



Insight

A Publication for Child Nutrition Professionals from the National Food Service Management Institute

Keys to Successful Local Wellness Policy Development and Implementation in Four School Districts

O There is increasing public concern that the number of overweight and obese children in the United States has become a national epidemic. **V** In an attempt to address the ever increasing obesity epidemic in the United States, Congress enacted the Child Nutrition and Woman, Infants and Children (WIC) Reauthorization Act of 2004 (Pub.L. No. 108-265, § 204), mandating that all local education agencies (LEAs) participating in the National School Lunch Program establish a local wellness policy (LWP) by July 2006. The law specifies that wellness policy components are to include goals for nutrition education, physical activity, and extra-curricular, school-related activities promoting student wellness. **E** Additionally, schools must ensure that reimbursable school meals are in compliance with the Child Nutrition Act and Richard B. Russell National School Lunch Act, and all foods served and sold on campus during the school day must follow nutrition guidelines established by the LEA that promote student health with the intent of reducing childhood obesity. **R** Districts also need to establish procedures to measure implementation of the policy and appoint an **V** individual to oversee the implementation of and adherence to the policy. **I** Finally, each district is required to have a committee consisting of parents, students, school nutrition (SN) **E** personnel, the school board, school administrators, and public **W** representation to develop and implement a wellness policy.

Using case study methodology, the National Food Service Management Institute, Applied Research Division (NFSMI, ARD), conducted a study of the different processes used to develop wellness policies among four school districts in four regions of the United States. This study investigated the perceptions of how implementing wellness policies could impact the school communities. Additionally, the study examined the wellness committee members' assessments of the importance of cost, time, commitment, and feasibility of wellness goals within the districts participating in the study.

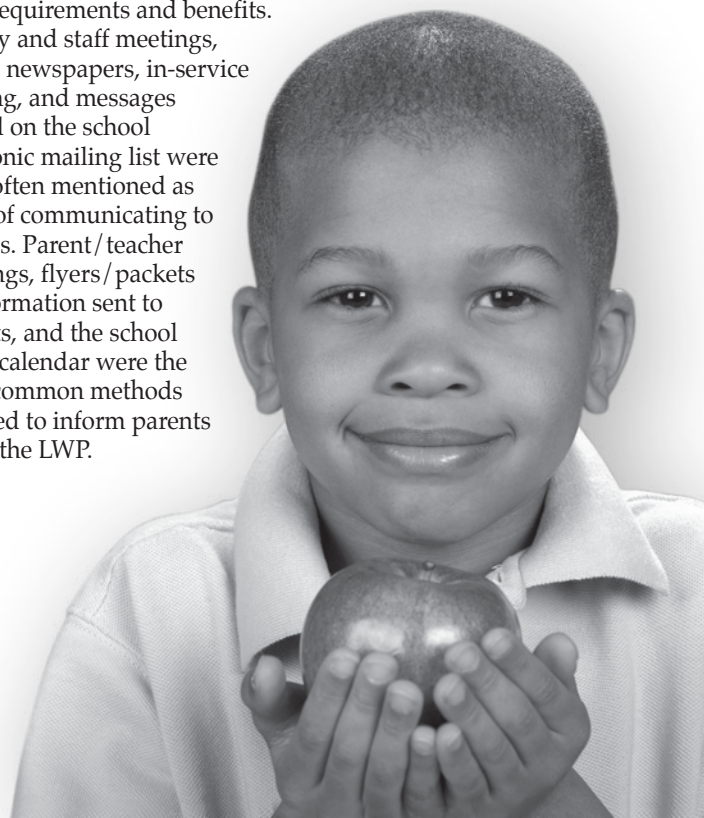
All of the case study districts selected wellness committee members who represented diverse positions in the school and school community. Committee members included the school nutrition (SN) program directors, superintendents/assistant

superintendents, teachers, parents, school board members, and students. Some districts included members outside the school community to add depth to the wellness initiative.

School districts were methodical in their development of a process to draft a wellness plan that would meet the requirements of the law, and several sources provided materials used by the districts to develop wellness policies. Several sources provided most of the materials used by the case study districts to develop wellness policies. The United States Department of Agriculture (USDA) provided wellness policy guides, as well as Team Nutrition materials, planning guides, and regulation guidelines. State agencies supplied sample state policies and criteria for determining a healthy school environment. Three of the districts used the Center for Disease Control's (CDC) *School Health Index* for self-assessment and as a planning guide. All districts utilized the sample policy models from the School Nutrition Association (SNA).

School districts planned a variety of avenues to inform the school and school community about the LWP requirements and benefits.

