSBA and CPL have worked together to increase the adoption of healthy school nutrition and physical activity policies. They employed an intervention strategy that included policy tools, community mobilization, advertisements and trainings. An important outcome of their efforts was the publication of “Student Wellness: A Healthy Food and Physical Activity Policy Resource Guide” for school board members and other policy-makers. This formative research project was designed to build upon CSBA’s and CPL’s prior work and their collaborative model and to learn how it might be replicated nationally.

The research targeted four audiences:

1. School board members across the United States
2. State school boards association leaders in 50 states and the District of Columbia
3. School wellness advocates across the United States
4. State public health nutrition directors across the United States

There were three research components:

1. Online surveys with each of the target audience groups
2. Focus groups with school board members and state school boards association leaders
3. Key informant interviews with school districts and state-level wellness collaborators

In September 2006, one-on-one phone interviews were conducted with superintendents and other leaders in eight public school districts across the United States. This research was conducted as an extension of a larger research project about School Wellness Policies.

The broad objective for this research is to gain a better understanding of the school wellness environment in districts across the country, and to identify challenges districts face and needs they have in order to effectively implement, monitor and evaluate their policies.

Superintendents are crucial members of the school governance team and have responsibility for implementing policies passed by their school boards. In fact, findings from the larger research project show that school board members believe superintendents to have primary authority for School Wellness Policy implementation. The research further shows that board members expect superintendents to have primary responsibility, along with key staff, for policy monitoring and evaluation.

The superintendent interviews provide an anecdotal look at how superintendents themselves view their role, their challenges and their districts’ greatest needs in meeting the School Wellness Policy mandate. The interviews involved school leaders from geographically, demographically, and socio-economically diverse districts.

While all of their districts have adopted a School Wellness Policy, the leaders represent a broad spectrum in terms of their level of involvement and commitment to actively engage in this issue.

This summary report presents the project objectives, research methodologies and a summary of findings from each of the research components.

PROJECT OBJECTIVES

The research project was designed to learn more about the views of school board members, state school boards association leaders, school wellness advocates, and state public health nutrition directors about the school wellness environment across the country, and what boards and districts need to move forward with developing, implementing and monitoring/evaluating their local wellness policies.

As such, the research was designed to learn about:

- Perceptions, barriers and opportunities regarding the development, implementation and monitoring/evaluation of School Wellness Policies across all target audiences.
- The national readiness and capacity of state school boards associations to address nutrition and physical activity issues with their members.
- The capacity of school wellness advocates and state public health nutrition directors to address school nutrition/physical activity policies.
- The extent to which school wellness advocates and state public health nutrition directors collaborate with school board members and their state school boards associations.
- The acceptability of CSBA's and CPL's current wellness tools outside of California.

During an initial meeting with MMS Education, CSBA and CPL identified some additional research topics the project should address, including:

- How to adapt existing tools—or develop new ones—to meet the needs of those states/districts in different stages of the School Wellness Policy process.
- Training and technical assistance opportunities that exist within each of the target audience groups.
- Feasibility of replicating the CSBA/CPL collaborative model—which includes partnerships, processes and products in other states. That is, a model that helps state school boards associations combine public health and education expertise and social marketing tactics to effectively support the complete policy cycle, and thereby better meet their members' needs.
- Where the greatest opportunities exist to support and impact positive changes in the School Wellness Policy process.
- Collaboration opportunities that may exist with a national coalition such as Action for Healthy Kids in terms of engaging and supporting school boards in the area of School Wellness Policy development, implementation and oversight.

RESEARCH METHODOLOGIES AND DEMOGRAPHICS

ONLINE SURVEYS

Four online surveys were fielded in March through April 2006. A target list was developed in cooperation with a key partner organization (see following descriptions). A personalized e-mail message was sent to names on the target list inviting participation in the survey, followed by two additional e-mails to non-respondents within 7–10 days of the previous e-mail attempt. Each successive e-mail message had a slightly modified subject line and message content in an effort to positively influence response rate. Surveys remained “live” online for three to four weeks, at which point they became inactive. Programming software defended against multiple responses from one respondent.

The largest of the surveys was conducted with **school board members**. The sample list was composed of members of the National School Boards Association National Affiliate Program. This program includes roughly 15 percent of all public school districts, which enroll 50 percent of all public school students in the country. The districts range in size from very small (125 students) to very large (among the largest of the urban districts). The program has a balanced mix of urban/suburban/rural districts and reflects socioeconomic and racial/ethnic diversity. NSBA provided contact information for the complete National Affiliate Program membership, numbering 10,743 names. A net count of 9,665 school board members comprised the final sample (allowing for bad e-mail addresses and a small number of opt-outs), who represented 1,817 different school districts across the United States. The survey produced a response rate of 24 percent, or 2,350 respondents, who represented 1,296 or 71 percent of the school districts in the sample. Responses came from 50 states. NSBA's Director of School Health Programs, Brenda Greene, co-signed the e-mail messages to prospective survey participants along with Martin Gonzalez of the California School Boards Association.

Among the school board members, 25 percent indicated they were serving as a board officer (president, vice president, treasurer, secretary), board clerk or board committee leader. Three in four respondents were age 46 or older (77%) and had served on the board for at least 3 years (75%). Survey respondents serve districts that are under 1,000 students to more than 100,000 students, with 30 percent serving small districts (2,500 or fewer students), 42 percent serving mid-size districts (2,501–10,000 students) and 28 percent serving large districts (over 10,000 students). Survey respondents represented somewhat more suburban (52%) and urban (18%) districts than the national distribution, although rural districts also were well represented (30%). Respondents' districts have low, medium and high percentages of minority students (34% of districts with 0–10% minority students, 41% with 11–50% minority students and 24% with over 50% minority students). Socioeconomic status of students in respondents' districts, as reflected by the percentage who qualify for the free and reduced-price school lunch program, also showed a range: 19 percent of districts had 10 percent or fewer students qualifying, 47 percent of districts had 11–50 percent of students qualifying and 25 percent of districts had greater than 50 percent of students qualifying.

The second online survey was conducted with **state school boards association leaders**. The target audience included 190 executive directors, policy directors and communications directors at the 51 school boards associations. CSBA provided the target list of executive directors and communications directors. Policy directors were contacted via a listserv exclusively for these individuals. The survey response rate was 46 percent (87 respondents) representing 98 percent, 48 of the 51 associations targeted. Once again, NSBA's Director of School Health Programs, Brenda Greene, co-signed the e-mail messages/listserv announcements to prospective survey participants along with Martin Gonzalez of the California School Boards Association.

State school boards association respondents included executive directors and presidents (46%), communications directors (13%), policy/government services directors (26%) and other staff (15%). Most respondents (73%) have worked for their state associations for six or more years.

The third online survey focused on school wellness advocates working through **Action for Healthy Kids team members**. Action for Healthy Kids is a non-profit organization formed in 2002 specifically to improve children's nutrition and levels of physical activity by focusing on changes in schools. AFHK has 51 state teams with a network of thousands of volunteers. With cooperation from AFHK, the survey was fielded to 4,225 team members across the United States, yielding 527 respondents from 51 coalitions (including Washington, D.C.) for a response rate of 12 percent. In contrast to the other online surveys, only one e-mail message requesting participation in the survey was sent to the sample list due to conflicts with other communications that AFHK itself was sending out at the time. AFHK Executive Director Alicia Moag-Stahlberg co-signed the e-mail message to prospective survey participants along with Martin Gonzalez of the California School Boards Association and Peggy Agron of California Project LEAN.

AFHK survey respondents reflected a range of stakeholder groups, including 33 percent who are health/nutrition professionals, 25 percent educators or school administrators, nine percent state agency professionals, seven percent parents and the balance representing a mix of business/industry, higher education, community and non-profit organizations and students. The majority of AFHK survey respondents (59%) indicated that they work with one to five schools districts through their work or outreach efforts, while 15 percent of respondents work with over 50 districts; the remainder worked with six to 49 districts.

The fourth and final online survey was directed to **state public health nutrition directors** who are members of the Association of State and Territorial Public Health Nutrition Directors (ASTPHND). ASTPHND provided a sample list of public health nutrition directors in 46 states. The survey yielded 24 responses, representing 23 states for a response rate of 52 percent (individuals) and 50 percent (states). The e-mail messages to prospective survey participants were co-signed by Martin Gonzalez of the California School Boards Association and Peggy Agron of California Project LEAN.

About three-fourths (74%) of the state public health nutrition directors who responded to the survey indicated that they work with school districts directly through their jobs or through outreach—with most serving 50 to 500 districts, depending on their state.

Two screening questions toward the beginning of each of the four surveys filtered out respondents who were not at all familiar with the School Wellness Policy mandate and had absolutely no involvement with the mandate within their district or state (as a minimum threshold for inclusion in the survey, respondents had to have at least read something about the issue, even if they had not actually worked on it). The chart below shows the number of respondents who had no familiarity nor involvement of any kind with the mandate at the district or state level.

Survey	Total Respondents	Respondents Filtered Out		Net Respondents
		Count	% of Total Resp.	
School Board Members	2350	157	7%	2193
State School Boards Association Leaders	87	3	3%	84
School Wellness Advocates	527	30	6%	497
State Nutrition Directors	24	0	0%	24

FOCUS GROUPS

Three focus groups were conducted with school board members, and two focus groups and several concurrent roundtable discussions were held with state school boards association leaders between April and June 2006.

Two focus groups with **school board members** were held at the National School Boards Association national convention in Chicago, Illinois, on April 9–10, 2006, and one focus group was held at the Arizona State School Boards Association Western Regional Celebrating Educational Opportunities conference for promoting Hispanic student achievement in Tempe, Arizona, on April 28, 2006. A total of 37 board members participated in the three focus groups, representing 27 school districts in 17 states.

Participants in these sessions were recruited both prior to and at the conferences through advance e-mail announcements, listings in convention literature, on-site handouts, and “on the floor” recruiting. In addition to screening for district size and geographic location, an additional screening criterion was the need for at least a basic familiarity with what the board member’s district was doing relative to the School Wellness Policy mandate. Participants received a meal (lunch or dinner) and an honorarium for participating in the 90-minute session.

Each of the three school board member focus groups had 12 to 13 participants, who represented a mix of school board officers (president, vice president and secretary) and members, both veterans (20+ years of service) and those new to their positions (<1 year of service). Districts these board members serve range from small to large (<1,000 to 100,000 students), in a mix of rural, suburban and urban locales. The focus group participants themselves and the populations in the districts they serve reflected racial/ethnic diversity

in keeping with national averages. Participants' districts were fairly evenly distributed among those with low to high numbers of students eligible for free and reduced-price lunches.

Focus groups with **state school boards association policy directors** were conducted at the American Association of State Policy Services conference in Gettysburg, Pennsylvania, on June 12, 2006. Two concurrent focus groups were held in the morning, each with five participants who were assigned to a group based on the size of their state association (in terms of membership and staff/resources). The ten focus group participants represented nine different state associations. The sessions were 45 minutes long and participants received an honorarium for attending.

In addition to the morning focus groups, there also was an opportunity for facilitated discussion with approximately 50 conference attendees from diverse states during four concurrent 30-minute discussion roundtables held in the afternoon.

KEY INFORMANT INTERVIEWS

Key informant interviews were conducted as a final phase of the project with individuals in three school districts and in one state-level collaboration. Sites were selected based on the following criteria:

- (a) School districts that have already passed and started to implement local School Wellness Policies.
- (b) A state-level coalition that actively involves the state school boards association and that has effectively collaborated to advance School Wellness Policies within the state.

Key informant interviews were conducted with three or four key people in each site, which included:

- Austin Independent School District, Texas.
- Farrell Area School District, Pennsylvania.
- Metropolitan School District of Lawrence Township, Indiana.
- State-level collaboration in Iowa, involving Iowa Association of School Boards and the Iowa Action for Healthy Kids team.

For school districts, the approach consisted of one-on-one phone interviews with three to four stakeholders who could provide:

- Insight about the school board's involvement and leadership (e.g., a board president or member).
- School administrator perspective on past, current, and future status of school wellness in the district (e.g., a superintendent, principal or other administrator).
- Information on front-line, day-to-day implementation realities (e.g., the head of the school health advisory committee or another individual charged with leading the district's wellness initiatives).

For the state-level collaboration, one-on-one phone interviews were conducted with three stakeholders in the state who could provide:

- Information on how and with whom the state school boards association has collaborated in order to address school wellness on behalf of its members.
- Collaborator perspectives on working with the state school boards association and board members to advance School Wellness Policy development, implementation and evaluation.

SUMMARY OF FINDINGS

The School Wellness Policy mandate was defined for research participants in writing (online survey and focus group participants) or verbally (key informant interviews) as follows:

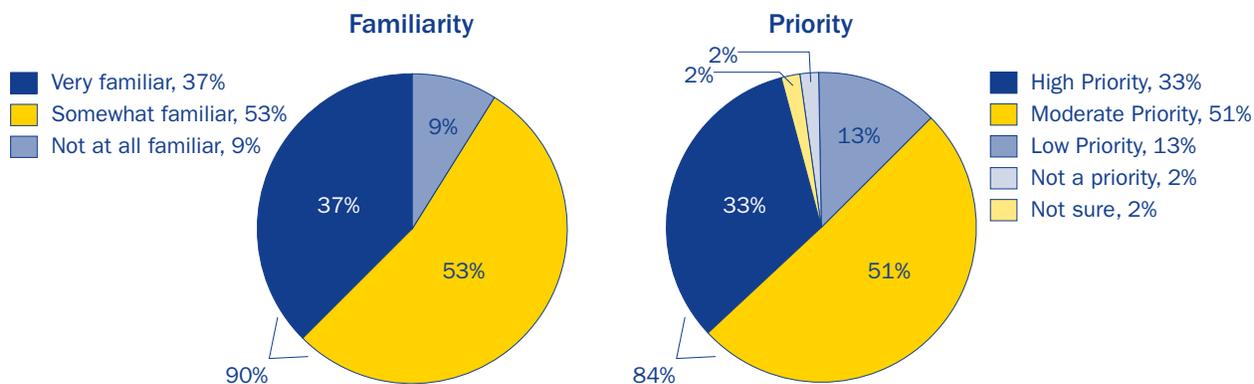
The Federal Child Nutrition and Women, Infants, and Children (WIC) Reauthorization Act of 2004 mandates that any school district participating in a federal nutrition program adopt a policy on student wellness. According to the requirements for the local wellness policy, school districts must set goals for nutrition education, physical activity, campus food provision and other school-based activities designed to promote student wellness. Additionally, districts are required to involve a broad group of individuals in policy development and to have a plan for measuring policy implementation.

