

**Team Nutrition  
Local Wellness Demonstration Project**

**Volume I: Summary Findings and  
School District Highlights**



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# **National Food Service Management Institute The University of Mississippi**

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## **Document Notes**

### **Abbreviations and acronyms**

CA – California

CDE – California Department of Education

CSBA – California School Board Association

FNS – Food and Nutrition Service

Grantee – school district that participated in the Team Nutrition Local Wellness Policy

Demonstration Project

IA – Iowa

ICN – Iowa Communications Network

LEA – Local Educational Agency (ies)

LWP – Local Wellness Policy (ies)

NFSMI – National Food Service Management Institute

PA – Pennsylvania

SY – School Year

TN – Team Nutrition

TNDP – Team Nutrition Local Wellness Demonstration Project

USDA – United States Department of Agriculture

WIC – Special Supplemental Nutrition Program for Women, Infants, and Children

## **Annotation**

1. The document contains multiple references to highlights, available in Appendix A, that illustrate development or implementation of local wellness policies (LWP) or outcomes associated with LWP. These are annotated by giving the district named (ex. CA1 is a district from California) and the appendix page number for the beginning of the district's highlight. "CA1, 100" is the highlight from California's district 1 that begins on page 100 of Appendix A.
2. When the document refers to State final reports for the USDA Team Nutrition Local Wellness Demonstration Project, the annotation will give the appendix reference to the State report. Appendix C references the California final report, Appendix D references the Iowa final report, and Appendix E references the Pennsylvania final report.

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NOTES:

Appendix B is a separate document: *Volume II: Data Collection Instruments*.

Appendices C-D are in a separate document: *Volume III: State Final Reports*.

Appendix C: *California Final Report for the USDA Team Nutrition Local Wellness Demonstration Project*

Appendix D: *Iowa Final Report for the USDA Team Nutrition Local Wellness Demonstration Project*

Appendix E: *Pennsylvania Final Report for the USDA Team Nutrition Local Wellness Demonstration Project*

## **EXECUTIVE SUMMARY**

### **Purpose of the project**

Local Wellness Policies (LWP) are required under the Child Nutrition and WIC Reauthorization Act of 2004 to improve health of students and provide more healthful environments for school campuses. The policies include local requirements for nutrition education and physical activity, nutrition guidelines for all foods available on each school campus, requirements for other school-based wellness activities, and a plan for measuring implementation of policies. The policies were established by the school year 2006, and implementation is ongoing. The Team Nutrition Local Wellness Demonstration Project (TNDP) documented development and implementation of LWP by school districts and schools within those districts and described the processes used to develop the LWP, implementation successes and barriers, needs for technical assistance, and outcomes of LWP implementation.

### **Methodology**

A total of 31 districts and 84 schools from California (8 districts, 24 schools), Iowa (16 districts, 32 schools) and Pennsylvania (7 districts, 28 schools) participated in the project. Data for the project were collected by data extraction from public documents completed in Fall 2007. In Fall 2007 and again in Spring 2009 online surveys were completed at district and school levels, onsite interviews were conducted at district and school levels, and observations were conducted at the school level. All districts were combined into a single cohort for trend analysis, and all schools were combined into a single cohort for trend analysis. Statistical analyses were by chi square with significance set at  $p=0.1$ .

## **Key findings**

### **Development phase**

1. *Stakeholder involvement was strong and diverse during the development stage for LWP.*
2. *Many districts' wellness policies were derived from templates or model policies developed and disseminated by government agencies or professional organizations. The most controversial policy components were setting nutrition guidelines for foods sold or offered outside of meal programs and physical activity/physical education. Final policies were agreed upon by consensus of development committees.*

### **Implementation phase**

3. *Districts and schools reported a culture change from implementation of the LWP. Although no single district or school reported all of these changes, many districts and schools reported seeing one or more changes in areas of improved school nutrition environments and eating behaviors, implementation of nutrition education in classes and outside of classes, improvements in physical activity environments, implementation of physical education programs that meet State standards, and increased opportunities and participation by students and staff in physical activity. Stakeholder attitudes toward implementing the LWP were positive overall.*
4. *School administrators and staff and their attributes, such as their leadership, personal commitment, and personal perspective, were the most critical assets in developing, implementing and sustaining LWP.*
5. *The most commonly reported barriers to implementation of LWP were time and financial resources.*

6. *Communication is vital to successful implementation and sustainability of LWP.* This demonstration project showed that districts and schools communicated using a variety of delivery systems, including face-to-face meetings, newsletters, websites, and E-mail, to be inclusive of stakeholder access.
7. *Technical assistance is essential to help districts and schools monitor progress and report change.* Overall, district and school level monitoring of LWP implementation was weak. Few districts had complete plans for measuring implementation. Districts did not communicate plans for monitoring well to schools.
8. *Sustainability requires both stability and planned revision to maintain relevance and provide continuous improvement.* Districts and schools have reported efforts to ensure sustainability, including ongoing communication, maintaining active wellness committees, and having processes for policy revision. Frequently cited impediments to sustainability included changes in leadership and lack of funding.
9. *As implementation continues, districts and schools will need additional resources to advance their LWP.*
10. *Although regulations and incentives may be important in establishing competitive foods guidelines, this project cannot associate regulations and incentives with sustainability.* The limited data collected in this early demonstration project of implementation are not sufficient to answer questions related to these programs.

### **Future technical assistance needs**

TNDP survey and interview respondents reported that technical assistance in communication, monitoring/evaluation, and acquisition of external funding would be useful to

continue implementation of their LWP. Examples of topics for technical assistance in the area of communications include communication for effective school board reporting and ongoing communication with stakeholders. Additionally, technical assistance is essential to help districts and schools monitor progress and report change. Development of common templates to help districts track their policies uniformly across schools and training on using the templates, analyzing the data collected, and communicating findings to stakeholders were all suggested as forms of technical assistance and training for monitoring and evaluation. Districts may also need training on using the findings to revise their LWP for continuous improvement. For many districts, funding was reported as a barrier to implementation of LWP. For these districts, technical assistance to identify funding sources, write grant applications, and write progress reports to funding agencies will be helpful for LWP sustainability and progress.

## **Conclusions**

The TNDP was a project on LWP development and early implementation. All school districts in the TNDP highlighted successes that occurred during implementation of their LWP. Many districts reported successes for several policy areas. While these successes were in line with LWP goals, factors other than implementation of LWP, such as regulations or unrelated policies, could have contributed to these successes. School administrators, wellness champions that included food service directors, school nurses, and physical education teachers, and wellness committees provided essential leadership. Schools implemented new and enhanced programs that focused on nutrition education and physical activity/physical education. State Agencies provided valuable technical assistance. While time, financial resources, availability of products to meet nutrition guidelines for foods served outside of the reimbursable meal, equipment, and

community advocacy were perceived as barriers, fewer schools reported these as barriers by Spring 2009 compared to Fall 2007. Feedback from students, teachers, and parents was positive about wellness policy activities overall, including healthy changes in school meals and school-based physical activity. Also, over two-thirds of schools reported improvements in students' health behaviors associated with implementation of LWP. Continued leadership, communication with stakeholders, and technical assistance are critical to LWP sustainability and progress and to maintain the new wellness culture reported by school districts.

This report provides some insight into early implementation and areas that require further probing. Understanding is limited because implementation is at a very early stage. It does not give specific direction for national initiatives, but it builds a foundation for further study.

## **Introduction**

### **Background**

Public Law 108.265 Section 204, under the Child Nutrition and WIC Reauthorization Act of 2004, requires that “each local education agency participating in a program authorized by the Richard B. Russell National School Lunch Act (42 U.S.C.1751 et seq.) or the Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.) shall establish a local wellness policy for schools under the local educational agency by school year 2006”. The legislation places the responsibility of developing and implementing a wellness policy at the local level in order that the individual needs of each school district can be addressed. The law requires the United States Department of Agriculture (USDA) to provide technical assistance that includes relevant and applicable examples of schools and local educational agencies (LEA) that have taken steps to offer healthy options for foods sold or served in schools.

In 2006, USDA funded, through a competitive process, the Team Nutrition Local Wellness Demonstration Project (TNDP) for three State Agencies: California, Iowa and Pennsylvania. The three State Agencies entered into a cooperative agreement with USDA’s Food and Nutrition Service (FNS) for the period of September 30, 2006 – September 30, 2009. The TNDP would allow FNS, at the conclusion of this project, to assess how local wellness policies (LWP) are being implemented at the local level and what types of technical assistance and resources would be needed at the federal level to assist with implementation and sustainability of the LWP.

## **Purpose**

The purpose of this project was to document the development and implementation of LWP by school districts and schools within those districts and to describe their outcomes. This was accomplished by reviewing relevant data and developing highlights that describe 1) processes used to develop the LWP; 2) implementation of the LWP, including descriptions of implementation successes and barriers and needs for technical assistance; and 3) outcomes of LWP implementation.

## **Methods**

### **Overall Plan**

The overall plan for this qualitative project was to describe the processes for developing and implementing LWP and the outcomes of their implementation at the school district level and the individual school level. Additionally, States collected data on specific questions to help describe development, implementation, and outcomes of LWP across different State regulatory contexts.

States selected participating school districts through application processes that they designed for use within their own State.

California used an RFA process for school districts to apply for inclusion in the TNDP. Eligible districts were Team Nutrition (TN) participants; participated in the National School Lunch Program and were in good standing; adopted their LWP no later than September 30, 2006; adopted LWP that addressed the key components required in the federal mandate; established a school wellness council and continued to maintain that council to assist with implementation and

evaluation of the LWP; and agreed to designate a site coordinator for the TNDP at each of the demonstration schools and a principal contact at each of the comparison sites. Preference was given to districts that had at least 50% of schools in the district participating in the School Breakfast Program, had adopted a coordinated school health model or were working toward a more integrated and collaborative school health approach that addressed the eight areas of the coordinated school health model, had involved students in the development of the district's LWP and continued to emphasize student involvement in the implementation and evaluation of the district LWP, demonstrated in the application that parent education is a district priority, and demonstrated collaboration with at least one community organization in implementation and evaluation of the LWP.

School districts in Iowa were invited through a variety of newsletters and other mailings to participate in the TNDP. Districts expressing interest in participating were profiled according to geographic location, size (enrollment), previous experience with USDA programs, and an Iowa-assessed LWP score. At least one district was selected from each Area Education Agency. Eight large districts (enrollment of more than 2,000 students) and eight small districts (enrollment of 2,000 or fewer students) were selected. Eight districts having two or more USDA experiences, such as being in a previous TN demonstration project, a TN workshop participant, or a TN mini-grant recipient, and eight schools that had fewer than two such experiences were selected. District LWP were scored by IA for "rigor and specificity" and divided into stronger and weaker categories. Sixteen districts were paired by the criteria above, selected to participate in the project, and randomly assigned to either demonstration or comparison groups.

Pennsylvania considered the following characteristics for selection: enrollment, percentage of free/reduced-eligible students, urban/rural designation; ADP in school breakfast

and lunch; TN school status; and geographic region. School districts were required to be in good standing based on their Coordinated Review Effort/School Meals Initiative reviews.

A total of 31 districts and 84 schools from California (8 districts, 24 schools), Iowa (16 districts, 32 schools) and Pennsylvania (7 districts, 28 schools) participated in the demonstration project. Since the project was qualitative in design, the sample was not randomly selected or adjusted for any variables and is not representative of U.S. school districts for ethnicity, populations qualifying for free or reduced meals, or size. School districts were approximately equally portioned among city, suburb, town, and rural locales. Over half of the participating school districts (58%) had 26-50% students receiving free/reduced meals; 29% had 10-25% of students receiving free/reduced meals, 10% had more than 50% of students receiving free/reduced meals, and 3% had fewer than 10% of students receiving free/reduced meals. The predominant ethnic group represented by the school districts was white/non-Hispanic (greater than 75% in over two-thirds of districts and greater than 50% in 85% of districts). Hispanic representation was 25% or greater in 16% of districts and 10% or greater in over a third of districts. Black-, Asian- and Native-American participation was greater than 9% in fewer than 10% of districts. Partial demographics for individual school districts are available from their highlights in Appendix A.

### **Data Collection and Analysis**

Data for the project were collected by data extraction from public documents completed in Fall 2007. In Fall 2007 and again in Spring 2009 online surveys were completed at district and school levels, onsite interviews were conducted at district and school levels, and observations were conducted at the school level. All data collection instruments were developed

jointly by State project teams, FNS and the National Food Service Management Institute (NFSMI) (Appendix B). In the data collection the category of “competitive foods” was divided into competitive foods sold and competitive foods offered during the school day. Examples of competitive foods sold would include a la carte sales during the school lunch meal and foods sold for fundraising. Examples of competitive foods offered would include foods served at class parties and other school functions or used by teachers in classrooms as rewards. Project data were collected by the State teams within their own States. Each State compiled and analyzed data collected within its State for its final report to describe their findings within their unique contexts (Appendices C-E). Data from surveys and interviews were sent to the NFSMI for review and analysis across States. At the beginning of the project, districts were divided by States into demonstration districts and comparison districts. Demonstration districts were to receive training and technical assistance throughout the demonstration project, and comparison districts would receive training and technical assistance at the end of the demonstration period. All districts would collect the same data for the demonstration project. However, provision of technical assistance was not considered an intervention for the cross-state analysis because it was not uniform across States and was not typically provided uniformly within States. Participation in training was not required, and districts did not uniformly take advantage of training opportunities; also, all States reported providing individual assistance to districts upon request. For the cross-State analysis, all districts were combined into a single cohort for trend analysis, and all schools were combined into a single cohort for trend analysis. Since the original district and school selections were not adjusted, the data were analyzed without adjusting for any variables. All statistical analyses were by chi square with significance set at  $p=0.1$ . Since the

project is a qualitative project and data are not generalizable to the U.S. as a whole, the lower p value was selected to provide opportunities to see where trends may be occurring.

### **Information on Participating States, Districts, and Schools**

#### **Participating States**

The three States in the demonstration project offered very different contexts for applying LWP. California has enacted competitive foods regulations, Pennsylvania has enacted an incentive program to encourage implementation of voluntary nutrition guidelines developed for competitive foods, and Iowa did not have State level standards governing competitive foods. None of the States has mandatory testing for students' nutrition education competency. California and Pennsylvania have proficiency standards for physical education, and California has mandatory physical education minutes of instruction requirements. All States have conducted training to prepare school districts to implement their LWP.

**California.** Senate Bills 12 and 965, signed into California law in September 2005, mandated significant changes in the foods and beverages available on school campuses for competitive foods. The nutrition standards for competitive foods established by this new legislation became effective July 2007, and the legislation defining allowable beverages on school campuses was fully implemented by July 2009. Senate Bill 490 also became effective July 2009. This bill restricts artificial trans-fat in foods sold to K-12 students outside of the school meal program or offered to students at school functions, such as at class parties or by teachers to reward students. Additional legislation, Senate Bill 80, requires school districts and other educational entities that participate in the National School Lunch Program or School Breakfast program to self-certify to the California Department of Education (CDE) that they are

complying with the trans-fat standards in order to receive State meal reimbursement funds.

These standards do not allow foods sold as part of the reimbursable meal to be deep-fried, par-fried or flash-fried or to contain artificial trans-fats as purchased.

Training for school districts to help them meet these standards was conducted statewide using three (3) statewide webinar trainings on competitive foods and beverages sold in California schools to ensure access by rural areas. Each training session was 90 minutes long and provided a detailed review of all Federal regulations, State legislation, State regulations and wording in the LWP. This training was conducted in collaboration with the California School Board Association (CSBA) and California Project LEAN and was partially funded by a USDA 2006 Local Wellness States Agency Grant (May 2006).

A State mandate requires that California students in grades 5, 7, and 9 participate annually in physical fitness testing that includes measurement of body mass index (BMI). Additionally, California adopted statewide Physical Education Content Standards for K-12 students in 2005 that require elementary schools to provide 200 minutes of physical education instruction and secondary schools to provide 400 minutes of physical education every ten days. A copy of these standards is available at: [www.cde.ca.gov/be/st/ss/documents/pestandards.pdf](http://www.cde.ca.gov/be/st/ss/documents/pestandards.pdf). More specific recommendations regarding quality physical education are provided in the California Physical Education Framework released by CDE in June 2009. In March 2008, the State Board of Education approved Health Education Content Standards for Grades K-12, which also includes standards for nutrition education. These standards are now being implemented and are available on CDE's website at: [www.cde.ca.gov/be/st/ss/documents/healthstandmar08.doc](http://www.cde.ca.gov/be/st/ss/documents/healthstandmar08.doc).

**Iowa.** Iowa does not have any statewide recommendations or standards for competitive foods nor any statewide recommendations or standards for nutrition or physical education.

Nutrition is one of the multiple required components for health education; however, local districts establish individual standards and benchmarks.

**Pennsylvania.** Pennsylvania has no statewide regulations for competitive foods. However, in response to the LWP mandate, the State Agency developed voluntary nutrition guidelines for competitive foods. Many LEA included or adapted these nutrition guidelines in developing their LWP. On July 20, 2007, legislation was enacted to change the *School Code for the Commonwealth of Pennsylvania* to provide a supplemental State reimbursement for each breakfast and lunch served as part of the National School Lunch Program and School Breakfast Program. Known as the *School Nutrition Incentive Program*, it applies to all schools that adopt and implement, as part of their LWP, the Pennsylvania Department of Education's nutrition standards for food and beverages available on each school campus. As of the writing of this report, 2436 of 3850 buildings were implementing the School Nutrition Incentive Program. Planned physical education instruction is standards-based, must be assessed, and must be provided to every student in Pennsylvania, but there are no time requirements, except that primary and intermediate grade level students must receive planned physical education instruction every year. Pennsylvania includes nutrition education in four subject areas, but proficiency is not determined in mandatory statewide testing. Pennsylvania also has in place a mandated *Growth Screening Initiative* that requires schools to measure students' heights and weights, to calculate each student's body mass index and to report those data both to parents and, on an aggregate basis, to the Pennsylvania Department of Health.

### **Participating Districts and Schools**

Thirty-one (31) districts and 84 schools participated in the TNDP.

California had six (6) demonstration districts (18 schools) and two (2) comparison districts (6 schools) participating in the TNDP. Each district had one (1) elementary school, one (1) middle school and one (1) high school participating in the TNDP. Sizes of the participating schools varied. Elementary school enrollment ranged from 280 to nearly 950, middle school enrollment ranged from 280 to 2600, and high school enrollment ranged from 42 to 3400. There was good locality representation, from small cities to large cities, rural communities, and small to large suburbs. There was also ethnicity representation from Black-, Asian-, Hispanic-, Native-, and White-Americans among the schools. Free and reduced price meal eligibility ranged from low teens to the high 90-percentage rate. Seven (7) of the eight (8) elementary schools, five (5) of the eight (8) middle schools, and four (4) of the eight (8) high schools had closed campus policies. Twelve (12) of the 24 schools that participated in the TNDP had policies restricting foods that can be brought into the cafeteria.

Sixteen (16) districts in Iowa participated in the TNDP: 8 demonstration districts (16 schools) and 8 comparison districts (16 schools). The districts were selected based on three characteristics: (a) district size (one building = a small district, more than one building = a large district), (b) previous USDA experience, and (c) a qualitative analysis of the district's LWP. Districts were matched into eight (8) pairs by experience (high or low), policy score (high or low) and size (small or large). One (1) district from each pair was randomly selected to serve as the comparison district; the remaining district in the pair was the demonstration district. An effort was also made to have representation in each Area Education Agency throughout the State. The Area Education Agency system is an extension of the Department of Education and offers school support services such as professional development training. The majority of schools were predominately White-Americans, with a small representation of Black-, Asian-, Hispanic-, and

Native-Americans. Twenty (20) of the 32 schools (63%) had closed campus policies for all students, nine (9) schools (28%) had closed campus policies for some students, and three (3) high schools (9% of schools) had open campus policies for all students. Sixteen (16) of the 32 schools reported that they have a food restriction policy regarding foods that can be brought into the school by students.

The Pennsylvania project team selected seven (7) school districts. Each district selected two (2) elementary schools, one (1) middle school, and one (1) high school to participate in the TNDP. Participating districts ranged from rural to suburban. Enrollment ranged from 1500 to 3000 per district. The majority of the participating districts were predominately White-Americans with very limited representation from other ethnic groups. All of the schools operated closed campuses. All of the demonstration districts had restrictions on the foods/beverages students were allowed to bring into the school for student consumption. In some cases, these restrictions applied to all schools and in other cases they applied only to selected schools.

### **Policy Development Phase**

The LWP law required local education agencies to establish an LWP for schools by school year 2006. Surveys conducted in Fall 2007 found that 90% of the districts reported that their policies were derived from a template or model policy and that 77% of districts reported including ongoing goals in their LWP instead of creating all new goals. Eighty percent (80%) of the districts indicated that their final agreements on policy goals were reached through consensus. Overall, 87% of the districts that participated in the TNDP had their policies

officially approved by their school boards prior to SY 2006. Following is a brief overview of what happened during the policy development phase.

### **Stakeholder Involvement**

The federal law required that school districts involve parents, students, and representatives of the school food authority, the school board, school administrators, and the public in the development of their LWP. All participating districts formed a group or committee to develop their LWP. Sixty-one percent (61%) reported that each school in the district had representation on the wellness committee. Fifty-one percent (51%) of the districts conducted a formal needs assessment as part of the development process. The district highlights (Appendix A) showed that the participating school districts mobilized the involvement of a wide range of stakeholders in the policy development process. All TNDP districts reported that principals, food service directors, physical education teachers and school nurses were actively involved in the LWP development process (Figure 1, Table 1). Superintendents (94%), parents who were not representing a parent organization (87%), health education teachers (84%), curriculum directors (80%), school board members (84%), and students (81%) were also active in development of the LWP. Interestingly, only 42% of districts reported involvement of parent organizations that sell food/beverages to students, and only 39% of districts reported involvement of student organizations that sell food/beverage to students.

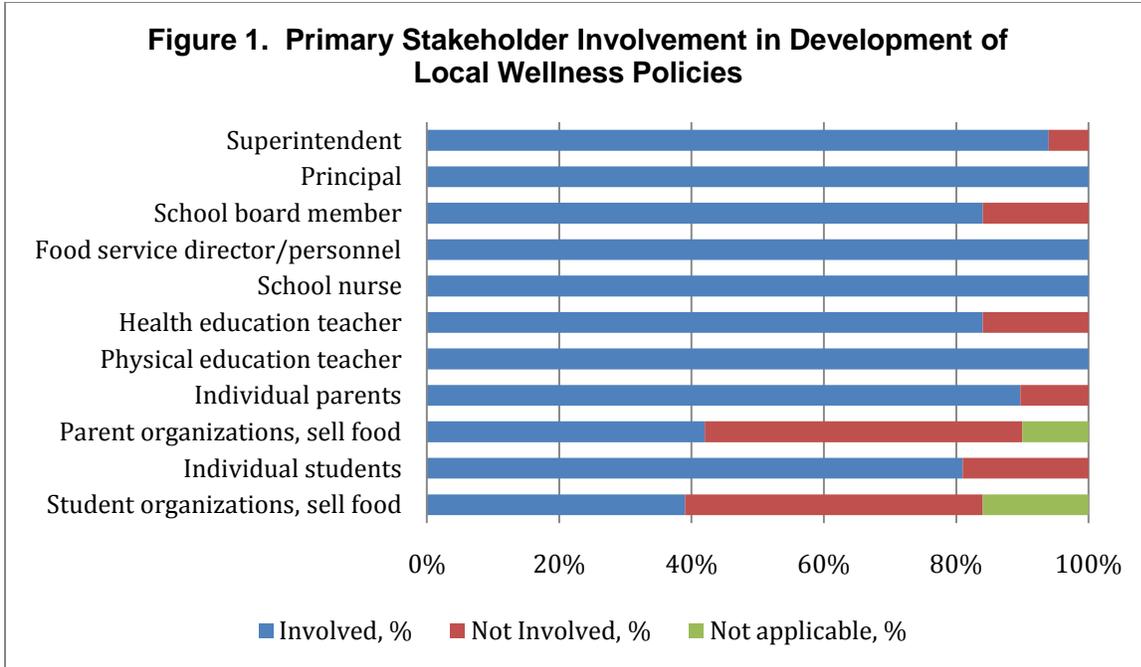


Table 1

*Stakeholder Involvement in Development of Local Wellness Policies, District Level, Fall 2006*

Role	Involved (includes actively participating and/or being supportive of process) (%)	Not Involved (%)	Not Applicable (%)
<b>Administrative</b>			
Superintendent	94	6	0
Assistant superintendent	35	13	52
Athletic director	45	52	3
Curriculum director/coordinator	81	13	6
Principal	100	0	0
Assistant principal <sup>a</sup>	52	19	26
School business official <sup>a</sup>	42	45	10
Other district level administrator <sup>a</sup>	52	-	-
Other school level administrator <sup>a</sup>	16	-	-
Athletic programs that sell food/beverage to students <sup>a</sup>	45	62	10
<b>Classroom teacher</b>			
Family and consumer science teacher	68	23	10
Health education teacher	84	16	0

*Table 1 continues*

(Table 1 continued)

*Stakeholder Involvement in Development of Local Wellness Policies, District Level, Fall 2006*

Role	Involved (includes actively participating and/or being supportive of process) (%)	Not Involved (%)	Not Applicable (%)
Physical education teacher	100	0	0
Other teacher, not listed above	84	-	-
Community member			
Government agency <sup>a</sup>	42	39	16
Business	58	32	10
Organization, other than PTA or PTO <sup>a</sup>	48	45	3
Physician <sup>a</sup>	39	48	10
Public health <sup>a</sup>	65	23	10
Other involved community members <sup>a</sup>	61	16	19
Food service director/personnel	100	0	0
Parent(s), not representing parent organization <sup>a</sup>	87	10	0
Parent organizations that sell food/beverage to students	42	48	10
PTA/PTO representative	55	35	10
School board member	84	16	0
School counselor	32	61	6
School nurse	100	0	0
Student(s), not representing student organization	81	19	0
Student organizations that sell food/beverage to students	39	45	16
Other programs that sell food/beverage to students	10	-	-
Others	23	-	-

*Note.* There are 31 districts in the sample.