Faculty and staff meetings, school newspapers, in-service training, and messages posted on the school electronic mailing list were most often mentioned as ways of communicating to schools. Parent/teacher meetings, flyers/packets of information sent to parents, and the school lunch calendar were the most common methods planned to inform parents about the LWP.



As school district wellness committees worked to develop and implement a school LWP, they identified key requirements for successful implementation in their respective districts, as well as barriers to implementation. Communication and a buy-in from all players were most often named as keys to success. Other key factors that were identified for successful implementation included networking, leadership, adequate resources, and weaving the policy into current activities. Barriers to successful implementation included lack of time, financial restraints, lack of communication, facility limitation, and cultural diversity.

The goal assessment survey revealed that most committee members believed that, overall, the LWP goals for their district were important and feasible. Committee members indicated that while time and costs for implementation would increase slightly, these should not be a major obstacle for most of the goals. Committee members indicated a high level of commitment for implementing LWP goals.

Schools can play an important role in a national effort to prevent childhood obesity by promoting good nutrition, physical activity, and healthy lifestyles. School districts around the nation should embrace efforts to develop and refine LWPs to address the well-being of children. To ensure the health of future generations, school-based wellness policies must become a national priority. Findings from this study can help school districts improve existing policies and identify key elements for successful implementation.

OBJECTIVES

Two major objectives guided this research. Each was considered equally important to contributing knowledge about LWP implementation within school communities.

- To identify processes and resources used by four school districts in developing a district-wide school wellness policy; and
- To assess the various wellness goals of each school district's LWP as they relate to importance, cost, time, commitment, and feasibility.

METHOD

- NFSMI, ARD used a multiple-case study design to compare four school districts as case study sites.
- These four school districts were selected from four different USDA geographic regions (Mid-Atlantic, Southeast, Mountain Plains, and Midwest) and met the following criteria: student enrollment of 3,000 to 20,000; a school wellness committee actively working on implementing the LWP; a district wellness policy completed or near completion; inclusion of all five components required by law in the LWP; and a district superintendent and SN program director willing to participate.
- The primary units of analysis included the processes and resources used by the four school districts in developing an LWP.
- The primary data were collected through structured interviews, survey instruments, and observations by wellness committee members and school administrators.
- The data collection instrument, *Goal Assessment by Members of the School Wellness Policy Committee*, was designed to allow the school wellness committee members to assess the district's wellness goals as outlined in the LWP.

- On-site data collection and interviews occurred during a two-day visit in each school district. Repeat interviews were conducted via telephone or electronic communication to gather additional data to verify key observations and to check facts.
- After the individual case studies were analyzed for pertinent data, data were compared to determine commonalities and differences in the processes and resources used to develop wellness policies in the case study school districts.

FINDINGS

Demographics

To protect the anonymity of the study participants, the four school districts were designated as A, B, C, and D, with school District A as the pilot. School districts participating in the research project ranged in size from a small district with five schools and an enrollment of 3,185 students to a larger school district with 19,581 students enrolled in 31 schools. The majority of the students in the districts were of either Caucasian or African-American background. However, Hispanics made up the second largest ethnic group in District B.

Policy Development

At the time of this study, all four school districts were in the process of developing an action plan for creating an LWP. The schools followed a systematic approach in their development of a process to draft a wellness plan that would meet the district's needs, be accepted by the school community, and obtain approval of the school board. Because there was no established standard mandated in federal legislation, the processes used by wellness committee members within the four different districts varied. The resulting action plans from each district, however, were strikingly similar to the eight steps recommended on the *Action for Healthy Kids* Web site. *Action for Healthy Kids* is a public-private partnership of more than 50 national organizations and government agencies representing education, health, fitness, and nutrition.



Action Plan for Policy Development in the Case Study Districts

Steps to Wellness Policy Development	District A	District B	District C	District D
1. Review of existing wellness activities and district requirements	Identified existing state/local laws and reviewed relevant state and district requirements	Reviewed current policies related to the USDA's <i>Healthy School Environment</i>	Reviewed current policies related to wellness (i.e., supplemental food policy, health class curriculum, state nutrition standards)	Reviewed state nutrition standards as they related to the wellness policy requirements
2. Policy development team selection	Superintendent identified chairman and other committee members as specified by law	Superintendent requested a list of potential members from chair; then, along with two assistant superintendents, made final selection	Superintendent assigned wellness committee chair and members	Superintendent appointed coordinator for school health as chair
3. Needs assessment	<i>Nutrition and Physical Activity Environment Assessment</i> provided by State Department of Education	<i>School Health Index: A Self-Assessment and Planning Guide</i> provided by CDC	<i>Model Wellness Policy</i> provided by the SDE	Not reported
4. Drafting a wellness policy	Policy draft placed on school Web site for school and community input	Committee customized CDC <i>Health Index</i> results to school district needs	First draft presented to the policy and review committee and then school board for input	School health advisory committee reviewed the draft and made recommendations. Draft posted on the school Web site for review by community
5. Creating awareness and support	In progress at time of study	In progress at time of study	In progress at time of study	In progress at time of study
6. School board adoption	Yes	Yes	Yes	Yes
7. Implementing the wellness policy	Policy will be implemented immediately as adopted	Policy will be implemented immediately as adopted	Policy will be phased-in	Policy will be implemented immediately as adopted