ONLINE SURVEYS

The four surveys, with school board members, state school boards association policy directors, school wellness advocates and state public health nutrition directors, provide a wealth of information about each group's perceptions of the school wellness environment in its state, as well as barriers, needs and opportunities for addressing this issue. What follows is a meta-analysis of the survey data, highlighting the most salient issues and comparing results across the four survey audiences.

Perceptions

According to most school board members, school wellness is a priority for their school district. Not only are the vast majority of board members (90%) familiar with the mandate, more than four out of five (84%) say school wellness is a priority within their school district, as the graphs below indicate.

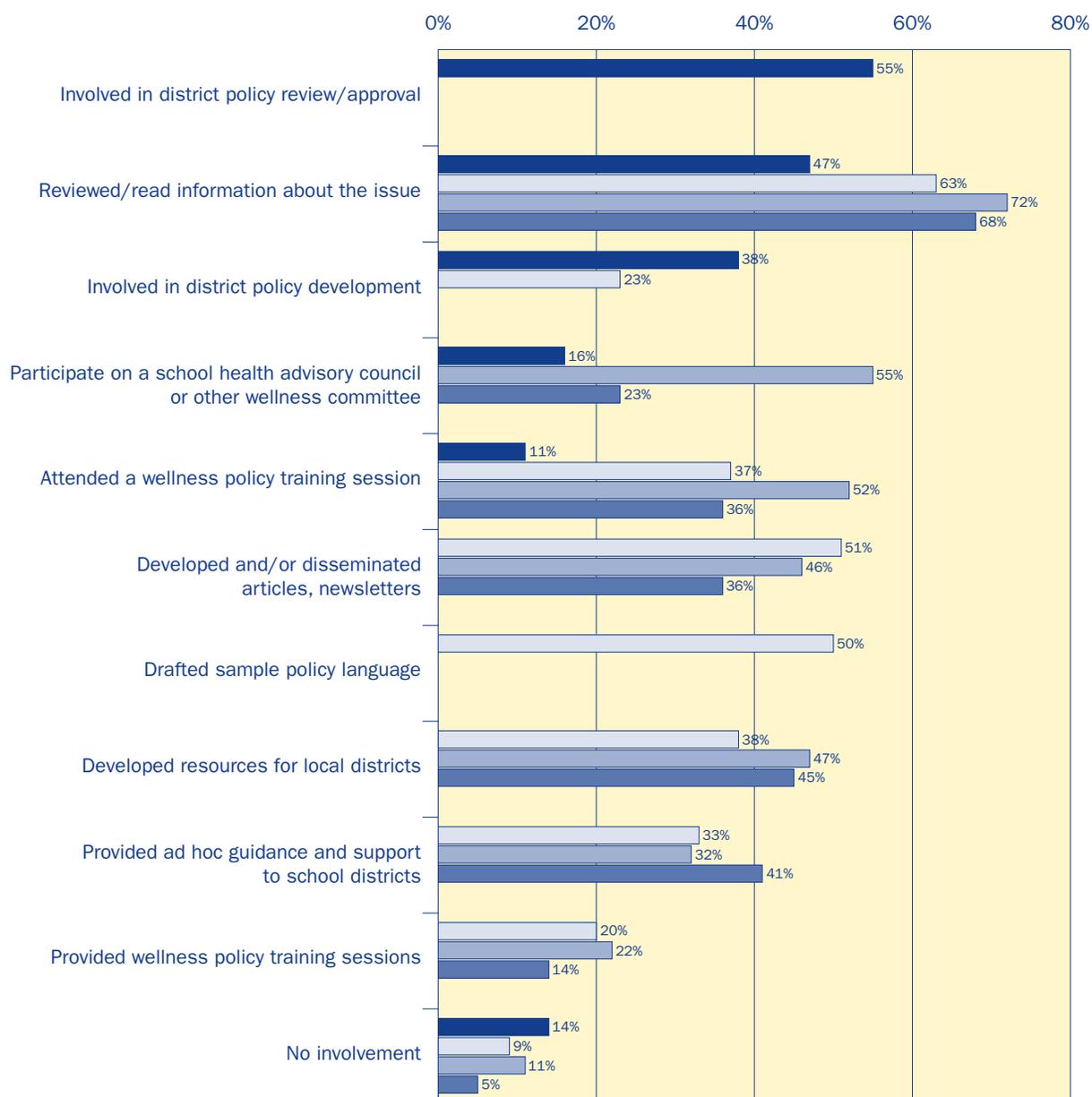


Information dissemination and information consumption are the primary ways in which survey respondents have been personally involved in the School Wellness Policy mandate to date. The vast majority of school board members (86%) are involved in the School Wellness Policy mandate to some degree, usually by reading about the issue and by virtue of their policy review and approval role as a board member. A minority of board members are actively involved in additional ways: by researching the issue or existing policies (22%), serving on a school health advisory council (16%) or attending a wellness policy training session (11%).

Nearly all state school boards association leaders (91%) are involved with the wellness mandate in some way, primarily by researching the issue, drafting sample policies for school districts in the state and disseminating articles and information. More than a third of the association leaders have attended a policy training session and have provided ad hoc support to districts that have requested help. One in five has conducted policy training sessions and 23 percent have provided in-district policy development assistance.

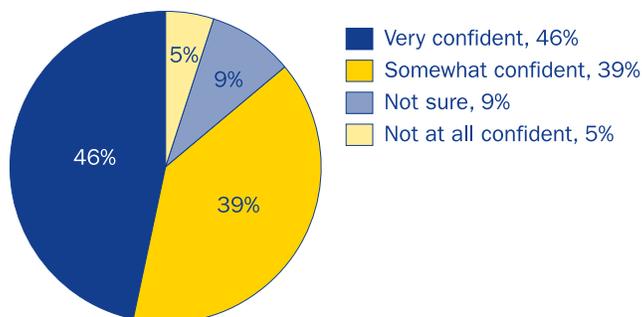
School wellness advocates and state public health nutrition directors are involved in the School Wellness Policy mandate in ways that are generally consistent with those of the state association leaders. School wellness advocates and state public health nutrition directors are primarily engaged in educating school districts about the policy and providing model policies for their use.

Involvement with School Wellness Policy Mandate

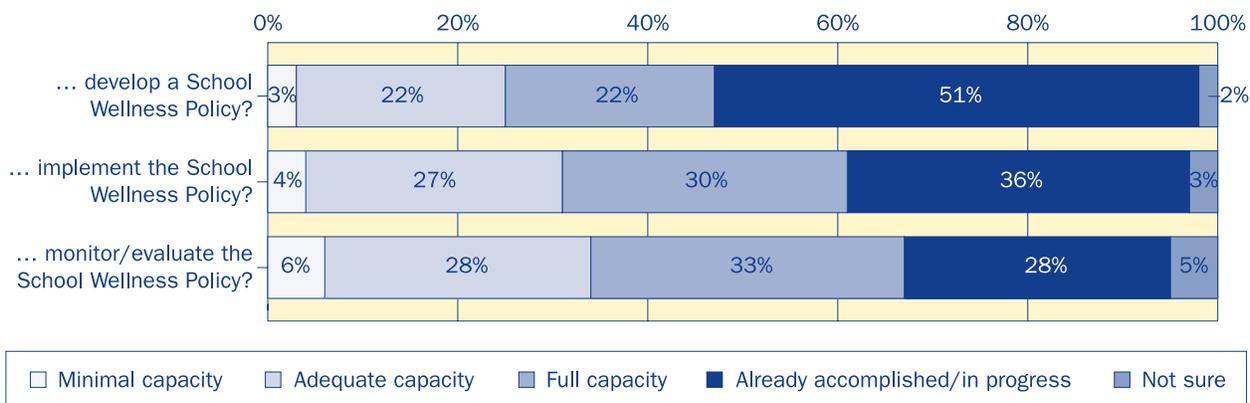


Board members are confident about the work their districts are doing relative to the School Wellness Policy mandate. Nearly half (46%) are “very confident” and 39 percent are “somewhat confident” that their policy review and development process reflects best practices. To a large degree, they also feel that their school districts have the capacity to develop, implement, and evaluate their School Wellness Policy. Indeed, in a substantial number of districts these stages of the policy process are already accomplished or are in progress, according to board members.

School Board Members’ Confidence that Their School Wellness Policy Review and Development Process Reflects Best Practices

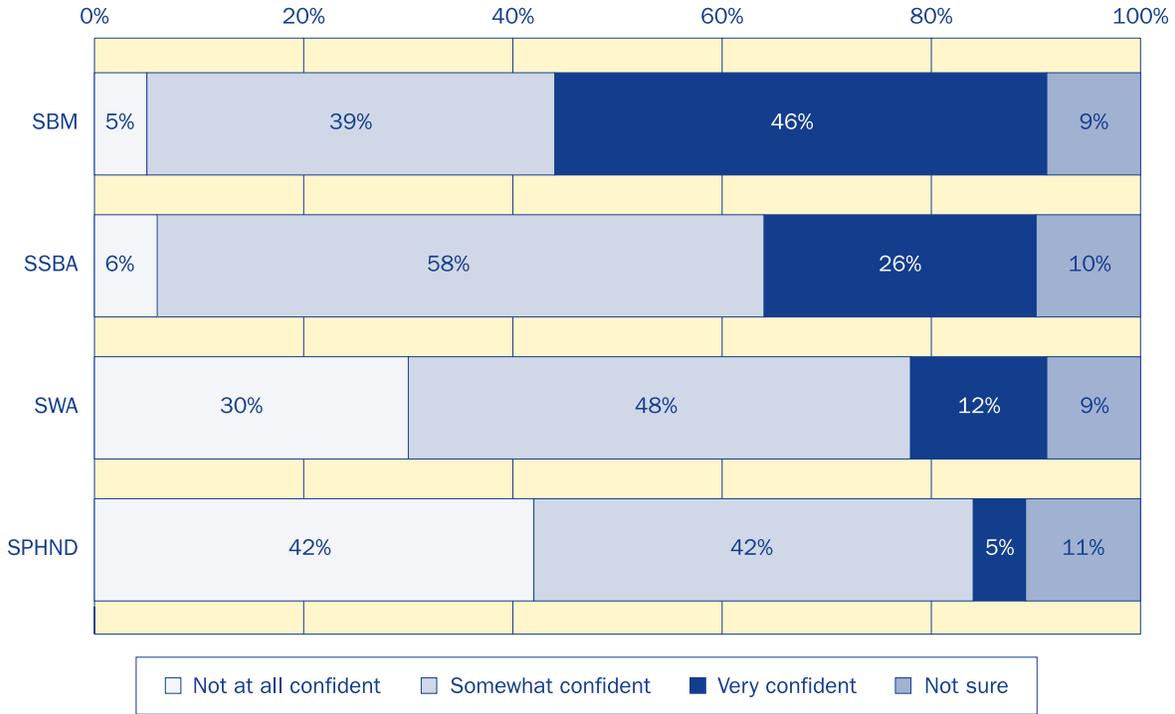


Extent to Which School Board Members Believe Their District Has Capacity to...



By stark contrast, state school boards association leaders, school wellness advocates and state public health nutrition directors are much less confident about school districts’ practices in developing a School Wellness Policy. While only five percent of school board members are “not at all confident” their district’s policy review and development process reflects best practices, 30 percent to 42 percent of the school wellness advocates and state public health nutrition directors lack confidence that the majority of school districts in the state follow best practices in this area. State school boards association leaders are in the middle: more than half (58%) of respondents are “somewhat confident” that the majority of districts in the state are following best practices in the policy development process, and only 26 percent are “very confident” as compared with the 46 percent of school board members themselves who are “very confident” they are following a best-practices process.