<sup>a</sup> One or more districts did not respond to this category. Percentages are based on the total sample of 31 districts.

### Information Sources Used

School districts used many different information sources and resources in the policy development process. The top five (5) sources of information and resources were USDA (TN,

LWP Website, Changing the Scene, HealthierUS School Challenge, etc), used by nearly 52% of the districts; State Departments of Education, used by 45% of the districts; the Action for Healthy Kids, used by 41% of the districts; the School Nutrition Association, used by nearly 36% of the districts; and Centers for Disease Control and Prevention (CDC), used by 29% of the districts.

### **Areas of Controversy**

The law requires that a LWP include goals for nutrition education, physical activity and other school-based activities designed to promote student wellness, nutrition guidelines selected by the local education agency (LEA) for all foods available on each school campus, and assurance that guidelines for reimbursable school meals are not less restrictive than regulations and guidance issued by USDA.

Eighty percent (80%) of the participating districts (25 out of the 31 school districts that were interviewed) said that setting a nutrition education goal and assuring that reimbursable school meals meet the regulations and guidance issued by USDA generated little controversy. On the other hand, 19 out of 31 districts (61% of districts) indicated that setting nutrition guidelines for competitive foods was moderate to very controversial, and 20 out of 31 districts (65% of districts) indicated that setting nutrition guidelines for foods that are not sold but offered, such as at classroom parties and social events, was moderate to very controversial. Twelve (12) of the 31 districts (39% of districts) indicated that setting goals for physical education and physical activity was moderate to very controversial.

**California.** The two (2) goals concerning food and beverage guidelines (sold and offered) were by far the most controversial of the LWP goal areas. About half of the districts

experienced high levels of controversy when developing these goals. Not surprisingly, the most common focus of concern regarding guidelines for competitive foods was funding. Competitive foods are sold to raise money, and restrictions on these foods could presumably reduce sales. The controversy was also the result of anticipated lack of buy-in and enforcement issues for some districts. Concerns about guidelines for foods offered at school events and classroom celebrations were less about funding, since these foods are not sold, but were more about lack of buy-in, presumably by those who provide food at these events and would rather not have any restrictions. At one district, this concern was raised by school board members, who are also parents and wanted a full range of choices offered to their children at classroom parties. The difficulty of enforcing these guidelines was also a concern for some districts.

Cost was the most commonly cited reason for controversy in setting nutrition education and physical activity/education goals in California. Time and anticipated lack of buy-in were more common concerns with regard to physical education/physical activity, and lack of resources was a more common concern with regard to nutrition education. These findings suggest that barriers to meeting physical education/physical activity goals center more around competing priorities for time in the school day, while some schools feel ill-equipped to commit to providing nutrition education instruction to students.

During the policy development process, six (6) of the eight (8) districts in California reported having discussions regarding the resources that would be required for policy implementation. These financial concerns included both the concern over a potential loss in revenue as a result of implementing the nutrition standards and the costs associated with providing more nutrition education, including increasing staff time, rising food costs, materials, training, and improvements to facilities needed to implement and monitor various aspects of the

policy. However, districts remained optimistic and pointed out that discussion of these concerns also included discussion of solutions:

- Forming new partnerships
- Identifying new sources of funding and other resources
- Increasing participation in the meal program to cover the loss of a la carte revenues

**Iowa.** The most controversial component of the LWP development was related to nutrition standards for foods sold and foods offered. Eleven (11) of the 16 school districts (69% of districts) rated discussions on nutrition standards for foods sold as moderate to very controversial, and seven (7) of the 16 (44%) rated the discussions on foods offered from moderate to very controversial. Goals for physical activity and physical education were also controversial, with nine (9) of the 16 school districts (56% of school districts) rating the controversy as moderate to very controversial.

Cost/funding issues, difficulty of enforcement, and anticipated lack of buy-in from stakeholders were the primary reasons for controversy related to the nutrition standards for foods sold and offered, and lack of time and other resources were the most frequently reported reasons for controversy related to the physical activity/physical education goal area. In comparisons of schools that have varying levels of prior experience with USDA projects, there appears to be more controversy on nutrition standards for foods sold and offered for schools without previous USDA project experience, such as participation in previous TN demonstration projects or mini-grants.

**Pennsylvania.** Three (3) of the five (5) demonstration districts (60% of demonstration districts) reported that discussions about nutrition guidelines for competitive foods, including a la carte options, generated substantial discussion and controversy. One district reported that the

controversy was due to its unpopularity with students, and the other two districts expressed concerns regarding nutrition guidelines for foods that are offered but not sold because of hesitancy on the part of parents and teachers to give up the tradition of having treats for parties.

### **Strengths and Barriers**

In all three (3) States, the most commonly identified significant strengths by districts were school staff expertise (87%), administrative support (80%), personal commitment (77%) and personal perspective (71%). Interestingly, only 19% of the districts reported that trainings provided for early implementation by State Agencies were a significant strength. While districts were more likely to cite strengths than barriers, time and financial resources were the most frequently cited barriers across States.

These findings suggest that people were viewed as the most critical asset when it came to policy development, and it was their attributes, including leadership, communication, and commitment, that made effective policy development possible. The findings also suggested that the respondents thought that the most critical people were school-based and that the support from administration was especially important. These findings also suggested that barriers to LWP development tended to be resource-related. When it came to people, time was the most common barrier rather than ability or interest. This may explain why training and technical assistance were identified as having slight or no impact by many school districts during policy development.

### **Policy Implementation Phase**

The LWP implementation data were collected in Fall 2007 and Spring 2009. This section describes stakeholder involvement, communication and feedback, and resources and expenses associated with implementation of LWP, as well as information on implementation steps and outcomes, measuring implementation and sustaining implementation. Following is a description of what has happened between Fall 2007-Spring 2009.

#### **Stakeholder Involvement**

District and school administrators and school staff many different roles were involved in implementation of LWP (Figures 2-3, Tables 2-3). Over 95% of districts and schools reported that their principals participated in LWP implementation. Involvement by other administrators was also high and varied by role. All districts and schools reported that their food service directors were involved in LWP implementation. Ninety-seven percent (97%) of the districts and 89% of the schools reported that school nurses were involved in LWP implementation. Others involved in implementation included family and consumer science teachers, health education teachers, physical education teachers, science teachers, and elementary teachers. Shared involvement by various district and school administrators and staff in LWP implementation may be a good strategy for sustainability of LWP. In cases where a single individual championed the LWP, loss of that key person resulted in loss of the implementation effort (CA1, 98; CA2, 99; IA8, 117; IA15, 123).

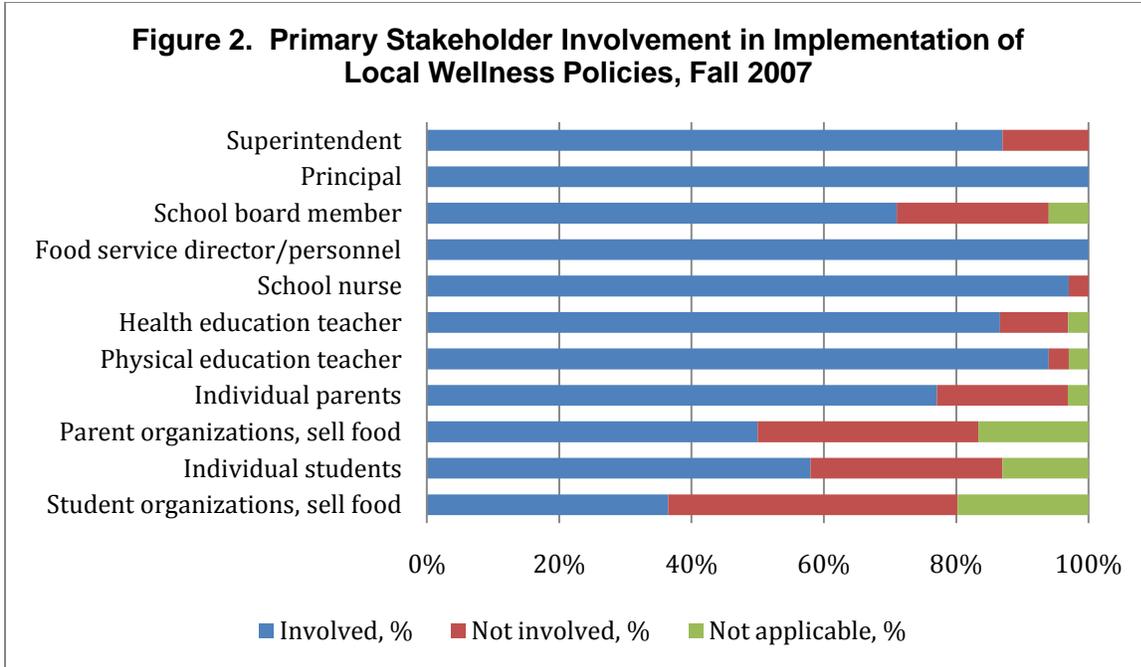


Table 2

*Stakeholder Involvement in Implementation of Local Wellness Policies at the District Level, Spring 2009*

Role	Involvement (includes actively participating and/or being supportive of process) (%)	Not Involved (%)	Not Applicable (%)
<b>Administrative</b>			
Superintendent	87	13	0
Assistant superintendent	42	6	52
Athletic director	68	29	3
Curriculum director/coordinator	68	16	16
Principal	100	0	0
Assistant principal	55	16	29
School business official	58	32	10
Other district level administrator	26	-	-
Other school level administrator	3	-	-
Athletic programs that sell food/beverage to students <sup>a</sup>	35	35	26
<b>Classroom teacher</b>			
Family and consumer science teacher <sup>a</sup>	71	19	6
Health education teacher <sup>a</sup>	84	10	3

*Table 2 continues*

(Table 2 continued)

*Stakeholder Involvement in Implementation of Local Wellness Policies at the District Level, Spring 2009*

Role	Involved (includes actively participating and/or being supportive of process) (%)	Not Involved (%)	Not Applicable (%)
Physical education teacher	94	3	3
Other teacher, not listed above	61	-	-
Community member			
Government agency <sup>a</sup>	42	39	13
Business <sup>a</sup>	48	32	16
Organization, other than PTA or PTO <sup>a</sup>	52	29	16
Physician <sup>a</sup>	35	39	19
Public health	68	19	13
Other involved community members	32	-	-
Food service director/personnel	100	0	0
Parent(s), not representing parent organization <sup>a</sup>	74	19	3
Parent organizations that sell food/beverage to students <sup>a</sup>	48	32	16
PTA/PTO representative	55	23	23
School board member	71	23	6
School counselor <sup>a</sup>	42	45	10
School nurse	97	3	0
Student(s), not representing student organization	58	29	13
Student organizations that sell food/beverage to students <sup>a</sup>	35	42	19
Other programs that sell food/beverage to students <sup>a</sup>	19	48	29
Others	13		

Note. There are 31 districts in the sample.

<sup>a</sup> One or more districts did not respond to this category. Percentages are based on the total sample of 31 districts.

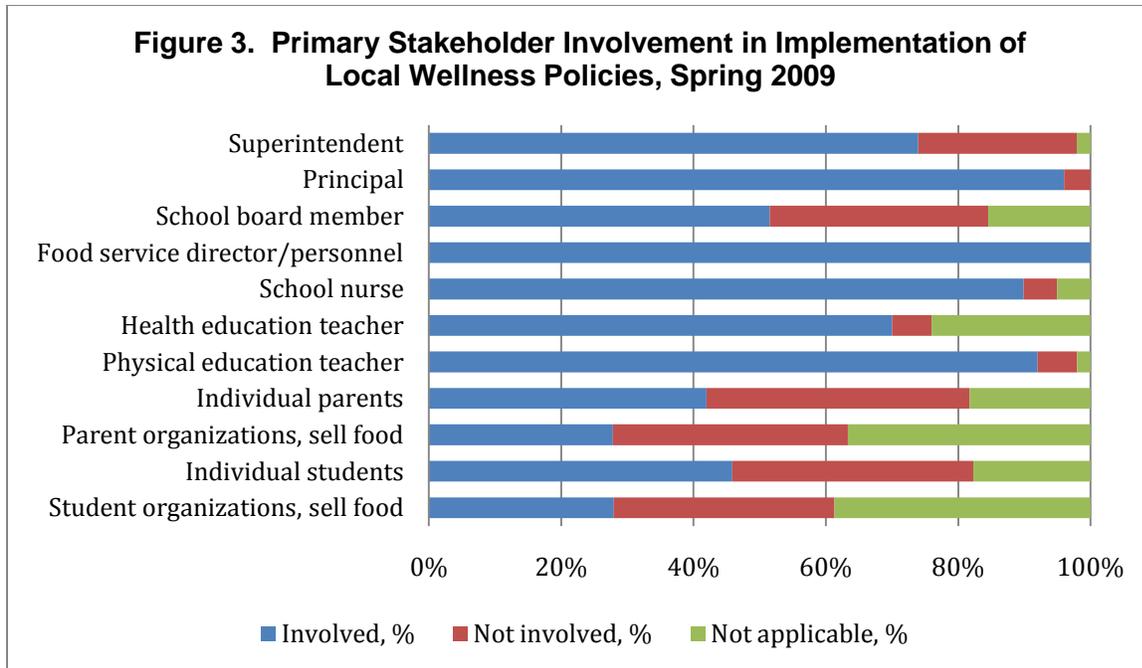


Table 3

*Stakeholder Involvement in Implementation of Local Wellness Policies at the School Level, Spring 2009*

Role	Involved (includes actively participating and/or being supportive of process) (%)	Not Involved (%)	Not Applicable (%)
<b>Administrative</b>			
Superintendent <sup>a</sup>	71	23	2
Assistant superintendent <sup>a</sup>	37	19	42
Athletic director <sup>a</sup>	40	34	20
Curriculum director/coordinator <sup>a</sup>	52	18	26
Principal	96	4	0
Assistant principal <sup>a</sup>	46	13	39
School business official <sup>a</sup>	40	25	30
Other district level administrator	15	-	-
Other school level administrator	2	-	-
Athletic programs that sell food/beverage to students <sup>a</sup>	20	24	44
<b>Classroom teacher</b>			
Family and consumer science teacher <sup>a</sup>	51	10	33
Health education teacher	70	6	24

*Table 3 continues*

(Table 3 continued)

*Stakeholder Involvement in Implementation of Local Wellness Policies at the School Level, Spring 2009*

Role	Involved (includes actively participating and/or being supportive of process) (%)	Not Involved (%)	Not Applicable (%)
Physical education teacher	92	6	2
Other teacher, not listed above	42		
<b>Community Member</b>			
Government agency <sup>a</sup>	18	38	32
Business <sup>a</sup>	23	38	31
Organization, other than PTA or PTO <sup>a</sup>	25	37	30
Physician <sup>a</sup>	19	35	36
Public health <sup>a</sup>	31	33	27
Other involved community members	7	-	-
Food service director/personnel	100	0	0
Parent(s), not representing parent organization <sup>a</sup>	39	37	17
Parent organizations that sell food/beverage to students <sup>a</sup>	25	32	33
PTA/PTO representative <sup>a</sup>	42	35	21
School board member <sup>a</sup>	50	32	15
School counselor <sup>a</sup>	45	36	15
School nurse <sup>a</sup>	89	5	5
Student(s), not representing student organization <sup>a</sup>	44	35	17
Student organizations that sell food/beverage to students <sup>a</sup>	26	31	36
Other programs that sell food/beverage to students <sup>a</sup>	17	21	43
Others	6	-	-

*Note.* There are 84 schools in the sample.

<sup>a</sup> One or more schools did not respond to this category. Percentages are based on the total sample of 84 schools.

Over three-quarters of districts and approximately half of schools reported involvement by both parents and students in LWP implementation. Further, 56% of districts and 42% of schools reported that the PTA/PTO was involved in implementation of the district LWP.

Districts were more likely than schools to report participation in the LWP implementation by parents who did not represent parent organizations ( $p=0.005$ ).

### **Communication**

Districts and schools reported having plans in place to communicate their LWP with school boards (37%), school staff (71%), parents (74%) and local media (36%). Districts and schools were more likely to report having plans in place to communicate with staff and parents than for having plans in place to communicate with school boards or local media ( $p<0.001$ ).

Districts and schools were equally likely to report having plans in place to communicate with the school board and with local media ( $p=0.87$ ). Since administrative support is critical to successful implementation and sustainability of LWP, improving communication with school boards may be a strategic effort that requires additional attention. Also, using media to highlight district/school successes and successful collaborative efforts between the district/schools and the community may increase support for LWP.

Districts and schools used a variety of means to communicate their LWP with stakeholders, from traditional print materials and face-to-face meetings to E-mails and websites (Figures 4-5, Table 4). The top three methods used by districts and schools to communicate with school staffs were face-to-face meetings, websites, and E-mail. Districts and schools used newsletters and websites as their top two methods of communicating with the community and parents. Over half of districts reported using public media to reach community stakeholders. Districts and schools reported using face-to-face meetings, newsletters and websites to reach students. In general, face-to-face meetings were used to reach stakeholders with whom units had close contact, i.e., school staff for districts and schools and students for schools. Websites and

newsletters were frequently used for communication with all stakeholders. Public media was used by districts, but not by schools, to inform the community in general, as well as parents.

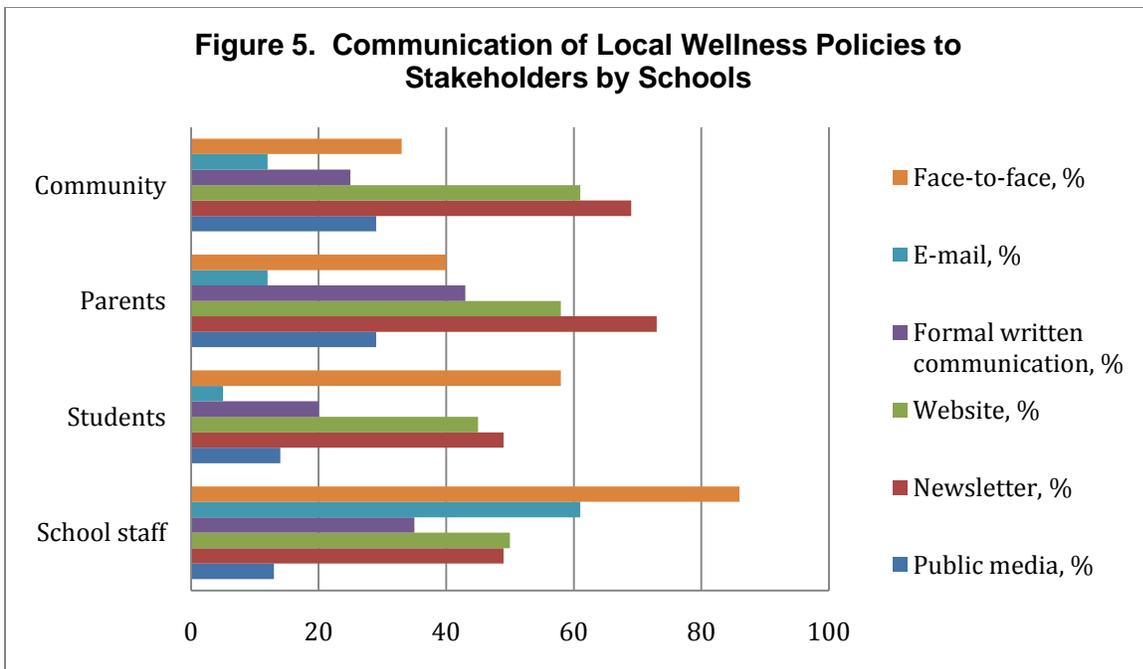
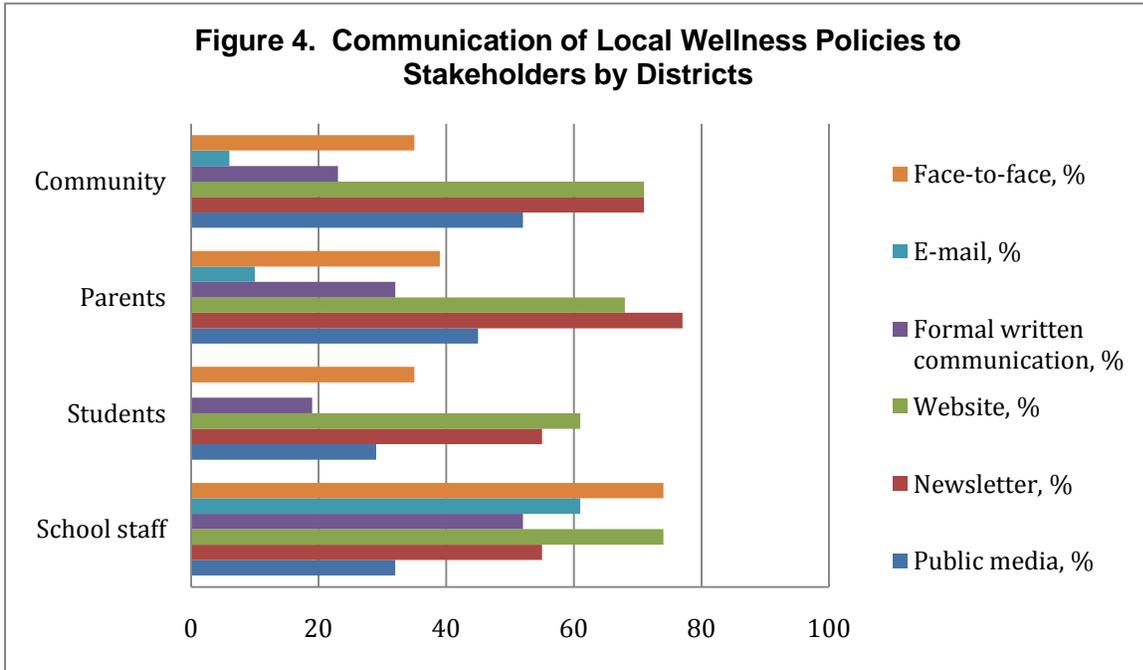


Table 4

*Communication of Local Wellness Policy Information to Stakeholders by Districts and Schools*

	Face to Face / In-service meetings / PTO meetings/ Assemblies (%)	E-mail communication (%)	Formal written communication (%)	Website (%)	School and/or parent newsletter (%)	Public media (newspaper, television, radio) (%)	Other (%)	Not communicated (%)
<b>Districts</b>								
School staff	74	61	52	74	55	32	3	0
Students	35	0	19	61	55	29	19	3
Parents	39	10	32	68	77	45	10	0
Community	35	6	23	71	71	52	10	0
<b>Schools</b>								
School staff	86	61	35	50	49	13	0	0
Students	58	5	20	45	49	14	8	5
Parents	40	12	43	58	73	29	2	2
Community	33	12	25	61	69	29	2	2

*Note.* There are 31 districts and 84 schools in the sample.

Districts and schools reported sending information to stakeholders on curricular goals (49%), curricular (classroom-related) activities and accomplishments (44%), competitive foods goals (43%), competitive foods activities and accomplishments (38%), reimbursable meal goals (46%), and reimbursable meal activities and accomplishments (34%) (Table 5). They also reported sending information on nutrient contents of the reimbursable meals to students (31%), parents (30%) and the community (27%) (Table 5). Overall, districts were more likely to communicate information on curricular goals, curricular activities, competitive foods goals and meal program goals than on the nutrient contents of reimbursable meals ( $p < 0.10$ ). In particular, districts were more likely to communicate curricular goals than nutrient contents of reimbursable meals to students ( $p = 0.02$ ), parents ( $p = 0.01$ ) and the community ( $p = 0.004$ ). Since the

reimbursable meal is a tangible component of the LWP, nutrient contents of foods are of general interest, and most stakeholders do not know the requirements for the reimbursable meal, communication about the meal could encourage stakeholder support for the lunch program.

Table 5

*Information Communicated to Stakeholders on Local Wellness Policies (LWP) and Nutrient Contents of Reimbursable Meals by Districts and Schools*

Information Communicated	Districts (%)	Schools (%)	Overall <sup>a</sup> (%)
LWP curricular goals	32	36	49*
LWP curricular activities and accomplishments	29	29	44*
LWP competitive foods goals	23	26	43*
LWP competitive foods activities and accomplishments	19	24	38*
LWP meal program goals	26	37	46*
LWP meal program activities and accomplishments	23	25	34
Nutrient content of USDA-reimbursable meals – students	16	23	31
Nutrient content of USDA-reimbursable meals – parents	13	24	30
Nutrient content of USDA-reimbursable meals – community	13	18	27

Note 1. There are 31 districts and 84 schools in the sample.

Note 2. Statistical significance is designated by \*, based on a maximum p value of 0.1. Actual p values are in the report narrative.

<sup>a</sup> This category includes total communication from district + school to audiences at a school.

\* p<0.1, based on chi square analysis comparing communication of LWP goals and accomplishments to communication of information on reimbursable meals.

**Resources Used**

Districts reported obtaining many types of resources for implementation of their LWP including physical education, playground, and sports equipment; staff training; additional staff time; other equipment, such as kitchen equipment; materials, such as incentives, food for tasting, and books; facility expansion or improvements; consultant time; and funding to substitute for income lost from food/beverage sales (Table 6). The top three resources reported by districts as most beneficial to implementation of LWP were physical education, playground or sports equipment (32% of districts), staff training (29% of districts) and additional staff time (26% of

districts). Examples of improved fitness equipment and facilities are in district highlights from California (CA4, 101; CA7, 106; CA8, 108), Iowa (IA1, 110; IA4, 113) and Pennsylvania (PA5, 130).

