

Local School Wellness Policies:

A Survey of the Progress and Policies being developed by Local School Districts

April 2006

Conducted by:

School Nutrition Association



Child Nutrition Foundation



National Dairy Council



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Local School Wellness Policies Report

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. The new 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
- Establish a plan for measuring implementation of the local wellness policy
- And Involve parents, students, representatives of the school food authority, the school board, school administrators, and the public in the development of the school wellness policy.

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

GOALS

The National Dairy Council, in conjunction with the School Nutrition Association and the Child Nutrition Foundation, conducted a survey to understand the current state of the development of school districts' local wellness policies.

The three primary goals of this survey are:

1. Determine at what stage school districts are in the policy development process
2. Understand the specific details of local school wellness policies that are being drafted and approved
3. Understand the anticipated challenges and perceived barriers to implementing local wellness policies.

This information is important for understanding what tools and resources need to be developed and communicated to help districts develop and successfully implement their policy.

METHODOLOGY

An online survey was sent to 4,850 SNA director level members.

The survey was fielded using surveymonkey.com. The survey was posted on Jan 17, 2006 and closed on January 31, 2006 which allowed respondent 15 days to respond.

The survey contained different sections to determine where districts were in the process of developing their local school wellness policy as well as sections to understand the details of the policies being developed. The following is a list of the topics included in this survey.

Demographics: General demographics of the school (location, enrollment, % F/RP) and of the respondent (title/function). Items completed by all respondents

District Wellness Policy Status: Items on participation and progress in development of district's wellness policy as well as anticipated challenges and awareness of resources – Items completed by all respondents

Specifics of Local Wellness Policy –

The following sections were completed only by respondents who were participating in the policy development process and whose districts had drafted or approved policy recommendations.

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Resources: Items on the resources used to develop policy

Nutrition Education: Items on nutrition education requirements, materials used and involvement by school nutrition programs

Nutrition Guidelines: Items asking for specific information on the nutrition guidelines included in local wellness policies

Physical Activity: Items on physical activity requirement included in local school wellness policies

Other School-Based Activities: Items asking for information on what types of school activities (outside of school nutrition program) were being included in district's local wellness policy and the impact of these guidelines on school nutrition programs.

Policy Implementation: Item regarding on districts anticipated needs for implementation of policy.

Once the survey was closed general descriptive statistics were compiled. This report includes this information. Further cross tabulation of the data will be completed following this more general overview of the information.

RESULTS

Survey Participation

A total of **652** SNA members participated in the study representing 652 school districts.

- This total does not include 14 duplicate district responses and 18 responses where only the demographic questions were completed – all of which were deleted from the data set. All other responses were included in the analysis even if the respondents did not complete the entire survey.

281 respondents indicated having:

- participated in process AND
- drafted OR approved policy recommendations

These respondents were prompted to answer items related to the specifics of their local wellness policies. However not all of these respondents completed the remainder of the survey. A total of **240** of these respondents completed the whole survey. Although not all of the respondents answered the whole survey, they are still included in the analysis for the items that were completed as this information is still valuable. Therefore, please note the different number of responses throughout the report.

It is important to keep the sample of this survey within context. The survey was sent only to school nutrition district directors that are SNA members. Therefore, this sample may have a bias towards the school nutrition program perspective as well as the information that SNA provides and communicates. Additionally the survey instrument only assessed a limited number of aspects of the local school wellness policies.

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Demographics

The respondents represented 49 states in every SNA region. Hawaii was the only state not represented. Table 1 represents the states that had a relatively high representation in the survey (over 4% of sample).

Table 1: Top Represented States

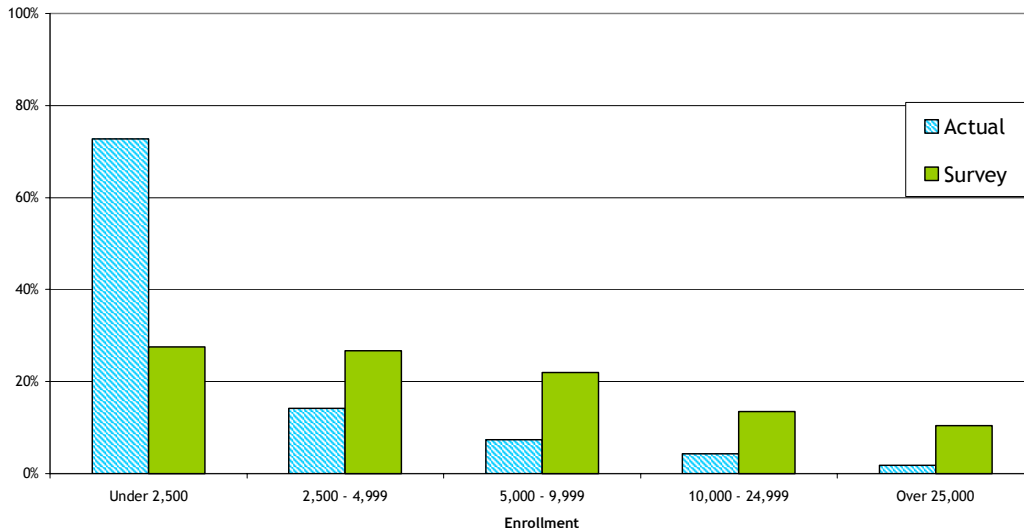
State	Responses	
	%	#
California	8.4%	54
Pennsylvania	8.4%	54
Ohio	5.9%	38
Massachusetts	4.5%	29
Minnesota	4.5%	29
North Carolina	4%	26
		n = 652

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. However, except for the “Under 2,500” category, the relative pattern is similar to the actual pattern. (see Figure A).

Although the primary focus of this survey was at the district level, the over-representation of the larger districts may be useful in interpreting and applying the results. As larger districts serve more students and also purchase and utilize greater volumes of foods and beverages, the policies of the larger districts will be a greater driving force on the school nutrition industry. The distribution of enrollments of the survey participants is typical of the pattern seen with many SNA research studies.