Confidence that School Wellness Policy Review and Development Process Reflects Best Practices



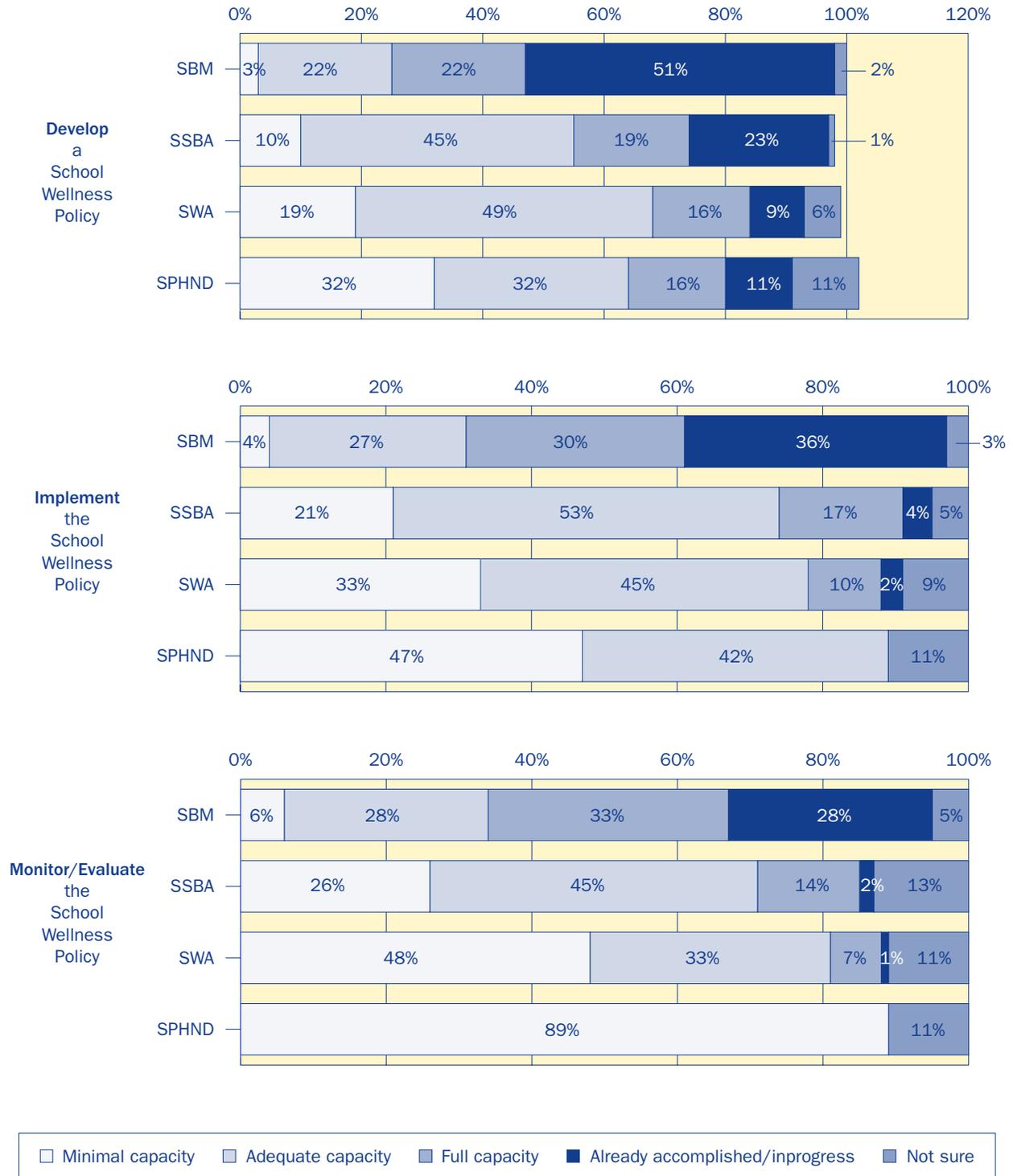
SBM = School Board Members SWA = School Wellness Advocates
 SSBA = State School Boards Association Leaders SPHND = State Public Health Nutrition Directors

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

An even greater gap exists between the school board members, the state associations, school wellness advocates, and state public health nutrition directors in terms of their perceptions of districts' capacity to develop, implement and evaluate their School Wellness Policy. Again, school board members report a much higher level of confidence in their districts' capacity—and, indeed, their progress to date—than the state associations perceive. School wellness advocates and state public health nutrition directors are even more negative than the state associations in their assessment of districts' capacity to develop, implement and evaluate their School Wellness Policies.

Among the striking contrasts in the series of charts on the next page are the percentages of school board members who report that their district has already accomplished or is in progress in each of the policy phases as compared with the state association leaders, school wellness advocates and state public health nutrition directors, who believe this to be the case for the majority of districts in their state. Perhaps the most striking contrast is the difference between the percentage of school board members who believe that their district has "full capacity" to develop, implement and evaluate their policy and the percentages of state association leaders, school wellness advocates and state public health nutrition directors who feel the majority of districts in the state have this capacity. The gap widens dramatically with each successive policy phase to the extent that almost none of the school wellness advocates and state public health nutrition directors and few (14%) of the state association leaders grant that school districts have full capacity to monitor and evaluate their School Wellness Policy.

Perception of School District Capacity

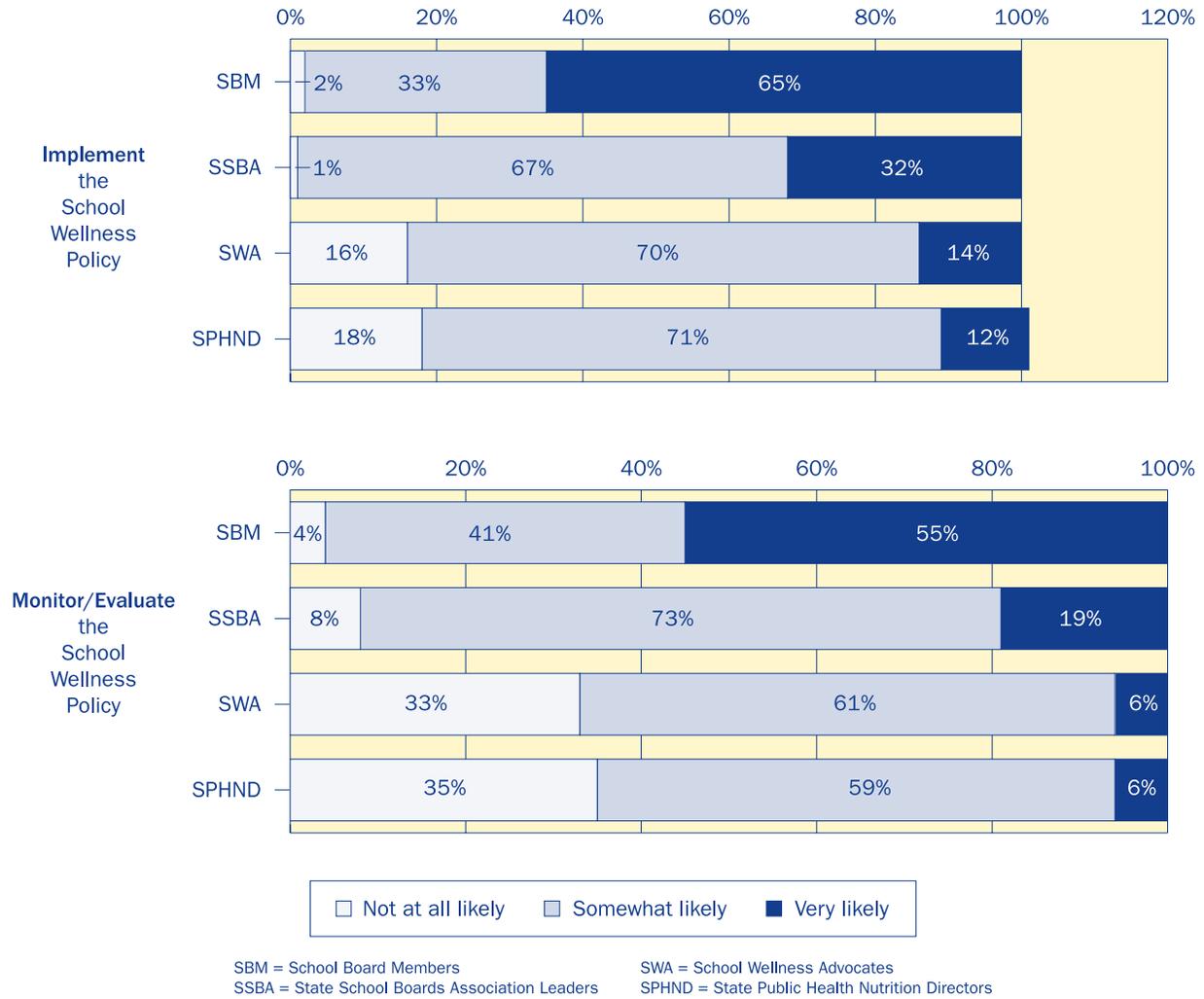


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Note: School board members answered on behalf of their district; all others answered on behalf of "the majority of districts in the state."

Given the previous data, it is not surprising that there exist similar gaps in perception concerning the likelihood that districts will *actually implement and evaluate their policy effectively*. School board members are more than twice as likely as their association leaders to forecast effective implementation and evaluation. Only a small fraction of school wellness advocates and state public health nutrition directors believe that the majority of school districts in their state can accomplish the goal of effective implementation and evaluation.

Perception that School Districts Will Effectively



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

As the data shows, when it comes to the School Wellness Policy mandate, school board members see their districts very differently than do state school boards association leaders, school wellness advocates or state public health nutrition directors. One striking contrast is that school board members express relatively high levels of optimism that their own districts can effectively develop, implement and monitor the policy. Whether or not that optimism may reflect a self-efficacy bias or a differing standard for what is “effective” policy implementation and evaluation, the difference in optimism remains stark. Importantly, such a difference provides opportunities for educating each audience about the others’ perceptions as well as suggesting ways that each group may most positively interact with the others on this issue.

There is a prevailing belief among all survey audiences that School Wellness Policies will have many positive impacts for school districts. Most positive will be the impact on children’s access to healthy foods at schools and healthy eating habits among students. Also highly rated in terms of anticipated positive impact are the policy’s effects on physical activity levels among students and support for school wellness among school staff. Interestingly, school wellness advocates and state public health nutrition directors are more optimistic than board members or state association leaders about the positive impact of the policy on student academic achievement; although school board members are twice as likely as their state association leaders to believe improved academic achievement will be a positive outcome of the mandate. Board members are aligned with school wellness advocates and state public health nutrition directors in terms of the health impacts they expect as a result of the policy: a positive change in the rate of student overweight and obesity and improved health status of students over the long-term including rates of diabetes, cancer and heart disease. Notably, state school boards association leaders are less confident about these health impacts, showing only half as much optimism as the other groups.

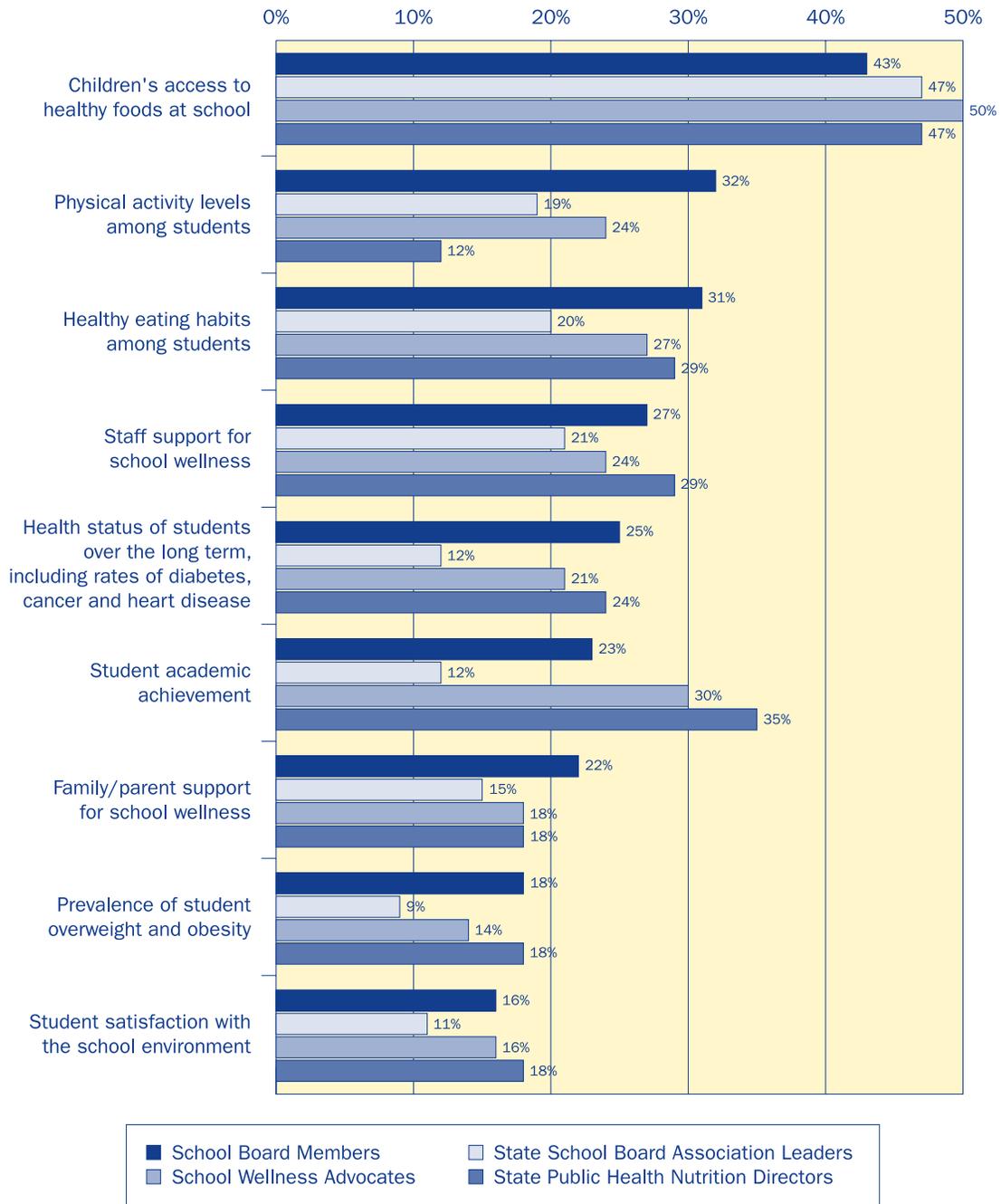
Importantly, for all of the positive impacts measured in the surveys, a strong majority (averaging three-fourths) of respondents across all groups indicate that school districts will experience “some” or “a lot” of positive impact. However, the differences among groups are more pronounced when responses of “a lot of positive impact” are isolated, as shown in the comparisons on the next page.

(See chart on next page)

Perhaps the most important takeaway from the survey data on potential impacts is that school board members, state school boards association leaders, school wellness advocates and state public health nutrition directors all expect the School Wellness Policy mandate to produce positive outcomes. Expecting positive outcomes implies that respondents have favorable attitudes toward the intent and scope of the School Wellness Policy mandate. Respondents understand why the mandate is valuable to the school environment both short-term and long-term, and they are optimistic that the policy will be beneficial. This suggests that the focus now must be to leverage such an endorsement of the policy into a motivation to build support within the entire school community for the long task of effective policy implementation and evaluation. In other words, it must be made clear and compelling to all constituencies that without effective implementation and evaluation the potential benefits of the policy will remain unrealized.

Degree to Which School Wellness Policies Will Positively Impact Districts/States

Percentages represent respondents anticipating “a lot of positive impact,” by impact area



Note: School board members answered on behalf of their district; all others answered on behalf of their state.