Table 6

*Resources Reported by Districts during the Local Wellness Policy Demonstration Project*

	Physical education, playground, or sports equipment (%)	Staff training (%)	Additional staff time (%)	Other equipment, such as kitchen equipment (%)	Materials, such as incentives, food, books (%)	Facility expansion or improvements (%)	Consultant time (%)	Funding to substitute for income from food/beverage sales (%)
Resources obtained	58	32	26	19	55	13	10	10
Most beneficial resources <sup>a</sup>	32	29	26	13	19	16	6	3

*Note 1.* There are 31 districts in the sample.

*Note 2.* Other resources that were reported by less than 3% of districts in both the obtained and beneficial categories are not included in the table.

<sup>a</sup>Some districts reported more than one “most beneficial resource.”

Ninety percent (90%) of districts reported paying for implementation goods and services with external grants, 32% of districts reported using district funds to pay for these goods and services, and 19% of districts reported receiving donations. Sources of external grants included local foundations (CA2, 99; CA3, 100; IA11, 120; PA2, 126; PA5, 130), state/regional/national foundations (CA3, 100; CA5, 102; IA1, 110; IA4, 113; IA11, 120), insurance providers and other industry support (IA4, 113; IA13, 121; PA3, 127; PA7, 132), State grants (CA7, 106; IA1, 110; IA6, 115) and USDA grants other than TN grants (CA7, 106; IA4, 113; IA15, 123).

**Expenses Reported**

Districts and schools reported expenses associated with implementation and monitoring/evaluation of the LWP for covering additional staff time, resources, and capital equipment purchases (Table 7). Districts were more likely than schools to report expenses on purchasing resources (p=0.03) and providing training and technical assistance (p=0.05) that were associated with implementation than with monitoring and evaluation. This implies that efforts toward implementation have been more substantial than efforts toward monitoring and evaluation.

Table 7

*Expenses Incurred by Districts and Schools to Implement and Monitor/Evaluate their Local Wellness Policies (LWP), Spring 2009*

Expense Category	Districts (%)	Schools (%)
Financially reimburse the time of individuals	42	20
Office supplies and expenses, including copying	81	38
Food for meetings and training/instruction work	23	11
Purchase resources to implement the LWP	32	19
Purchase resources to monitor/evaluate the LWP	10*	6
Pay for training and technical assistance to implement the LWP	29	17
Pay for technical assistance to monitor/evaluate the LWP	10*	6
Hire a consultant to implement the LWP	3	2
Hire a consultant to monitor/evaluate the LWP	3	2
Hire facilitator(s) to implement the LWP	0	2
Hire facilitator(s) to monitor/evaluate the LWP	3	1
Hire/financially support a coordinator to implement the LWP	6	1
Hire/financially support a coordinator to monitor/evaluate the LWP	0	1
Capital equipment purchases	13	2
Hire additional staff	3	5
Other	6	1

*Note 1.* There are 31 districts and 84 schools in the sample.

*Note 2.* Statistical significance is designated by \*, based on a maximum p value of 0.1. Actual p values are in the report narrative. Only district expenses were analyzed for difference because districts fund school budgets.

\* p<0.1, based on chi square analysis comparing expenses at the district level to implement LWP and expenses to monitor/evaluate LWP.

### **Training throughout the Demonstration Project**

Eighty-one percent (81%) of districts reported in the 2009 survey that their school staffs received training from State Agencies. By the end of the project period, districts reported that their school staffs had received training in the following goal areas:

- Nutrition education (58%)
- Physical activity/physical education (65%)
- Guidelines for competitive foods sold (35%)
- Guidelines for competitive foods offered (32%)
- Guidelines for reimbursable school meals (48%)
- Other wellness issues (32%)
- Implementation/monitoring of LWP (26%)

State project teams provided training to strengthen development of LWP and their implementation across goal areas. These included training on aligning LWP to benchmarks and standards, student involvement, communication, developing action plans, committee structure and function, funding sources, sustainability of LWP, advocacy skills, and parent engagement strategies.

All three States provided their initial training and technical assistance through a face-to-face orientation that included representatives from all grantee districts. California and Iowa also closed their projects with a face-to-face meeting featuring grantee reports and information on completing grant activities. Other face-to-face group trainings included foodservice workshops and training on using online, policy specific reporting systems in Iowa and Pennsylvania and workshops on nutrition education, sustainability of LWP, and advocacy skills in California.

All three States delivered some technical assistance through individual site visits.

California and Iowa provided technical assistance on nutrition education and nutrition education resources through site visits. Iowa had a specific site visit for physical education programming that used information from class observation and self-analysis using the Physical Education Curriculum Analysis Tool (PECAT found at <http://www.cdc.gov/healthyyouth/PECAT/>) to help programs determine how they were meeting standards from the CDC for physical education. Pennsylvania worked with individual wellness committees on developing action plans and on developing effective committee structures.

All States used some form of teleconferencing or conference calls to provide training and technical assistance. California and Iowa used E-mail for updates, and Iowa sent monthly E-newsletters to grantees. California delivered six (6) training sessions via webinar. Iowa used their Iowa Communications Network (ICN), a two-way video conferencing system, to deliver six (6) training sessions; these were archived on DVD for later use. Pennsylvania used conference calls to deliver project updates and to identify training and technical assistance needs.

All States responded to individual district's requests for technical assistance. These requests covered topics such as improving the nutritional quality of school breakfast, expanding afterschool programs, identifying speakers for programs, and selecting equipment for foodservice or for physical activity.

California's State Agency notified their grantees of statewide workshops that would help them with LWP content, encourage sharing of wellness activities, and build LWP networks. These included SHAPE (Shaping Health as Partners in Education) workshops that focused on the roles of nutrition education and regular physical activity in helping students to improve their academic performance and assist in closing the achievement gap, statewide webinar trainings on

competitive foods and beverages sold in California schools, and USDA's FNS webinar on TN messages that focused on consistent messaging. The California project team also encouraged grantees to attend statewide conferences, such as the California School Nutrition Conferences, the California School Wellness Conferences, and the Childhood Obesity Conferences.

Some examples of how training was used follow; other examples are available from individual State's final reports (Appendices C-E). In California, school districts learned from their communication training and produced newsletters and brochures for stakeholders (83%) and ongoing bulletin boards (33%) (CA1, 102; CA4, 101; CA6, 104; CA7, 106). All of the California grantees have presented their LWP updates at school board meetings and used information from trainings to finalize their board presentations and to advocate for resources (CA6, 104; CA7, 106); one of the districts was able to continue fund a 0.25 FTE wellness coordinator beyond the grant period to oversee nutrition education. Several California districts used what they learned in the training to improve nutrition education curriculum (CA4, 101; CA6, 104; CA7, 106) and physical education (CA3, 100; CA5, 102; CA7, 106; CA8, 108). In Iowa, E-newsletter materials were used on backs of menus and other ways to communicate with students and parents (IA1, 110; IA4, 113; IA8, 117; IA14, 122). These newsletters also shared district's LWP activities so that districts could learn from each other. Several Iowa districts reported using the statewide monitoring tool as their primary method of evaluation. Iowa districts that had attended foodservice workshops reported offering more fruits and vegetables (IA1, 110; IA12, 121) and more whole grains (IA1, 110). In Pennsylvania, districts benefited from information provided to them through technical assistance on selecting and development of classroom and afterschool curricula (PA2, 126; PA4, 129), improving nutritional quality and

variety of school meals and snacks (PA4, 129; PA6, 131), and strengthening their LWP plans and infrastructure (PA2, 126; PA3, 127; PA4, 129; PA5, 130).

Ongoing support and training for districts will be needed. Continued training and technical assistance in the areas of monitoring and evaluation, effective school board reporting and gaining administrative support for LWP, communication, and acquiring grant funds have been noted in States' reports and by districts and schools in onsite interviews as important factors to sustaining and enhancing current LWP outcomes. Further, these activities could be made more time effective and aggregative by providing districts and schools with templates to help them collect and analyze data on their efforts and report their findings to their stakeholders. As noted by the Pennsylvania project team, these are not simple one-time training efforts (Appendix E):

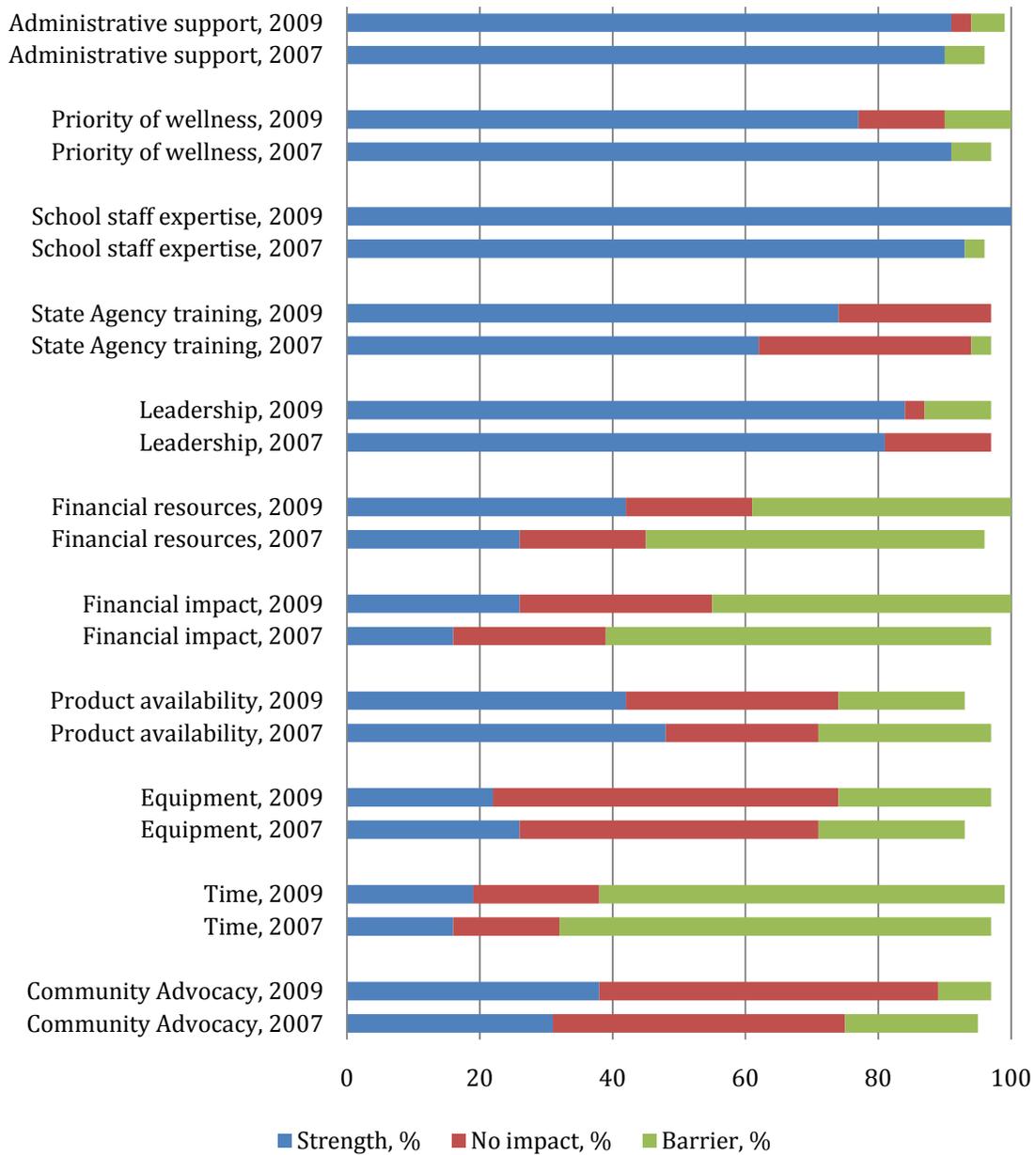
*Technical assistance may be needed to help schools identify funding sources and to provide training in development of grant applications. If applying for external funding is a priority of schools/districts, it may be necessary for them to allocate a portion of a faculty member's or administrator's time for this task. Given that time continues to be a barrier to wellness policy implementation, training may be needed on time management techniques and/or strategies for implementing wellness activities that are not time-intensive. Integration of physical activity into classrooms and integration of nutrition education concepts into various subject areas are two examples...Policy measurement templates may assist schools in taking steps toward policy measurement. Also, since there is currently no or little accountability for policy measurement as there was for policy development, methods to hold schools accountable for implementation and measurement of implementation should be established...Because of the wide reach of the wellness policy and the turnover in stakeholder*

*groups, ongoing communication will be necessary to successfully sustain implementation. This is an area that was identified as a challenge by some schools... Because of the critical need for ongoing communication to stakeholder groups about the wellness policy, wellness committees should develop and implement plans for communicating with all stakeholder groups. Schools and districts would benefit from communication plan templates and examples of successful communication strategies.*

### **Strengths and Barriers**

Administrative support, school staff support, community support, priority of wellness, school staff expertise, community expertise, personal commitment, personal perspective, leadership and communication were considered either “slight strength” or “significant strength” for implementing their district’s LWP by more than 50% of district and school respondents during surveys in Fall 2007 and again in Spring 2009 (Figures 6-7, Tables 8-9). Districts rated State Agency training and technical assistance as either slight or significant strengths. In Fall 2007 and again in Spring 2009, schools reported that training and technical assistance provided by their State Agencies were either strengths or had no impact. Schools may have felt that they had all of the training that they needed to meet their goals. Their confidence is represented through survey responses that they had strength in “school staff expertise” (over 95% of respondents) and “community expertise” (over 50% of respondents) (Table 9). Financial resources, financial impact, and time were reported as “significant barrier” or “slight barrier” by more than 25% of districts and schools throughout the LWP demonstration project (Tables 8-9).

**Figure 6. Selected Factors that Influenced Implementation of District Local Wellness Policies Reported by Districts**



**Figure 7. Selected Factors that Influenced Implementation of District Local Wellness Policies Reported by Schools**

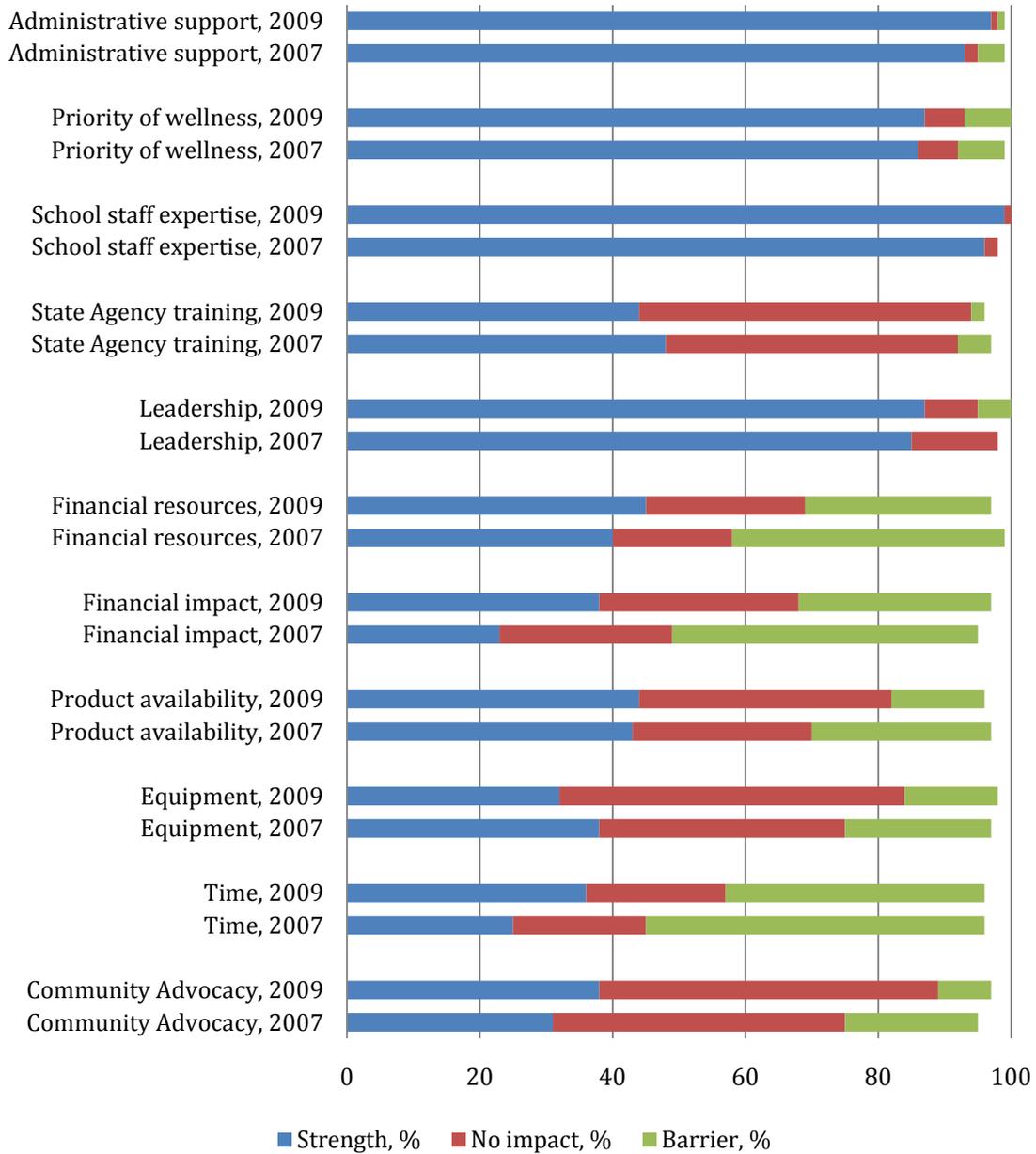


Table 8

*Factors that Influenced Implementation of Their District’s Local Wellness Policies (LWP) Reported by Districts, Fall 2007 – Spring 2009*

Factor	Fall 2007					Spring 2009				
	Significant strength (%)	Slight strength (%)	No impact (%)	Slight barrier (%)	Significant barrier (%)	Significant strength (%)	Slight strength (%)	No impact (%)	Slight barrier (%)	Significant barrier (%)
Administrative support <sup>a</sup>	77	13	0	6	0	68	23	3	0	6
School staff support <sup>a,b</sup>	61	23	6	3	3	48	32	6	3	6
Community support <sup>a,b</sup>	29	35	23	6	3	35	39	16	0	6
Priority of wellness <sup>a</sup>	65	26	0	6	0	48	29	13	0	10
School staff expertise <sup>a</sup>	77	16	0	3	0	84	16	0	0	0
Community expertise <sup>a</sup>	29	32	35	0	0	26	39	32	0	3
State agency training and technical assistance <sup>a,b</sup>	23	39	32	3	0	32	42	23	0	0
Other training and technical assistance <sup>a,b</sup>	6	39	48	0	0	23	23	45	0	0
Personal commitment <sup>a</sup>	68	19	10	0	0	71	23	3	3	0
Personal perspective <sup>a</sup>	68	19	10	0	0	61	26	10	3	0
Leadership <sup>a,b</sup>	65	16	16	0	0	58	26	3	10	0
Communication <sup>a,b</sup>	52	19	10	16	0	48	29	10	10	0
Financial resources <sup>a</sup>	10	16	19	32	19	29	13	19	16	23
Financial impact <sup>a</sup>	0	16	23	42	16	13	13	29	35	10
Vendor flexibility <sup>a,b</sup>	32	19	23	23	0	19	19	35	16	3
Product availability <sup>a,b</sup>	32	16	23	16	10	10	32	32	19	0
Equipment <sup>a,b</sup>	10	16	45	16	6	3	19	52	13	10
Time <sup>a</sup>	6	10	16	39	26	3	16	19	29	32
Community advocacy <sup>a,b</sup>	13	26	42	10	0	26	19	26	13	10

*Note.* There are 31 districts in the sample.

<sup>a</sup> There are missing responses from this category for Fall 2007. Percentages are based on the total sample of 31 districts.

<sup>b</sup> There are missing responses from this category for Fall 2009. Percentages are based on the total sample of 31 districts.

Table 9

*Factors that Influenced Implementation of Their District’s Local Wellness Policies (LWP) Reported by Schools, Fall 2007 – Spring 2009*

Factor	Fall 2007					Spring 2009				
	Significant strength (%)	Slight strength (%)	No impact (%)	Slight barrier (%)	Significant barrier (%)	Significant strength (%)	Slight strength (%)	No impact (%)	Slight barrier (%)	Significant barrier (%)
Administrative support <sup>a</sup>	73	20	2	4	0	64	33	1	1	0
School staff support <sup>a</sup>	51	36	7	5	0	44	46	5	5	0
Community support <sup>a</sup>	21	52	19	6	0	24	35	33	8	0
Priority of wellness <sup>a</sup>	48	38	6	5	2	45	42	6	6	1
School staff expertise <sup>a</sup>	76	20	2	0	0	75	24	1	0	0
Community expertise <sup>a,b</sup>	13	45	35	4	0	17	37	39	5	0
State agency training and technical assistance <sup>a,b</sup>	13	35	44	5	0	11	33	50	2	0
Other training and technical assistance <sup>a,b</sup>	7	35	48	4	2	7	31	52	4	0
Personal commitment <sup>a,b</sup>	55	35	8	1	0	52	35	7	5	0
Personal perspective <sup>a,b</sup>	55	30	13	1	0	48	32	17	2	0
Leadership <sup>a</sup>	61	24	13	0	0	57	30	8	5	0
Communication <sup>a</sup>	48	35	6	10	1	46*	36*	14*	2*	1*
Financial resources <sup>a,b</sup>	13	27	18	29	12	14	31	24	21	7
Financial impact <sup>a,b</sup>	11	12	26	33	13	12*	26*	30*	21*	8*
Vendor flexibility <sup>a,b</sup>	26	19	29	21	2	24	21	38	13	2
Product availability <sup>a,b</sup>	23	20	27	21	6	26*	18*	38*	12*	2*
Equipment <sup>a,b</sup>	20	18	37	20	2	14*	18*	52*	10*	4*
Time <sup>a,b</sup>	10	15	20	37	14	11	25	21	25	14
Community advocacy <sup>a,b</sup>	11	20	44	20	0	18*	20*	51*	7*	1*

Note 1. There are 84 schools in the sample.

Note 2. Statistical significance is designated by \*, based on a maximum p value of 0.1. Actual p values are in the report narrative.

<sup>a</sup> There are missing responses from this category for Fall 2007. Percentages are based on the total sample of 84 schools.

<sup>b</sup> There are missing responses from this category for Spring 2009. Percentages are based on the total sample of 84 schools.

\* p<0.1, based on chi square analysis comparing school responses on factors affecting implementation of LWP. “Significant strength” and “slight strength” were combined into a single category of “strength.” “Significant barrier” and “slight barrier” were combined into a single category of “barrier.”

**Time.** Of these barriers, time was cited by more than 50% of district and school respondents in the Fall 2007 survey. Time continued to be reported as a barrier by more than 50% of districts in Spring 2009. On the other hand, fewer schools (39%) reported time as a barrier in the Spring 2009 survey than in the Fall 2007 (51%). This difference in time perception may be related to differences in roles between districts and schools. Districts may have additional administrative responsibilities associated with the LWP that are time consuming, and schools may have integrated LWP activities into their routines by replacing former activities; therefore, the time commitment for schools was not as big an issue as they originally thought it would be.

**Financial impact.** The financial aspects of LWP, such as financial impact and financial resources, were concerns for both districts and schools throughout the demonstration project, although fewer units reported them as concerns at the end of the project. In the Fall 2007, financial impact was reported as a “significant barrier” or “slight barrier” by 58% of district respondents, but this decreased to 45% of respondents in the Spring 2009 data collection (Table 8). Also, fewer schools (29%) reported financial impact as a barrier in the Spring 2009 than in the Fall 2007 (46%) ( $p=0.04$ ) (Table 9). This difference may be related, in part, to successful alternative fundraising by districts and schools that replaced food sales with physical activity-related fundraisers (IA7, 116; IA16, 124; PA1, 125).

**Financial resources.** During the Fall 2007 data collection, schools were more positive than districts about their financial resources ( $p=0.07$ ) (Table 10). Schools were more likely than districts to rate their financial resources a strength, 40% and 26%, respectively. Schools were less likely than districts to rate their financial resources as a barrier, 41% and 51%, respectively. At the conclusion of the demonstration project, both districts and schools were less likely to see

financial resources as a barrier to implementation of LWP, with districts reports of “barrier” falling from 51% to 39% and school reports of “barrier” falling from 41% to 28% (Table 10).