Figure A: Distribution of Survey Participants by District Enrollment Size compared to Nationwide Enrollment Distribution (n = 652)

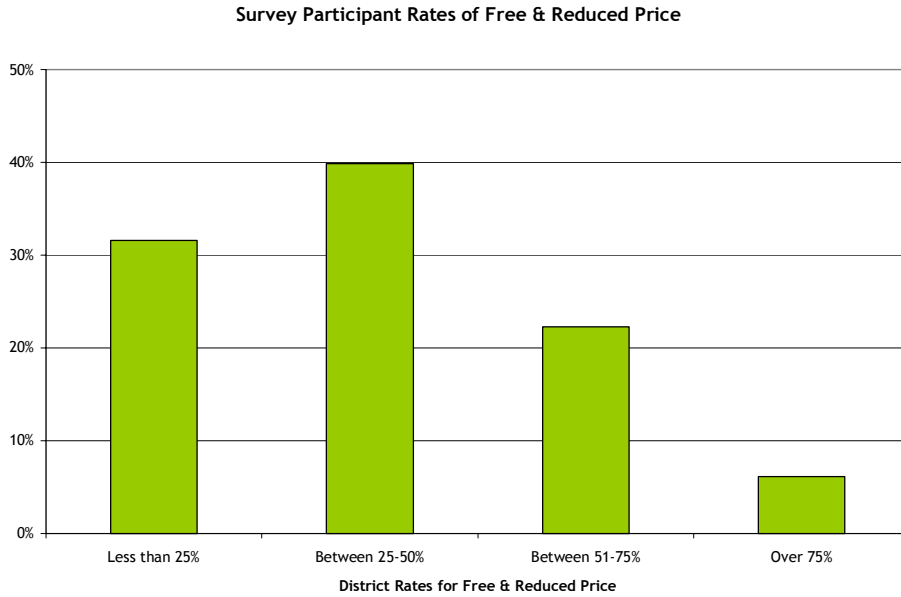
**Distribution of Survey Respondents by Enrollment Size
 Compared to Actual Distribution of District Sizes Nationwide**



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Respondents represented districts across different levels of free and reduced price participation.

Figure B: Distribution of Survey Respondents by Students Rates of Participation in Free/Reduced Price Meals (n = 652)

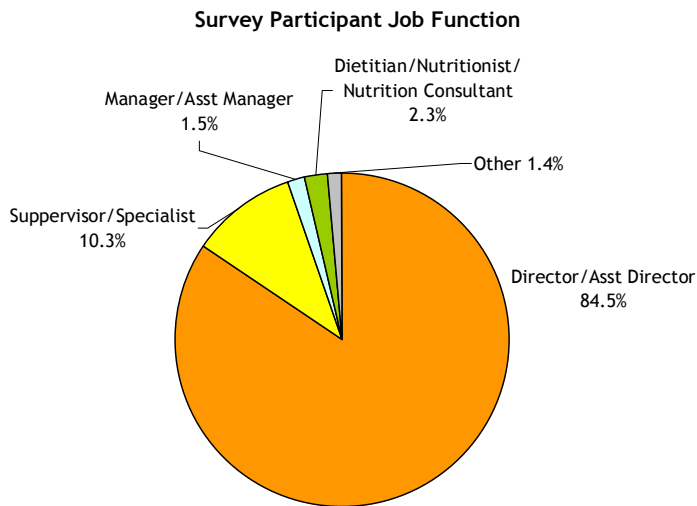


All of the respondents indicated having job functions that would feasibly be involved in the wellness policy development process.

- 84.5% of the respondents were Directors or Assistant Directors making up an overwhelming majority of those who responded.

Note that in some states or school districts, the person with the responsibilities of a “director” may be given a job title of supervisor, specialist, or manager.

Figure C: Representation of Survey Respondents by Job Function (n = 651)



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Local Wellness Policy Status

All respondents completed this section

Participation

Almost all respondents (98.9%) have or plan to participate in the development of their district's local wellness policy.

- 84.6% of the respondents have participated in the development of their district's wellness policy
- 14.3% plan to participate

Progress

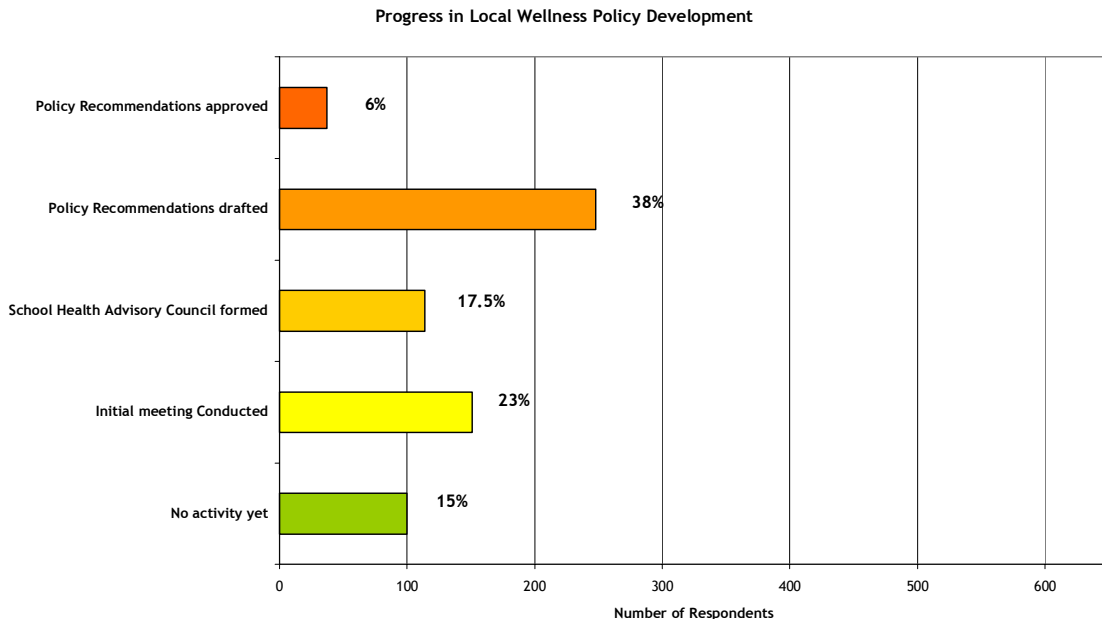
Respondents report that districts are in various stages of development of their policy (see Figure D)

- 15.7% of respondents indicate having had no activity toward developing their policy. This is a relatively high number given that policies are to be implemented within 9 months of when the survey was conducted.
- Relatively few districts have approved their policy recommendations (5.7%)
- 40.7% of districts are in the early stages of development (Initial meetings conducted or School Health Advisory Council formed)
- 38.2% of districts have drafted a policy

Progress by District Size:

There was an overall trend that larger districts were farther along in the policy development process compared to smaller districts.