Which school districts in each state have taken a leadership role in promoting and advancing school wellness? School board members, state association leaders, school wellness advocates and state public health nutrition directors named approximately 400 districts across the country. Among the districts mentioned most consistently across all surveys were:

Anchorage, AK	Daviess County, KY	Eugene 4J, OR
Fairbanks, AK	Montgomery County, MD	East Penn, PA
Mesa, AZ	Hickman Mills C-1, MO	Westerly, RI
Berkeley, CA	St. Joseph, MO	Austin ISD, TX
Capistrano, CA	Lincoln, NE	Jordan, UT
Los Angeles Unified, CA	Hudson Falls, NY	Wasatch, UT
Farmington, CT	Three Villages, NY	Chesapeake, VA
Norwalk, CT	Albuquerque, NM	Appleton Area SD, WI
Denver, CO	Wake County, NC	Olympia, WA
Orange County, FL	Grand Forks, ND	Campbell County #1, WY
Miami-Dade, FL	Oklahoma City, OK	Laramie County #1, WY
Chicago, IL	Tulsa, OK	
Shawnee Mission, KS		

Barriers

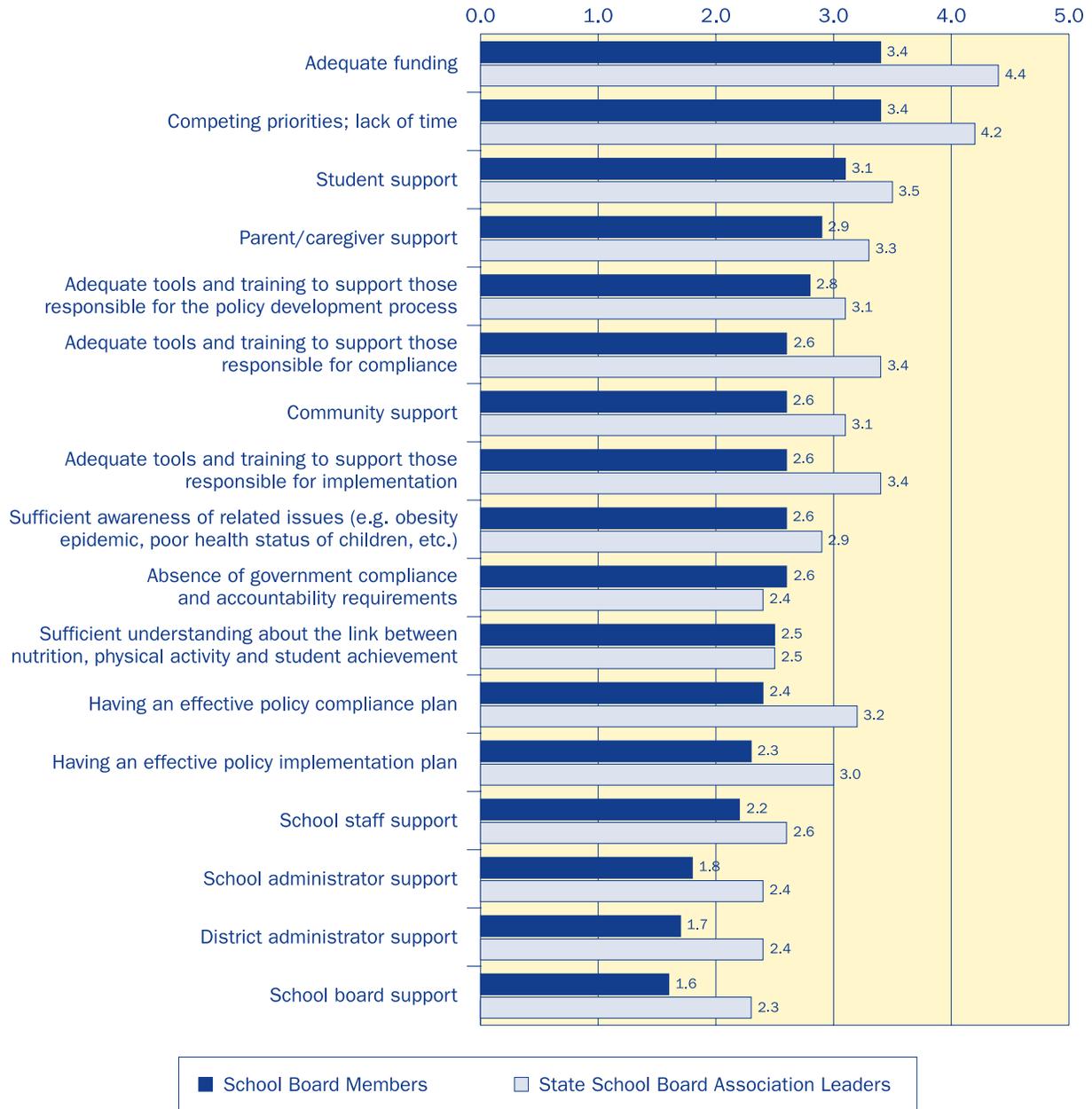
Barriers to School Wellness Policy development, implementation and evaluation are considered more challenging by **state school boards association leaders than by school board members**. For nearly every barrier listed in the chart on the next page, state association leaders view it as a more significant challenge than do school board members.

(See chart on next page)

Adequate funding is the number one barrier cited by both groups. Money was rated the highest by school board members and state association leaders in a listing of possible barriers (see chart on next page), and it was also the most prevalent write-in comment in an open-ended question about districts' "single biggest need" in fully complying with the wellness mandate. Write-in comments centered around three money-related themes. A vocal and passionate minority of respondents talk about "unfunded mandates" from the federal government. Another group of respondents mentions funding for additional staff (P.E. instructor, wellness director, nurse, nutritionist, health instructor) and facilities to carry out their district's wellness plan. Yet another theme was the challenge of lost funding or increased costs as a result of healthier vending, improving food options generally and fund-raising policies.

Conditions that Represent Barriers to Effective School Wellness Policy Development, Implementation, and Monitoring/Evaluation

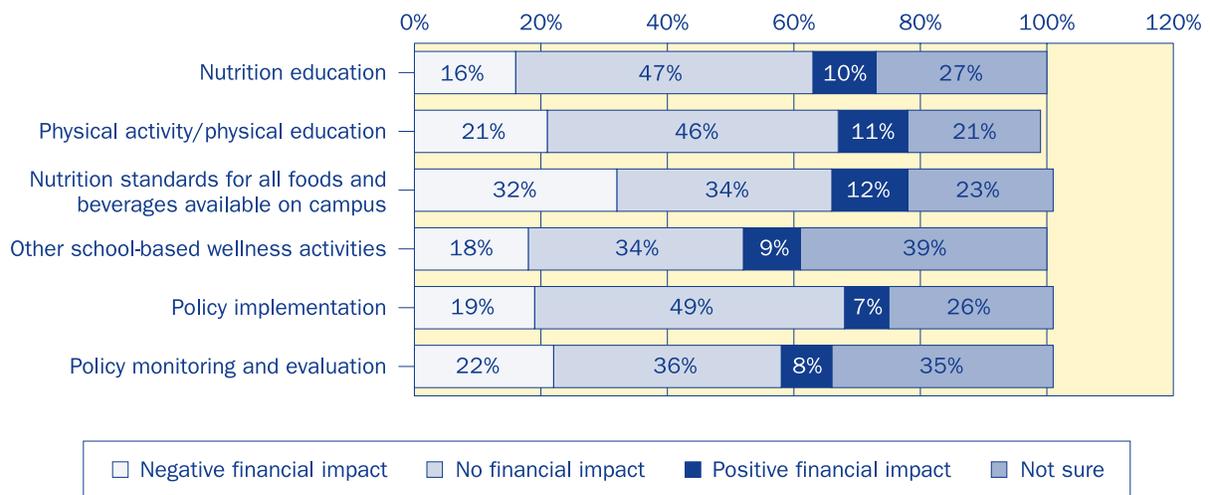
(1 = Not a challenge; 5 = Major challenge)



Note: School board members answered on behalf of their school district; state association leaders answered on behalf of "the majority of school districts in your state."

Although they are vocal about the need for funding, school board members see money as a less daunting challenge than do state association leaders. Note the full rating point difference between the two groups on a five-point scale in the chart on the previous page. Supporting this result is data from another question in the school board member survey, about the financial impact of their School Wellness Policy. Only a minority of board members (16%–32%) cite negative financial impacts from any aspect of their policy. Most respondents expect the financial impact will be neutral, and some (7%–12%) expect that the policy actually will have a positive financial impact.

**School Board Members' Perception:
How Components of the School Wellness Policy Will Impact District Finances**



Competing priorities/lack of time ranks as the second biggest barrier school districts face with regard to their School Wellness Policy. Again, state association leaders are much more apt to cite this challenge than are school board members themselves. In their write-in comments, board members explain that “lack of time” is the result of competition from other priorities and mandates, teacher contract restrictions and not enough time for physical education classes.

The third most prevalent challenge, cited by both board members and state association leaders, is the need to educate and gain the support of key non-staff stakeholders—notably, students, parents and the community. By contrast, in the view of both groups, it is less challenging to gain the support of school district staff and administrators.

Having adequate tools to support those who are responsible for policy development, implementation and evaluation ranks as the fourth major challenge rated by board members and association leaders. In fact, having an effective policy implementation and evaluation plan is deemed less of a challenge than having the tools needed to support those responsible for compliance with the plan.

Two important takeaways emerge from the survey data regarding barriers to the successful adoption, implementation and evaluation of School Wellness Policies.

First, state school boards association leaders are noticeably more negative than school board members about the barriers districts face in effectively addressing the School Wellness Policy mandate.

Second, funding and time constraints represent important barriers that will require systemic change in order to address. However, it is important to realize that the other most critical barriers voiced by board members and state association leaders—gaining the support of key stakeholders and having adequate tools to support those responsible for implementation and evaluation—might be overcome through programmatic strategies and social marketing initiatives (e.g., communications programs, tools and resources) addressed to an audience already predisposed to believe in the potential positive impact that wellness policies can have.

Opportunities

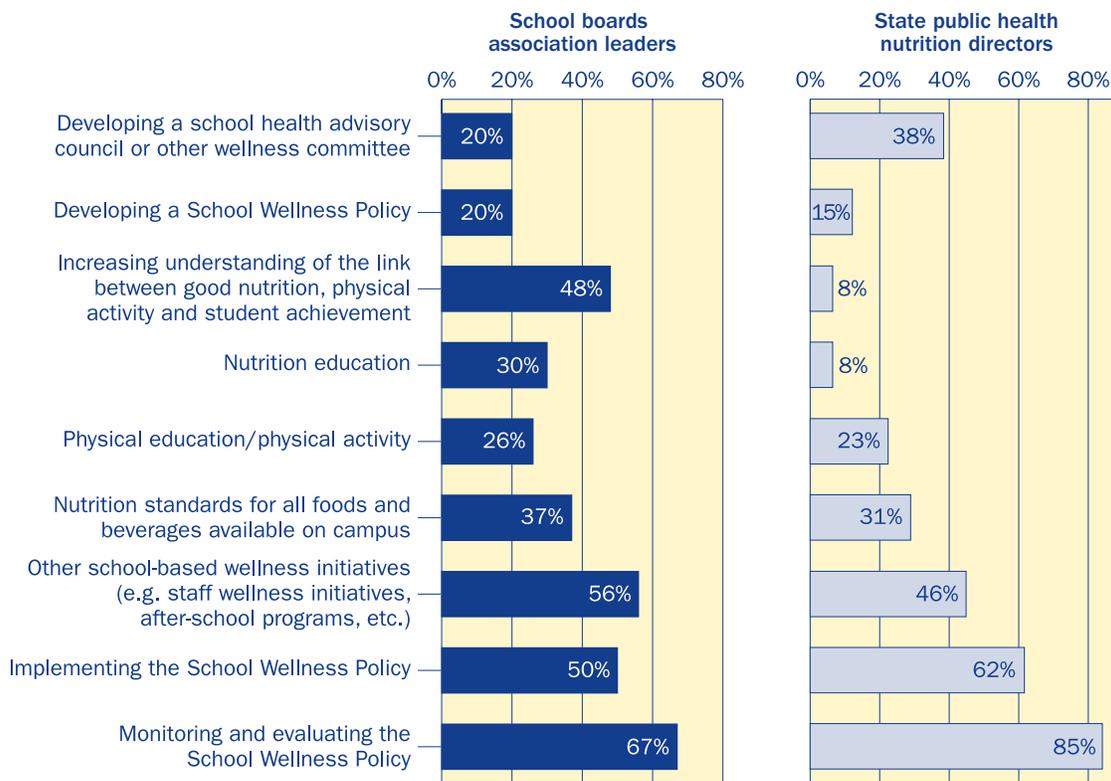
School board members express interest in a wide-range of training topics including: topics related to policy development, issue framing and communications, school environment, mobilizing support, monitoring and evaluation and finances. Based on the data, board members would value help in all of these areas, with the following topics being rated slightly more valuable than others:

- Mobilizing parent/caregiver support and involvement
- Mobilizing student support and involvement
- Exploring revenue-generating alternatives to the sale of unhealthy foods and beverages
- Increasing understanding of and promoting the link between good nutrition, physical activity and student achievement

State association leaders and state public health nutrition directors have clearer preferences around training and resources: monitoring and evaluating School Wellness Policies is by far the most valuable topic. As the chart on the next page shows, both groups rated monitoring and evaluation highly, especially state public health nutrition directors (Note: school wellness advocates did not answer this question). Other very valuable training topics for these groups include implementing the policy and other school-based wellness initiatives.