Table 10

*Comparison of District and State Reports of Factors that Influenced Implementation of Their District’s Local Wellness Policies (LWP), Fall 2007*

Factor	Districts					Schools				
	Significant strength (%)	Slight strength (%)	No impact (%)	Slight barrier (%)	Significant barrier (%)	Significant strength (%)	Slight strength (%)	No impact (%)	Slight barrier (%)	Significant barrier (%)
Administrative support <sup>a,b</sup>	77	13	0	6	0	73	20	2	4	0
School staff support <sup>a,b</sup>	61	23	6	3	3	51	36	7	5	0
Community support <sup>a,b</sup>	29	35	23	6	3	21	52	19	6	0
Priority of wellness <sup>a,b</sup>	65	26	0	6	0	48	38	6	5	2
School staff expertise <sup>a,b</sup>	77	16	0	3	0	76	20	2	0	0
Community expertise <sup>a,b</sup>	29	32	35	0	0	13	45	35	4	0
State agency training and technical assistance <sup>a,b</sup>	23	39	32	3	0	13	35	44	5	0
Other training and technical assistance <sup>a,b</sup>	6	39	48	0	0	7	35	48	4	2
Personal commitment <sup>a,b</sup>	68	19	10	0	0	55	35	8	1	0
Personal perspective <sup>a,b</sup>	68	19	10	0	0	55	30	13	1	0
Leadership <sup>a,b</sup>	65	16	16	0	0	61	24	13	0	0
Communication <sup>a,b</sup>	52	19	10	16	0	48	35	6	10	1
Financial resources <sup>a,b</sup>	10	16	19	32	19	13*	27*	18*	29*	12*
Financial impact <sup>a,b</sup>	0	16	23	42	16	11	12	26	33	13
Vendor flexibility <sup>a,b</sup>	32	19	23	23	0	26	19	29	21	2
Product availability <sup>a,b</sup>	32	16	23	16	10	23	20	27	21	6
Equipment <sup>a,b</sup>	10	16	45	16	6	20	18	37	20	2

*Table 10 continues*

(Table 10 continued)

Comparison of District and State Reports of Factors that Influenced Implementation of Their District's Local Wellness Policies (LWP), Fall 2007

Factor	Districts					Schools				
	Significant strength (%)	Slight strength (%)	No impact (%)	Slight barrier (%)	Significant barrier (%)	Significant strength (%)	Slight strength (%)	No impact (%)	Slight barrier (%)	Significant barrier (%)
Time <sup>a,b</sup>	6	10	16	39	26	10	15	20	37	14
Community advocacy <sup>a,b</sup>	13	26	42	10	0	11*	20*	44*	20*	0*

Note 1. There are 31 districts and 84 schools in the sample.

Note 2. Statistical significance is designated by \*, based on a maximum p value of 0.1. Actual p values are in the report narrative.

<sup>a</sup> There are missing responses from districts for this category for Fall 2007. Percentages are based on the total sample of 31 districts.

<sup>b</sup> There are missing responses from schools for this category for Fall 2007. Percentages are based on the total sample of 84 schools.

\* p<0.1, based on chi square analysis comparing district and school responses on factors affecting implementation of LWP. "Significant strength" and "slight strength" were combined into a single category of "strength." "Significant barrier" and "slight barrier" were combined into a single category of "barrier."

**Community advocacy.** Districts and schools had different viewpoints on whether community advocacy was a strength, barrier or had no impact on the LWP implementation. Their viewpoints changed as implementation progressed. In Fall 2007, districts were more positive than schools about the role of community advocacy (p=0.03) (Table 10), but at the end of the demonstration project in the Spring 2009, this perception was reversed (p=0.02) (Table 11). Overall, more districts (39% in Fall 2007 versus 45% in Spring 2009) and schools (31% in Fall 2007 versus 38% in Spring 2009) reported that community advocacy was a strength at the end of the demonstration project than at the beginning of the project (Tables 8-9). During the early implementation, some districts did not think that community advocacy would have any

impact on their LWP. Surveys showed that 42% of districts rated community advocacy having “no impact” in Fall 2007. By Spring 2009, only 26% of the districts rated community advocacy as having no impact, and more districts reported that community advocacy was a barrier, 10% in Fall 2007 versus 23% in Spring 2009 (Table 8). Conversely, schools trended up for community advocacy from Fall 2007 to Spring 2009 with reports of community advocacy as a strength increasing and reports of community advocacy as a barrier decreasing (p=0.07) (Table 9). These changes may be related to active participation by community members in school activities as evidenced by district highlights in from California, Iowa and Pennsylvania (CA8, 108; IA4, 113; IA13, 121; PA1, 125; PA2, 126; PA5, 130) and in Table 12.

Table 11

*Comparison of District and State Reports of Factors that Influenced Implementation of Their District’s Local Wellness Policies (LWP), Spring 2009*

Factor	Districts					Schools				
	Significant strength (%)	Slight strength (%)	No impact (%)	Slight barrier (%)	Significant barrier (%)	Significant strength (%)	Slight strength (%)	No impact (%)	Slight barrier (%)	Significant barrier (%)
Administrative support	68	23	3	0	6	64	33	1	1	0
School staff support <sup>a</sup>	48	32	6	3	6	44	46	5	5	0
Community support <sup>a</sup>	35	39	16	0	6	24	35	33	8	0
Priority of wellness	48	29	13	0	10	45	42	6	6	1
School staff expertise	84	16	0	0	0	75	24	1	0	0
Community expertise <sup>b</sup>	26	39	32	0	3	17	37	39	5	0
State agency training and technical assistance <sup>a,b</sup>	32	42	23	0	0	11	33	50	2	0
Other training and technical assistance <sup>a,b</sup>	23	23	45	0	0	7	31	52	4	0
Personal commitment <sup>b</sup>	71	23	3	3	0	52	35	7	5	0

*Table 11 continues*

(Table 11 continued)

Comparison of District and State Reports of Factors that Influenced Implementation of Their District’s Local Wellness Policies (LWP), Spring 2009

Factor	Districts					Schools				
	Significant strength (%)	Slight strength (%)	No impact (%)	Slight barrier (%)	Significant barrier (%)	Significant strength (%)	Slight strength (%)	No impact (%)	Slight barrier (%)	Significant barrier (%)
Personal perspective <sup>b</sup>	61	26	10	3	0	48	32	17	2	0
Leadership <sup>a</sup>	58	26	3	10	0	57	30	8	5	0
Communication <sup>a</sup>	48	29	10	10	0	46	36	14	2	1
Financial resources <sup>b</sup>	29	13	19	16	23	14	31	24	21	7
Financial impact <sup>b</sup>	13	13	29	35	10	12	26	30	21	8
Vendor flexibility <sup>a,b</sup>	19	19	35	16	3	24	21	38	13	2
Product availability <sup>a,b</sup>	10	32	32	19	0	26	18	38	12	2
Equipment <sup>a,b</sup>	3	19	52	13	10	14	18	52	10	4
Time <sup>b</sup>	3	16	19	29	32	11	25	21	25	14
Community advocacy <sup>a,b</sup>	26	19	26	13	10	18*	20*	51*	7*	1*

Note 1. There are 31 districts and 84 schools in the sample.

Note 2. Statistical significance is designated by \*, based on a maximum p value of 0.1. Actual p values are in the report narrative.

<sup>a</sup> There are missing responses from districts for this category for Fall 2009. Percentages are based on the total sample of 31 districts.

<sup>b</sup> There are missing responses from schools for this category for Spring 2009. Percentages are based on the total sample of 84 schools.

\* p<0.1, based on chi square analysis comparing district and school responses on factors affecting implementation of LWP. “Significant strength” and “slight strength” were combined into a single category of “strength.” “Significant barrier” and “slight barrier” were combined into a single category of “barrier.”

Table 12

*Benefits from Implementation of the Local Wellness Policy (LWP) Reported by Schools, Spring 2009*

	Increased leadership (%)	Improvements in health behaviors (%)	Improvements in health indicators (%)	Improved attendance (%)	Staff participation in worksite wellness (%)	Increased community participation in school-based wellness activities (%)	Unsure (%)	None noted (%)
Students	12	69*	18	7	NA <sup>a</sup>	NA <sup>a</sup>	8	11*
Staff	15	56*	4	0	37	NA <sup>a</sup>	5	18*
Community	4	NA <sup>a</sup>	NA <sup>a</sup>	NA <sup>a</sup>	NA <sup>a</sup>	12	5	18

*Note 1.* There are 84 schools in the sample.

*Note 2.* Multiple responses were permitted.

*Note 3.* Statistical significance is designated by \*, based on a maximum p value of 0.1. Actual p values are in the report narrative.

<sup>a</sup> Not Applicable.

\* p<0.1, based on chi square analysis comparing school responses on the group benefitting versus no reports of the group benefitting; p<0.1 based on chi square analysis comparing improvements in health behaviors to other benefits from implementation of LWP.

**Communication, product availability and equipment.** It is interesting to note that, in the Spring 2009 data collection, fewer schools reported communication (p=0.05), product availability (p=0.09), and equipment (p=0.08) as barriers compared to the reports in the Fall 2007 survey (Table 9). These differences may have contributed to the cultural changes that occurred on school campuses as a result of LWP. Schools communicated with their stakeholders and received positive feedback for most of their LWP implementation (Tables 4-5). Having products that met their nutrition guidelines may have made implementation easier. Some of these products, such as whole grain items, may not have been available at the beginning of the LWP process (IA1, 110; IA2, 112; IA3, 113; IA9, 118; PA4, 129). Others, such as fruits and vegetables may have been available but not as well used (CA2, 99; IA1, 110; IA2, 112; IA3,

113; IA9, 118; IA11, 120; IA12, 121; IA13, 121). To increase acceptance of new foods districts reported holding taste-testing for parents (IA1, 110) and students (CA2, 99; IA2, 112; IA12, 121; IA15, 123; PA3, 127; PA7, 132). Many districts and schools reported receiving equipment for physical activity during the demonstration projects (CA4, 101; CA7, 106; CA8, 108; IA1, 110; IA4, 113; PA5, 130). These changes in the nutrition environment and physical activity environment can help sustain the LWP implementation and culture changes on school campuses.

### **Implementation Steps**

Schools and districts were equally likely to indicate that they have taken steps toward implementation of LWP goals for nutrition education, physical activity/physical education, assurances for reimbursable meals, competitive foods standards for both sold and offered foods, other school-based wellness activities, and assigning operational responsibility (Figure 8, Table 13). Their responses for specific steps taken toward implementation were similar, as well (Tables 14-21). However, districts were more likely than schools to report taking steps toward measuring implementation ( $p=0.02$ ) (Table 20). The differences in implementation between districts and schools are described below.

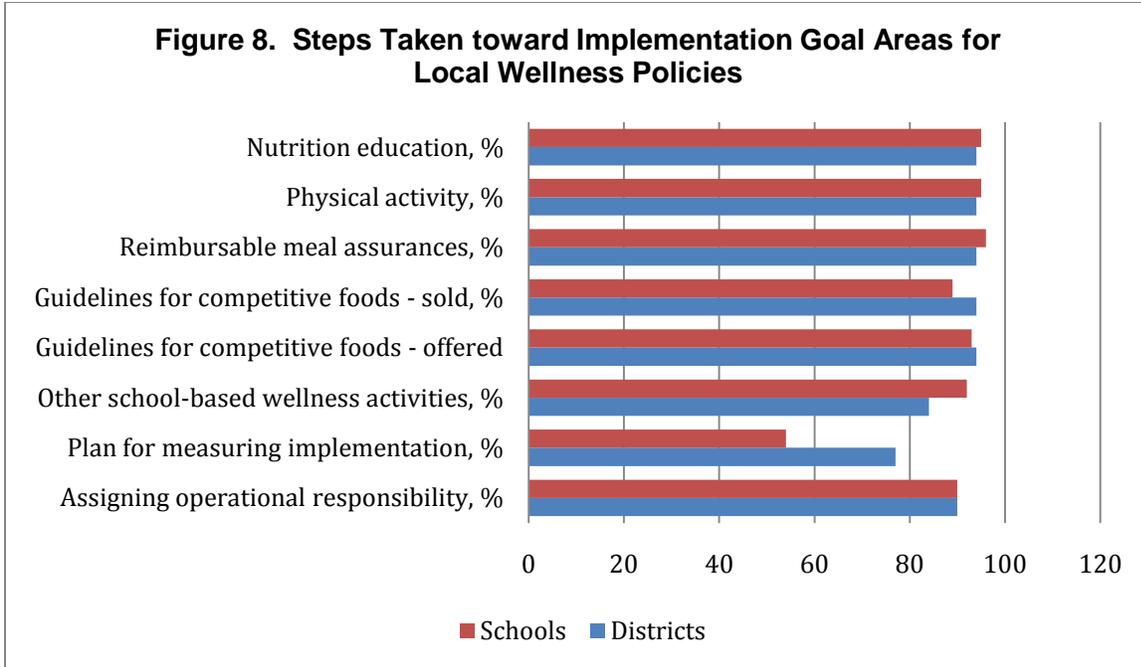


Table 13

*Steps Taken toward Implementation of Goal Areas for Local Wellness Policies (LWP) Reported by Districts and Schools*

	Nutrition education (%)	Physical activity/physical education (%)	Reimbursable meal assurances (%)	Guidelines for Competitive foods – sold (%)	Guidelines for Competitive foods – offered (%)	Other school-based wellness activities (%)	Plan for measuring implementation (%)	Assigning operational responsibility (%)
Districts	94	94	94	94	94	84	77*	90
Schools	95	95	96	89	93	92	54	90

Note 1. There are 31 districts and 84 schools in the sample.

Note 2. Statistical significance is designated by \*, based on a maximum p value of 0.1. Actual p values are in the report narrative.

\* p<0.1, based on chi square analysis comparing district reports to school reports of completing steps toward implementing plans for measuring implementation of the LWP.

Table 14

*Steps Taken toward Implementation of Local Wellness Policy (LWP) Nutrition Education Goals Reported by Districts and Schools, Spring 2009*

Steps Reported	Districts (%)	Schools (%)
Taken no steps	6	5
Key stakeholders made aware of goal	55	58
Objectives under goal have been prioritized	16	13
Implementation/action plans developed	23	19
Curricula/lesson plans identified	48	77*
Schedules modified, as appropriate	26	6
Professional development/training conducted	16	19
Key personnel identified	45	60
Communication plan developed	16	19
Consequences for violating goal area established	0	1

*Note 1.* There are 31 districts and 84 schools in the sample.

*Note 2.* Statistical significance is designated by \*, based on a maximum p value of 0.1. Actual p values are in the report narrative.

\* p<0.1, based on chi square analysis comparing district and school responses on steps taken to implement LWP nutrition education goals.

Table 15

*Steps Taken toward Implementation of Local Wellness Policy (LWP) Physical Activity/Physical Education Goals Reported by Districts and Schools, Spring 2009*

Steps Reported	Districts (%)	Schools (%)
Taken no steps	2	5
Key stakeholders made aware of LWP goal	58	57
Objectives under goal have been prioritized	26	32
Implementation/action plans developed	19	26
Curricula/lesson plans identified	74	55*
Schedules modified, as appropriate	16	18
Professional development/training conducted	26	21
Key personnel identified	52	39
Communication plan developed	23	15
Consequences for violating goal area established	3	2

*Note 1.* There are 31 districts and 84 schools in the sample.

*Note 2.* Statistical significance is designated by \*, based on a maximum p value of 0.1. Actual p values are in the report narrative.

\* p<0.1, based on chi square analysis comparing district and school responses on steps taken to implement LWP physical activity/physical education goals.

Table 16

*Steps Taken toward Implementation of Local Wellness Policy (LWP) Reimbursable Meal Assurances Goals Reported by Districts and Schools, Spring 2009*

Steps Reported	Districts (%)	Schools (%)
Taken no steps	6	4
Key stakeholders made aware of LWP goal	48	42
Objectives under goal have been prioritized	19	24
Implementation/action plans developed	23	25
Schedules modified, as appropriate	6	6
Current foods and beverages offered have been assessed for compliance with LWP goals	58	61
Research has been done to identify foods and beverages that meet nutrition guidelines	42	48
Professional development/training conducted	29	21
Key personnel identified	45	54
Communication plan developed	23	12
Consequences for violating goal area established	3	6

Note. There are 31 districts and 84 schools in the sample.

Table 17

*Steps Taken toward Implementation of Local Wellness Policy (LWP) Guidelines for Competitive Foods (Sold) Goals Reported by Districts and Schools, Spring 2009*

Steps Reported	Districts (%)	Schools (%)
Taken no steps	6	11
Key stakeholders made aware of LWP goal	61	52
Objectives under goal have been prioritized	23	12
Implementation/action plans developed	32	13*
Current foods and beverages offered have been assessed for compliance with LWP goals	58	56
Research has been done to identify foods and beverages that meet nutrition guidelines	65	29*
Professional development/training conducted	19	11
Key personnel identified	48	27*
Communication plan developed	26	6*
Consequences for violating goal area established	3	5

Note 1. There are 31 districts and 84 schools in the sample.

Note 2. Statistical significance is designated by \*, based on a maximum p value of 0.1. Actual p values are in the report narrative.

\* p<0.1, based on chi square analysis comparing district and school responses on steps taken to implement LWP competitive foods (sold) goals.

Table 18

*Steps Taken toward Implementation of Local Wellness Policy (LWP) Guidelines for Competitive Foods (Offered) Goals Reported by Districts and Schools, Spring 2009*

Steps Reported	Districts (%)	Schools (%)
Taken no steps	2	6
Key stakeholders made aware of LWP goal	24	72
Objectives under goal have been prioritized	6	16
Implementation/action plans developed	6	14
Current foods and beverages offered have been assessed for compliance with LWP goals	10	35
Research has been done to identify foods and beverages that meet nutrition guidelines	12	23
Professional development/training conducted	2	7
Key personnel identified	14	38
Communication plan developed	15	22*
Consequences for violating goal area established	1	7

*Note 1.* There are 31 districts and 84 schools in the sample.

*Note 2.* Statistical significance is designated by \*, based on a maximum p value of 0.1. Actual p values are in the report narrative.

\* p<0.1, based on chi square analysis comparing district and school responses on steps taken to implement LWP competitive foods (offered) goals.

Table 19

*Steps Taken toward Implementation of Local Wellness Policy (LWP) Other School-based Wellness Activities Goals Reported by Districts and Schools, Spring 2009*

Steps Reported	Districts (%)	Schools (%)
Taken no steps	5	7
Key stakeholders made aware of LWP goal	16	42
Objectives under goal have been prioritized	4	16
Implementation/action plans developed	9	25
Schedules modified, as appropriate	1	2
Professional development/training conducted	5	7
Key personnel identified	13	35
Communication plan developed	12	17*
Consequences for violating goal area established	0	1

*Note 1.* There are 31 districts and 84 schools in the sample.

*Note 2.* Statistical significance is designated by \*, based on a maximum p value of 0.1. Actual p values are in the report narrative.

\* p<0.1, based on chi square analysis comparing district and school responses on steps taken to implement LWP other school-based wellness activities goals.

Table 20

*Steps Taken toward Establishing a Plan for Measuring Implementation of Local Wellness Policies (LWP) Reported by Districts and Schools, Spring 2009*

Steps Reported	Districts (%)	Schools (%)
Taken no steps	23	46*
Key stakeholders made aware of LWP goal	42	33
Objectives under goal have been prioritized	10	8
Implementation/action plans developed	32	8*
Professional development/training conducted	3	1
Key personnel identified	45	31
Communication plan developed	19	10
Consequences for violating goal area established	13	6

Note 1. There are 31 districts and 84 schools in the sample.

Note 2. Statistical significance is designated by \*, based on a maximum p value of 0.1. Actual p values are in the report narrative.

\* p<0.1, based on chi square analysis comparing district and school responses on steps taken to establish a plan for measuring implementation of LWP.

Table 21

*Steps Taken toward Implementation of Local Wellness Policy (LWP) Assignment for Person(s) Charged with Operational Responsibility Reported by Districts and Schools, Spring 2009*

Steps Reported	Districts (%)	Schools (%)
Taken no steps	10	10
Key stakeholders made aware of LWP goal	48	52
Objectives under goal have been prioritized	10	8
Implementation/action plans developed	19	7*
Professional development/training conducted	6	5
Key personnel identified	77	79
Communication plan developed	26	19
Consequences for violating goal area established	0	6

Note 1. There are 31 districts and 84 schools in the sample.

Note 2. Statistical significance is designated by \*, based on a maximum p value of 0.1. Actual p values are in the report narrative.

\* p<0.1, based on chi square analysis comparing district and school responses on steps taken to assign person(s) charged with operational responsibility.

**Nutrition education.** It is interesting to note that schools were more likely than districts to report that they had identified nutrition education curricula/lesson plans (p=0.003) (Table 14).

This may be because district and school interviewees interpreted this question differently.

Districts may have been more likely to focus on approved curricular changes, while schools

focused on addition of lessons to various established courses. For example, some districts integrated nutrition education into health/wellness/family and consumer science classes (CA4, 101; IA4, 113; IA14, 122), and one district developed a combined nutrition education/physical education course (IA12, 121). Others developed nutrition curricula or nutrition lessons for elementary and middle school grades (CA6, 104; CA7, 106; IA10, 119; IA12, 121; PA4, 129). Nutrition education was also a focus outside the classroom, such as in afterschool programs (CA3, 100; PA2, 126) and in-class wellness clubs for middle and high schools (PA3, 127).

**Physical activity and physical education.** Districts were more likely than schools to report curricular/lesson plan changes in physical activity/physical education ( $p=0.06$ ) (Table 15). In some cases curricular changes may have occurred in only one school in the district that participated in the demonstration project, a high school or a middle school, for example. In that case the district would likely have responded that a curricular change had been made, but most schools in that district would not have responded that a curricular change had been made. Some of these changes may have occurred only in the schools participating in the demonstration project; we do not know if these changes have expanded to other schools in the participating districts. Several districts reported adding physical education to the curriculum (IA10, 119; IA16, 124) or implementing physical education programs that meet their State standards (CA3, 100; CA5, 102; CA8, 108). Additionally, physical activity may have been more visible, since many districts reported adding physical opportunities inside (IA10, 119; IA11, 120; PA3, 127; PA5, 130; PA7, 132) and outside (CA3, 100; CA7, 106; CA8, 108; IA1, 110; IA4, IA10, 119; IA16, 124; PA1, 125; PA2, 126; PA5, 130; PA7, 132) the classroom.

**Competitive foods.** Districts were more likely than schools to report taking steps toward the implementation for guidelines for competitive foods (sold) goals (Table 17). These included developing action plans ( $p=0.02$ ), conducting research to identify foods and beverages that meet guidelines ( $p<0.001$ ), identifying key personnel ( $p=0.03$ ), and developing a communication plan ( $p=0.003$ ). There is an important gap between district and school perceptions. The difference showed that there may be poor communication between districts and their schools or that the perception is different between district interviewees and school interviewees on this subject. While districts may have responsibility in areas such as identification of foods and beverages that meet nutrition guidelines, this information needs to be communicated to schools to be operational. Also, schools need to know what the district plans are and who to contact for information and help.

**Action plans and communication plans.** The two major issues disconnecting districts and schools are action plans and communication plans. Districts were more likely than schools to report having action plans for guidelines for competitive foods sold ( $p=0.02$ ) (Table 17), measuring implementation ( $p=0.001$ ) (Table 20) and assigning operational responsibility ( $p=0.06$ ) (Table 21). Districts were also more likely to report having communication plans for policies in guidelines for competitive foods sold ( $p=0.003$ ) (Table 17), guidelines for competitive foods offered ( $p=0.02$ ) (Table 18), and other school-based wellness activities ( $p=0.04$ ) (Table 19). These findings show that districts need to do a better job of communicating with their schools. While action plans are developed at the district level, they need to be communicated to schools to become operational.

**Extent of implementation.** When asked about the level of implementation of LWP goals by goal area, schools reported that over 80% of their LWP goals were partially or fully implemented, except that over a third of the schools reported that monitoring goals were either not in their district policies or were still in the planning stages (Table 22). Schools were more likely to report that nutrition education, physical activity/physical education, reimbursable meal assurances, and goals for nutrition guidelines for competitive foods (sold) were fully or partially implemented than they were to report that goals for nutrition guidelines for competitive foods (offered) ( $p=0.02$ ), other school-based wellness activities ( $p=0.08$ ) and plans for measuring implementation ( $p<0.001$ ) were fully or partially implemented. Further, schools were more likely to report that goals for nutrition guidelines for competitive foods (offered) ( $p=0.008$ ) and goals for other school-based wellness activities ( $p=0.001$ ) were more likely to be fully or partially implemented than goals for measuring implementation. These responses from both surveys and interviews at the district and school levels corroborated findings that plans for measuring implementation are less likely to be implemented at this time than are other activities that are included in LWP.

- Nutrition education – 48% fully implemented, 46% partially implemented
- Physical activity/PE – 47% fully implemented, 47% partially implemented
- Assurances for reimbursable meals – 85% fully implemented, 10% partially implemented
- Competitive foods (sold) – 62% fully implemented, 32% partially implemented
- Competitive foods (offered) – 45% fully implemented, 37% partially implemented
- Other wellness activities – 31% fully implemented, 54% partially implemented
- Monitoring – 28% fully implemented, 35% partially implemented

Table 22

*Implementation of Local Wellness Policies Reported by Schools by Goal Area, Spring 2009*

Goal Area	Fully or partially implemented (%)	Planning for implementation or not addressed (%)
Nutrition education	94	6
Physical activity/physical education <sup>a</sup>	92	6
Reimbursable meal assurances	96	6
Nutrition guidelines for competitive foods – sold <sup>a</sup>	92	6
Nutrition guidelines for competitive foods – offered <sup>a</sup>	81*	18
Other wellness goals <sup>a</sup>	85*	14
Plan for measuring implementation <sup>a</sup>	62*	36

*Note 1.* There are 84 schools in the sample.

*Note 2.* Statistical significance is designated by \*, based on a maximum p value of 0.1. Actual p values are in the report narrative.

<sup>a</sup> There are missing responses from this category. Percentages are based on the total sample of 84 schools.

\* p<0.1, based on chi square analysis comparing reports of extent of implementation by goal area.

These accomplishments were self-reported, and there is little monitoring in place to verify goal attainment. Relatively few implementation steps toward reaching goals were reported by schools (Tables 14-21). Seventy-seven percent (77%) of districts reported including goals in their LWP that were being implemented before the development of their LWP. These may be the goals that had been fully implemented at the end of the demonstration project, given that they had received attention for a longer time. Additional study is required to determine whether significant advances have been made.