Figure D: Respondents' Progress in the Development of District's Local Wellness Policy (n=650)



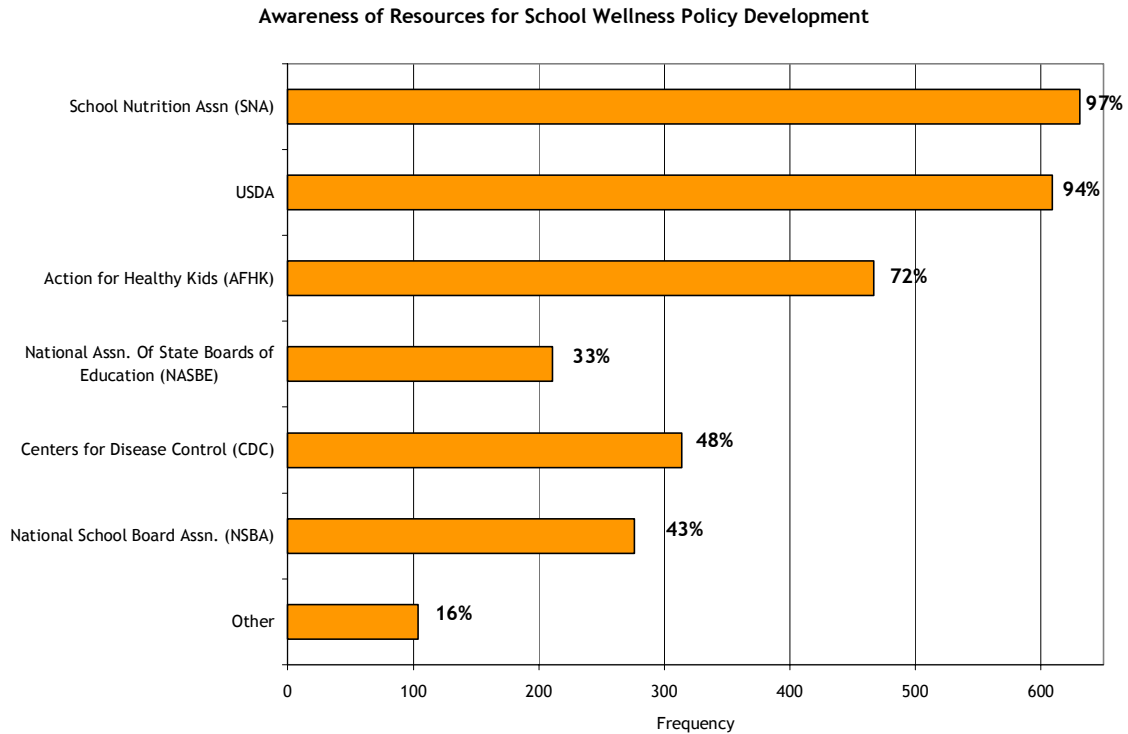
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Awareness of Resources

Respondents seem to be aware of many of the resources that are available to help school districts develop local wellness policies (see Figure E).

The list of resources included in the survey was based upon the organizations that have been most active in the local school wellness policy arena at the national level. State-specific resources were not provided as a response category, but were a frequent response among those indicating “other” resources. Several respondents mentioned certain states that have particularly strong policies.

Figure E: Respondents’ Awareness of Wellness Policy Development Resources (n = 649)



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Anticipated Challenge Perceived by School Nutrition Professionals:

- 36.8% of respondents indicated that they were not far enough along in the process OR didn't know what challenges they would anticipate.
- 14.8% of respondents indicated that they have not experienced any challenges or barriers

Of those that indicate anticipating challenges in the implementation of local wellness policies, the following are the most frequently cited (See Figure F for complete list of anticipated challenges):

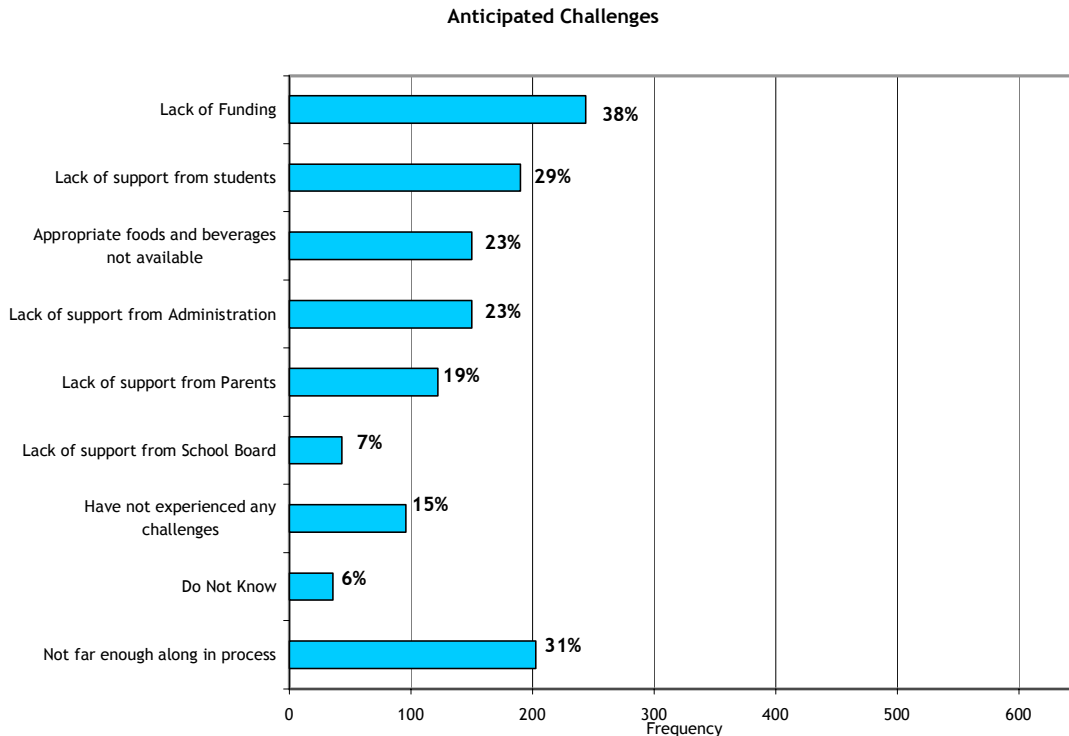
1. Lack of Funding - 37.6%
2. Lack of Support from Students - 29.3%
3. Appropriate food and beverage products not available - 23.1%
4. Lack of support from administration - 23.1%

Anticipated Challenges by District Size:

The size of a district tended to impact the perceived challenges.