Preferred Topics for Training and/or Resources

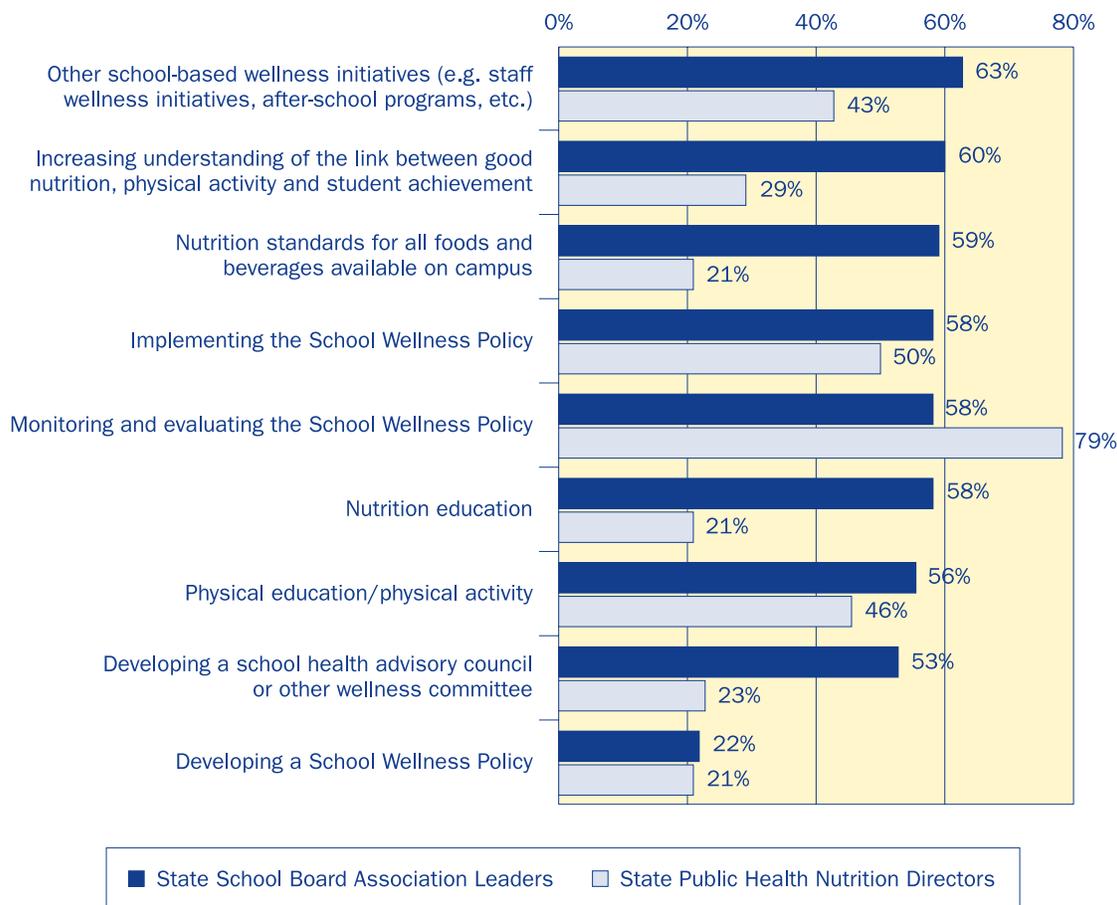
Percentages reflect respondents who would like to receive training and/or resources, by topic



State school boards association leaders and state public health nutrition directors are interested in, but only marginally equipped, to provide technical assistance to school districts on wellness-related topics. More than half of the association leaders are interested in but not equipped or only somewhat equipped to provide technical assistance (TA) on a large number of topics. In fact, they express capacity to train in only one area: developing a School Wellness Policy. By comparison, a greater percentage of state public health nutrition directors (over a third) are already providing TA to districts on topics that include policy development, nutrition education, nutrition standards and the link between nutrition, activity and achievement. State nutrition directors express the highest level of interest and lowest level of capacity to provide training on policy monitoring and evaluation. (Note: school wellness advocates did not answer this question.)

Interest and Capacity to Provide Technical Assistance to School Districts, by Topic

Percentages represent respondents indicating interest but limited or no capacity



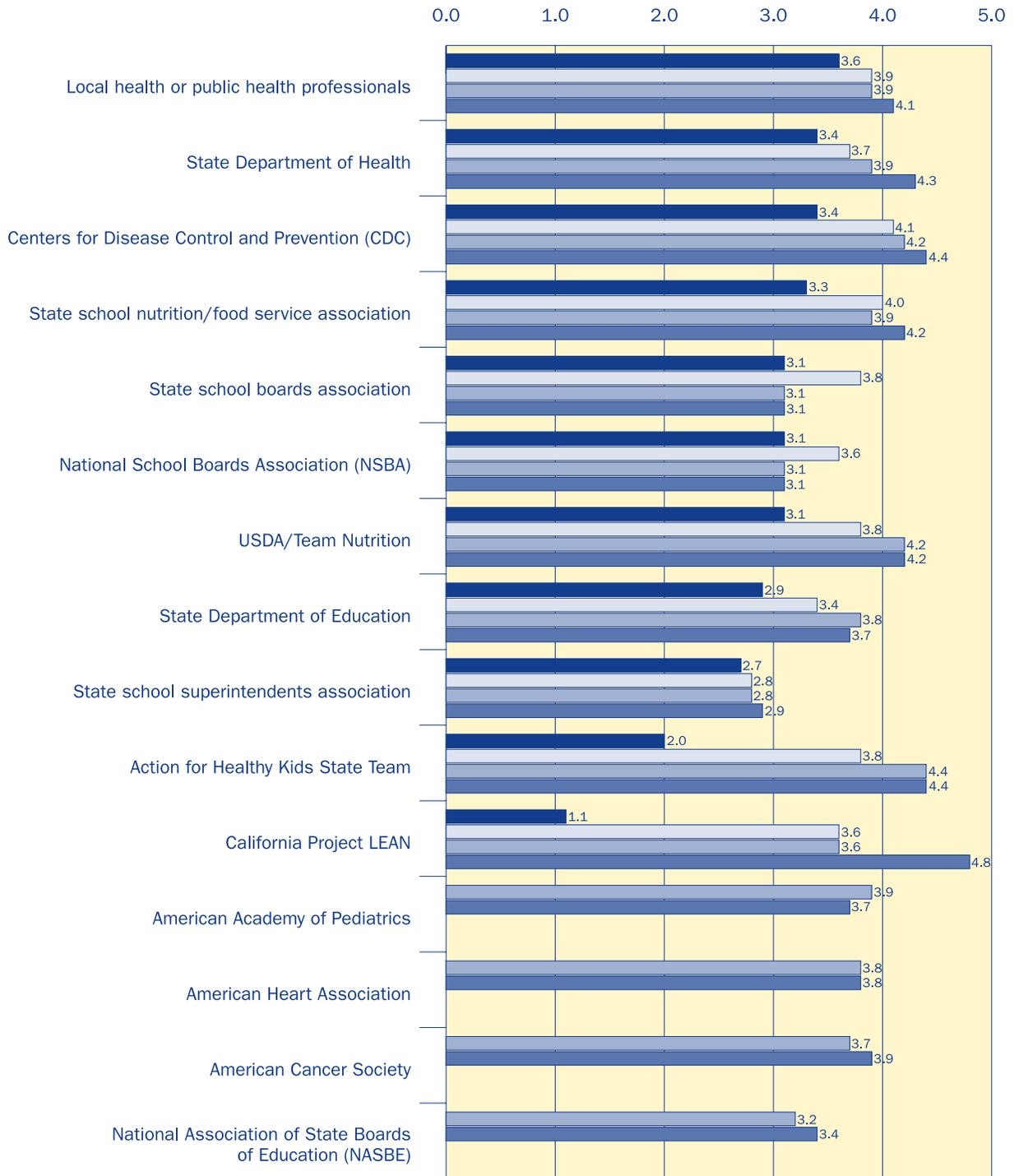
Local health or public health professionals are considered the most credible providers of TA for wellness-related topics according to school board members. Board members also consider state and national health/public health agencies—state departments of health and the Centers for Disease Control and Prevention (CDC)—as highly credible providers of TA. Considered almost as credible by board members are state and national professional organizations, including their state school boards associations, their state school nutrition associations, and the National School Boards Association, and United States Department of Agriculture (USDA)/Team Nutrition. Based on their write-in comments, board members are not as familiar with Action for Healthy Kids and California Project LEAN, and thus rate them lower as credible TA providers.

State school boards association leaders rate CDC as the most credible provider of wellness-related TA, followed by state school nutrition associations. State association leaders rate their own organizations almost as highly and on a par with local health/public health professionals, their state department of health and USDA/Team Nutrition. They also view AFHK teams, NSBA and California Project LEAN as credible TA providers.

School wellness advocates and state public health nutrition directors consider California Project LEAN, AFHK teams, USDA/Team Nutrition and CDC as the most credible providers of wellness-related TA for school districts. The next tier of credible providers, according to school wellness advocates and state public health nutrition directors, includes local health/public health professionals, state departments of health and state school nutrition associations.

Credibility of Wellness-related Technical Assistance Providers

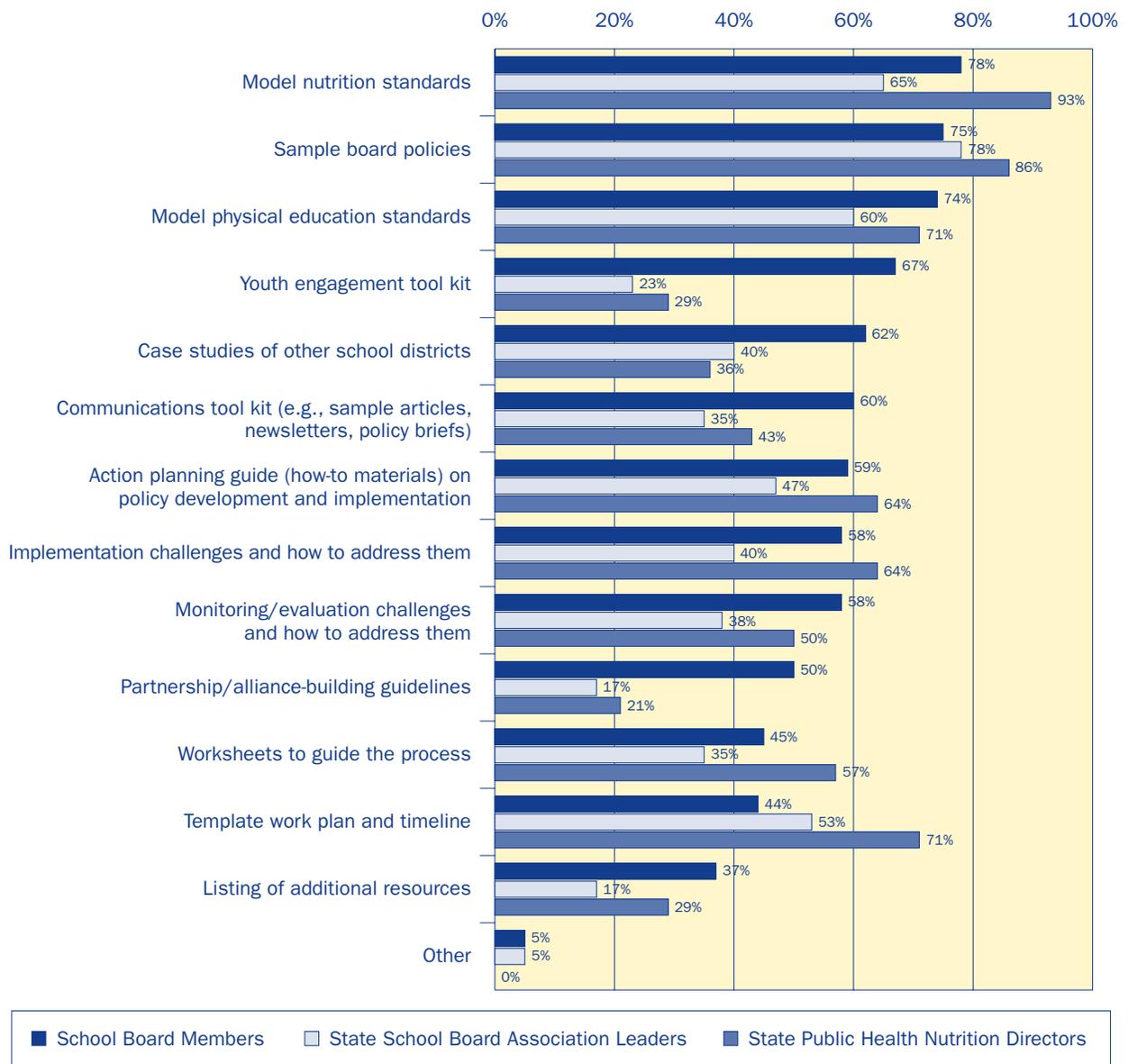
(1 = Least credible; 5 = Most credible)



The views of school board members are distinctly different from state school boards association leaders when it comes to wellness policy-related tools that are most useful in helping school districts. While both groups agree that sample board policies, model nutrition standards and model physical education standards are of primary value, board members are significantly more interested than state association leaders in case studies and communication tools for engaging key audiences. Board members are also more interested than state association leaders, although not quite as dramatically, in policy implementation and evaluation guides and tools. Also starkly different is their interest in partnership and alliance-building guidelines. Board members are nearly three times as likely as state association leaders to indicate that this type of tool would be useful to them. By comparison, state public health nutrition directors are interested in model standards, sample policies and action planning tools and work plans; they do not rate communications and partnership tools or case studies as particularly useful.