## **Challenges**

Overall, districts reported a greater level of challenge than schools for implementing all LWP goal areas (Figure 9, Tables 23-30). The greatest differences are in implementation of guidelines for competitive foods (sold) goals ( $p=0.08$ ) and other school-based wellness activities goals ( $p=0.1$ ). Almost a third of districts reported implementing guidelines for competitive foods (sold) goals as “very challenging”, compared to 13% of schools reporting implementation of this goal as “very challenging.” Almost a quarter of districts reported implementing goals for other school-based wellness activities as “very challenging” compared to 8% of schools reporting implementation of this goal as “very challenging.” Although we did not probe for specific reasons behind these challenges, data collected for other questions in the surveys and interviews imply that implementing guidelines for competitive foods goals was very challenging, in part, because they were controversial from the beginning of the LWP process. Also, these goals may have been related to fundraising efforts. The other school-based wellness activities may have been more difficult for districts because they typically included staff wellness programs, which required additional funding.

**Figure 9. Reported Degree of Challenge for Implementing Goals**

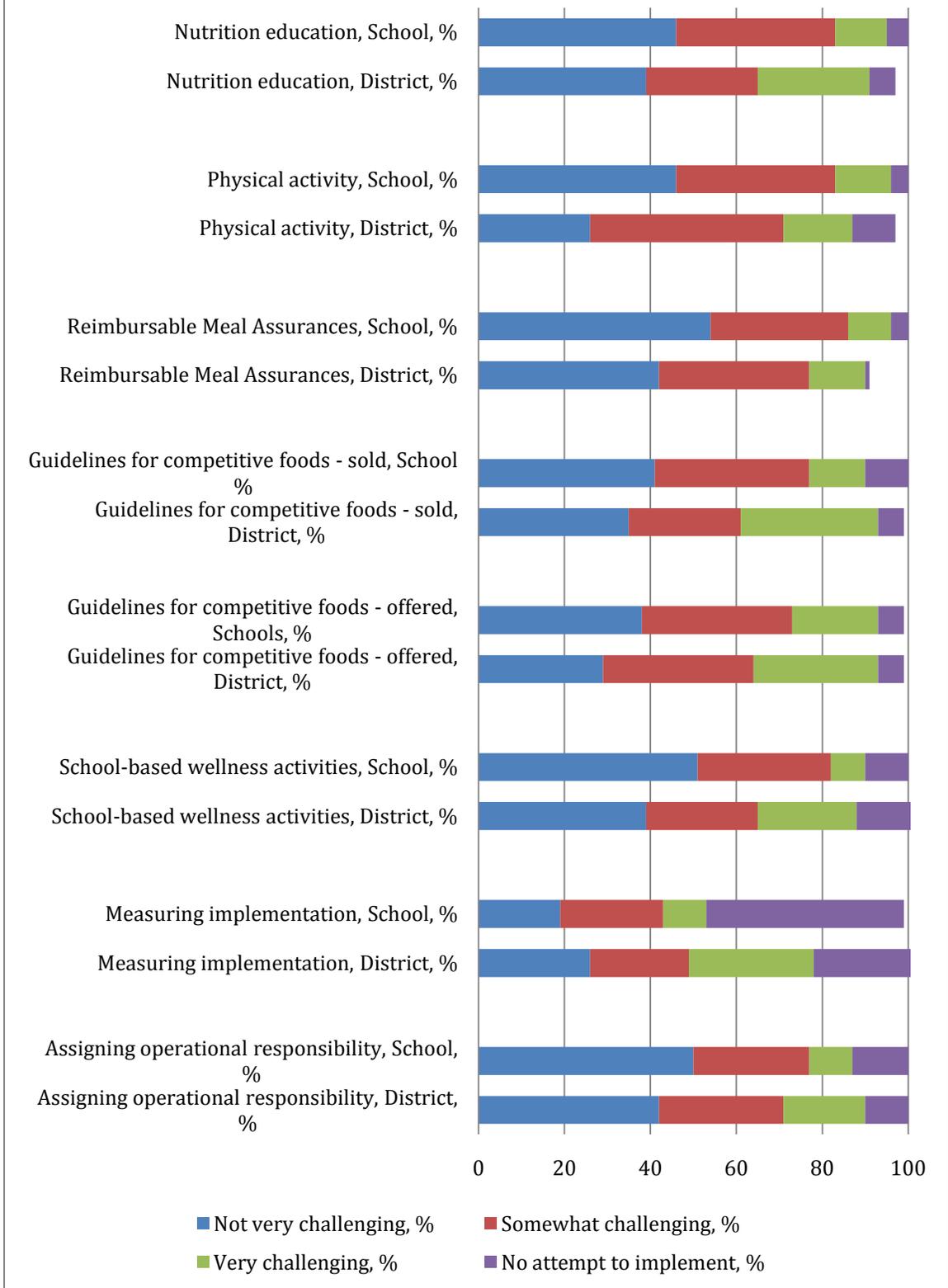


Table 23

*Degree of Challenge for Implementing Local Wellness Policy Goals for Nutrition Education Reported by Districts and Schools, Spring 2009*

Degree of Challenge	Districts (%) <sup>a</sup>	Schools (%) <sup>b</sup>
Not very challenging	39	46
Somewhat challenging	26	37
Very challenging	26	12
No attempt to implement	6	5

*Note.* There are 31 districts and 84 schools in the sample.

<sup>a</sup> One or more districts did not respond to this category. Percentages are based on the total sample of 31 districts.

<sup>b</sup> Two or more answers were given by some schools. Each answer counted as a fractional answer to give one answer per school.

Table 24

*Degree of Challenge for Implementing Local Wellness Policy Goals for Physical Activity/Physical Education Reported by Districts and Schools, Spring 2009*

Degree of Challenge	Districts (%) <sup>a</sup>	Schools (%) <sup>b</sup>
Not very challenging	26	46
Somewhat challenging	45	37
Very challenging	16	13
No attempt to implement	10	4

*Note.* There are 31 districts and 84 schools in the sample.

<sup>a</sup> One or more districts did not respond to this category. Percentages are based on the total sample of 31 districts.

<sup>b</sup> Two or more answers were given by some schools. Each answer counted as a fractional answer to give one answer per school.

Table 25

*Degree of Challenge for Implementing Local Wellness Policy Goals for Reimbursable Meal Assurances Reported by Districts and Schools, Spring 2009*

Degree of Challenge	Districts (%) <sup>a,b</sup>	Schools (%) <sup>c,d</sup>
Not very challenging	42	54
Somewhat challenging	35	32
Very challenging	13	10
No attempt to implement	1	4

Note. There are 31 districts and 84 schools in the sample.

<sup>a</sup> One or more districts did not respond to this category. Percentages are based on the total sample of 31 districts.

<sup>b</sup> Two or more answers were given by some districts. Each answer counted as a fractional answer to give one answer per district.

<sup>c</sup> One or more schools did not respond to this category. Percentages are based on the total sample of 84 schools.

<sup>d</sup> Two or more answers were given by some schools. Each answer counted as a fractional answer to give one answer per school.

Table 26

*Degree of Challenge for Implementing Local Wellness Policy Goals for Guidelines for Competitive Foods Sold Reported by Districts and Schools, Spring 2009*

Degree of Challenge	Districts (%) <sup>a</sup>	Schools (%) <sup>b,c</sup>
Not very challenging	35	41*
Somewhat challenging	26	36*
Very challenging	32	13*
No attempt to implement	6	10

Note 1. There are 31 districts and 84 schools in the sample.

Note 2. Statistical significance is designated by \*, based on a maximum p value of 0.1. Actual p values are in the report narrative.

<sup>a</sup> Two or more answers were given by some districts. Each answer counted as a fractional answer to give one answer per district.

<sup>b</sup> Six schools did not respond to this category because they do not sell competitive foods. These were not grouped under “no attempt to implement” because they did not have a goal to implement in this area. Percentages are based on the responses of the 78 schools that responded.

<sup>c</sup> Two or more answers were given by some schools. Each answer counted as a fractional answer to give one answer per school.

\* p<0.1, based on chi square analysis comparing district and school responses on degree of challenge for implementing LWP goals for competitive foods sold.

Table 27

*Degree of Challenge for Implementing Local Wellness Policy Goals for Guidelines for Competitive Foods Offered Reported by Districts and Schools, Spring 2009*

Degree of Challenge	Districts (%)	Schools (%) <sup>a</sup>
Not very challenging	29	38
Somewhat challenging	35	35
Very challenging	29	20
No attempt to implement	6	6

Note. There are 31 districts and 84 schools in the sample.

<sup>a</sup> Two or more answers were given by some schools. Each answer counted as a fractional answer to give one answer per school.

Table 28

*Degree of Challenge for Implementing Local Wellness Policy Goals for Other School-based Wellness Activities Reported by Districts and Schools, Spring 2009*

Degree of Challenge	Districts (%) <sup>a</sup>	Schools (%) <sup>b</sup>
Not very challenging	39	51*
Somewhat challenging	26	31*
Very challenging	23	8*
No attempt to implement	13	10

Note 1. There are 31 districts and 84 schools in the sample.

Note 2. Statistical significance is designated by \*, based on a maximum p value of 0.1. Actual p values are in the report narrative.

<sup>a</sup> Two or more answers were given by some districts. Each answer counted as a fractional answer to give one answer per district.

<sup>b</sup> Two or more answers were given by some schools. Each answer counted as a fractional answer to give one answer per school.

\* p<0.1, based on chi square analysis comparing district and school responses on degree of challenge for implementing LWP goals for other school-based wellness activities.

Table 29

*Degree of Challenge for Implementing Local Wellness Policy Goals for Plans for Measuring Implementation Reported by Districts and Schools, Spring 2009*

Degree of Challenge	Districts (%)	Schools (%) <sup>a</sup>
Not very challenging	26	19
Somewhat challenging	23	24
Very challenging	29	10
No attempt to implement	23	46

Note. There are 31 districts and 84 schools in the sample.

<sup>a</sup> One or more schools did not respond to this category. Percentages are based on the total sample of 84 schools.

Table 30

*Degree of Challenge for Implementing Local Wellness Policy Goals for Assigning Operational Responsibility Reported by Districts and Schools, Spring 2009*

Degree of Challenge	Districts (%)	Schools (%) <sup>a</sup>
Not very challenging	42	50
Somewhat challenging	29	27
Very challenging	19	10
No attempt to implement	10	13

*Note.* There are 31 districts and 84 schools in the sample.

<sup>a</sup>Two or more answers were given by some schools. Each answer counted as a fractional answer to give one answer per school.

Districts reported that lack of funding (13%) and other priorities (16%) prevented their monitoring efforts. They also reported that other priorities prevented their implementation of other wellness activities (19%). Schools reported that they were waiting for plans to measure implementation (12%). Schools are likely waiting on their district offices to take the lead. These small percentages support school reports that over 80% of their LWP goals were fully or partially implemented, except for their monitoring goals. The issues reported to prevent implementation in some schools and districts, such as time and funding, were also frequently reported as slight or significant barriers by schools and districts (Tables 8-9).

It is apparent that technical assistance will be needed to help districts design and implement their monitoring plans. The form of technical assistance will likely need to include several components, such as development of common templates to help districts track their policies uniformly across schools and training on using the templates, analyzing the data collected, and communicating findings to stakeholders. Districts will also need training on using the findings to revise their LWP for continuous improvement. Complementary training in time management may help districts complete their monitoring and implement more of the LWP goals. Also, training and technical assistance in grant acquisition can help districts obtain resources for implementation of their LWP goals.

## **Feedback**

Over 50% of schools reported receiving feedback from students, teachers, parents and others (typically staff members) regarding their LWP implementation (Table 31). Generally speaking, students, teachers, and parents were positive about implementing nutrition education, physical activity/physical education and other school-based wellness activities as part of their LWP. Specifically, there was more positive feedback (P) than negative feedback (N) for implementation of goals in nutrition education (P:N, 3.8:1), physical activity/physical education (P:N, 6.6:1) and other wellness activities (P:N, 9.4:1). Students, teachers, and parents were also positive about implementation related to reimbursable meals (P:N, 2.8:1) and assigning operational responsibility (4:1). There was very little feedback on plans for measuring implementation, and the numbers of positive and negative comments were equal.

Table 31

*Feedback on Local Wellness Policy Goal Areas Reported by Schools, Spring 2009*

Goal Area	Positive (%)				Negative (%)				None (%)			
	S <sup>a</sup>	P <sup>b</sup>	T <sup>c</sup>	O <sup>d</sup>	S	P	T	O	S	P	T	O
Nutrition education	25	25	36	10	8	7	10	0	36	36	36	36
Physical activity and/or physical education	40	37	44	12	8	5	7	0	32	32	32	32
Reimbursable meal assurances	32	24	29	8	14	11	7	1	46	46	46	46
Guidelines for competitive foods (sold)	17	17	13	6	37	15*	11*	4	38	38	38	38
Guidelines for competitive foods (offered)	11	24	24	4	21	33	29	1	33	33	33	33
Other school-based wellness activities	12	20	33	12	1	2	4	2	49	49	49	49
Plans for measuring implementation	0	0	4	0	0	0	2	1	94	94	94	94
Assigning operational responsibility	5	5	11	4	0	1	4	1	82	82	82	82

*Note 1.* There are 84 schools in the sample.

*Note 2.* Statistical significance is designated by \*, based on a maximum p value of 0.1. Actual p values are in the report narrative.

<sup>a</sup> Students.

<sup>b</sup> Parents.

<sup>c</sup> Teachers.

<sup>d</sup> Others.

\* p<0.1, based on chi square analysis comparing student feedback to feedback from their parents and teachers for guidelines for foods (sold) in schools.

There was slightly more negative feedback than positive feedback regarding implementation of competitive foods standards, both offered and sold, in schools. Specifically, there were slightly more negative comments than positive comments for competitive foods sold (P:N, 0.9:1) and for competitive foods offered (P:N, 0.9:1). Students provided more negative feedback than their parents (p=0.08) and teachers (p=0.07) on competitive foods sold in schools. These findings are not surprising, given that competitive foods goals tended to be more controversial than some other goals. Since students were impacted by these decisions through

reduced access to some desired foods and reduced traditional fundraising by student stores and club fundraisers, they likely responded more negatively than others.

### **Monitoring Implementation**

Districts and schools have taken fewer steps for measuring progress toward meeting their LWP than for other goals. Over half of districts and schools reported that measuring implementation was “very challenging” or that they had made no attempts to implement their plans to measure implementation of their LWP (Table 29). Fewer than one-third of districts reported having plans for measuring LWP implementation (Table 20), and only 3% of districts (1 district) reported conducting professional development in this area (Table 20).

Fewer than 20% of plans for measuring implementation described at onsite district interviews were complete for any given goal area (Table 32). A complete plan should include the following components: what would be measured, how the measurement(s) would be made, and who would make the measurements. Additionally, fewer than half of districts reported having measuring plan components in place for any given goal area (Table 32). Some measurements are usually already available, such as meal participation, sales of competitive foods, and results of physical fitness tests. Others will need to be developed.

Table 32

*Gathering Information for Measuring Implementation of Their Local Wellness Policies Reported by Districts, Spring 2009*

Goal Area	What <sup>a</sup> (%)	How <sup>b</sup> (%)	By Whom <sup>c</sup> (%)	Complete Plans <sup>d</sup> (%)
Nutrition Education	35	35	29	16
Physical Activity/Physical Education	45	35	32	16
Reimbursable Meals Assurances	35	26	32	19
Guidelines for Competitive Foods – Sold	39	42	29	16
Guidelines for Competitive Foods – Offered <sup>e</sup>	29	23	23	13
Other School-based Wellness Activities	2	26	26	13

*Note 1.* There are 31 districts in the sample.

*Note 2.* The quality of the implementation measurement plans described by the districts was not assessed.

<sup>a</sup> What would be measured.

<sup>b</sup> How the measurement(s) would be made.

<sup>c</sup> Who would make the measurement(s).

<sup>d</sup> A complete plan includes what would be measured, how the measurement(s) would be made, and who would make the measurement(s).

<sup>e</sup> One district reported that they were not measuring implementation of this goal area at the district level. All percentages are based on 31 districts.

Given the incomplete plans described during onsite interviews, districts and schools may not be prepared to monitor LWP implementation. As described in the section on expenses (page 49), districts have not reported substantial expenses associated with monitoring/evaluation, implying that this LWP component has not received much attention or effort. Districts and schools recognized that they need help with this goal area. During onsite interviews, over 30 district and school respondents out of 115 interviews answered an open-ended general question on needs for technical assistance and training saying that they want to know how to measure implementation and would like simplified tools to accomplish this. They would especially like simple tools for determining whether a food is compliant. They want to know what to measure, how to make the measurement(s), and how to analyze what they have measured. They also want to know how to use this information with their stakeholders.

### **Operational Responsibility**

Surveys showed that superintendents, food service directors, and principals frequently held operational responsibility for implementation of LWP (Table 33). At the district level, the superintendent (45%), the food service director (48%) and individual school principals (19%) held operational responsibility. At the school level, school principals held operational responsibility for 69% of schools, and teachers held operational responsibility for 30% of schools. The food service director held operational responsibility for 19% of schools. For some small districts, the food service director may have served at both the district and school levels. Also, while the food service director position is usually at the district level, s/he may have been one of multiple individuals named as having operational responsibility. His/her primary responsibility may have been for assurances for reimbursable meals or issues related to competitive foods and not for all policy goals. Thirty-nine percent (39%) of districts and schools reported multiple individuals having operational responsibility. Shared operational responsibility may be a good strategy for sustaining the momentum of LWP implementation.

Table 33

*Assignment of Operational Responsibility for Local Wellness Policies at District and School Levels, Spring 2009*

	No one (%)	Superintendent (%)	District school health coordinator (%)	District wellness coordinator (%)	District food service director (%)	Individual school's principal (%)	School site food service manager or head cook (%)	Individual school's health or wellness coordinator (%)	PE teacher (%)	Other teacher (not PE teacher) (%)	Other (%)
Districts <sup>a</sup>	10	45	10	6	48	19	0	0	6	3	19 <sup>b</sup>
Schools <sup>c</sup>	6	6	0	1	19	69	12	1	20	10	21 <sup>d</sup>

Note. There are 31 districts and 84 schools in the sample.

<sup>a</sup> multiple responses allowed.

<sup>b</sup> assistant superintendent, curriculum director (4), nurse.

<sup>c</sup> multiple responses allowed.

<sup>d</sup> school nurse (7), assistant principal (3), don't know (2), other district-level person, district grant coordinator, committee designated to report to board, dietitian, afterschool coordinator, vice principal.

**Most Important Successes**

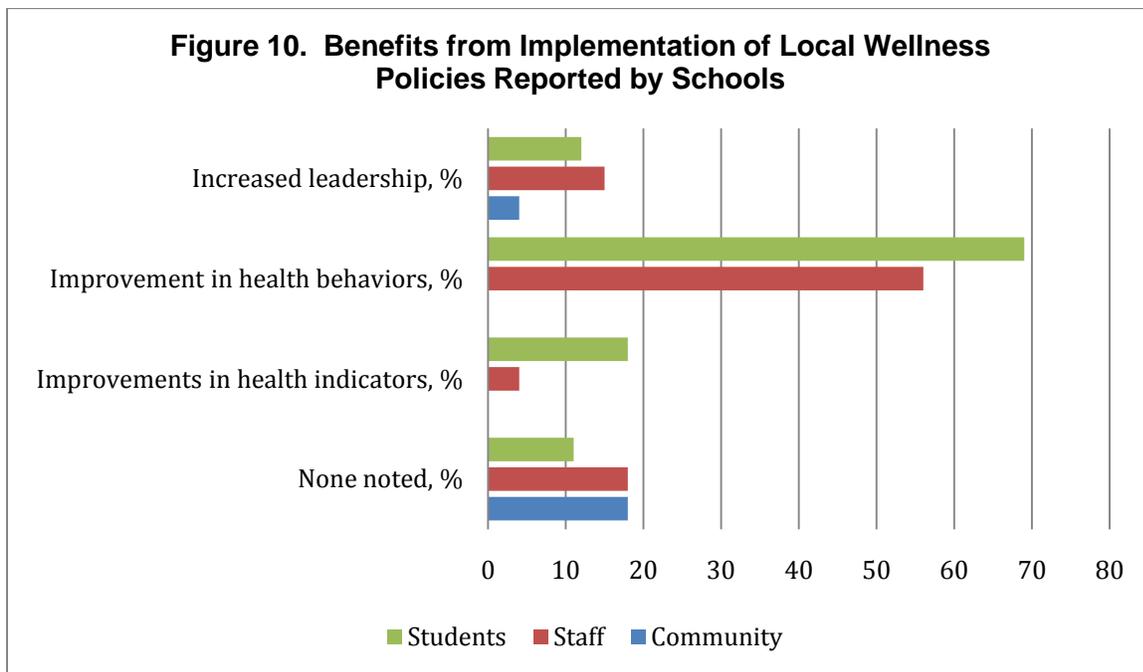
Districts and schools reported a culture change from implementation of the local wellness LWP. The following are examples of comments from the 115 interviews of district and school staff: *“culture shift, change in mentality – everyone thinks about wellness,” “buy in, LWP well received, people are excited,” “it is the culture/climate here,” “creating a culture...everyone is supportive of the facilities, opportunities,” “we are modeling good behavior,” “attitude of the school...it has become the norm or culture,” “it’s becoming part of our culture, which is the way it needs to be,” “LWP helps build relationships between teachers and students,” “LWP made*

*sense to people – ‘let’s do it’...adults follow policy as students do – not an issue,” “makes people think and leads to a casual acceptance,” “we’re moving beyond awareness to actual action – it’s taking place,” “a way of life,” “we’re beginning to create a culture of wellness,” “modeling taking place,” “proud that the building will lead by example,” “school is now advocating healthy living,” “LWP started out as my worst enemy. Now it’s my best friend.”*

As support for this culture change, districts reported the following in their district highlights: improved school nutrition environments and eating behaviors (CA2, 99; CA5, 102; CA7, 106; CA8, 108; IA1, 110; IA2, 112; IA3, 113; IA4, 113; IA6, 115; IA9, 118; IA11, 120; IA12, 121; IA13, 121; IA15, 123; PA4, 129; PA6, 131), implementation of nutrition education in classes (CA4, 101; CA6, 104; CA7, 106; IA4, 113; IA10, 119; IA12, 121; IA14, 122; PA4, 129) and outside of classes (CA3, 100; PA2, 126; PA3, 127), improvements in physical activity environments (CA4, 101; CA7, 106; CA8, 108; IA1,114; IA4,117; PA5, 130), implementing physical education programs that meet State standards (CA3, 100; CA5, 102; CA8, 108), and increased opportunities and participation by students and staff (CA3, 100; CA7, 106; CA8, 108; IA1,114; IA4,117; IA10, 119; IA11, 120; IA16, 124; PA1, 125; PA2, 126; PA3, 127; PA5, 130; PA7, 132). Also, districts reported participating in community wellness programs (CA3, 100; CA8, 108; IA4, 113; IA8, 117), working with school gardens and farm-to-school programs (CA3, 100; CA7, 106; IA6, 115; IA11, 120; IA13, 121), and successful physical activity fundraisers instead of their traditional food-based fundraisers (IA7, 116; IA16, 124; PA1, 125). Table 31 records the overall positive attitudes toward implementing the LWP.

**Benefits Perceived from Implementation of the Local Wellness Policies**

Schools reported that students ( $p<0.001$ ), staff ( $p<0.001$ ) and community members benefitted from implementation of LWP (Figure 10, Table 12). Overall perceived benefits included increased leadership, improvements in health behaviors, improvements in health indicators, improved attendance for students, participation in wellness workshops for staff and increased participation in school-based wellness activities by the community.



Schools reported that students (69% of schools) and staff (56% of schools) exhibited improved health behaviors (Table 12). Schools were more likely to report that students ( $p<0.001$ ) and staff ( $p=0.01$ ) benefitted from improved health behaviors than from other benefits of LWP implementation. Examples of improved health behaviors were making better food choices, such as greater demand for salad bars, consuming more fruits and vegetables, selecting and consuming more whole grain products, greater water consumption, trying new foods and

greater participation in physical activity/physical education (CA2, 99; CA3, 100; CA7, 106; CA8, 108; IA1, 110; IA2, 112; IA3, 113; IA9, 118; IA10, 119; IA11, 120; IA12, 121; IA13, 121; IA16, 124; PA1, 125; PA2, 126; PA4, 129; PA5, 130; PA7, 132).

Eighteen percent (18%) of schools reported that students exhibited improvements in health indicators. These included anecdotal observations that school respondents were seeing more students who are fit and that the rate of obesity was dropping. These were not measured outcomes. One school respondent noted that the school is making fewer calls to parents for children with a weight gain of greater than ten pounds during the year, which would be a measurable outcome, but it did not directly address obesity since body composition and growth patterns of the students were not addressed. Technical assistance and training for determining which health outcomes to address and how to make, record, and report meaningful measurements of these outcomes are needed to improve reporting of these important measures while still adhering to HIPAA (Health Insurance Portability and Accountability Act) requirements.

### **Sustainability of Local Wellness Policy Implementation**

Sustainability includes stability and effective response to change. Factors that affect stability include leadership and funding, which districts reported as potential impacts to sustainability. Having planned change can lead to continuous improvement.

Districts reported that changes in leadership, financial resources, time and curricular change could impact sustainability of their LWP (Table 34). The impact of financial resources on sustainability of LWP sustainability is highlighted in CA6 (page 104), which describes development of a curriculum that can be only partially implemented due to budget constraints.

Although leadership was not mentioned as often as financial resources ( $p=0.004$ ) and time ( $p=0.01$ ) as impacting sustainability of LWP, these were mentioned in several States' district highlights (CA1, 102; CA2, 99; IA5, 115; IA8, 117; IA15, 123; PA1, 125) and in States' reports. Iowa noted in their final report, *Administrative support of the Local Wellness Policy implementation was key to the successful implementation...Where the superintendent was informed and supportive, districts met challenges* (Appendix D). The Pennsylvania report commented, *Leadership is a critical factor in the success of wellness policy implementation. At least one committed individual appears to be a key to success in making progress* (Appendix E). California reported, *The enthusiasm, interest, and support of the principal were identified as keys to the policy's success, as well as the principal's ability to be an effective communicator, diplomat, team player, and leader* (Appendix C).