- The largest school districts (Over 25,000 students) cited lack of key stakeholder support (administration, student, parent, and school board) as a challenge more frequently compared to the other districts
 - The frequency of citing "Lack of Administration Support" as a challenge decreased as school district size decreased
- Mid-size districts (2500-9,999) perceived "Lack of availability of appropriate Food and Beverage products" more frequently as a challenge compared to both large and small size districts
- "Lack of Funding" was most frequently cited as an anticipated challenge by all school district sizes except for the largest districts where Administration support was cited more frequently

Figure F: Respondents' Frequencies of Anticipated Challenges in Implementing Local School Wellness Policies (n = 649)



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Specifics of Local Wellness Policies

The following sections reflect responses of those who were participating in the policy development process and whose districts had drafted or or approved policy recommendations.

The majority of these respondents report being in the drafting stage of the process. Actual policies may vary from draft forms reported on in this survey.

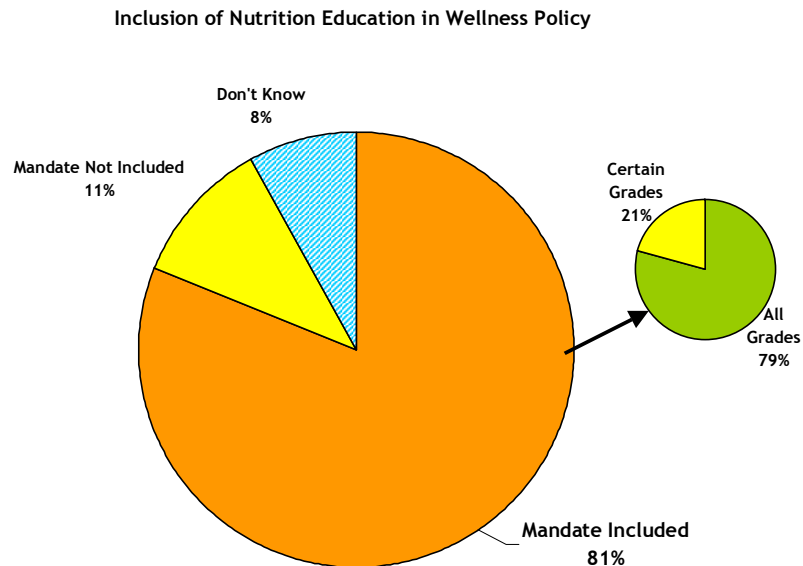
Nutrition Education

According to the details of the law, local school wellness policies should include goals for nutrition education. The law does not specify what these details should be.

The majority of school districts are mandating nutrition education for some or all grade levels (81%). However, 60% of districts that have included a mandate **do not** have a time allotment specified as part of the nutrition education goal. Of the districts that do specify a time allotment only 6% require over 10 hours of education per year.

11% of school districts are not mandating nutrition education even though it is a part of the law.

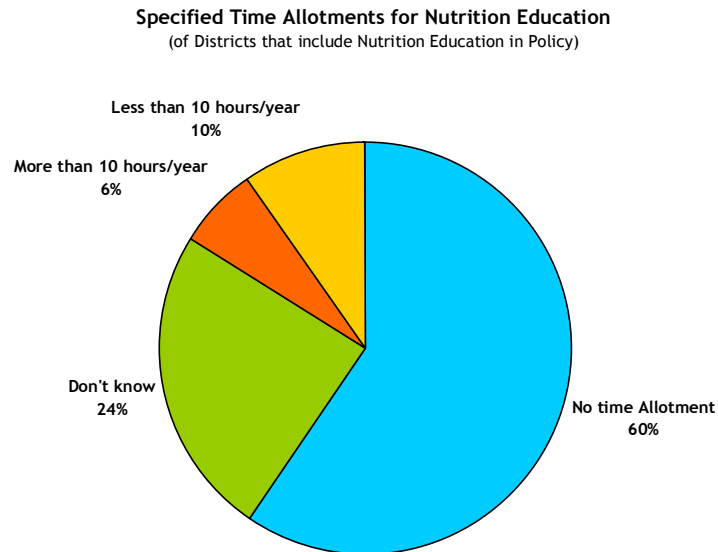
Figure G: Survey Respondents' Inclusion of a Nutrition Education Mandate in Local School Wellness Policies (n= 278)



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Figure H: Survey Respondents' Specified Time Allotments for those with an Nutrition Education Mandate (n= 225)



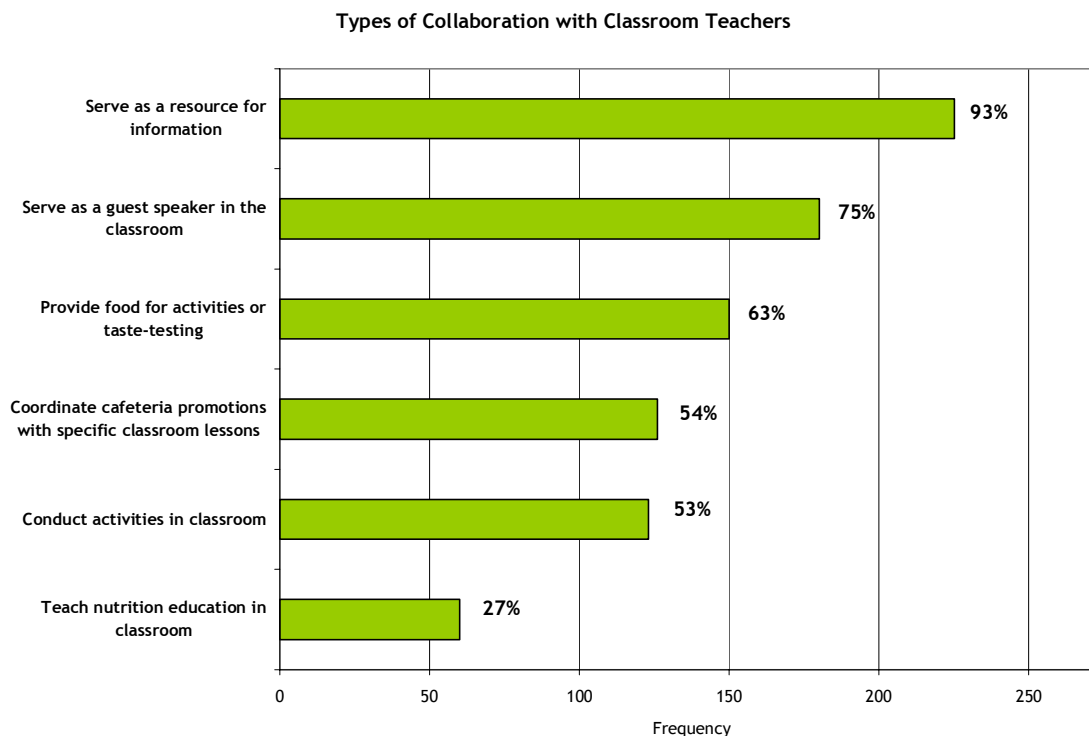
The responsibility for teaching nutrition education is spread across multiple staff in a district.