Usefulness of Wellness Policy-related Tools

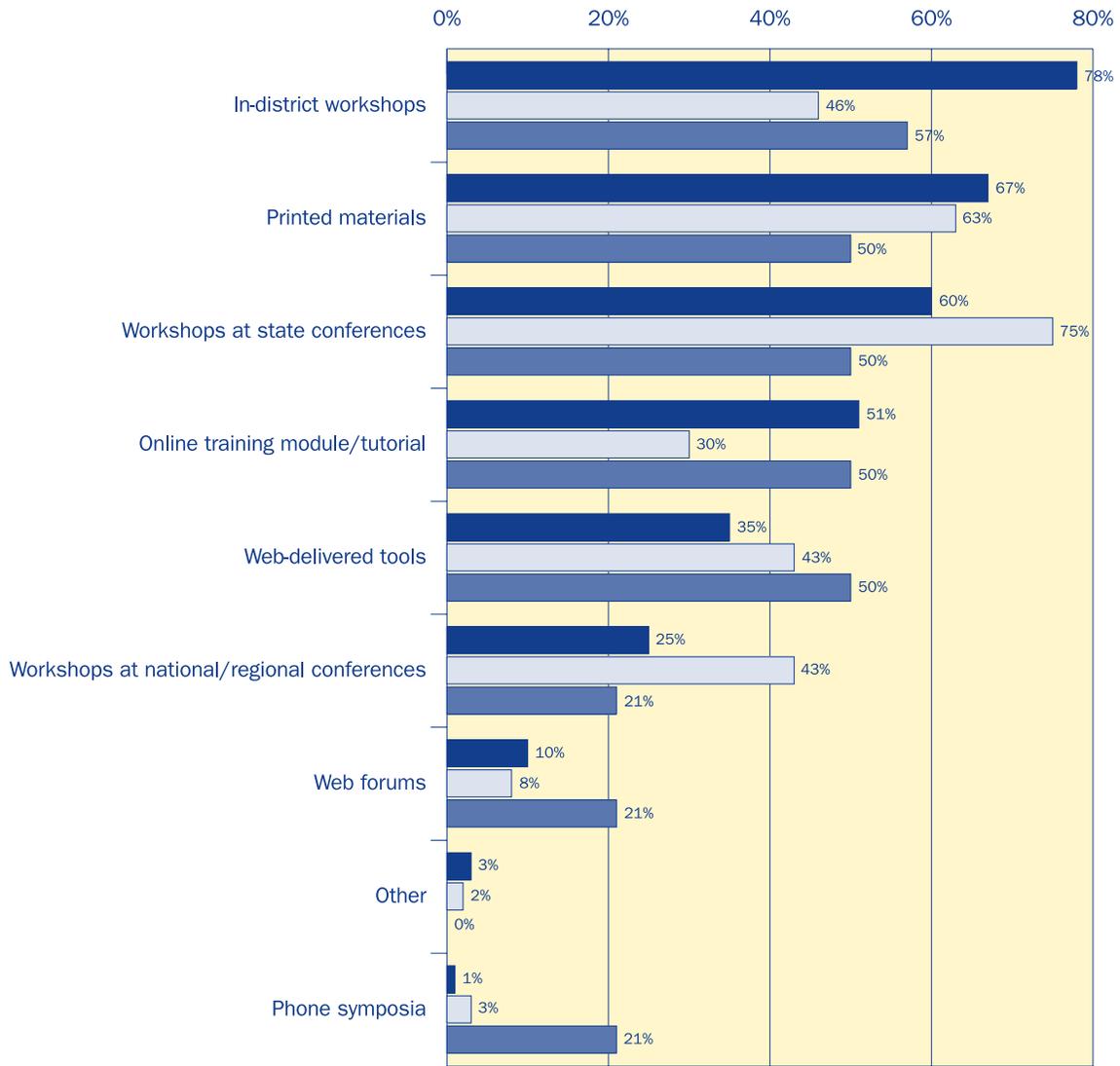
Percentages represent respondents who consider the tool to be useful in helping school districts



School board members prefer in-district workshops as the best training format, followed by printed materials and workshops at state conferences. More than half of board members also express preference for online training/tutorials. State association leaders, on the other hand, express strong preference for trainings at state conferences, followed by printed materials and web-delivered tools. State public health nutrition directors exhibit an openness to a greater number of training formats and did not express strong preference for any one training format. They rate in-district workshops, printed materials, workshops at state conferences, online training and web-delivered tools almost evenly (50% to 57% say they prefer each of these formats).

Preferred Training Formats

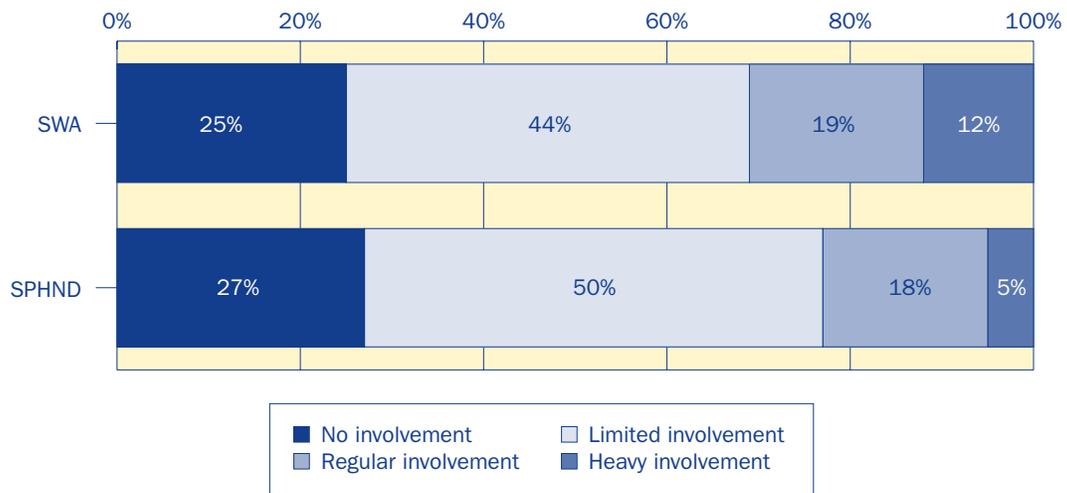
Percentages represent respondents who prefer the training format



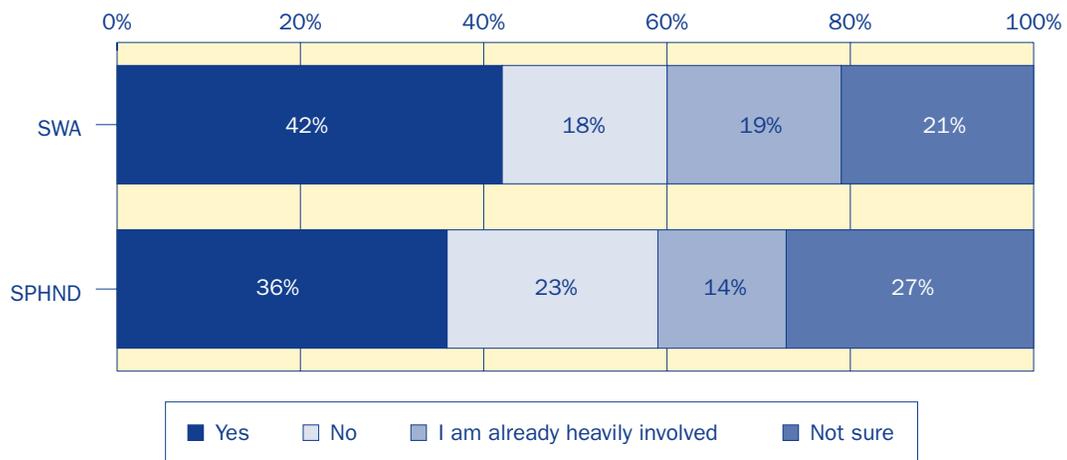
School Board Members
 State School Board Association Leaders
 State Public Health Nutrition Directors

School wellness advocates and state public health nutrition directors are interested in becoming more involved with school boards in their states. Three out of four school wellness advocates and state public health nutrition directors say they are involved with school boards in their states with regard to the School Wellness Policy mandate, but for most that involvement is limited. Many school wellness advocates and state public health nutrition directors—especially school wellness advocates—are interested in becoming more involved with school boards in their states on this issue (36%–42% want more involvement).

School wellness advocates and state public health nutrition directors *Current Involvement* with School Boards Relative to School Wellness Policies



School wellness advocates and state public health nutrition directors: Would you like to become more involved with school boards relative to School Wellness Policies?



SWA = School Wellness Advocates; SPHND = State Public Health Nutrition Directors

All the survey groups, especially school board members and state school boards association leaders, make abundantly clear throughout the data that they are highly receptive to tools and training related to School Wellness Policies. The data suggest, however, that the training needs of each group are different. School board members desire help on a broad-range of topics, while state association leaders and state public health nutrition directors are primarily interested in policy implementation and evaluation topics and tools. All groups cite a fundamental need for and interest in model policies and nutrition/P.E. standards, but school board members have a keen desire for tools that will help them communicate about this issue with key stakeholders in their communities—a desire that is articulated throughout the survey.

Given the comparatively low rating given to communication and awareness-building tools by state school board association leaders and state public health nutrition directors, this area represents a critical gap to bridge. The possibilities for bridging this gap and providing support on other needed TA fronts are promising, as state school board association leaders and state public health nutrition directors have expressed interest in providing this assistance if they have the tools to do so.

FOCUS GROUPS

Overview

To supplement the data collected in the online surveys, MMS Education conducted focus groups with school board members and policy directors at state school boards associations. The focus groups were designed to learn more about:

- Barriers, opportunities and perceptions regarding the implementation and evaluation of School Wellness Policies.
- The national readiness and capacity of state school boards associations to address nutrition and physical activity issues with their members.
- The acceptability of CSBA/CPL's current tools and resources outside of California.

Focus groups with school board members

Format

Three focus groups were conducted with 37 school board members from 27 districts and 17 states from across the nation. The agenda for these interactive discussion sessions included the following components:

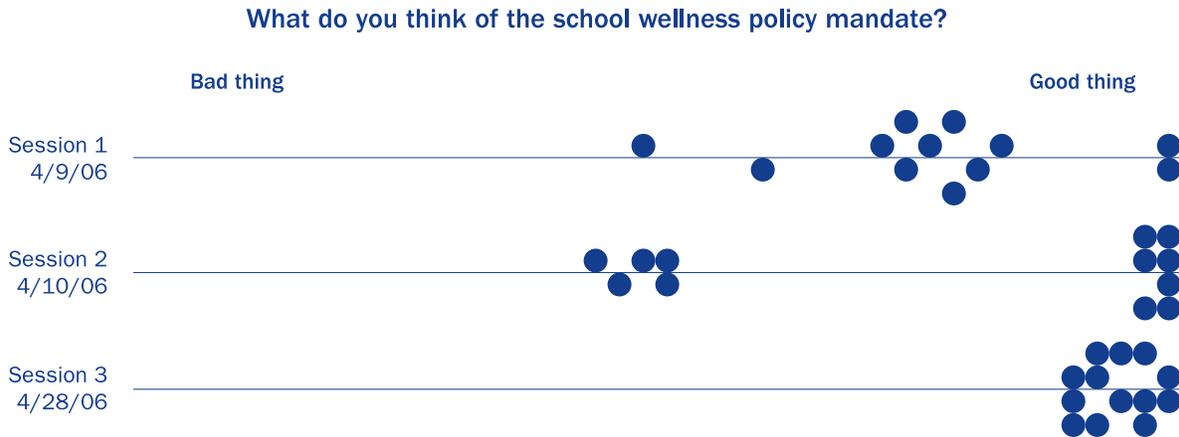
1. Introductions/purpose of session
2. General point-of-view on the mandate and issue importance
3. Status of and needs related to School Wellness Policy development, implementation and evaluation
4. Assessing tools and resources—existing and envisioned
5. Wrap-up: forecasting challenges ahead and advice for CSBA-CPL

At the beginning of each focus group, the moderator passed out a brief written description of the federal School Wellness Policy mandate (the same definition used in the online surveys) for reference and to clarify the scope and focus of discussion. The format for the session included short brainstorming and self-rating activities as well as group discussion. The moderator used the flipchart during parts of the session to track and revisit key responses and recommendations shared by the group.

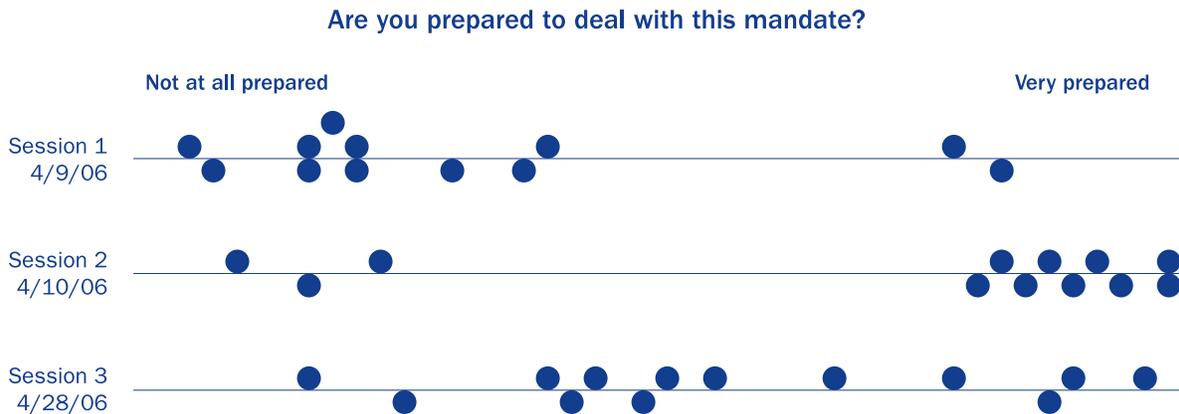
In each session, participants were engaged and interested in the topic, whether their districts were very far along in the wellness policy process or had not yet begun working on the policy. Many participants commented that they valued hearing about what other school boards and districts are doing, the challenges they've addressed and strategies they've adopted.

Findings

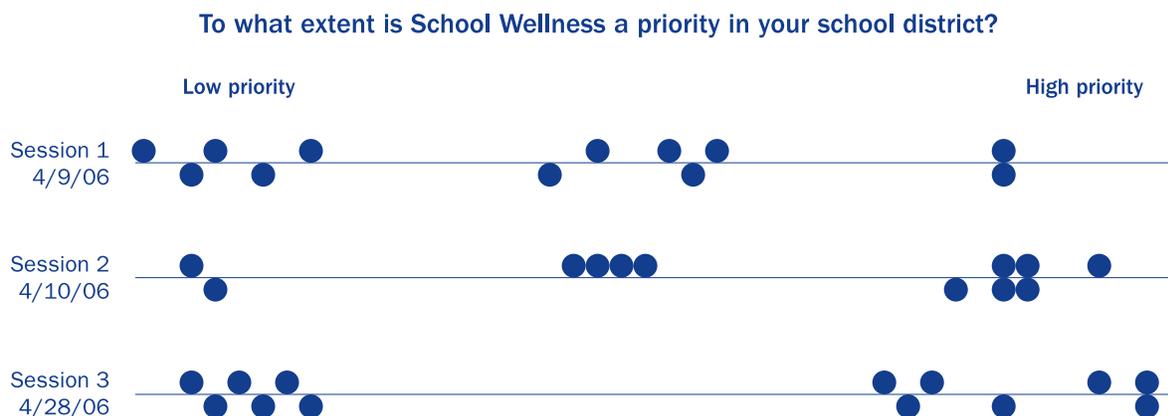
School board members view the School Wellness Policy mandate as something worthwhile and beneficial to their school districts. Rating the policy mandate on a “bad thing/good thing” continuum, the vast majority of focus group participants clustered on the positive end.