RESOURCES AND MATERIALS

School district wellness committee members sought materials, sample policies, and other resources to help guide the development of an LWP tailored to their unique district needs, as each district had specific circumstances related to socio-economic, cultural, and ethnic populations. In recognition of this need for information, many education and health organizations and agencies developed resources and guidelines to assist school districts in creating wellness policies for their schools. The primary resources and materials are listed below and range from sample wellness policies to guidelines for development.

Top Resources and Materials used by School Districts

- USDA: Team Nutrition Materials
- CDC: *School Health Index*
- SNA: Wellness Policy Guidelines: Health and Wellness
- National Association of State Boards of Education: Fit, Healthy, and Ready to Learn Model Policies
- NANA: Model School Wellness Policies
- State Sources: Policy Guides; Health Curriculum; Nutrition Standards
- Other Sources: *Action for Healthy Kids*; NFSMI

Keys to Successful Policy Implementation

As required by law, the school district must designate one or more persons to ensure the LWP is implemented as written. Oftentimes, implementation of the policy may be seen as the responsibility of the school nutrition staff, physical education faculty, or school nurse. In order for an LWP to be meaningful and purposeful, it must be developed and implemented with input and leadership at all levels of the school environment and community. The schools in the study were aware that implementation of the LWP in their school districts would require planning, good communication skills, constant oversight, and widespread buy-in from the school administration, faculty, staff, students, and parents.

Keys to Successful Implementation of a School Wellness policy

- Accountability and leadership
- Communicating policy mandates to the school and local communities
- Building support through community and parent buy-in
- Educating on policy goals
- Obtaining appropriate resources
- Linking policy initiatives to community programs
- Student participation and involvement
- Promoting the policy in a positive manner

Perceived Barriers to Successful Policy Implementation

Identification of barriers is as important in the implementation phase of a school wellness policy as the development phase. Lack of resources such as time, money, and facilities were all mentioned in the case study interviews. Only one committee member, the superintendent in District B, thought there would be no barriers to implementation.

Perceived Barriers

- Obtaining funds for wellness related activities
- Lack of time, specifically classroom time
- Facility limitations for physical education activities
- Lack of marketing resources
- Cultural diversity

Preparing a Plan to Maintain and Evaluate the Policy

Once the policy is adopted and implemented, the school district must take action to develop a plan for maintaining and evaluating the policy. Evaluation and feedback from students, parents, teachers, and administration are important activities in maintaining an LWP. The USDA suggests the evaluation process should seek answers to at least three basic questions:

- 1) *What changes to nutrition education, physical activity, the nutritional quality of foods, and other aspects of the policy occurred in the school district as a result of the district wellness policy?*
- 2) *Did the policy and implementation address the issues identified in the needs assessment?*
- 3) *How can the impact of the policy be increased to enhance its effect on student health and academic learning?*

When committee members from the four districts were asked their opinions on how they could assess whether or not the new wellness policy impacted student health, most pointed to some type of changed student behavior. Of the twenty committee members interviewed, twelve members indicated they expected some type of change in eating habits, such as healthier menu selections. Other indications of impact on student health included more support from educators and increased opportunities for healthy activities.

Goal Assessment Survey

Five wellness committee members in each of the case study districts were asked to rate the wellness goals listed in their school district's wellness policy on a scale of 1 to 5 with 5 being the highest rating and 1 being the lowest rating. Participants were asked to answer five questions about each goal related to importance, cost, time, commitment, and feasibility.

Goal Assessment Survey Questions

- How *important* is this goal to the overall school wellness policy?
- How *expensive* will it be to implement this goal compared to the overall budget for wellness?
- How much *time* and effort will it take to implement this goal?
- How *committed* are you toward this goal?
- How *feasible* will it be to implement this goal?

The wellness goal assessment looked at four main sections to reflect the required components of a local school wellness policy: nutrition, nutrition education, physical activity, and other school-based activities. Because the majority of respondents reported they were in the drafting stage of policy development at the time of the research study, their assessment of these goals could have changed after the policy was finalized and implemented.