- Only 5.4% indicated that a single staff member was responsible for nutrition education. Almost all respondents indicated that the responsibility was shared across multiple types of staff members
- **Classroom teachers** are the most common staff members to be included. 80.9% of respondents indicated that classroom teachers are involved.
- Physical Education and Health teachers were also commonly included with 57% and 56% of respondents indicating involvement respectively
- School Nutrition staff and School Nurses are only responsible for teaching nutrition education in about 1/3 of the districts surveyed
- A low percentage of respondents indicated others who were responsible for teaching nutrition education, but these did not amount to a significant number. The appendix to the final report will include a list of these individuals

88% of School Nutrition staff collaborate in some way with classroom teachers on nutrition education and only 12% do not. Most School Nutrition staff collaborate with classroom teachers in a variety of ways - most frequently by serving as a resource for nutrition information. See Figure I for frequently cited ways that School Nutrition staffs collaborate with classroom teachers. *However, note that the survey did not address collaboration of School Nutrition staff with individuals other than classroom teachers.*

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Figure I: Survey Respondents' Types of Collaboration with Classroom Teachers (n= 275)



A variety of nutrition education materials are used by school districts. Most districts report using a combination of free, purchased, and self-developed materials. Figure J shows the percentage of respondents that indicate using a certain educational material both in conjunction with other materials (darker portion of the bar graph) as well as use as the only material (lighter portion of the bar graph).

- Over 75% report using free materials
- Over 1/2 report using purchased materials
- 45% report developing their own materials

Almost all respondents (over 94%) were aware of National Dairy Council materials, Team Nutrition materials, and 5-A-Day materials. A majority also used materials from these three sources.

60 respondents also indicated using materials other than the resources listed for nutrition education. These other materials tended to be ones developed by state or national government organization and private resources. The appendix to the report contains a categorized list of these additional materials.

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Figure J: Reported Use of Types of Nutrition Education Materials Used (n= 275)

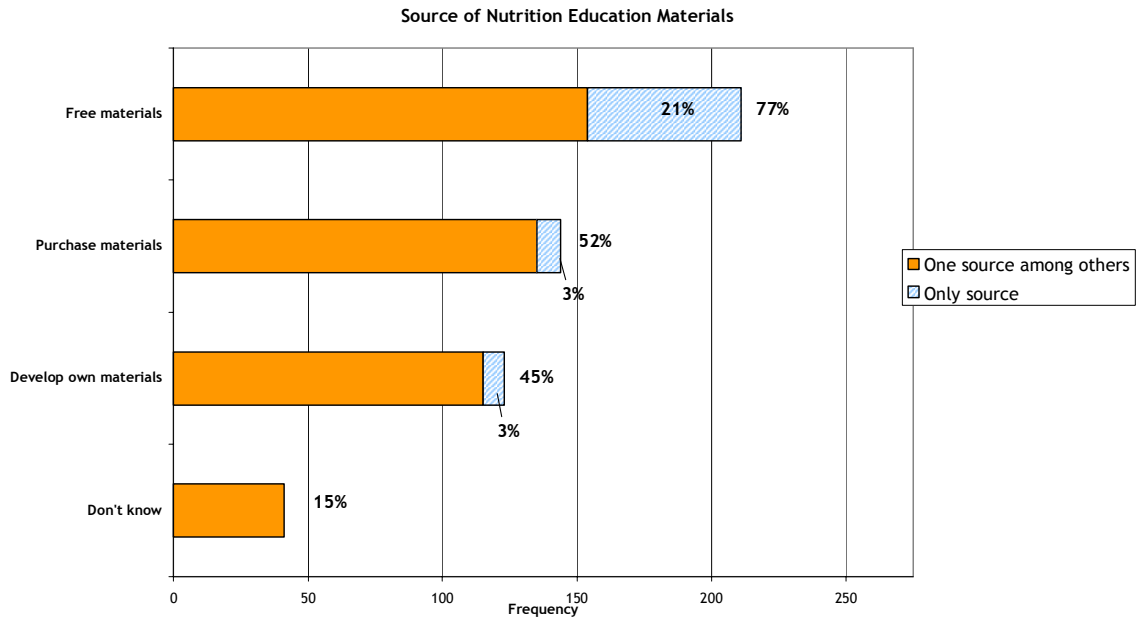
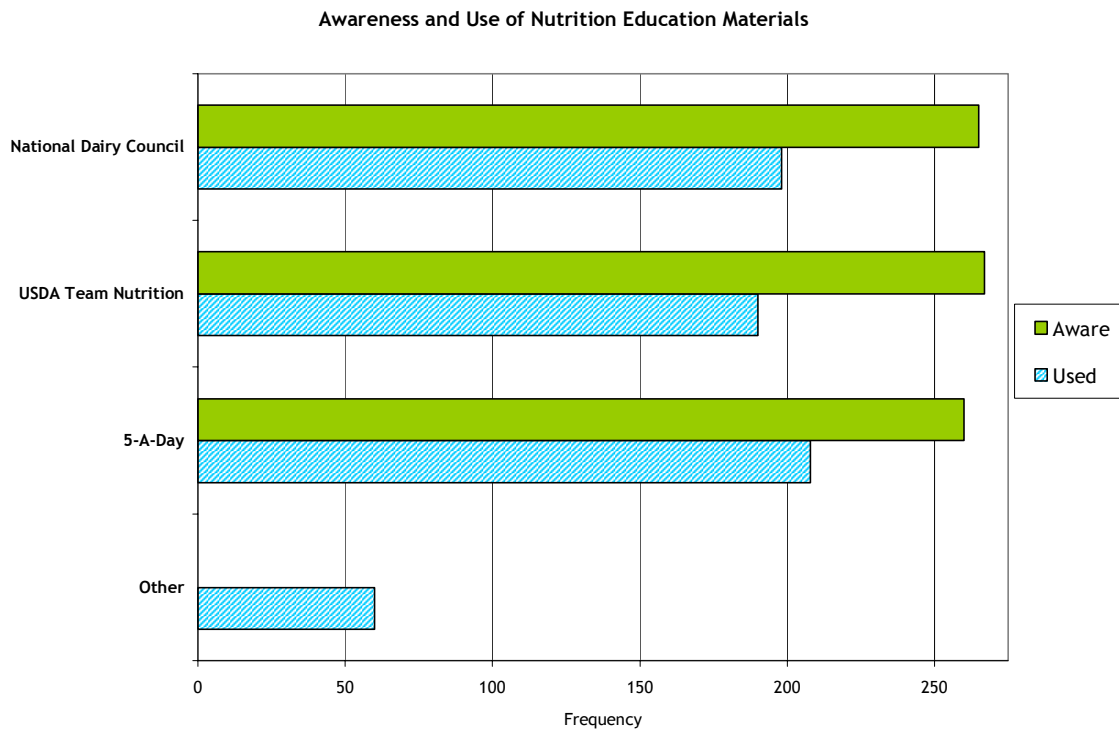