Table 34

*Factors that Would Impact Sustainability of Their Local Wellness Policy Sustainability Reported by Districts, Spring 2009*

	Changes in leadership				Financial Resources (%)	Time (%)	Curricular Changes (%)
	District administration (%)	School administration (%)	School Health Council (%) <sup>a</sup>	Wellness Committee (%) <sup>b</sup>			
CA	88	63	25	38	88	88	25
IA	56	31	13	69	69	69	63
PA	29	43	14	43	86	71	14
Total	58	42	16	55	77*	74*	42

*Note.* There are 31 districts in the sample.

*Note 2.* Statistical significance is designated by \*, based on a maximum p value of 0.1. Actual p values are in the report narrative.

<sup>a</sup> Districts were not required to have a School Health Council to participate in the demonstration project. There is no record in the data collected of whether districts have School Health Councils. School Health Councils were not included in the statistical analysis.

<sup>b</sup> Districts were not required to have a Wellness Committee to participate in the demonstration project, although 84% of districts reported having a Wellness Committee that meets at least once a year. Wellness Committees were not included in the statistical analysis.

\* p<0.1, based on chi square analysis comparing responses for total districts on changes in leadership, financial resources, time and curricular change.

Most districts (93%) and schools (93%) reported having plans to sustain their LWP (Table 35). Districts reported that they have functional wellness committees (74%) that meet at least twice a year (52%). They also reported sending ongoing communications about their LWP to stakeholders (71%) and partnering with community agencies and organizations (61%). Two-thirds of schools reported that they send ongoing communication about their LWP to stakeholders. Other plans for sustainability were reported by fewer than half of the schools. Few districts and schools reported having full-time or part-time coordinators in place for the LWP or

having consequences for violating LWP. Districts were more likely than schools to report having a functional wellness committee (p=0.004), assigning a full-time or part-time wellness coordinator (p=0.07), making periodic reports to the school board (p<0.001), partnering with a community agency or organization (p=0.04), or including their LWP in their strategic plans (p=0.10). These activities may occur at the district level instead of at the school level in most cases.

Over 50% of districts reported that they have integrated their LWP into their strategic plans (Table 35). Additionally, several districts reported that they have merged their LWP committees with other standing district committees to make the LWP stronger and reduce duplicative workloads (CA4, 101; CA5, 102; CA6, 104). These are likely good strategies for sustainability because they institutionalize the LWP more effectively than having a policy that is not integrated with the other district functions.

Table 35

*Plans for Sustainability of Their Local Wellness Policies (LWP) Reported by Districts and Schools, Spring 2009*

Activity to Support Sustainability of LWP	Districts (%)	Schools (%)
No plans	6	7
Wellness committee functional	74	44*
Wellness committee meets at least 2x/year to assess progress	52	31
Full-time or part-time coordinator in place/will be assigned	29	14*
Ongoing communication about policy to stakeholders	71	67
Periodic progress reports at school board meetings	55	20*
Partnered with community agencies/organizations	61	39*
Local business support	29	21
Part of strategic plan	52	35*
Consequences for violating LWP	16	17

*Note 1.* There are 31 districts and 84 schools in the sample.

*Note 2.* Statistical significance is designated by \*, based on a maximum p value of 0.1. Actual p values are in the report narrative.

\* p<0.1, based on chi square analysis comparing district and school responses for activities that support sustainability of the LWP.

## Overall Findings and Trends

### Development phase

1. *Stakeholder involvement was strong and diverse in the development stage for LWP.* All districts reported that principals, food service directors, physical education teachers, and school nurses were involved in the development process, as well as superintendents (94%), parents who were not representing a parent organization (87%), health education teachers (84%), curriculum directors (80%), school board members (84%), and students (81%).
2. *Many districts' wellness policies were derived from templates or model policies developed and disseminated by government agencies or professional organizations.* The most controversial policy components were setting nutrition guidelines for foods sold or offered outside of meal programs and physical activity/physical education. Final policies were agreed upon by consensus of development committees that included a wide range of stakeholders and were approved by school boards prior to SY 2006.

### Implementation phase

3. *Districts and schools reported a culture change from implementation of the LWP.* Although no single district or school reported all of these changes, many districts and schools reported seeing one or more changes in areas of improved school nutrition environments and eating behaviors, implementation of nutrition education in classes and outside of classes, improvements in physical activity environments, implementation of physical education programs that meet State standards, and increased opportunities and participation by students and staff in physical activity. Also, some districts reported

participating in community wellness programs, working with school gardens and farm-to-school programs, and successful physical activity fundraisers instead of their traditional food-based fundraisers. Stakeholder attitudes toward implementing the LWP were positive overall. Students were involved in both development and implementation of their districts' policies. While culture change is occurring, improving stakeholder understanding of the interconnectedness among the reimbursable meal program, nutrition education, physical activity, and foods available in different school venues is critical to continued successful implementation. Integrating these areas, such as providing classroom instruction concurrent with changes in food offerings in the reimbursable meal program was associated with improved healthy food choices, for example.

4. *School administrators and staff and their attributes, such as their leadership, personal commitment, and personal perspective, were the most critical assets in developing, implementing and sustaining LWP.* Administrative leadership establishes the importance of LWP. “Wellness champions” drive implementation at the district and school levels, and wellness committees, advisory groups and community collaborators help to establish the infrastructure for policy review, revision and support. Superintendents, principals and food service directors provided administrative leadership. Food service directors, school nurses and physical education teachers were frequently the wellness champions. Almost three-quarters of districts (74%) reported that they have active wellness committees.
5. *The most commonly reported barriers to implementation of LWP were time and financial resources.* It is lack of time and not lack of interest that is the barrier. Financial resources were seen as less of a barrier in Spring 2009 than in Fall 2007. Although availability of products to meet nutrition guidelines for foods served outside of the

reimbursable meal was a perceived barrier, it was not as big an issue at the end of early implementation as it was at the beginning of early implementation. Fewer schools reported other perceived barriers, such as equipment and community advocacy, in Spring 2009 than in Fall 2007.

6. *Communication is vital to successful implementation and sustainability of LWP.*

Information unites stakeholders in a common path. Also, sharing success stories can help spread successful practices to other classrooms, schools, districts and States. Turnover within stakeholder groups, such as parents, teachers, wellness committees, school and district administrators, and school boards means that communication about LWP components, successes and issues must be ongoing for sustainability. This demonstration project showed that districts and schools communicated using a variety of delivery systems, including face-to-face meetings, newsletters, websites, and E-mail, to be inclusive of stakeholder access. However, communication between districts and their schools and school boards require strengthening. Also, districts could make better use of local media in sharing LWP success stories and resource needs. Communication on the nutrient content of the reimbursable meal was lower than communication for other aspects of the LWP, and effective communication about the meal may encourage stakeholder support for the lunch and breakfast programs. Technical assistance on effective school board reporting, gaining administrative support for LWP and ongoing communication with stakeholders would be helpful to districts.

7. *Technical assistance is essential to help districts and schools monitor progress and report change.* Overall, district and school level monitoring of LWP implementation was weak. Few districts had complete plans for measuring implementation. Districts did not

communicate plans for monitoring well to schools, probably because those plans are incomplete. The form of technical assistance will likely need to include several components, such as development of common templates to help districts track their policies uniformly across schools and training on using the templates, analyzing the data collected, and communicating findings to stakeholders. Districts will also need training on using the findings to revise their LWP for continuous improvement.

8. *Sustainability requires both stability and planned revision to maintain relevance and provide continuous improvement.* Districts and schools have reported efforts to ensure sustainability, including ongoing communication, maintaining active wellness committees, and having processes for policy revision. As LWP mature, it is important that implementation plans be well developed and be mindful of local needs, resources, and stakeholder support. Frequently cited impediments to sustainability include changes in leadership and lack of funding. Issues of job turnover and time commitment required to serve in a leadership capacity need to be addressed, since leadership is a key component of successful policy implementation and sustainability. Districts and schools may look to external funding to help with one-time capital expenses and for implementing new programs to support their LWP.
9. *As implementation continues, districts and schools will need additional resources to advance their LWP.* For most this will mean grant writing to provide additional equipment and, in some cases, additional staff time. Technical assistance will be needed by districts to identify funding sources, write grant applications, and write progress reports to funding agencies. This also requires a time commitment on the part of the district or school, which should be balanced against the value of the external funding.

Sustainability must also be considered, since grant funding can provide for one-time expenses, such as purchase of equipment, but it does not usually provide stable, ongoing funding for staff or for maintenance of equipment. Several districts and schools used external funding successfully during the demonstration project to improve their physical resources and start new programs.

10. *Although regulations and incentives may be important in establishing competitive foods guidelines, this project cannot associate regulations and incentives with sustainability.*

The limited data collected in this early demonstration project of implementation are not sufficient to answer questions related to these programs.

Appendix A

School District Highlights

**California Highlights**

CA District 1

Demographics:

Total enrollment: 10,327

Schools:

Elementary schools (ES): 10

Middle schools (MS): 2

High schools (HS): 3

District average % Free/Reduced rates:

10/07: 55 %

10/08: 51%

District Average Daily Participation (ADP):

10/07: 46%

10/08: 46%

This district had an effective wellness committee chaired by their foodservice director, who also chaired the local wellness policy (LWP) committee. The foodservice director and her department also created educational materials and experiences for students and parents that supported the LWP.

Wellness committee meetings were held monthly at the district's central kitchen. Parents, teachers and students were all invited through email notification and the district's parent newsletter. The district nurse, a teacher, the high school activity director, the district superintendent, a PTA member, a city employee, and a community organization representative frequently attended these wellness committee meetings. Standing meeting agenda items included "Wellness News in the Community" and "Examples of Wellness Working in the District." The foodservice director ensured that meeting minutes were taken at each committee meeting and disseminated to the committee members. The wellness committee developed and conducted a "Healthy Kids Wellness Survey" for parents, and the committee used the results in their implementation planning. The wellness committee collected indicators for improving wellness including Fitnessgram® scores, California Healthy Kids Survey data, school meal participation and revenues in a la carte sales. The implementation plan was developed, incorporated into the district's administrative regulations, and approved by the school board.

To help integrate the new California competitive foods standards and the district's wellness policy into the school culture, the foodservice department developed brochures and provided copies for clubs and parents. Examples included *Creative and Fun Fundraising: Alternatives to Selling Candy for Schools*, *Sports and Clubs* and *Healthy Food Guide for School Activities and*

*Other Special Occasions.* The foodservice director also provided nutrition education sessions for parents in the district's "Parents are Teachers Too" program and encouraged field trips by school classes to learn how food was prepared in the central kitchen and to promote participation in the school meal program. More than 240 students, kindergarten through grade three participated in twelve field trips to the central kitchen.

The foodservice director provided the structure, commitment and enthusiasm that contributed to the wellness committee's success. Her leadership was pivotal to keeping the committee viable and productive. However, when this LWP champion became seriously ill and took a six-month leave of absence, wellness committee meetings and many of the wellness activities ceased. In addition, the district had severe budget cuts that affected jobs and programs. In spite of these challenges, school staff who participated in the demonstration project's endpoint interviews showed a strong commitment to the health and welfare of their students.

## CA District 2

### Demographics:

Total enrollment: 8277

### Schools:

Elementary schools (ES): 8

Middle schools (MS): 2

High schools (HS): 1

### District average %Free/Reduced rates:

10/07: 14%

10/08: 21%

### District Average Daily Participation (ADP):

10/07: 43%

10/08: 42%

The foodservice director was the primary force behind the district's local wellness policy (LWP) activities, which focused on foods served in the school lunch program. The foodservice department purchased fresh fruits and vegetables for monthly taste testing by students in kindergarten through grade twelve. They also incorporated fruits and vegetables into entrees, such as adding cauliflower to macaroni and cheese, squash into spaghetti and sweet potato in ravioli, in addition to increasing the variety of fruits and vegetables into the elementary school salad bar. When this foodservice director left the district to take another position, LWP activities were no longer a district priority, although the foodservice department still fully supports providing nutritious foods for students and the district is making a strong effort to comply with California's school food and beverage laws.

Due to competing priorities, local wellness policy implementation may not be the top priority at this time. However, students' nutrition and physical activity will not be completely neglected because the district has other existing resources that support these efforts. For example, a private community health foundation provides personnel and funding for many health activities in the district, including field trips to an adventure park that promotes physical activity and a health

education program that utilizes registered dietitians for classroom food demonstrations. The community recently approved a large bond measure that will fund a complete renovation of their high school athletic facilities as well as the foodservice operation and eating areas. These significant infrastructure improvements will benefit students in the future.

### CA District 3

#### Demographics:

Total enrollment: 32,428

#### Schools:

Elementary schools (ES): 24

Middle schools (MS): 5

High schools (HS): 4

#### District average %Free/Reduced rates:

10/07: 26%

10/08: 37%

#### District Average Daily Participation (ADP):

10/07: 38%

10/08: 39%

This district benefits from being in a city whose culture promotes health and fitness. The local wellness policy (LWP) in this district builds upon the existing supportive infrastructure in the community. The community has a “Focus on Youth” collaborative of city leaders, school district employees, community leaders, service organizations, faith-based organizations, and private citizens. This group meets monthly to investigate, share, and promote ideas and programs that benefit the community's youth and support the district's *Healthy Options* program and school-based clinics. The city's Health Initiative walking program supports the demonstration site's elementary school's lunchtime walking club through training and provision of pedometers. The local YMCA provides free gym membership passes to students to encourage lifelong physical activity. The city offers an after-school Teen Experience that provides a positive social environment and encourages healthy lifestyle choices. There are several local sources of grant funding available to the district for implementing the LWP.

Ongoing community-wide collaborative programs in which the district participates include the annual Family Fitness Day. For the past two years the demonstration site elementary school that participated in the local wellness demonstration project hosted the event. Each year this event provides 60 wellness-related activities, including rock wall climbing, food and gardening demonstrations, sports competitions and health screenings, such as blood pressure checks and dental screenings. More than 900 students, district staff and vendors and 36 community volunteers attended the recent Family Fitness Day. The total volunteer time contributed to the event was 153 hours.

The district also implemented a State standards-based physical education (PE) program in elementary schools in combination with supplemental materials from SPARK, a research-based, public health organization dedicated to creating, implementing, and evaluating programs that

promote lifelong wellness. Five PE teachers were hired to oversee implementation of the new PE curriculum, to train other teachers, and to work with students. Twenty-five (25) elementary teachers participated in physical activity professional development trainings that focused on using the SPARK curriculum and the Dairy Council of California nutrition education materials. The link for SPARK can be found at <http://www.sparkpe.org/>.

Additional opportunities for physical activities are available to students during the school day, including a lunchtime walking club at the demonstration site plus a few additional elementary schools, noontime intramural sports for 4<sup>th</sup>-6<sup>th</sup> grades, and a Friday cross-country track day for the demonstration middle school. The district's after-school program for the elementary and middle schools provides snacks that follow federal guidelines for foods served. They also provide multiple enrichment activities for students including physical activities (dance, intramural sports, yoga, drama, martial arts, tennis, etc.) and nutrition activities that include food preparation classes, maintaining a school garden to provide fruits and vegetables for nutrition classes and snacks.

The district's Director of Health Services is the wellness committee chair and assesses all aspects of the LWP implementation annually. Each school's wellness team oversees the implementation. The health and nutrition services departments maintain regular contact with school wellness teams and collaborate with community entities to sustain and expand opportunities and resources. The district is making the transition to a Coordinated School Health (CSH) model. The CHS Council will replace the wellness committee. In making the transition to a coordinated school health model, wellness subcommittees will be created to ensure continued implementation of the LWP. The district currently has multiple grant-funded programs, such as the Carol White Physical Education Program (PEP) grant for physical education programs and the Network for a Healthy California funding for monthly nutrition education activities that will continue to support district wellness efforts.

#### CA District 4

##### Demographics:

Total enrollment: 1221

##### Schools:

Elementary schools (ES): 2

Middle schools (MS): 0

High schools (HS): 2

##### District average %Free/Reduced rates:

10/07: 54%

10/08: 54%

##### District Average Daily Participation (ADP):

10/07: 44%

10/08: 48 %

This district used the School Health Index assessment to identify their priorities for local wellness policy (LWP) implementation and shared the results with school principals. The

district's focuses were on communication of the wellness policy and on empowering students to be physically active.

The district used a variety of tools to establish internal communication on the LWP, including brochures for students and wellness bulletin boards at the demonstration schools. The brochure series included an introductory brochure describing the LWP and a series of wellness brochures using a Harvest of the Month theme. The State project team provided technical assistance to the district on school wellness communication and provided them with templates for newsletters and bulletin boards.

The district used demonstration project funds to build an infrastructure for wellness. The State project team provided technical assistance for equipment selection. The district then installed an outdoor fitness track at the elementary school and an outdoor physical fitness course at the continuum school (grades 7 – 12) adjoining the administration office. The fitness track and course were part of their implementation plan. The demonstration project funds were used to help plan the installations and to promote them to the school and broader community.

The district also purchased digital scales with a height bar and BMI calculator for demonstration sites to more accurately measure for the Fitnessgram® testing and automatic blood pressure cuffs to use in health education classes. Students use these tools for tracking their own health indicators; 275 students at the high school track their BMI, and 50 students monitor their blood pressure in health classes. The district also purchased nutrition education books for the demonstration elementary school and installed a healthy snack machine at the demonstration high school.

Nutrition education was integrated into the 7<sup>th</sup> and 9<sup>th</sup> grade continuum school health classes, which reach 85 students/year at the demonstration school. The nutrition education component is based on Dairy Council of California and USDA Team Nutrition curricula, as recommended by State project team through technical assistance.

Since this is a very small school district, the district found it easier to coordinate wellness-related efforts through other scheduled meetings rather than establishing a separate wellness committee. The wellness coordinator, in her role as school nurse, will likely play a key role for continued implementation and monitoring.

#### CA District 5

##### Demographics:

Total enrollment: 687,534

##### Schools:

Elementary schools (ES): 524

Middle schools (MS): 102

High schools (HS): 125

District average %Free/Reduced rates:

10/07: 71%

10/08: 76%

District Average Daily Participation (ADP):

10/07: 43%

10/08: 45%

This district merged the implementation of their local wellness policy (LWP) with the Safe School Plan required by the California Education Code. This district also created a Coordinated Safe and Healthy School Plan. Each district school must submit its plan annually. This plan requires schools to address components of Coordinated School Health and uses a scorecard based on the School Health Index to assess current program status and develop wellness goals for the next school year. This merger avoids duplication and ensures that the LWP goals are considered in each year's district planning.

The district's school board unanimously passed a resolution to make physical education (PE) a priority and is attempting to meet the State PE standards in all schools. The physical education content standards can be found at the California Department of Education website at the following webpage (<http://www.cde.ca.gov/be/st/ss/documents/pestandards.pdf>). The district has developed an implementation plan for standards-based instruction and has educated administrators, classroom teachers, PE teachers, and the school board on the components of quality PE program. The school board mandates that elementary credentialed multi-subject teachers teach physical education to their classes each school day to meet the State requirements of a minimum of 200 minutes of PE every ten days for elementary students. PE specialists, who are credentialed PE teachers for elementary school, visit classes each week to provide demonstration lessons. The grantee team conducted professional development for secondary teachers on standards-based PE instruction and on methods of self-evaluation of the quality of physical education/physical activity programs.

The district is writing Carol White PEP grants to support improvements in physical education programs for all grades and for physical activity for students during and after the school day. The district also received two grants through Action for Healthy Kids for their demonstration sites – one to implement a *Parents in Action* advocacy training and another to implement as student empowerment project.

The district's goals of serving healthier school lunches that are appealing to students and of involving students in the selection of menu items for the menu are associated with a 7% increase in district average daily participation (ADP). Since 2004, the district has also adopted policies for food and beverage sales that included a ban on sodas and nutritional guidelines for foods sold and offered in schools. In this large district, strong school board support for student health issues can be credited for passage of district policies that banned sodas and strengthened nutrition standards prior to State legislation that mandated these changes. For more information on the California nutrition standards please visit the California Department of Education website, at the following webpage <http://www.cde.ca.gov/ls/nu/he/compfoodsreq.asp>. The district policies also addressed childhood obesity, prioritized cafeteria improvements, and made physical education a priority.

For the schools participating in the demonstration project, total revenues per capita per day increased for the elementary, middle and high schools (Table 1). Additionally, breakfast participation and lunch participation increased for elementary, middle and high schools participating in the demonstration project (Table 1). Key activities for meeting these goals were expanding the foodservice branch management to include an executive chef who focused on new menu strategies and presentation techniques. The district used student focus groups to develop more appealing menus. The district also posts the two-week cycle menu on their new website. The link to the menu is: [http://cafe-la.lausd.net/Café\\_LA\\_Menu](http://cafe-la.lausd.net/Café_LA_Menu).

**Table 1: Changes in school meal participation and revenues**

<b>Relative percent change from 2006-07 to 2008-09 School Years</b>			
	<b>Elementary</b>	<b>Middle school</b>	<b>High School</b>
<b>Total Revenues, per capita, per day</b>	+ 8 %	+ 63 %	+4 %
Revenue from meals	+ 8 %	+ 63 %	+4 %
A la Carte Sales	n/a	n/a	n/a
<b>Breakfast, Unit Sales, per capita, per day</b>	<b>+34 %</b>	<b>+89 %</b>	<b>+18 %</b>
Free – Student	+34 %	+89 %	+19 %
Reduced Price – Student	+40 %	+87 %	+23 %
Paid – Student	+3 %	+98 %	+7 %
<b>Lunch, Unit Sales, per capita, per day</b>	<b>+22 %</b>	<b>+75 %</b>	<b>+15 %</b>
Free – Student	+25 %	+75 %	+22 %
Reduced Price – Student	+34 %	+75 %	+29 %
Paid – Student	-45 %	+75 %	-12 %

CA District 6

Demographics:

Total enrollment: 7,951

Schools:

Elementary schools (ES): 9

Middle schools (MS): 3

High schools (HS): 2

District average %Free/Reduced rates:

10/07: 27%

10/08: 30%

District Average Daily Participation (ADP):

10/07: 33%

10/08: 34%

A part-time nutrition consultant was hired, funded by the demonstration project, to work with the foodservice director and the district wellness council. The team began by communicating information about the local wellness policy (LWP) to school principals, school site leadership

teams, and parents. The grant coordination team also identified existing wellness data and developed new wellness evaluation tools, which are now housed on the county's Office of Education's website at the following webpage <http://health.marinschools.org/resources.htm>. The grant coordination team's efforts were supported by the State project team's technical assistance on effective wellness communication, guidelines for developing outreach materials, and advocating for school wellness to various constituents.

The district wellness council is an official subcommittee of the district's Blue Ribbon Committee. The district developed many key partnerships for wellness policy implementation including a Youth Leadership Institute, an organic farm-to-school program, a county "Live Well Network" (a healthy resource network), a hospital's community diabetes project, and their county's Department of Health and Human Services. In particular, the Youth Leadership Institute surveyed students and helped to communicate with high school campuses about nutrition and wellness. All of the schools' site leadership teams incorporated LWP goals into their team goals and took responsibility for communication and implementation of the wellness goals at their sites.

The part-time nutrition consultant led the development of a plan for the district nutrition education curriculum. The State project team provided technical assistance to the grant team by providing sample nutrition curricula and resources, training outlines for nutrition competencies, and specific support on linking nutrition and science curricula. The district's K-12 teachers participated in the development of the curriculum. They met in grade level groups to evaluate what was currently being taught and developed a realistic plan for integrating nutrition into the classroom and the school environment. The curriculum was identified. For example, at the elementary level, teachers recommended implementing eight sequential nutrition lessons per year, called Science and Nutrition Links. These lessons meet the State content standards for science and health education at each grade level. The science and health education content standards can be found at the California Department of Education website at the following webpages for science at <http://www.cde.ca.gov/be/st/ss/documents/sciencetnd.pdf> and for health education at <http://www.cde.ca.gov/be/st/ss/documents/healthstandmar08.pdf>.

The district used input from teachers and identified appropriate materials to create two kits: "Nutrition Education Kits" and "Wellness Kitchen Kits". The Nutrition Education kits contain the nutrition education lesson plans and materials compiled from USDA Team Nutrition, the Network for a Healthy California, and the California Healthy Kids Resource Center. The materials for the kitchen kits were purchased with demonstration funds and included basic cooking utensils. The curriculum was integrated with the Character Counts program, environmental education lessons and school garden programs.

At the middle school level, the teachers identified a nutrition section that could be integrated into the 6<sup>th</sup> grade health class, using the Dairy Council of California's lesson plans that are aligned with State health education content standards. However, high school teachers did not identify an appropriate curriculum fit and recommended amending the LWP to state that nutrition education would be provided in grades K-9. The proposed nutrition curriculum for grades K-9 has been pilot tested and submitted for approval to the district's curriculum director. Because of

limited funding, the grant team recommended streamlining the education activities to four mandated lessons per year and condensing the scope of the plan to K-5. In addition to classroom activities, the district prints a newsletter on the back of the school lunch menu that highlights the featured Harvest of the Month fruit or vegetable.

The State project team's technical assistance helped the district obtain outside funding sources to support the nutrition consultant for an additional year beyond the demonstration project. Although many of the implementation activities were led, in part, by a temporary employee, much of the implementation can be sustained. The grant coordinator was funded for an additional year and will implement a sustainable nutrition education plan.

The Wellness Council has established strategic and sustainable alliances within the district, and the Council is now a part of the district's Blue Ribbon Committee. The district's policy is integrated into each school site's plan.

Wellness Indicators are a part of the county's Office of Education evaluation process. These evaluation tools are housed at the following Marin County Office of Education website: <http://health.marinschools.org/resources.htm>.