There is wide variation in board members' preparedness to deal with the mandate, as captured in the self-rating continuum below. At the time of the focus groups (April 2006), very few of the participants' boards had actually adopted a final policy; however, six or seven of the 37 participants were close to doing so. The majority were in the beginning to middle stages of the policy development process and a handful of participants' boards had not even begun, despite the looming federal policy adoption deadline of July 1, 2006.



Board members have mixed views and experiences regarding the extent to which wellness is a priority in their districts. The continuums on which participants plotted themselves (below) reflect a somewhat more negative view than reported in the online survey of school board members, where 51 percent of respondents considered school wellness to be a “moderate” priority, 33 percent considered it a “high priority,” and only 15 percent considered it “low” priority or “not a priority.”



School board members themselves are the most avid group of wellness “champions,” that is, people within the district who are taking the lead to drive the issue forward, according to focus group participants.

Is there a “champion” for this issue in your district? If so, who (by job title)?

- School board member (11 mentions across all three groups)
- Superintendent/Asst Superintendent (5)
- Nutritionist (4)
- School nurse or nursing director (3)
- P.E. Department/Teacher (3)
- Food service/school nutrition director (2)
- School health advisory council (2)
- School food service director (2)
- Contract feeding service (Sodhexo or Aramark) (2)
- Health professionals (1)
- “Wellness clinic” (1)

California is generally recognized as the state that is taking a lead in terms of school wellness, according to participants.

What state(s) are taking the lead on the school wellness issue?

- California (16 mentions across all three groups)
- Maryland (2)
- Oregon (2)
- Wisconsin (2)
- Delaware (1)
- New York (1)
- Illinois (1)
- Minnesota (1)

Focus group participants cited similar **challenges to policy development and implementation** as captured in the online survey of board members. Most importantly, they mentioned funding concerns, especially with regard to vending contracts; getting buy-in and support from key audiences within the district, from the superintendent on down to the students; competing priorities; lack of time in the curriculum to accommodate health, nutrition, and P.E; and apathy on the board. Several participants mentioned that the federal mandate is providing the momentum that their districts need to actually address the wellness issue.

Participants in each focus group brainstormed a list of **information and tools** they would like to have to support their School Wellness Policy process. Results for all three sessions are summarized below.

Board member needs for wellness policy development

Background information:

- Clarity on federal mandate, as well as information on state and county regulations/guidelines

Information related to policy content:

- Sample policies
- Food options and nutritional data, with pros/cons for each option
- Physical activity ideas
- Unintended consequences of “black market” distribution of unhealthy foods

Best practices and results:

- Best practices/case studies
- Financial impact models and information
- Data on impact and results of wellness policies

Awareness-building:

- Information on community/business partnership opportunities
- Strategies to engage diverse stakeholders
- How to educate and engage parents and the public
- Student involvement tools
- Advocacy tools

Other resources:

- Listing of resources available
- Funding to support the mandate
- Time

Board member needs for wellness policy implementation

Tools related to policy specifics:

- Vendors for affordable, healthy food options
- How to get vendor cooperation and products that meet nutritional guidelines
- Information on a variety of food options
- Ideas and advice for meeting P.E. time requirements
- Curriculum support

Training for key staff:

- Training and guidelines for school food service: identifying foods, providing calorie information, etc.
- Training for building administrators

Awareness-building and promotion:

- Ideas to kick off wellness policy implementation
- Social marketing tools to generate full community buy-in by institutions and individuals
- Parent education
- Public relations to students
- Promote sense of urgency among school board members: how to convince them it's not a "one-shot" deal

Money:

- Funding models
- Funds for equipment, facilities and staff
- Alternative fund-raising ideas

Innovations:

- Updates on best practices: new results and innovations in school districts
- Networking to learn about tactics and results of implementation from other districts that are making progress
- Facilitate networking with districts that have made implementation progress via a database or online system

Guidance on monitoring role:

- Monitoring tools and guidance: watchdog role
- How to ensure regular feedback

Board member needs for wellness policy monitoring and evaluation

General guidance:

- Guidelines for monitoring:
 - What to monitor
 - How to measure
- Guidance on goal-setting: measurable and realistic
- Samples of what to measure

Specific tracking advice:

- How to measure and track nutrition guidelines
- Vending: what to track and how to track it
- Guidance on plate-waste studies and initiatives

Comparative information:

- Other districts' results for guidance and comparison

Communication tools:

- Models of how to present results to the community
- How to share/promote the results to parents
- How to engage doctors/pediatricians in monitoring and evaluation

Who do school board members look to for authority when it comes to developing, implementing, and evaluating their district’s School Wellness Policy? During the focus groups, participants mentioned the following as the individuals or groups they hold accountable. *(Note: Numbers in parentheses indicate the **number of focus groups** in which this response was given by the group, rather than a number of discrete individuals who gave the response.)*

Source of authority for issue expertise and policy-related content:

- State school boards association (3)
- Superintendent/school administration (2)
- School board members (2)
- School district attorney (2)
- NSBA (2)
- State Department of Education
- State Department of Health
- NEOLA
- USDA
- Manager of the area (e.g., wellness)

Source of authority for drafting policy language:

- State school boards association (3)
- School board attorney (2)
- NSBA (2)
- Policy specialist on staff
- Superintendent
- School board members

Source of authority for aligning with state and federal guidelines:

- State school boards association (3)
- School board attorney (2)
- Superintendent (2)
- NSBA (2)
- School board members
- Policy specialist on staff

Source of authority for implementing the policy:

- Superintendent (3)
- School board (2)
- Principals
- Wellness committee on the board
- Principals
- Teachers

Source of authority for monitoring and evaluating the policy:

- Superintendent (2)
- Staff responsible for different “areas” (2)
- School board (2)
- School food service (2)

Wellness committee chair
School food service director
Parent feedback (as a monitoring feedback mechanism)

Focus group participants were enthusiastic about having tools and resources to help them with the entire policy process. Some participants were familiar with existing tools including CSBA/CPL's "Successful Students through Healthy Food and Fitness Policies" guide; model policies from National Alliance for Nutrition and Activity, School Nutrition Association and AFHK; resources available from USDA/Food and Nutrition Service especially if they had previously attended a workshop at a national or state conference. When presented with samples of some of these existing tools, participants commented on features they liked, including:

- Ease of use
- Accessibility (tabs, easy-to-read copy, good organization)
- Brevity and simplicity in terms of amount of content and how it's presented
- Clear, fact-based content, including pros and cons of various options
- Meeting planning, preparation and presentation tools

The CSBA/CPL "**Successful Students**" guide was praised for its content, presentation and organization. Many participants asked to take a copy with them. They suggested a version of a "how to" tool that carried through to policy implementation and evaluation. Participants generally agreed that it would be important to have state-specific data in such a tool or to make that available online as a companion piece.

Participants also commented on **delivery format** and indicated a desire for both print and web-based tools to accommodate board members who are web-oriented and those who are not. A number of participants recommended some kind of training for board members, ideally in person to allow for information exchange and group interaction. (Several participants indicated that the focus group itself represented the kind of give-and-take session they would appreciate.) Web-based trainings were recommended by a small number of participants. When other participants were asked if they would participate in a web-based training the majority said they would—and some who had already participated in a web-based training volunteered that they had been very helpful—but a face-to-face session would be ideal, if possible. Participants also mentioned the state school boards associations as a logical delivery vehicle for this type of information and training.

Would board members be **willing to pay** for these resources and trainings? Due to time constraints, willingness to pay and pricing was discussed in only one of the focus groups, and these participants indicated that they would be willing to pay for a valuable service or tool that delivered on the types of needs mentioned in the listings above. A fee of \$20 to \$30 for a guide like CSBA/CPL's "Successful Students" was deemed reasonable.

As a wrap-up to the sessions, participants were asked to **think ahead to one year from today and to forecast what their district's single biggest challenge would be with regard to school wellness.** Their responses, in order of frequency with which they were mentioned:

- Assessing whether the policy is working
- Generating community support and involvement
- Generating parental awareness and involvement
- Money to implement and sustain the changes
- Combating apathy on the board and in the district

Additionally, focus group participants offered the following final piece of **advice to CSBA, CPL and any potential partners or funders as they work to develop school wellness tools for boards and districts.**

- Develop a component to impact community awareness and engagement
- Help us engage and inform parents
- Engage and involve students
- Keep board members informed about this issue on an ongoing basis not just occasionally
- Keep whatever it is simple, easy to use and positive

- Provide a progressive curriculum and tools for grades K through 12
- Start stressing healthy lifestyles earlier than kindergarten, in pre-K and before
- Provide ideas and guidelines for what to monitor, measure and evaluate
- Help administrators and staff see that they have to “walk the talk”
- Provide opportunities for board members to share experiences and ideas
- Understand that this is a systemic issue that touches on many aspects within a district and which requires federal and state support
- Make it locally based (Set standards but don’t standardize. Everything has to be local)

Focus groups with state school boards association policy directors

Participants

Ten policy directors from nine state school board associations participated in two focus groups conducted at the American Association of State Policy Services conference, and approximately 50 policy directors and staff from diverse states participated in several informal roundtable discussions.

All participants were fully aware of and familiar with the federal School Wellness Policy mandate and all had worked on it for their association and their members to some degree. Typically, this work involved developing a model policy for school districts in the state, providing ad-hoc advice to district administrators and board members and conducting trainings, often in partnership with other organizations in the state.

Objectives

The objectives for these sessions were to learn:

- How state school boards association policy directors view their role and their state association’s role as it relates to School Wellness Policy implementation, evaluation and refinement.
- To whom the state associations provide support on this issue and the degree to which they both expect and are prepared to provide ongoing support related to school wellness.
- Partnership and collaborative opportunities and challenges.

Findings

Every state association represented in the focus groups has provided districts with a model School Wellness Policy. In most cases it’s a very basic document that meets the federal guidelines and allows districts to “get a minimal policy on the books,” in the words of one participant. They acknowledge that their model policy has to meet legal guidelines with regard to the federal school lunch program, as well as, in some cases, state legislation or regulations.

In providing the model policy, state school boards associations sometimes face a **tension between wanting to provide an easy-to-adopt solution for school districts and something that districts can and will customize to make their own.** Said one participant, “I struggle with how much detail to give them...They want to get it done quickly. How can we do that without spoon-feeding them stuff that they’re not going to make their own?”

Focus group participants consistently emphasized that policy implementation and evaluation is a “local issue.” They do not see a role for themselves or their state association in proactively supporting school districts in the post-development phases of the policy process. And they view monitoring and compliance as a Department of Education function. In addition to simply not viewing this as their purview, they cited other barriers: lack of staff to support broader involvement, and uncertainty about the content and rigor of state wellness legislation and guidelines that may be coming down the road.

Several state school boards associations are working cooperatively with other entities in the state that are taking the lead on school wellness, such as the Department of Agriculture (New Jersey, Texas), AFHK (Iowa, Texas, Washington State), PANA and the Department of Education (Pennsylvania). These collaborations are providing the state school boards association with content expertise, helping them to stay informed with

emerging wellness trends and guidelines, assisting with policy dissemination and offering a chance to be a player—if not the initiator—of training and communications efforts directed toward school districts.

Policy directors often have to educate their partners on the basics of what a policy is and the difference between policy and administrative regulations. Compared with many other school policy issues, they noted that school wellness engages a very broad group of stakeholders and thus results in a greater need for remedial instruction for those who want to impact policy content. One policy director wished he had had the opportunity to do this kind of education earlier in the process to impact the Department of Agriculture policy, which, in its level of detail, “reads more like a regulation.” He observed, “My boards in the next year are going to be thinking about gummy bears because they’re going to find out these are foods with minimal nutritional value...and that’s only the tip of the iceberg.”

While these policy directors may say that their “work is done” once a model policy has been developed and disseminated, they also can suggest many **types of support their members would expect or want them to provide beyond the policy development phase.** For example, they think their members would want:

- Implementation “ideas that are realistic...in compliance...and do not cost [school boards] a lot of money”
- “Concrete guidelines about how to implement” the policy
- Information on and contacts at “exemplary programs”
- A “list of short ideas for [how to increase and track] physical activity”
- Communication tools to send out to parents and the community
- “Survival tips” or a “generalized plan or model” on monitoring and evaluating the policy
- Lists of resources for referring people with wellness implementation or evaluation questions

“They want specific details,” said one participant. “The more you give them, the more they want.”

Tools and resources like the ones listed above should be branded by the state school boards association if they are sent to local districts or “come under the umbrella” of the association, according to several policy directors. “Otherwise,” said one policy director, “868 school districts wouldn’t pay attention to it. They would see California on it. We don’t care about California, but what is our state doing?” However, some participants in the afternoon breakout sessions felt such tools and resources would be strictly for referral and would not be created, or used, by the state school boards association; therefore, state branding was unnecessary.

Who do the state school boards associations support when it comes to policy issues? According to focus group participants, **school administrators are the primary audience.** Texas mentioned a 20-to-1 ratio of calls from superintendents versus board members. With regard to school wellness, some of the policy directors noted a higher than usual number of calls from people outside their normal policy loop, such as school nurses and health teachers.