Nutrition

Wellness committee respondents indicated they believed that all the written nutrition goals in their respective districts were important to the overall wellness policy. (See Figure 1). Respondents seemed committed to working toward goal implementation, and thought the goals were feasible. District A committee members indicated they did not believe the goals would be expensive or time consuming to implement, whereas District C expressed the most concern related to cost for implementation.

Nutrition Education

Respondents had similar beliefs about the importance, commitment, and feasibility of nutrition education goals. (See Figure 2). Respondents rated the amount of time to implement the nutrition education goals at a slightly higher level than nutrition goals. As indicated by the rating (1), District A had the lowest concern about cost and time involved for implementing nutrition education goals. Districts B and C rated time (3) as a higher concern for implementation than Districts A and D.

Physical Activity

Physical activity goals were equally as important to the wellness committee members as the nutrition and nutrition education goals. As shown in Figure 3, members were committed to implementation; feasibility, however, received a rating of 4 or less in Districts A, C, and D. District B rated feasibility slightly higher than 4. This rating may indicate that some committee members had slight concerns about the feasibility of wellness goals related to physical activity. It is possible that the concerns were related to the lack of facilities. District C committee members seemed to believe that both cost (2.5) and time (3) would be somewhat of a factor when implementing the physical activity goals.

Other School-Based Activities

Other school-based activities are defined as activities designed to create a school environment that is conducive to healthy eating and being physically active. As shown in Figure 4, the assessment of goals for other school-based activities rated similar to the goals for nutrition, nutrition education, and physical activities in importance, commitment, and feasibility among committee members that responded. Committee members in Districts C and D seemed to have a slightly higher concern for the cost and increased time required to implement school-based activities other than nutrition, nutrition education, and physical education.

Results from this case study analysis indicate that schools have the opportunity to become one of the nation's most effective resources in creating an environment that is favorable to healthful eating,

increased physical activity, and overall wellness for children. All of the school districts in this study were successful in their endeavor to solicit support for an LWP plan that included setting goals for nutrition, nutrition education, physical activity, and oversight of other school-based activities that promoted wellness.

Figure 1 *Wellness Goals: Nutrition (n=20)*

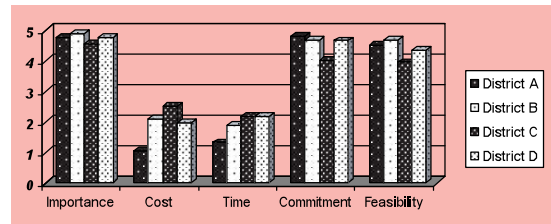


Figure 2 *Wellness Goals: Nutrition Education (n=20)*

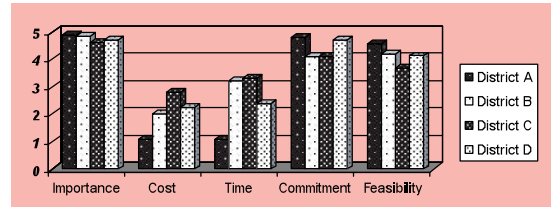


Figure 3 *Wellness Goals: Physical Activity (n=20)*

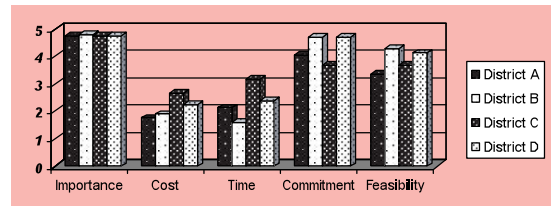
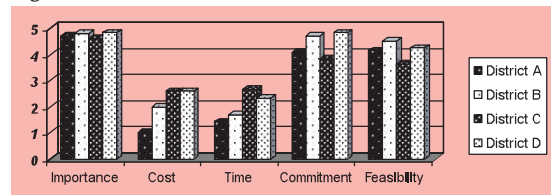


Figure 4 *Wellness Goals: Other School-Based Activities (n=20)*



PRACTICAL USE OF THIS INFORMATION

This study confirms that schools can play an important role in a national effort to prevent childhood obesity by promoting a wellness environment that encourages good nutrition, physical activity, and healthy lifestyles. School districts around the nation should incorporate practices that lead to the development, refinement, and assessment of LWP initiatives to address the well-being of children. To ensure the health of future generations, school-based wellness initiatives must become a national priority, and this begins by having policies that will support the initiative.

Findings from this study can be used by school districts to improve existing wellness policies and identify key factors for successful implementation. Wellness committee members can compare resources used by school districts in this study to those used in their respective districts to help maintain and monitor the evaluation component of the LWP initiative.

For More Information

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