Direct links to each survey are below:

1. The K-5 Marin School Wellness Staff Survey  
<http://survey.marinschools.org/Survey/TakeSurvey.asp?SurveyID=7JHI75124833G>
2. The Marin County Middle School Wellness Survey: to be completed by students  
<http://survey.marinschools.org/Survey/TakeSurvey.asp?SurveyID=31M475133n7KG>
3. The Marin County High School Wellness Survey: to be completed by students  
<http://survey.marinschools.org/Survey/TakeSurvey.asp?SurveyID=3JI7o52H6p2KG>

The nutrition education curriculum is fully developed and is supported by appropriate teaching aids available for use by teachers. However, full implementation of the nutrition education curriculum has been curtailed by budget cuts, and it is unlikely that the curriculum will be implemented district-wide.

Harvest of the Month: Network for a Healthy California  
<http://www.harvestofthemonth.com/>

#### CA District 7

##### Demographics:

Total enrollment: 10,087

##### Schools:

Elementary schools (ES): 15

Middle schools (MS): 3

High schools (HS): 3

District average %Free/Reduced rates:

10/07: 62%

10/08: 68%

District Average Daily Participation (ADP)

10/07: 76%

10/08: 76%

The district focused their efforts in nutrition education, physical activity, and competitive foods. Through the demonstration project the State project team provided training and technical assistance and mini-grants to support the district's curriculum development, communication about the wellness policy, and wellness advocacy. A California Department of Education Physical Education block grant supported building a physical education equipment infrastructure within the district. USDA's Fresh Fruit and Vegetable Program provided opportunities for students to consume more fruits and vegetables outside of the school meal program.

This district worked to bring all competitive foods in line with the State guidelines and their district's LWP. All sales of non-compliant snack foods that had been sold through student groups were eliminated, and meal participation increased. At the demonstration elementary school, breakfast participation increased by 11% and lunch participation remained stable. At the demonstration middle school, breakfast participation increased by 14% and lunch participation increased by 7%. At the demonstration high school, breakfast participation increased by 13% and lunch participation increased by 15%.

The district coordinated nutrition education on fresh fruits and vegetables with cafeteria and snack offerings at elementary schools. The district used Harvest of the Month online materials through the Network for a Healthy California for classroom instruction and for parent newsletter content. These materials are California content standards based and include information on cooking and tasting in-season produce. The classroom experiences were supported with cooking carts and a "Cooking with Kids" curriculum for each grade level purchased with demonstration project grant funds. The school foodservice unit coordinated with the classroom experiences, served the featured produce in the cafeteria, and displayed Harvest of the Month bulletin boards in the cafeteria. Garden bars, funded through other sources, were implemented in all schools during the grant period. Demonstration project grant funds were used to establish or maintain gardens at demonstration schools. At the high school demonstration site, produce raised in the garden was included in the school meal program. The classroom nutrition education and garden activities reached approximately 2,000 students at the demonstration sites.

The district's physical activity goals specified delivery of physical education by number of minutes required and the class teacher-to-student ratio. The district has also established a supervised Mileage Walking Club at the middle school that engaged approximately 100 6<sup>th</sup> – 8<sup>th</sup> graders. Using block grant funds, the district offered physical education training to all elementary school teachers (70 teachers) using the SPARK curriculum and supplied each school with equipment packages that corresponded to the activities outlined in the curriculum guide. Each elementary teacher also received a copy of the "Physical Education Content Standards and Frameworks for Physical Education for California Public Schools." Teleconference-delivered training on quality physical education programs supported the physical education program.

Harvest of the Month: Network for a Healthy California

<http://www.harvestofthemonth.com/>

SPARK

<http://www.sparkpe.org/>

CA District 8

Demographics:

Total enrollment: 17,852

Schools:

Elementary schools (ES): 11

Middle schools (MS): 3

High schools (HS): 3

District average %Free/Reduced rates:

10/07: 38%

10/08: 41%

District Average Daily Participation (ADP)

10/07: 41%

10/08: 40%

This district's local wellness policy (LWP) had a strong focus on increasing physical activity via their physical education classes, in afterschool programs, and in community-shared programs. They also reduced a la carte offerings and increased their meal participation and overall total revenues from food sales. The district has an active District Health Council (DHC) that is chaired by the district's foodservice director and includes administrators, teachers, students, parents, the school board president, and representatives of the local Chamber of Commerce and a local university.

The district strengthened its original LWP and associated administrative guidance in the physical activity area with the intent of improving students' fitness levels and reducing obesity in the student population. The district has improved their physical education (PE) program by integrating the California Physical Education Content Standards into their classes, by having qualified PE teachers conduct classes and by providing exemplary Physical Education curriculum kits for use with classes at 15 of the 17 schools. The demonstration elementary school now has a running program in their before-school program. The PTO supports increased physical activity by encouraging students to play volleyball or 4-square during the lunch hour three days per week and sponsors activities led by the YMCA twice a week. Approximately 750 elementary school students participated in a coordinated sports event funded by the PTO during the lunch hour. At the demonstration middle school an After School grant funded creation of Club 49, a fitness center that provides cardio machines, core strength training equipment, and technology equipment for personal training. This funding also supported purchase of bicycles, and cycling, ping-pong, yoga, and golf that are available for after school activities.

Parents are encouraged to participate in physical activity programs. At the elementary schools the local YMCA trains parent volunteers, who receive free YMCA memberships for their families if they volunteer to help in afterschool programs. At the middle schools, parents have access to Club 49 during specified hours. At the community level, the district annually conducts Wellness Policy Fairs held in collaboration with on-campus youth organizations, community-based organizations, local businesses, PTO, the District Health Council, California State University and local community college students. The fairs feature comprehensive health screenings, live entertainment, a physical challenge consisting of ten events, food demonstrations and fund-raising basketball tournaments. The initial wellness fair in 2008 was advertised in the Chamber of Commerce publication, “Business Buzz”, containing an article on the district’s nutrition standards that was distributed to 20,000 residents.

The district’s nutrition services provides a healthy breakfast and lunch. It also offers a healthy Pizza Lunch that counts toward a reimbursable lunch and can be delivered to a classroom for celebration and recognition events. The district has reduced the number of items offered through a la carte sales (Table 1) and has increased their overall revenues by increasing their participation in reimbursable breakfast and lunch meals (Table 2).

Table 1: Changes in Foodservice A La Carte Sales

<b>Percent of Items Compliant/Total number of Items Sold</b>						
	<b>ES 1</b>		<b>MS 1</b>		<b>HS 1</b>	
	<b>Fall 2007</b>	<b>Spring 2009</b>	<b>Fall 2007</b>	<b>Spring 2009</b>	<b>Fall 2007</b>	<b>Spring 2009</b>
<b>Cafeteria a la carte sales</b>	None	None	None	None	62%/82	81%/62
<b>Snack cart sales (foodservice-operated)</b>	None	None	84%/50	81%/32	72%/290	82%/238

Table 2: Changes in School Meal Participation and Revenues

<b>Relative percent change from 2006-07 to 2008-09 School Years</b>			
	<b>ES 1</b>	<b>MS1</b>	<b>HS 1</b>
<b>Total Revenues, per capita, per day</b>	<b>36%</b>	<b>25%</b>	<b>-6%</b>
Revenue from meals	42%	52%	37%
A la Carte Sales	-70%*	-23%	-51%
<b>Breakfast, Unit Sales, per capita, per day</b>	<b>56%</b>	<b>58%</b>	<b>22%</b>
Free – Student	137%	67%	36%
Reduced Price – Student	68%	4%	32%
<b>Lunch, Unit Sales, per capita, per day</b>	<b>31%</b>	<b>39%</b>	<b>27%</b>
Free – Student	121%	45%	42%
Reduced Price – Student	-24%	-1%	20%

\*This value is based on the reduction of a la carte from the year before the demonstration project began.

This district's LWP is supported by parent volunteers, by many local community organizations that have donated in-kind services through participation in wellness activities and communication of the LWP, and through grant funding. Technical training and assistance from the demonstration project team supported PE curricular development and communication programs. School foodservice and PE teachers showed leadership in integrating components of the LWP, and the District Health Council (DHC) has worked to sustain the LWP implementation by reviewing it annually and making changes that both strengthen goals and aligning them with State standards. The DHC has also developed an LWP communication plan that targets key stakeholders on school campuses, parents, and community leaders and produces materials in English and Spanish.

## **Iowa Highlights**

### IA District 1

#### Demographics:

Total enrollment: 11,180

#### Schools:

Elementary schools (ES): 18

Middle schools (MS): 3

High schools (HS): 3

#### District average %Free/Reduced rates:

10/07: 30%

10/08: 33%

#### District Average Daily Participation (ADP):

10/07: 54%

10/08: 55%

This community is well educated and has many professionals in the health care field due to the presence of a public university. The challenge for the district has been involving the diverse opinions about what should be offered in the school food service in a positive manner. The district has a long history of community conversations and involvement in USDA programs. District partnerships with community collaborators and external grant funding played important roles in focusing student physical activity and physical education on physical fitness during the demonstration period.

Two local groups were active in working to improve the nutrition quality of school meals. One group was a parent group, and the other group was a county group called the Local Food Alliance. These groups requested that there be more done to include locally grown and organic product choices for students in school lunches. One of the district activities was a forum called "Changing the Face of School Lunch" that featured eight chefs from local restaurants. This event was used to bring local area food producers, school staff, school board members, school administrators, policy makers and members of the two local groups together to explore ways to

improve school lunch and incorporate local produce. The attendees tasted foods prepared by the chefs, discussed whether the products might work in school food service and discussed whether students would accept them. The foodservice department now offers four different fruits and vegetables daily and has increased whole grains in school meals, but they have found it difficult to implement some of the other suggestions because of availability and cost constraints. The parent group was also actively involved in requesting that there be more restrictions on sweet foods offered in classroom celebrations. While parents have been notified of nutrition guidelines for classroom celebrations through newsletters and web postings, monitoring of foods has been difficult. Instead, the celebration policy has been changed to allow a birthday celebration once a month instead of a celebration for each student's birthday.

Community support/expertise and community advocacy were both rated as a 'slight strength' at the beginning of the project and were rated as 'significant strength' at the end of the project via an online survey. Much of this support was in the form of afterschool physical activities for students and adults. The local Parks and Recreation Department offers an afterschool program at four school campuses for 230 elementary children. Twenty parent volunteers coordinated a mileage club at the demonstration elementary school during lunch recess to promote walking, with awards given to students for every 10 miles that they walk. Two hundred students took part in this activity. Local businesses and volunteers also supported a school fun run. The demonstration high school received a Carol White Physical Education Program (PEP) grant that supports student use of school physical education equipment outside of physical education classes. The entire student population of 11,000 benefited from the pep grant efforts through improved equipment and curricular changes.

Technical assistance from the State demonstration project team and a local university master's program student in public health helped the district develop a monitoring program for the implementation of the district's wellness policy.

Community advocacy, expertise, and support will continue to be the keys to the sustainability of the local wellness policy in this district. During the project period the district participated in the BASICS (Building and Strengthening Iowa Community Support) program for community coalitions to expand nutrition and physical activity education programs serving Supplemental Nutrition Assistance Program (SNAP) recipients and SNAP-eligible populations. Also, the district's ability to identify and secure outside funding and resources to support wellness policy initiatives will be important to sustainability. The district held several external grants during the demonstration period: the Carol M. White PEP grant to enhance physical education programs, a State Senator's grant providing financial support for community wellness, and a Leopold Grant to look at feasibility of farm-to-school programs.

Guidelines for classroom celebrations:

[http://www.iowacity.k12.ia.us/health\\_services/health\\_services\\_documents/wellness\\_policy\\_docs/school\\_party\\_ideas.pdf](http://www.iowacity.k12.ia.us/health_services/health_services_documents/wellness_policy_docs/school_party_ideas.pdf)

IA District 2

Demographics:

Total enrollment: 1,318

Schools:

Elementary schools (ES): 1

Middle schools (MS): 1

High schools (HS): 1

District average %Free/Reduced rates:

10/07: 13%

10/08: 13%

District Average Daily Participation (ADP):

10/07: 77%

10/08: 75%

This district's local wellness policy (LWP) addressed implementation of their competitive foods (offered and sold) goals and improvements in school lunch during the demonstration project. The district developed and communicated a snack policy that uniformly covered all foods from home, including those for classroom celebrations. The policy specified that no homemade foods or baked goods would be used for classroom celebrations. This part of the policy drew a negative response from parents who wanted to provide traditional birthday treats. Although one beverage vending machine was removed from the high school, the remaining vending for students offered less water, more 100% juices, more sports drinks (regular and reduced calorie), more diet teas but no change in regular or diet soft drinks. No vending was available for the elementary or middle school students.

Participation in the school lunch program was good. During the demonstration period whole wheat bread was offered more frequently, only 1% and skim milk were offered, more fresh fruits were offered and the variety of fruits offered increased, the number of different fruit and vegetable options offered with meals in entrees or side dishes nearly doubled, and pre-packaged entrée salads were introduced. Students' acceptance for new products was promoted by letting students taste those products before they were added to the menu. Additionally, the district communicated suggestions for lunches packed at home that would provide a pattern similar to that of the reimbursable meal. Soft drinks are not allowed in the lunchroom.

Communication of the wellness policy goals and a plan for measuring implementation of the policy were not well established. The district had two new principals during the demonstration project, and the wellness policy had not been communicated to them or to other stakeholders in the school or community. To partially correct this gap, the district has planned to provide all new staff with a copy of the snack policy in their staff handbook, and all staff will receive an overview of the policies at the beginning of the school year with reminders throughout the year. There is not a plan in place for measuring implementation of the wellness policy.

IA District 3

Demographics:

Total enrollment: 1,938

Schools:

Elementary schools (ES): 3

Middle schools (MS): 1

High schools (HS): 1

District average %Free/Reduced rates:

10/07: 32%

10/08: 34%

District Average Daily Participation (ADP):

10/07: 69%

10/08: 72%

This district's local wellness policy (LWP) efforts focused on improving the reimbursable school lunch, which has very good participation. During the demonstration period the district produced a school-made bread product with over 50% whole grain, increased servings of fresh fruits and vegetables and served beans or legumes weekly. The elementary schools each achieved the HealthierUS School Challenge Gold Award under the 2008 criteria in recognition of their improvements.

District administration has addressed only the reimbursable school meal in their implementation of the LWP because they felt that this was what they were able to do at this time. The policy's nutrition standards for competitive foods are applied only to the a la carte line and not to vending machines. There has been little communication of the policy or of staff efforts in meeting the policy. The only evaluation component appears to be related to school lunch improvements.

IA District 4

Demographics:

Total enrollment: 1,520

Schools:

Elementary schools (ES): 1

Middle schools (MS): 1

High schools (HS): 1

District average %Free/Reduced rates:

10/07: 25%

10/08: 23%

District Average Daily Participation (ADP):

10/07: 80%

10/08: 76%

This district participated in an earlier Team Nutrition Demonstration Project and had implemented several of the requirements of the Local Wellness Policy (LWP) legislation before

the wellness policy mandate. The district's wellness committee was functioning before the federal mandate, and community buy-in for school wellness was already established. The district's school lunch participation is good. The district implemented nutrition education, physical activity and physical education, and competitive foods goals during the LWP demonstration project. The district also has significant external grant support. Multidisciplinary classroom initiatives in physical education (PE), family and consumer science (FCS) and health were integrated into the school curriculum and the community has access to the physical activity resources. A health course required for graduation teaches students basic food and nutrition concepts, emphasizes the importance of exercise and illustrates making good decisions regarding personal health. A new weight/fitness room has given more options to students in high school PE classes. The weight room improvements were made possible through Carol M. White Physical Education Program (PEP) grant funds. The weight room can be used by community members but is primarily used before and after school by students and staff. The FCS foods classes explore topics related to nutrition and good health including possible consequences of poor nutritional choices, using information on food labels, food safety, and modifying recipes to make them healthier.

Activities outside of the classroom also support wellness and involve collaborations with community agencies and groups. The elementary school promotes running laps for the first three minutes of recess. The high school's weight/fitness room is open to any student three days/week in the morning and afternoon. The District Health Fair, which is open to the community, had the support of the county wellness coalition, the local medical center, local chiropractors, food vendors, and the community hospital foundation. This fair included many student-lead activities and demonstrations including use of stability balls to increase fitness, demonstrations in the weight/fitness room, square dancing, swing dancing, yoga, and rock climbing. Food vendors shared samples of school menu items.

The LWP changed the competitive foods environment. Vending machines have been removed from the school campus except for the locker rooms. Vending machines in the locker rooms contain only sport drinks. A la carte beverage offerings in the cafeteria are restricted to juice and water.

Communication to the school and community is through newsletters and the district website. The middle school has a monthly section on wellness that includes information on nutrition and physical fitness. The district website includes a wellness/nutrition link where their "Nutrition Nuggets: Food and Fitness for a Healthy Child" is posted. Support of district administrators is evident and is a key to the success for the wellness initiatives.

The district has been successful in seeking and securing external grants to support and sustain their wellness programs. During the demonstration project, the district held a Midwest Dairy Association award for outstanding efforts to promote their expanded breakfast program, the state-level Action for Healthy Kids Power Panther award, USDA Fruit and Vegetable pilot grants, and a Carol M. White Physical Education Program grant, in addition to a Team Nutrition grant.

Nutrition Nuggets: <http://www.rfeonline.com/content.cfm?dept=20>

## IA District 5

### Demographics:

Total enrollment: 13,760

### Schools:

Elementary schools (ES): 21

Middle schools (MS): 3

High schools (HS): 4

### District average %Free/Reduced rates:

10/07: 32%

10/08: 33%

### District Average Daily Participation (ADP):

10/07: 66%

10/08: 65%

The district established a wellness committee and developed a monitoring tool. Foods offered in the school lunch program were lower in fat and sugar, and more fresh fruits were served as a result of wellness policy implementation.

The Community Health Advisory Committee served as the wellness committee and included three teachers, three school nurses and health professionals from local agencies including a District Health Council counselor, a health center outreach worker, a dietitian from regional hospital, the director of nursing from a regional hospital, and a university cooperative Extension agent. This committee developed a monitoring tool to assess compliance with wellness policy goals. The monitoring tool specified what indicators would be monitored and who would do the monitoring for each wellness policy goal. However, based on onsite interviews, the monitoring has not been implemented at this time on school campuses. A change in superintendent occurred during the demonstration project period. There is currently a lack of communication on the wellness policy and a lack of leadership to sustain the implementation of the wellness policy.

The district was involved in USDA programs prior to the demonstration project, and several activities that were implemented prior to the demonstration project continued because these have been institutionalized. Examples include afterschool physical activity at the local YMCA for low-income students, opening district facilities for community physical activity after school and providing English as a second language with physical activity opportunities in the community. While the local wellness policy was developed in a time of instability and has struggled, wellness activities that were institutionalized during administrative stability have continued.

## IA District 6

### Demographics:

Total enrollment: 1,403

### Schools:

Elementary schools (ES): 2

Middle schools (MS): 1

High schools (HS): 1  
 District average %Free/Reduced rates:  
 10/07: 33%  
 10/08: 31%  
 District Average Daily Participation (ADP):  
 10/07: 73%  
 10/08: 73%

The State’s promotion of Farm-to-School programs has supported the wellness policy implementation efforts in this district. As a result, the district is purchasing more local fresh produce for use in school meals. In a statewide self assessment this district reported that their program for purchasing locally grown food and including them in school meals is fully in place. The competitive foods on school campuses have changed with the addition of healthier choices, such as vended yogurt, cheese sticks, and baked chips. Revenue from competitive food sales has decreased (Table 1). Part of this decrease in revenue from competitive food sales was due to decreased number of offerings of competitive items and because the healthier items were offered at lower prices. The healthier items were ones that meet the district’s wellness policy guidelines. The Food Service Director reported that changes made in the competitive foods policy did not have a negative impact on the financial viability of the lunch program. Outside funding from the State’s Farm-to-School grant helped to support activities in the Local Wellness Policy Demonstration Program.

Measuring implementation has not been a district focus. Staff perception is that other district priorities may be taking precedence over the wellness policy implementation and monitoring.

Table 1. District competitive food sales in dollars/student/day

School year	2005-2006	2006-2007	2007-2008
Dollar value/student	\$1.44	\$1.57	\$.62

IA District 7

Demographics:  
 Total enrollment: 11,180  
 Schools:  
 Elementary schools (ES): 15  
 Middle schools (MS): 2  
 High schools (HS): 3  
 District average %Free/Reduced rates:  
 10/07: 60%  
 10/08: 60%  
 District Average Daily Participation (ADP):  
 10/07: 65%  
 10/08: 62%

This district focused on implementing their wellness policy nutrition guidelines for foods offered and sold on campus and on monitoring wellness policy implementation. The school board has requested an annual summary of the district's Local Wellness Policy (LWP) efforts, and noncompliance with the LWP can negatively impact school budgets. The district provides some discretionary funds for schools. These funds can be reduced for schools that are found to be noncompliant with the district's local wellness policy during the district's administrative review. As part of their implementation of nutrition guidelines, the district required that classroom snacks and treats meet the nutrition guidelines and eliminated fundraisers that included foods that did not meet nutrition guidelines. Prior to the wellness policy one elementary school conducted several traditional food sale fundraisers. After approval of the local wellness policy, they decided to conduct a single walk-a-thon fundraiser. The community supported this fundraiser, and it raised more money than had previously been raised with multiple fundraisers. All schools in the district reported full implementation of the nutrition guidelines for foods sold and offered.

The district adapted an online assessment tool developed by the State project team to help them monitor the district's schools. The district used the tool to monitor implementation of goals for school meals, meal times and scheduling, nutrition guidelines for all foods available on campus, nutrition education, foods sold outside the meal (vending and a la carte) and foods used for special events such as snacks, rewards, celebrations and fundraising. The district's self assessment results showed that implementation in these areas was rated as "fully implemented" or "partially implemented" by all schools in the district except for one. The district has hired a half-time person to work on monitoring implementation and approving snacks and fundraising efforts.

## IA District 8

### Demographics:

Total enrollment: 760

### Schools:

Elementary schools (ES): 1

Middle schools (MS): 1 (combined with high school)

High schools (HS): 1 (combined with MS)

### District average %Free/Reduced rates:

10/07: 42%

10/08: 51%

### District Average Daily Participation (ADP):

10/07: 85%

10/08: 84%

The district's champions for the local wellness policy (LWP) were the food service director and the nurse. Together they provided communication to families by sending "Nutrition Nuggets" newsletter home printed on the backs of school lunch menus. "Nutrition Nuggets" contained information on preparing nutritious foods on a tight schedule and budget, finding time for physical activity, helping children choose healthy snacks and making exercise fun. Additionally,

the nurse coordinated a community walk held on the school track for eight Sunday evenings with 40-50 people taking part in the walks each time.

Unfortunately, the local champions, the food service director and the nurse, have left the district. Responses from staff indicated that the administration was not supportive of the wellness policy and that there would likely not be sustained effort in this area.

Nutrition Nuggets: <http://www.rfeonline.com/content.cfm?dept=20>

## IA District 9

### Demographics:

Total enrollment: 5,981

### Schools:

Elementary schools (ES): 5

Middle schools (MS): 2

High schools (HS): 1

### District average %Free/Reduced rates:

10/07: 9%

10/08: 11%

### District Average Daily Participation (ADP):

10/07: 65%

10/08: 69%

Remodeling of facilities for food service and physical activity were funded through a bond issue that passed prior to the implementation of the local wellness policy (LWP), and the facilities changes occurred during the demonstration period. The district had been involved with USDA programs for several years prior to the demonstration project, and the food service director and other administrators reported that wellness was already established in the district when the policy was mandated.

Quality of school lunch meals improved over the demonstration period in response to nutrition guidelines in the local wellness policy (LWP) and major remodeling of the high school cafeteria. The following changes were also made to improve the nutritional quality of the reimbursable school lunch: discontinued whole milk and 2% milk, decreased fat and sodium in food preparation, offered legumes at least once a week, used whole wheat flour in baking and decreased portion size of baked goods. Additionally, the high school offers a fresh fruit and vegetable bar, a soup bar and a salad bar in its remodeled space. During the demonstration period, total fruit and vegetable options increased from five to thirteen, fresh fruit and vegetable options increased from three to eight, and whole grain options increased from one to three per day.

A new state-of-the-art fitness center was added to the high school during the remodeling. Staff and community use the facility at no charge before and after school.

IA District 10

Demographics:

Total enrollment: 9,052

Schools:

Elementary schools (ES): 14

Middle schools (MS): 2

High schools (HS): 3

District average %Free/Reduced rates:

10/07: 46%

10/08: 50%

District Average Daily Participation (ADP):

10/07: 73%

10/08: 70%

Prior to the local wellness policy demonstration project, this district participated in several USDA programs that provided nutrition education to students and families. One of these programs was the BASICS (Building and Strengthening Iowa Community Support) program for community coalitions to expand nutrition and physical activity education programs that serve Supplemental Nutrition Assistance Program (SNAP) participants. Before the demonstration project eight district elementary schools participated in the BASICS program. During the demonstration project the district used demonstration project funds to extend the BASICS nutrition education program to four additional elementary schools that did not meet BASICS eligibility requirements. Also, the district made advances in their physical activity goals by providing daily physical education (PE) to 5<sup>th</sup> and 6<sup>th</sup> grades, hiring PE teachers, and adding both in-class and outside-of-class physical activity.

BASICS supports nutrition education lessons once a month to eligible elementary schools, and the demonstration project funded extension of these lessons to all but two district elementary schools. The BASICS nutrition educator teaches a classroom lesson that includes tasting foods for the students and then provides additional lessons for the classroom teachers to teach during the month. Outside funding would be required to continue this activity because the SNAP education funding targets low-income families and is not available to higher socio-economic schools in the district.