Figure K: Reported Awareness and Use of Nutrition Education Materials (n= 275)



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Nutrition Guidelines

Note: Some of the responses within this section were difficult to interpret due to the open-ended format of the responses and the lack of a specific context for the guidelines. Respondents did not always provide numerical information or clarifiers to help put the numeric value in context. Also, the survey did not ask for specification of the context of the guidelines (i.e. a la carte, vending, all foods and beverages, etc). As a result, some responses reported the different contexts while others did not. Therefore, there are some limits on the how this information can be analyzed and interpreted.

Restrictions:

Nearly 2/3 of districts (60%) indicated that restrictions on individual food products are included in the district's local school wellness policy. Table 2 shows the types of specific nutrient restrictions that were reported most frequently.

Table 2: Percent of Respondents who have included a Specific Type of Nutrition Restriction in Local Wellness Policy (n=253-244)

	Restriction	% of Respondent who included in policy
Most Frequently Included	Cal from Fat	54%
	Sat Fat	47%
	Total Fat	39%
	Total Sugar	36%
Least Frequently Included	Added Sugar	29%
	Sodium	19%

The specific types of restrictions indicated by respondents for each of the nutrients are varied in format and detail, which makes quantitative interpretation difficult. Therefore, the restrictions indicated by respondents were analyzed and summarized for this report in a qualitative manner.

The following are some of the similarities and insights noted across each of the restrictions:

- Some districts indicate setting recommended, not required guidelines
- Some districts indicate specifying ranges for food items within particular categories, rather than absolute limits.
- A few responses indicate limits for school meals that are more restrictive on one or more nutrients than federal guidance.
- Some districts indicate the limits set for only particular settings, such as a la carte products or vending products
- For states with established nutrition guidance, school districts in those states indicated using the state nutrition guidelines.
- Some guidelines are expressed along with a portion size restriction, quantified by a common food measure (ounces, cups, etc.) or for a particular number of calories
- Some guidelines are expressed for a particular number of calories (such as per 100 calories)

The following are insights into each of the individual nutrient categories:

Total Fat/Saturated Fat/% calories from fat

- Numbers assigned to for each of these categories tend to reflect the regulations for the whole meal according to current USDA regulations
- The following are some of the common types of restrictions indicated by respondents:
 - Guidelines expressed as a percentage, i.e. 10% or less calories from saturated fat, 30% or less calories total fat

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- Guidelines that expressed a number of grams per ounce, serving, etc. When calculated as a percentage of total calories, these values will likely tend to fall in the range of less than 10% calories from saturated fat, less than 30% calories from saturated fat.

Added Sugar/Total Sugar

- The restrictions indicated for these two categories were very similar and therefore might have been perceived as the same by some respondents.
- The guidelines indicated by respondents varied. The following are some of the common types of responses.
 - The majority of guidelines included a reference to the percent added sugar by weight - with the most common being *no more than 35% by weight*
 - Some indicate guidelines based on the position of sugar/added sugars on the ingredient list - *Sugar cannot be the first ingredient*
 - Other provided an absolute value guideline in terms of grams of sugar

Sodium

- The majority of the guidelines that respondents provided reflect a specific number of mg of sodium. However the context of the mg requirement was not always put into a context (i.e. per serving, per service type, per food type, etc.) and therefore making it difficult to interpret.
 - For those that did indicate a context for the mg of sodium restriction, the specific number varied across different food types (e.g. sandwiches vs. cereals), service types (e.g. entree vs. a la carte), and meal occasions (e.g. breakfast vs. lunch).
- A few respondents indicated, “according to the Dietary Guidelines” or “according to USDA regulations.” Note that at present time, these federal sources of guidance do not place quantitative values on recommended sodium levels. The Dietary Guidelines does suggest less than 2,000 mg per day but does not provide further breakdown on how to apply this to individual foods and meals.