Several policy directors expect this trend to continue, and one policy specialist forecasts that within six months to a year, after the School Wellness Policy rolls out in districts, their state school boards association will get many more **calls for help:** “It’s not hard to develop a policy and send it out there and say, ‘Adopt this.’ But implementation and compliance, that part is huge.”

State school boards associations do not generally provide training on School Wellness Policy Implementation. Some associations provide districts with generic policy review and monitoring training as a fee-based or grant funded service, but no one involved in the focus groups currently does anything like this directly related to wellness. However, some state school boards associations are involved in coalitions (e.g., AFKH in Iowa and PANA in Pennsylvania) that are providing training on policy implementation and evaluation in the state.

What makes a good partner? The policy directors value partners with expertise in their area. Several participants indicated that they could not have done what they’ve done in school wellness without the collaborations they’ve had (notably, Iowa and Pennsylvania). Participants also cautioned against partners who “expect us to carry the weight because they think we’re so big.”

Key informant interviews with school districts and one state-level collaboration

Key informant interviews were conducted with several individuals in three school districts and in one state-level collaboration. The interviews sought to learn:

- Successful strategies and outcomes
- Barriers and challenges confronted
- Lessons learned

Key informant interviews were conducted with:

- Austin Independent School District, Texas.
- Farrell Area School District, Pennsylvania.
- Metropolitan School District of Lawrence Township, Indiana.
- State-level collaboration in Iowa, involving Iowa Association of School Boards and the Iowa Action for Healthy Kids team.

The three districts are diverse in their geographic locations as well as number and type of students served. With over 80,000 students and 107 schools, Austin ISD is the 38th largest school district in the United States. Its student population is more than half Hispanic, about one-fourth white and almost 14 percent African American; 54 percent of the students are eligible for free and reduced-price school lunch. Metropolitan School District of Lawrence Township is a mid-sized district of about 16,000 students and 21 schools, located in the urban fringe of Indianapolis. Two-thirds of the student population is white, approximately 30 percent are African American, and about 3 percent are Hispanic; 35 percent of the students qualify for free and reduced-price school lunch. And Farrell Area School District is a very small district of 1,167 students and two schools, located on the western border of Pennsylvania in the urban fringe of Youngstown, Ohio. Over 80 percent of Farrell's students qualify for free and reduced-price school lunch; 78 percent of the student population is African American and 22 percent are white.

All of the districts have made progress in developing, implementing and evaluating school wellness practices and policies. Two of the districts, Austin and Farrell, were actively pursuing wellness initiatives long before the federal mandate, thanks in large part to a community culture that places high importance on wellness (Austin) and visionary and motivated school leaders and staff (Farrell). The federal School Wellness Policy mandate and, in Texas, the state wellness legislation gave additional momentum to these districts' efforts. In Lawrence Township, the federal mandate was the catalyst for a committed wellness initiative.

In Iowa, the state school boards association collaborated with the state's AFHK team to develop a model School Wellness Policy for districts in the state. Iowa Association of School Boards (IASB) had been part of AFHK since 2002, but the federal School Wellness Policy mandate gave greater relevance to the organization's involvement on this collaborative team. Because the AFHK team was already in place when the federal mandate was issued, it was easier and more natural than it otherwise might have been for IASB and the team members to collaborate in developing a model policy. In IASB's view, many benefits have come from the collaboration. First among them is having access to partners' knowledge and expertise both to help formulate the policy and as a network of support for IASB's members with questions and concerns about wellness. The partners see IASB as central to their work on School Wellness Policy development. However, now that the model policy has been created, neither IASB nor the partners expect the state school boards association to continue in a lead role on this issue.

Following are highlights from the key informant interviews.

Status of school wellness within the districts

- Austin formed a School Health Advisory Council in 2000, prior to the Texas legislation that required SHACs. The district has addressed vending (offering "healthier" and "healthiest" options), with lower prices for the healthiest items, and they now offer the same foods in vending as in the food service lines. Health, P.E. and food service departments collaborate to incorporate physical activity tips in breakfast and lunch menus. The PTA has added a new position to communicate with parents about health and PE/physical activity information. The district has a full-time wellness coordinator.

- Lawrence Township formed a wellness committee in 2005 with a school board member and food service director as co-chairs. Another school board member also serves on the committee along with a broad-based group of stakeholders. The biggest changes the district will make in 2006–07 are the elimination of fried foods and reducing the fat and sugar content of various foods. Media coverage of school wellness and childhood obesity issues has helped to mitigate opposition to the district’s local wellness policy. The district is planning a big wellness kick-off event to launch its wellness policy.
- Farrell’s superintendent has been highly committed to school wellness for more than a decade, and during this time the staff—in particular, a P.E. teacher/supervisor—has been instrumental in gathering data to inform and spur school and community support for health and wellness initiatives. Farrell is a full-service community school: a “health shop” in the elementary school provides clinical healthcare services to students and the community, and the district serves as the county fiscal agent for Head Start. The fourth poorest district in Pennsylvania, with a dwindling tax base in a low-income community, Farrell actively seeks grants and partners to help support its wellness efforts. The district invests in a full-time community outreach specialist to build alliances, attract grant funding, engage parents and members of the community and generally promote Farrell’s wellness accomplishments and needs.

Factors that contribute to success

- Long-term, top-level commitment to student health and wellness from administrators and the school board.
- A history and culture of community involvement, including partnerships and collaborations with health, business, faith-based, non-profit and government entities in the community.
- A community environment that values wellness.
- Regular communications with families and the community as a top priority.
- Data-driven approach to decision-making, communications and program tracking.
- Highly motivated, results-oriented staff charged with implementation.
- Board involvement on the school health advisory council or other wellness committee.
- State-level leadership and legislation that support and mandate positive change.
- A wellness coordinator or another dedicated person on staff to help guide and implement wellness initiatives.
- Cooperation and collaboration with state agencies, such as the departments of education, agriculture and health.
- State-level collaboration: the presence of an existing coalition when the federal mandate was issued allowed the model wellness policy to be developed faster and with more broad-based involvement than otherwise would have been possible.

Implementation strategies

- Austin is implementing a number of successful strategies to promote wellness. Among them:
 - Creating and maintaining a quality, broad-based SHAC.
 - Creating a PTA health and wellness chair position that communicates health and P.E./physical activity information to parents.
 - Instituting a “results policy” approach so that all policy-driven tactics are outcome-oriented from the start.
 - Keeping the cost of “healthiest” snacks below the cost of “healthier” and less healthy options.
 - Inserting daily physical activity and health messages on school menus through a collaboration among the health, P.E. and school nutrition departments.
 - Collaborating with the health department, mayor’s office, businesses, state based and community organizations and hospitals to coordinate wellness messages across all environments—schools, home, restaurants, healthcare and the workplace.

- Although not as far along as Austin, Lawrence has adopted the following successful implementation strategies:
 - Having two board members and diverse stakeholders involved on the wellness committee.
 - Conducting staff wellness initiatives to gain buy-in and involvement.
 - Instituting recess before lunch.
- Implementation strategies that are serving Farrell well include:
 - Creating a sense of urgency and mission throughout the community by promoting research-based data on health risks children were/are facing (e.g., rates of diabetes).
 - Embedding health messages in core-curriculum lessons.
 - Compensating for limited P.E. class time through school-wide physical activity initiatives and by constantly reinforcing with students the need for one hour of physical activity a day, with ideas and suggestions for how to achieve that outside of school.
 - Communicating with parents through fitness/BMI reports on their children, case studies, success stories and news about what the district is doing.
 - Pursuing grant opportunities for wellness initiatives.

Monitoring and evaluation strategies

- Austin ISD has tracked BMI in grades 5, 7 and 9 for three years; they also collected and tracked fitness data for those grades. The district administers student surveys to measure knowledge, attitudes and behaviors related to wellness. The district will begin monitoring nutrition guidelines and nutrition education.
- Lawrence will begin tracking food choices made by middle and high school students in the cafeteria and vending to see the impact on buying and consumption habits. The wellness committee is working on accountability rubrics for the School Wellness Policy that aligns with academic rubrics. Preliminary data will be available in January 2007.
- For more than 10 years, Farrell has been compiling P.E. Report Cards for students and also tracking height, weight and BMI data, all of which is shared with parents. A summary report is shared with school administration and the board. Since the district began tracking this information they have seen a decrease in student overweight and obesity. The district is working with a research partner to try to link the wellness data to achievement indicators, such as absenteeism, discipline and academic performance. A formal plan for evaluation of the district's School Wellness Policy is in development.
- State level collaboration: Iowa's AFHK team will conduct statewide trainings via satellite on School Wellness Policy evaluation. An online assessment tool developed by one of the partners can be used as a benchmark and ongoing tracking resource for districts.

Challenges

- Communication—getting the word out and building support.
- Time—to collaborate, monitor, collect data and write reports.
- Resistance from groups with fund-raising programs.
- Funding.
- State level collaboration: reconciling different partners' points of view; learning to allow for organizations' individual positions within the collaborative.

Tools, resources, and support needed

- Access to experts who can review and validate a district's activities and consult on next steps.
- Access to other models and best practices from around the country, especially those that are no-cost or low-cost.
- More networking and collaboration among districts about wellness.
- Resource center with tools and information to guide the entire wellness policy process.

- The time of dedicated stakeholders.
- PSAs in English and Spanish that promote the wellness messages being provided in schools.
- Electronic communications tools and resources to promote and share information about the policy mandate and what the district is doing.
- Communications strategies and templates/draft language.
- Information on how to get local media engaged.

Lessons learned

- Don't bite off too much too soon. Start small and build slowly. Don't expect to implement everything in one year.
- Get the right representatives on the School Health Advisory Council or other wellness committee.
- Engage your "adversaries" on the SHAC; educate them and enlist their support.
- Ensure that the SHAC understands and is committed to working with the district, not trying to compete with or work against it.
- Collaborate with local universities on monitoring and evaluation tactics.
- Identify the 'hot button' issue in the district and start by addressing that issue (e.g., diabetes, cafeteria service, etc).
- Be prepared to tell the story over and over again.
- Get more than one board member involved.
- Treat new programs as a trial; start with pilot projects and let the benefits speak for themselves.
- Don't use finances as an excuse. Get creative and proactive with grants; guard every single penny.
- Model the behavior you want to inspire.
- Be prepared to adjust the plan as you go along.

Key Informant Interviews with superintendents

Participants

School leaders in eight public school districts participated in the interviews, including:

State	District
Arkansas	Fayetteville School District 1
Indiana	Fort Wayne Community Schools
North Carolina	Winston-Salem/Forsyth County Schools
Oregon	Eugene School District 4J
Pennsylvania	East Penn School District
South Carolina	Dillon School District 2
Texas	Lake Worth Independent School District
Washington	North Thurston Public Schools

These districts range in size from 2,300 to over 47,000 students, where less than 10 percent to over 50 percent of the students are minorities. Poverty levels in the districts also represent a broad range, from only two percent to over 28 percent of the students coming from families classified as low-income.

Areas of inquiry

Tailored to each interviewee, discussions with the school leaders centered around the following themes and sub-themes:

Assessment of current school wellness environment

- How the School Wellness Policy is progressing in the district.

Wellness priority for the superintendent and board

- Role of the superintendent and board in advancing wellness.
- Extent to which school wellness is a priority for the superintendent and the board, given other urgent priorities.
- Champion(s) for the issue within the district.

Indicators of success

- Factors that have contributed to the district's success.
- Indicators that demonstrate progress and any specific outcome measurements achieved.
- Short- and longer-term goals and expectations.

Challenges

- Biggest obstacles from the superintendent's perspective.
- Extent to which district is prepared to address obstacles.
- Strategies taken, or planned, to address challenges and any successes to date.
- Advice and lessons learned.

Needs

- Resources and tools that would help superintendents and districts address the policy mandate more effectively.
- Knowing where superintendents will look for assistance.

Methodology

Superintendents were selected for participation based on the following criteria:

- District is located in a state in which the state school boards association is receptive to a progressive approach in supporting the full policy cycle: development, implementation, monitoring/evaluation and refinement.
- The state school boards association policy director identified the district as having made progress on wellness, or the district was identified consistently by participants in the larger research project as "taking a leadership role on wellness."
- The district has adopted a wellness policy and has begun implementing the policy.
- The interview subjects represented districts with a range of enrollment sizes, geographic locations and demographic characteristics.
- The interview subjects reflected a range of attitudes toward wellness from those who take a deep personal interest in the issue to those who are not personally engaged.

Interviews averaged 45 minutes long. The interviewer took notes during the interview and crafted a formal write-up based on those notes. No financial or other tangible incentives were awarded to the interview subjects. A thank-you e-mail was sent to each participant after the interview.

Key findings

1. School wellness is definitely on superintendents' radar screens and they feel that it is very important, but it is not a top priority. There are hotter issues to deal with, especially meeting academic standards as required by No Child Left Behind.
2. Superintendents report that continual news about obesity has raised awareness for wellness, but this is not an especially hot issue among community leaders and parents.
3. For the most part, superintendents are not seeking assistance or outside help in implementing and/or evaluating their wellness policies.
4. Districts plan to handle tracking and evaluating the new wellness policies as they do other policies. They do not recognize or express any need for special help from any experts or organizations.
5. There is concern that additional tracking efforts will burden an already thinly stretched staff.
6. Superintendents generally see their role going forward as ensuring that the policies are being implemented and then reporting to the board. If there's something quantifiable in the policy, they say they'll measure it. They have delegated the actual implementation and tracking responsibility to other staff.
7. Most districts think they are doing a good job with wellness and are fairly confident that they will be able to implement their policies.
8. Each school district has unique approaches to addressing school wellness and experiences different challenges with implementation.
9. Staff development is a significant unmet need; funding is needed for training staff on how to implement wellness policies.
10. Trying to change student attitudes and getting parents involved is viewed as an overwhelming challenge and superintendents say their schools are not adequately equipped to address this.
11. Some superintendents spoke about their wellness policy with candor and enthusiasm while others were more restrained and low key. Superintendents for whom wellness is a personal passion were very forthcoming; for the others, wellness is another policy issue to address.
12. School wellness is generally considered a good thing to do, but not viewed as a core educational issue.
13. Compliance seems to be more common than commitment.