The district has added PE to the 5<sup>th</sup> and 6<sup>th</sup> grades and has hired three fulltime PE teachers to support this effort. The PE teachers will also oversee afterschool intramurals for the middle school students. Ninety-seven (97) district teachers have signed up to receive “JAMmin’ Minutes” weekly e-mail messages on ideas for physical activities in the classroom. JAMmin’ Minute is a one-minute fitness routine that includes five simple exercises that students and teachers can do while standing beside or sitting in their chairs. The weekly e-mail messages also include health tips.

Just-a-Minute (JAM) School Program: <http://www.jamschoolprogram.com/>

IA District 11

Demographics:

Total enrollment: 642

Schools:

Elementary schools (ES): 1

Middle schools (MS): 1 (combined with high school)

High schools (HS): 1 (combined with MS)

District average %Free/Reduced rates:

10/07: 48%

10/08: 50%

District Average Daily Participation (ADP):

10/07: 85%

10/08: 83%

Outside grant funding, participation in a university program on youth obesity, and student leadership supported food and activity environment changes in this district. Additionally, elementary school teachers provided “physical fitness moments” during morning classes at approximately 9:45 A.M. to reduce midmorning behavior problems.

This district is one of the eighteen in a five-county area that received a W. K. Kellogg Foundation grant to transform local food systems. Student involvement on the Food and Fitness Regional Leadership Team and the creation of school-based Food and Fitness Youth Leadership Teams at the high school level were key components of the grant activities. These student teams worked with school food service staff to increase the availability of fresh fruits and vegetables in the lunch program and to increase healthier food options on the a la carte line. During the demonstration period the percentage of items on the a la carte line meeting nutritional standards using the California Senate Bill 12 rules as a reference point increased from 14% to 81%. The number of fruits and vegetables offered as part of the school lunch program increased from two to three per day during the demonstration period, with one being a fruit option that was not a whole apple, orange or banana.

The district is participating in the “A is for Apple” initiative that promotes purchase of locally-grown Iowa apples as one of the State’s Farm-to-School programs. The program supported the purchase of approximately one apple for each student each week during the school year.

Also, the district is participating in the Physical Activity and Nutrition Among Rural Youth (PANARY) program from the University of Northern Iowa’s Child Obesity Institute. This program promotes physical activity and nutrition surveillance efforts. PANARY surveillance showed that the rate of overweight in children grades 3-4 decreased over the demonstration period.

Additional grants supported the district’s food and fitness activities. A local foundation provided physical activity resources and heart-rate monitors. The district had a State-administered mini-grant for student-led activities for the Farm-to-School program. As a part of this program high

school students teach lessons once a month to elementary students. Local producers and gardeners donated fresh fruits and vegetables to the district.

#### IA District 12

##### Demographics:

Total enrollment: 3,241

##### Schools:

Elementary schools (ES): 5

Middle schools (MS): 1

High schools (HS): 2

##### District average %Free/Reduced rates:

10/07: 33%

10/08: 35%

##### District Average Daily Participation (ADP):

10/07: 62%

10/08: 68%

Development of a collaborative course in lifetime fitness, participation by students in food-tasting experiences, and offering additional fruits and vegetables during the reimbursable meal helped this district meet its wellness policy goals.

Schools have had an increased focus on fresh fruits and vegetables. At the elementary school and middle school levels students participated in taste-testing exercises that were linked to nutrition education messages. Additionally, the school food service department has increased the amount of fresh fruits and vegetables offered daily to elementary students by developing “free table offerings”. These are fresh fruits and vegetables that students who are still hungry after eating the reimbursable meal can select from a fruit or vegetable bowl without additional charge. Sample offerings include apples, oranges, grapes, carrots, and bananas.

At the high school level teachers in family and consumer sciences and physical education collaborated to develop and offer a course in lifetime fitness. This is a physical education elective available by referral from a physical education instructor. The physical education portion of the course focuses on “moving” and includes walking/jogging, cardiovascular activities, resistance strength training and core conditioning. Nutrition education is included at the end of the course block schedule.

#### IA District 13

##### Demographics:

Total enrollment: 690

##### Schools:

Elementary schools (ES): 1

Middle schools (MS): 1 (combined with high school)

High schools (HS): 1 (combined with MS)

District average %Free/Reduced rates:

10/07: 26%

10/08: 27%

District Average Daily Participation (ADP):

10/07: 90%

10/08: 89%

This district has developed a free healthy snack program for students supported by parents, the community, and grants. Although this district had funding for one year from the USDA's Fresh Fruit and Vegetable Program, the second year of the demonstration project they did not participate in the program. However, the success of the Fresh Fruit and Vegetable Program inspired the district's food service director to continue bringing healthy snacks to students. The district received a Hidden Valley® "Love Your Veggies™" grant to help purchase a salad bar and more fresh fruits and vegetables for school lunch and snacks. The school has added a line on the registration form for families to donate funds for the fruits and vegetables offered to all students. Parents could make a contribution to the snack program and have the food service department deliver a healthy birthday treat to their child's classroom. The food service director has also notified vendors that she could accept fresh produce or healthy snacks whose freshness date is close to expiration. She purchases these items at significant discounts because vendors would not be able to sell the items in the short time remaining and she can use them within the freshness dating period. The district also utilizes fresh local produce from local farmers and from an elementary school program, called "Grow & Pick", that has students go to local farms to pick, clean and cut produce used in the food service programs. The healthy snacks included many products that are new to students, such as sugar snap peas, kiwi and jicama. Since the snacks are purchased with funds other than the USDA Fresh Fruit and Vegetable funds, they included other healthy snacks, such as string cheese. Some fresh fruit and vegetable offerings were supported by the Grow & Pick program and by purchases of produce from local farms.

The school lunch also increased fruit and vegetable options during the demonstration period. Fruit and vegetable options increased from two to five per day, and fresh fruit and vegetable options increased from none to three per day.

IA District 14

Demographics:

Total enrollment: 544

Schools:

Elementary schools (ES): 1 (combined with the middle school and high school)

Middle schools (MS): 1 (combined with ES and the high school)

High schools (HS): 1 (combined with ES and MS)

District average %Free/Reduced rates:

10/07: 33%

10/08: 35%

District Average Daily Participation (ADP):

10/07: 82%

10/08: 84%

This district reported full implementation of their nutrition education goals and demonstrated student peer involvement in nutrition activities inside and outside the classroom. This district participated in the previous USDA Demonstration Project and several activities reported by the district have been ongoing in the ten-year period encompassing the two projects. The district incorporated nutrition education for grades 6, 7, 8 and 9 into a required health class. While the elementary curriculum is still being developed, the third grade class had tasted fresh fruits as part of their nutrition education unit and prepared a PowerPoint presentation on information they had researched about various fruits and vegetables. The school hosted a health fair for students, parents and staff. The district also added nutrition newsletters to the back of the monthly lunch menu that is sent to each family in the district. Nutrition information is posted on bulletin boards, and special needs students prepared a daily visual portrayal of lunch items for each meal on a colorful display. The school held an Election Day activity where elementary students voted for their favorite fruit or vegetable, high school students voted for the best milk mustache, and the district hosted a “Chef for the Day” as a part of the Local Wellness Policy Demonstration Project technical assistance. A Team Nutrition site is available on the district’s homepage with nutrition information and postings about the district’s nutrition activities: <http://ni9.northiowa.org/curricular/elem/nutrition/default.aspx>. The seventh grade students posted health tips on a website contained within their teacher’s web space, and the fourth grade class prepared commercials about the benefits of specific fruits and vegetables that were played during school-wide announcements. A para-professional and the school nurse championed these activities with strong support from the superintendent.

## IA District 15

### Demographics:

Total enrollment: 1,274

### Schools:

Elementary schools (ES): 2

Middle schools (MS): 1

High schools (HS): 1

### District average %Free/Reduced rates:

10/07: 48%

10/08: 49%

### District Average Daily Participation (ADP):

10/07: 66%

10/08: 64%

The district tried to focus their wellness efforts in improving nutrition quality of competitive foods, a la carte and fundraising. Foods and beverages offered through a la carte and vending machines were modified to eliminate regular soft drinks being sold. To gain student acceptance of this new policy, a Health Festival was held where vendors brought in healthy options to introduce them to students. Students had the opportunity to taste several new food items. More choices are now available to purchase as a result of student input. Speakers were also part of the

Health Festival and addressed various topics on nutrition and health. The event was very well received and plans are underway to offer it again in the future.

The district also provided families with an alternative list of healthy snack items to bring for class celebrations. Although this is not a mandatory policy, the district thought that building awareness was a starting point. The school carnival also provided opportunities for modeling healthy options, such as offering apple slices without caramel dip and featuring booths with fresh fruits and vegetables accompanied by nutrition education messages about the benefits of healthy choices instead of offering cotton candy and homemade cookies that had previously been offered in these events.

The district recently was awarded the Fresh Fruit and Vegetable Program funding for the school year 2009/2010. The food service director hopes that this will provide additional opportunities for students to consume more fruits and vegetables.

Leadership was identified by this district as a key component to successful local wellness policy implementation. Due to leadership change and staff workloads, the district's wellness policy implementation forecast was unclear at the end of the demonstration project.

#### IA District 16

##### Demographics:

Total enrollment: 4,607

##### Schools:

Elementary schools (ES): 9

Middle schools (MS): 1

High schools (HS): 1

##### District average %Free/Reduced rates:

10/07: 35%

10/08: 41%

##### District Average Daily Participation (ADP):

10/07: 57%

10/08: 63%

Physical activity and physical education (PE) were this district's local wellness policy focus. The district implemented physical education standards and benchmarks that are fully in place for all grade levels. The district monitoring for physical education benchmarks is also fully in place for all grade levels. The district made changes to the school schedule for elementary students in order to provide daily recess periods that encouraged approximately 25 minutes/day of moderate to vigorous voluntary physical activity and to provide PE classes 45 minutes every other day. The high school added PE every day, year-long for 9<sup>th</sup> and 10<sup>th</sup> graders. Grades 11 and 12 are offered PE, but some students are given waivers based on their class schedules. The district offers intramural sports after school, and staff and students are allowed to use physical activity facilities after school hours. Staff members have established a walking club and have health screenings as part of their wellness activities. A jog-a-thon replaced food sale fundraisers. The

PE staff championed the changes made through the wellness policy to the PE program and physical activity access.

## **Pennsylvania Highlights**

### PA District 1

#### Demographics:

Total enrollment: 1617

#### Schools:

Elementary schools (ES): 3

Middle schools (MS): 1

High schools (HS): 1

#### District average %Free/Reduced rates:

10/07: 35%

10/08: 36%

Elementary schools switched from candy sales to a new walk-a-thon fundraiser. Students in later grades participated in a half-time physical fitness challenge at a football game. School staff participated in a wellness day that included blood pressure and body mass index (BMI) screenings and fitness classes. These are some of the results of implementing this district's local wellness policy (LWP) that has a foundation of leadership by the district wellness committee, internal district communication, and community partnerships.

During the implementation of their LWP, the district recognized that lack of buy-in from parents and parent-teacher organizations (PTO) was their biggest challenge. To face this challenge they focused on educating teachers, staff, and parents and asked for technical assistance and support from their local hospital.

The Walk-a-Thon fundraiser is a good example of the change in district culture launched by the LWP using community partnerships. Initially the PTO in this district resisted LWP goals that eliminated candy fundraisers that did not meet the district's nutrition guidelines for competitive foods. Under the leadership of physical education teachers and the PTO and with community support from the hospital wellness center and the local YWCA, one elementary school held a two-mile walk-a-thon with the students in attendance during that day (174 students) and some parents. This event emerged as a successful fundraiser, raising more money than the former candy fundraisers. The candy sales raised \$5000-\$6000, and the walk-a-thon raised \$10,325. The walk-a-thon had the added benefit of increasing physical activity of students and their families. Another district elementary school was able to successfully follow the model for this healthy fundraiser, involving their 192 students in attendance and some parents in a two-mile walk-a-thon that raised \$11,676, compared to their candy sales that raised \$5000-\$6000. The

remaining elementary school in this district has scheduled a walk-a-thon for the school year. This success encouraged parents who had been resistant to changes in the school nutrition environment brought about by the LWP to be more supportive of the changes.

Changes in leadership and consistency of communication are barriers that the district has also successfully addressed. The district provided ongoing communications by distributing packets on the LWP during “Welcome Back” day, sending e-mail messages on the LWP, and holding in-service trainings for teachers and staff on LWP topics.

Changes in leadership, especially among school board members, were identified as the major challenge to sustaining implementation. When newly-elected school board members who were unfamiliar with the LWP told the PTO that there were no restrictions on what they could sell as fundraisers, the district food service director was able to explain to the school board the requirements of the wellness policy and the success of the walk-a-thon, present documentation of the wellness committee meetings, and describe the potential loss of funds and the time required to revise and resubmit the policy to the State department of education if the school board insisted on revising the nutrition guidelines. As further commitment to the LWP, the district has now hired an additional physical education teacher and a family and consumer science teacher.

The district’s partnership with local hospital is a success story of getting support from its community. This partnership has resulted in more opportunities for physical activity and nutrition education for students and school staff, such as the physical fitness challenge at the school football game and staff wellness event, than the district would have been able to offer on their own time and funding constraints.

## PA District 2

### Demographics:

Total enrollment: 2927

### Schools:

Elementary schools (ES): 4

Middle schools (MS): 1

High schools (HS): 1

### District average %Free/Reduced rates:

10/07: 21%

10/08: 23%

The District implemented their wellness policy through afterschool programs in elementary schools and a comprehensive faculty awareness effort. Technical assistance and funding from the USDA Local Wellness Policy (LWP) Demonstration Project and its State project team, leadership from the wellness committee, participation by a local retirement community, and funding from a local foundation supported these efforts.

Making teachers aware that the scope of the LWP extended beyond the school food service program and including teachers as active participants in implementing the LWP were priorities of the wellness committee. To motivate faculty and staff to implement the LWP, the Committee

invited a speaker to describe his struggles with weight problems early in life during an in-service training session. The Committee distributed a manual developed by the State project team, “Your School Wellness Policy: What You Need to Know.” To provide faculty with local peer examples of its implementation, the Committee sponsored a contest for teachers on documentation of their activities implementing the LWP. Eight of the district’s elementary school teachers participated in the contest. Teachers were creative with their contest entries. Some submitted PowerPoint presentations. Others submitted posters. Some had their students design the entries. Winners were awarded gift cards that could be used for classroom supplies. Wellness committee members compiled the ideas from the entries and created a flier that was distributed to all teachers as examples of promoting physical activity and nutrition education activities they could implement for their students.

The weekly afterschool program included nutrition education, outdoor activities and a healthy snack. The State project team provided recommendations for nutrition and physical activity curricular materials for the afterschool program (Action for Healthy Kids’ ReCharge program, USDA’s The Power of Choice, and NIH’s Media-Smart Youth) as well as suggestions for possible funding sources to sustain the program. A local foundation provided money for the healthy snacks. A registered dietitian and a physical education teacher had charge of the program, which began at a single elementary school and expanded to all four elementary schools within the year. Approximately 110 students participated in the afterschool program. The program was very popular and maintained a waiting list of potential participants. This program was made possible through a grant from a local foundation and Team Nutrition mini-grant funds, which supported the registered dietitian, and a partnership with a local retirement village, whose residents served as volunteers to help with activities. The afterschool programs helped the district address several of their wellness policy goals, including goals to provide opportunities for a variety of age-appropriate physical activities, to provide students with the knowledge and skills for making informed nutrition choices, and to cooperate with agencies and community organizations.

Changes in leadership, availability of financial resources, time, and curricular changes were identified as factors that could affect the sustainability of the wellness policy implementation. However, the wellness committee hopes that some key partnerships that they have formed will continue to support their efforts to promote student wellness. Additionally, the “Your School Wellness Policy: What You Need to Know” will be distributed to new teachers to communicate the policy to them.

### PA District 3

#### Demographics:

Total enrollment: 2853

#### Schools:

Elementary schools (ES): 2

Middle schools (MS): 1

High schools (HS): 1

District average %Free/Reduced rates:

10/07: 20%

10/08: 25%

Innovative in-class wellness clubs for middle-school and high-school students and a 10-week flexible online program that encouraged and supported physical fitness for faculty/staff helped this district meet their local wellness policy (LWP) goals in the physical activity area. Additionally, the wellness clubs increased students' feedback to the school foodservice director about new items to offer in school meals or as snacks that met the district's nutrition guidelines.

Over 150 middle and high school students participated in wellness clubs that met daily during the end-of-school-day multi-purpose period. Club activities included physical activities such as walking the track, open gym activities, playing frisbee, and using Dance, Dance, Revolution® and Wii Sport®. The clubs also encouraged creativity and liaison activities with the school nutrition program. For example, the middle school club created a song and dance about turning off television sets and becoming active that was broadcast to the middle school classrooms during "National Turn Off TV Week". The wellness club participants encouraged other students via morning announcements and cafeteria posters to try new foods that had received high scores in their taste-testing. Although there are no data directly linking this student input on new foods to cafeteria sales, total revenues for the school foodservice program increased by 6% from the 2007/2008 to the 2008/2009 school year. The wellness clubs clearly positioned the students as wellness advocates for the LWP.

Seventy-five (75) staff members participated in the American Cancer Society's wellness program, "Active for Life." In this program participants were encouraged to be more active on a daily basis, to set individual goals, and to form teams for motivation and support. Participants' daily activities were charted online, and the coordinator (foodservice director) sent periodic email messages of encouragement to participants. The physical education program increased student interest in physical activity through use of newer electronic games and tracking systems. They used both Dance, Dance, Revolution® and Wii Sport® to interest students in physical activity. Students used pedometers to track their walking activities during the day.

The district has a functioning wellness committee, as does each school in the district. The district committee meets to discuss broad goals for the district. The school-level committees develop and implement activities to meet those goals. The foodservice director, who chairs the district-level committee and has also been designated as the person responsible for ensuring implementation, placed a notebook in each school's office and asked teachers to use the notebook to document activities related to policy implementation. This information is used as part of the monitoring activities for the LWP.

The district's partnership with the American Cancer Society and grant support from their insurance provider were critical components for meeting the LWP physical activity goals. The American Cancer Society program was offered at no charge to the district, and the grant from the district's insurance provider allowed purchase of a Dance, Dance Revolution® at the beginning of the LWP implementation to fill gaps in equipment and to motivate participants.

PA District 4

Demographics:

Total enrollment: 2960

Schools:

Elementary schools (ES): 4

Middle schools (MS): 1

High schools (HS): 1

District average %Free/Reduced rates:

10/07: 27%

10/08: 27%

Increasing whole grain consumption through the school lunch program and enforcing nutrition guidelines on competitive foods were the two main focuses in this district’s local wellness policy (LWP) effort.

Implementation of the district’s local wellness policy (LWP) nutrition education goals increased selection of whole-wheat products by fourth and fifth graders. In response to the LWP goal of increasing whole-wheat servings in the district’s school nutrition program, the State project team developed lesson plans for fourth and fifth grade teachers to use in their classes 15-30 minutes a day, 1 day a week for 4 weeks. In addition to nutrition information the lessons included tasting opportunities. To test the effectiveness of the nutrition education, the fourth and fifth grade classes in the demonstration schools were divided into two groups: one group received in-class instruction in addition to being exposed to cafeteria promotions (Education) and the other group was only exposed to cafeteria promotions (Cafeteria). Fourth and fifth grade classes from a non-demonstration school in the same district were not exposed to cafeteria promotions or classroom lessons (Comparison). On evaluation days, students were asked at the point of service if they wanted whole-wheat or white choices for one main entrée and two alternative choices (Table 1). Students who received the educational lessons were more likely to choose whole-wheat foods in the cafeteria. The selection of whole-wheat products by this group decreased following the intervention phase but remained higher than selections of whole-wheat products by the other groups. Technical assistance in the form of lesson plans facilitated this change, but ongoing nutrition education was needed for reinforcement.

Table 1: Percentage of students selecting whole-wheat items in the cafeteria\*

Week	Pre-Intervention			Intervention				Post-Intervention		
	1	2	3	4	5	6	7	8	9	10
Education (%)	14	7	5	60	67	79	82	61	50	44
Cafeteria (%)	7	5	13	18	25	24	22	27	12	5
Comparison (%)	7	6	8	11	11	13	4	10	4	4

\*Out of 136 students recruited, 134 students participated in the research for a response rate of 98.5%.

The district wellness committee surveyed district/school administrators and faculty to assess LWP implementation and identify areas for possible revision. Based on the results of the survey,

the wellness committee modified the nutrition guidelines for competitive foods. Notable changes included the elimination of an exemption of five traditional celebration days from the nutrition guidelines and new restrictions on beverages sold through vending machines and the student store. Snack and beverage items offered during celebrations are now compliant with the district's nutrition guidelines. Soft drinks are no longer offered in vending machines or in the student store. Using the results of this survey to establish common ground in setting policies contributes to the sustainability of the policy. In this case, small changes were made to competitive foods offerings with support of administrators, faculty, and auxiliary personnel.

Newly hired teachers are introduced to the LWP through teacher orientation sessions. During one session, new teachers are provided with a personal-sized cooler in their school's colors imprinted with the district name and mission statement on the side and filled with samples of acceptable classroom snacks, a bottle of water, the nutrition guidelines brochure, and a welcome message from the wellness committee. The foodservice director is available to answer questions about the guidelines. This orientation is strengthened through mentoring by a current teacher.

#### PA District 5

##### Demographics:

Total enrollment: 1569

##### Schools:

Elementary schools (ES): 2

Middle schools (MS): 1

High schools (HS): 1

##### District average %Free/Reduced rates:

10/07: 43%

10/08: 34%

This district's local wellness policy (LWP) focused on providing more opportunities for students to be physically active by establishing fitness centers at both middle and high schools.

Opportunities for more physical activities included both in-class physical education and outside-of-class opportunities for physical activity. The focus on lifelong physical activity also supported the county's Obesity Collaborative addressing childhood obesity. The district used physical education teachers as "wellness coaches" to take responsibility for various aspects of the LWP policy implementation. The wellness coaches were funded through the obesity collaborative and the demonstration project mini-grant. The wellness coach idea was generated during a technical assistance session with the wellness committee devoted to action planning. The superintendent credited this session with "jump starting our whole program."

Much of the physical activity focus was at the middle and high school levels where fitness centers that included both cardiovascular and weight training equipment were established through purchases funded by the community, former students, district funds, and grants from local foundations. In addition to structured physical education classes, the high school added opportunities for physical activity through before and after school intramural activities, including badminton, tennis, and volleyball. At the middle school, students have access to the fitness center

three days/week during study hall periods, the school has established fitness clubs that meet twice a month during school, and the fitness center is open for students to use for 20 minutes prior to the start of the school day in an “early gym” session that allows the students time to run around and be active in a variety of ways. The middle-school principal credits the school’s high attendance rate (95%), in part, to the physical activity opportunities before, during, and after school that were implemented under the local wellness policy (LWP). Additionally, the fitness centers are available for faculty (middle school and high school), staff (middle school and high school), and the community (high school only) to use.

#### PA District 6

##### Demographics:

Total enrollment: 2635

##### Schools:

Elementary schools (ES): 4

Middle schools (MS): 1

High schools (HS): 1

##### District average %Free/Reduced rates:

10/07: 29%

10/08: 29%

To improve the nutritional quality of snacks offered in classroom parties and celebrations, the school foodservice department offered a catering service to parents. The foodservice director developed an order form listing snack options that parents could purchase from the school foodservice department to be delivered to classrooms for birthday parties and other celebration events. The idea of purchasing through the school foodservice department was presented as a time-saver for busy parents. Items included on the order form included apple wedges with yogurt, “ants on a stick” (celery stuffed with peanut butter and topped with raisins), fresh fruit tray, pretzels and cheese cubes, yogurt cups, fruit juice, water, and milk. On the order form, parents were to indicate where and at what time the snacks were to be delivered. The items were delivered to the classrooms at the designated time by cafeteria staff. This activity has been described in a local wellness policy “Promising Practices” manual developed by the State project team to share ideas for successful and creative ways to implement wellness policies. Through this publication, district foodservice directors are able to seek information from peers on how to start the catering program in their own schools. This program is a win-win-win for parents (time savings), children (healthy snacks that meet LWP guidelines), and the foodservice department (income). Development of the idea-sharing manual is a cost-effective form of technical assistance that highlights local efforts and promotes modeling of successful programs.

Project PA 2009: Promising Practices is available online at:

<http://nutrition.psu.edu/projectpa/2007Style/html/promisingpractices/index.html>

PA District 7

Demographics:

Total enrollment: 2070

Schools:

Elementary schools (ES): 3

Middle schools (MS): 2

High schools (HS): 1

District average %Free/Reduced rates:

10/07: 37%

10/08: 37%

The food service director's leadership in making school menus healthier and getting student involvement in taste testing and a focus on providing students with more opportunities for physical activity have been key activities for implementing the district's local wellness policy (LWP). Students sampled and provided feedback on new and healthier foods offered in school meals, and the foodservice department conducted student and parent surveys for the foods served and sold at middle and high schools. Changes made to improve the nutritional quality of school meals and competitive foods did not affect the program participation. While the school board offered financial help for the foodservice department to meet LWP goals early on, the foodservice department has, instead, been able to reimburse the school board for earlier debts. The involvement of students in these changes is likely to have contributed to the success of maintaining steady participation in the program.

The district is maintaining recess time at the elementary schools and offering a variety of physical activity-related clubs at the middle school for bicycling, dancing, playing lacrosse and volleyball, among others. Participation in the clubs averages about 30 students/club, with a total enrollment of approximately 300 students. At both the elementary school and middle school levels afterschool programs that include physical activity have been established under a grant from the district's insurance provider. Approximately 80 elementary students and 85 middle school students participated in the afterschool programs.



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