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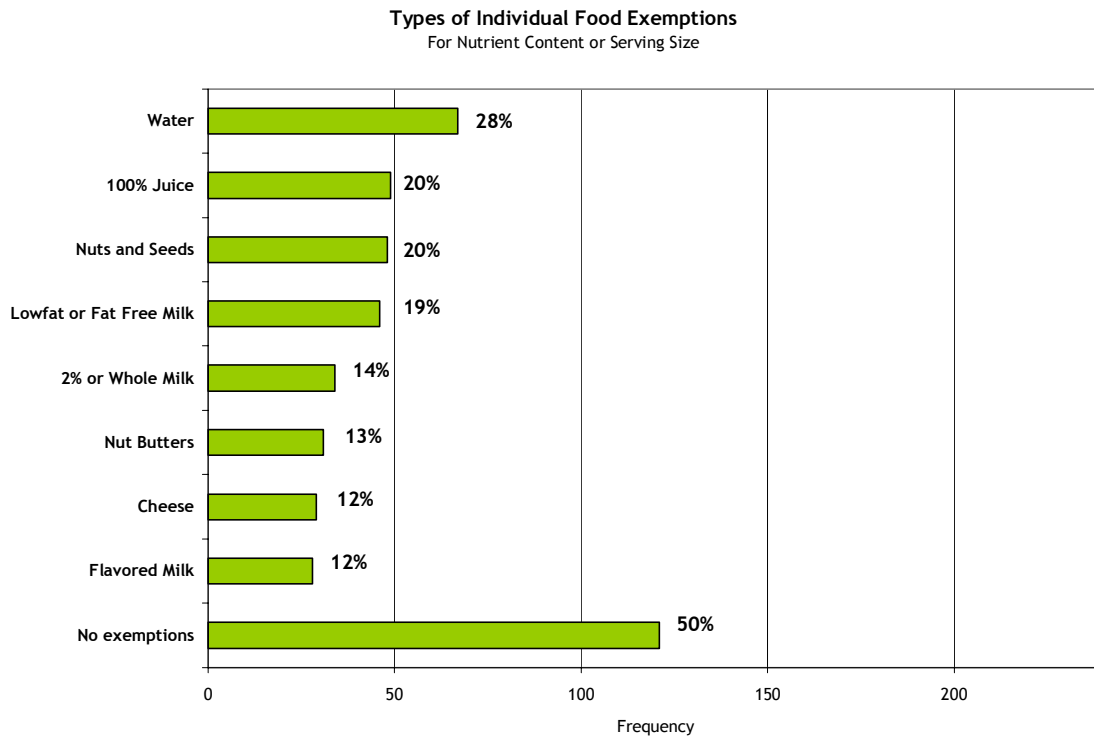
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Exemptions:

About 1/2 of respondents exempted one or more individual food items/categories

The responses for each food and beverage product specifically assessed varied from 12.7% to 27.9%, with the highest percentage (27.9%) reporting an exemption for water. See Figure L for the frequency of exemptions of certain products. 27 respondents indicated additional exemptions, however none of these made for a significant category. The appendix to the report contains a listing of these exempted items.

Figure L: Exemptions of Individual Food Items from Nutrition Guidelines due to either Nutritional Content or Serving Size (n= 240)



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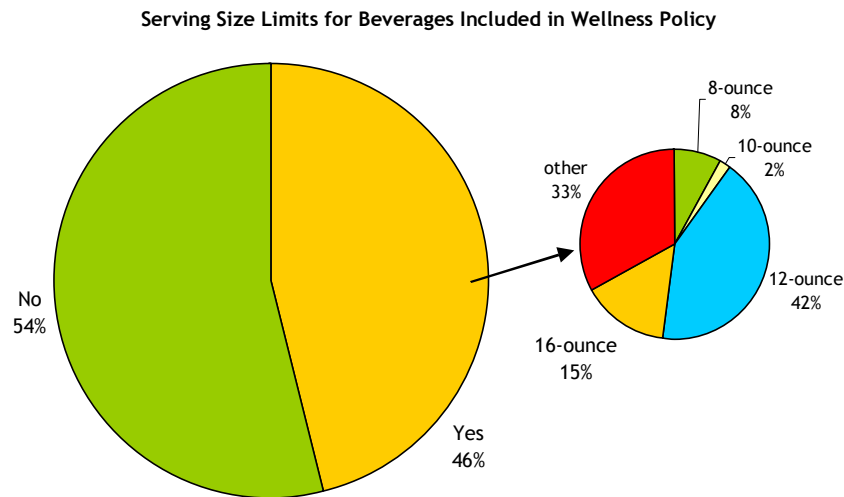
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Serving Size Limits for Beverages:

Almost half (46%) of respondents indicated that their policy sets limits on serving sizes for beverage

- 12-ounce limit is the most commonly set limit – used by 43% of those setting limits
- 16-ounce limits are used by 14% of those setting limits
- 8-ounce limits are used by only 7% of those setting limits
 - Respondents indicated that the 8-ounce limit was primarily used for elementary schools
- 19% of respondents provided open-ended comments related to serving size limits for beverages which indicated the following types of additional limitations placed on beverages:
 - A serving size limit for beverages of 20-ounces (note that this was not a provided choice in the survey)
 - Specific limits for different types of beverages (i.e. milk, juice, etc)
 - Limits stated in terms of one serving size, but not a specific amount
 - Differences in limits based on school type (high school vs. elementary)
 - Limits on serving sizes for beverages based on grams of carbohydrates or number of calories
 - Reference to state policy guidelines

Figure M: Limits on Serving Sizes for Beverages (n= 241)



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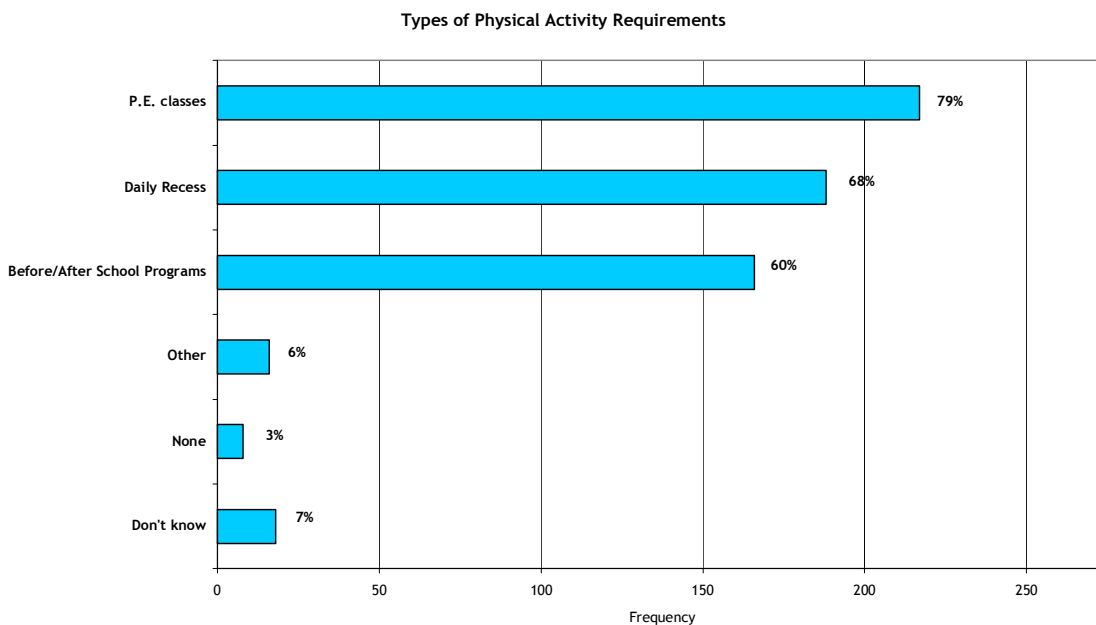
Physical Activity

Physical activity goals are also a required component of local school wellness policies. **Approximately 90% of school districts** reported that their local wellness policy includes one or more of the following physical education activities:

- Before/After School Programs
- Daily Recess
- Integration of Physical activity into the academic curriculum through physical education classes
- Other types of physical activity components mentioned by respondents included expanded or more specific information on the activities listed above, time requirements, exercise classes, family activity nights, and bike programs. The appendix includes a list of other reported ways that local wellness polices cover physical activity.

This survey did not particularly assess time or other aspects of goals for physical activity or physical education

Figure N: Reported Types of Physical Activity Requirement Included in Policy (n= 275)



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Wellness Policies and Other School-Based Activities

Given that local wellness policies are encouraged to include all aspects of a healthy school environment, **almost a quarter (23.8%)** of respondents indicate **not** setting any guidelines or limitations to school-based activities outside of meal and vending programs.

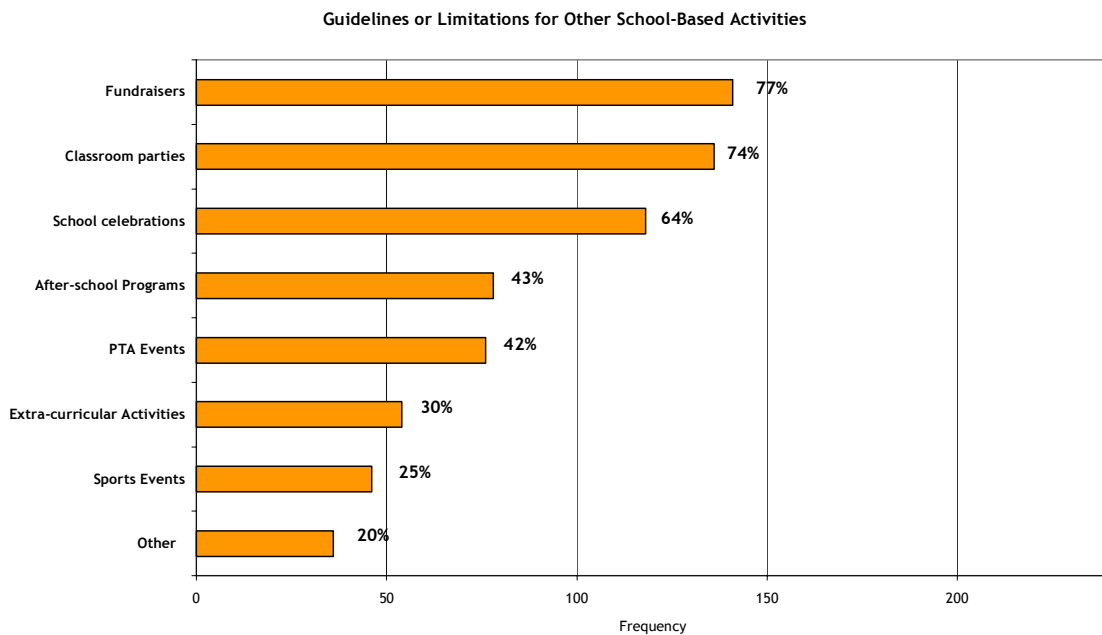
Of the respondents that do include other school-based activities in their policies (**76.2%**), the most frequently cited activities that have regulations include:

- Fundraisers (77%)
- Classroom Parties (74%)
- School celebrations (64%)

In the “other” category, respondents commonly noted that the guidelines and limitations set for other school-based activities were encouraged and recommended, but not mandated. See Figure O for a summary of these activities

22% of respondents reported that some of the guidelines in their district’s policy for other school-based activities would affect the school nutrition program.

Figure O: Other School-Based Activities that are Included in Local School Wellness Policy
(n= 240)



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Respondents indicated a variety of different tools and resources that they anticipate needing for actual implementation of their local school wellness policy. The following table indicates a summary of the most frequently cited topics as generated through coding and categorization of the open-end data. A complete list of responses is included in the appendix.

Table 3: Tools and Resources Needed For Implementation of Local School Wellness Policy (n= 192)

Need	Frequency	Comments
Tools to Educate & Communicate Nutrition & Policy Information	33	Needs for Education and Communication tools were noted for different groups: <ul style="list-style-type: none"> • Students (Classroom education materials) • Parents (nutrition education and communication of policy) • Teachers (for training on nutrition and means of gaining support) • Administrator (as a means to of gaining support)
Additional Funding	32	Additional funding was noted for many different aspects of the policy implementation including funding for: <ul style="list-style-type: none"> • Education/Training • Foods and Beverages that meet regulations • Replacement of revenue • Implementation • Equipment
Tools for Gaining Support and Cooperation	26	Support and Cooperation of the following groups was noted as being critical to successful implementation: <ul style="list-style-type: none"> • Students, Parents, Teachers, Administrators, and Community
Resources to help identify and assess foods that will meet standards	25	Within this need were comments relating to balancing nutrition guidelines that are also acceptable to students. Also mentioned was the need for commodities that better fit into the nutritional guidelines of their local policies.
Tools to help Monitor, Enforce, Assess Program	16	Many comments related to needed a way to monitor, enforce and assess the wellness policy. Some expressed concern that this was an “un-funded mandate”
Alternative Fundraising and Reward Ideas	6	Comments related primarily to the need for non-food fundraising ideas and tools.

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IMPLICATIONS

The results of this survey provide insight into the progress school districts are making in developing and implementing their local wellness policies. Local efforts on a nationwide basis to address the nutritional value of all foods and beverages available in schools, together with the emphasis on physical activity and nutrition education, should help encourage healthy lifestyle habits among children.

Understanding of the types of policies that are being developed as well as some of the challenges in completing this process, will allow the School Nutrition Association and the Child Nutrition Foundation to provide additional resource materials for those districts that have yet to start policy development as well as continuing to focusing on providing assistance for the implementation and evaluation pieces of the local wellness policy requirement.