

*King County
School Districts
Wellness Policy
Assessment*

March 17, 2009
University of Washington

Table of Contents

Acknowledgements 2

Authors 2

Introduction and Objectives 3

Methods 4

 Wellness Policy Evaluation Methods4

 Key Informant Interview Methods 5

Results 6

 Wellness Policy Evaluation Results6

 Key Informant Interview Results 17

Discussion 28

 Limitations of Policy Evaluation Results28

 Comparison to 2004 Wellness Policy Evaluation 28

 Limitations of Key Informant Interview Results29

 Findings and Recommendations 30

Appendices 33

 Appendix A: Protocol for Scoring Policies Referencing EALRs, GLE, or DGA..... 34

 Appendix B: King County Abstraction Data 35

 Appendix C: Demographics of King County School Districts 43

 Appendix D: WASL Scores for King County Districts..... 44

 Appendix E: District Informant Interview Scripts 45

 Appendix F: Implementation Challenges 52

 Appendix G: Other District Wellness Activities 53

 Appendix H: Suggestions from Respondents to the Board of Health 54

 Appendix I: Key District Informant Quotes..... 58

Acknowledgements

We would like to thank the nineteen districts that participated in the King County School Districts Wellness Policy Assessment. Thank you to all interviewees for your time, knowledge and insights. Participating districts include Auburn, Bellevue, Enumclaw, Federal Way, Highline, Issaquah, Kent, Lake Washington, Mercer Island, Northshore, Renton, Riverview, Seattle, Shoreline, Skykomish, Snoqualmie, Tahoma, Tukwila and Vashon.

We would also like to extend special thanks to Donna Oberg, PhD, RD, Donna Johnson PhD, RD, CD, Anne Lund, MPH, RD, Mary Snodgrass, MPH, and Mary Podrabsky, MPH, RD for their guidance.

Authors

This report was compiled by graduate students in the University of Washington Nutritional Sciences Program as a project for the Winter 2009 Public Health Nutrition course (NUTR 531): Amanda Buhl, Anna Carroll, Joyce Chen, Amy Hendrickson, Lisa Higgins, Meghan Lyle, Kate Murphy, Sandi Navarro, Mari Obara, Elizabeth Payne, Shauna Pirotin and Ophelia Woo.

Introduction

This project aimed to provide the King County Board of Health School Obesity Prevention Committee with up-to-date information about the school wellness policies in each of the 19 King County school districts. District-wide wellness policies were developed in response to the 2004 federal Child Nutrition and WIC Reauthorization Act, which required implementation of wellness policies by the beginning of the 2006-2007 academic school year. In 2007, Washington State Senate Bill 5093 also introduced wellness-related goals to be met by 2010. These included specific nutrition standards for all foods available in schools, minutes of physical activity, certification of health and fitness instructors, and the development of school health advisory committees. This project assessed challenges and successes associated with the implementation of these policies to enable the committee to make informed recommendations for action to the Board of Health. Districts that participated in this project include Auburn, Bellevue, Enumclaw, Federal Way, Highline, Issaquah, Kent, Lake Washington, Mercer Island, Northshore, Renton, Riverview, Seattle, Shoreline, Skykomish, Snoqualmie, Tahoma, Tukwila and Vashon.

Objectives

Between January 5, 2009 and March 16, 2009, the graduate students in the Public Health Nutrition class at the University of Washington School of Public Health and Community Medicine performed the following work:

1. Assessed and evaluated King County school districts' wellness policies and their implementation.
2. Created a policy brief on potential actions the King County Board of Health School Nutrition Committee could consider.
3. Compiled and prepared this report to include aggregated findings from the assessment of district wellness policies, qualitative data from key informant interviews, and implications for action.

Methods

Study Design

Graduate students from the Nutritional Sciences Department at the University of Washington collected quantitative data by evaluating current written wellness policies for each district. Qualitative data was collected through interviews with key school district informants to assess successes and challenges associated with the implementation of school wellness policies.

Quantitative Policy Evaluation

Current wellness policies for the 19 school districts in King County were evaluated using the School Wellness Policy Evaluation Tool¹. This tool was previously developed by researchers funded by the Robert Wood Johnson Foundation and provides a standard method for the quantitative assessment of school wellness policies. The evaluation tool includes 96 policy items that should be addressed in school wellness policies. The policy items are categorized into seven sections: Nutrition Education, Standards for USDA Child Nutrition Programs and Schools Meals, Nutritional Standards for Competitive and Other Foods and Beverages, Physical Education, Physical Activity, Communication and Promotion, and Evaluation. An eighth category, Nutrition Guidelines, was created as a measure of specific policy items that correspond to recommendations both made by the Institute of Medicine in their “Nutrition Standards for Foods in Schools: Leading the Way Toward Healthier Youth” report and included in Washington State Senate Bill 5093. For each of the 96 policy items, school wellness policy statements were rated as 0, 1, or 2. Items not mentioned in the wellness policy received a score of “0.” A score of “1” was given for policy items mentioned but in weak or vague statements. A score of “2” was given for policy items with strong statements that clearly demonstrated the district’s commitment to the item. In addition, evaluators followed a standard protocol to assign automatic scores for wellness policies that mentioned the Washington State Essential Academic Learning Requirements (EALRs), Grade Level Expectations (GLE), or the Dietary Guidelines for Americans (DGA). Please see Appendix A for specific protocol. For more information on the abstraction tool and scoring procedure, refer to the School Wellness Policy Evaluation Tool¹.

Graduate students were trained in the policy abstraction process by a developer of the evaluation tool. For consistency in scoring, students practiced evaluating wellness policies together. During the individual policy evaluation process, the developer was consulted regarding any discrepancies or uncertainties among the students. The scores for each district were entered into a Stata[®] database and are included in Appendix B. The scores were used to determine the comprehensiveness and strength of the wellness policies. Comprehensiveness reflects the proportion of policy items that were simply mentioned in the policy. It was calculated by adding

¹ Robert Wood Johnson Foundation. School Wellness Policy Evaluation Tool. August 2008: <<http://yaleruddcenter.org/resources/upload/docs/what/communities/SchoolWellnessPolicyEvaluationTool.pdf>>. Accessed on January 10, 2009

the number of items rated as either “1” or “2”. Strength reflects the proportion of items that were addressed with specific and directive language and was calculated by adding the number of items rated as a “2”. Graphs comparing the comprehensiveness and strength of the 19 school district wellness policies were generated using the Stata[®] database and are presented in the Results section.

Additional information about each school district was collected, including the number of students, proportion of students eligible for Free and Reduced-Price School Meals, student demographics, and WASL pass rates. Information was entered into a Stata[®] database and is found in Appendices C and D.

Qualitative Key Informant Interviews

Trained graduate students performed telephone interviews with district personnel from King County’s 19 school districts. Fifty-eight interviews were conducted. Key district informants included superintendents, nutrition services administrators, health and fitness curriculum coordinators, and school board members, and in some cases representatives of these positions. Interview questions focused on each informant’s experience with district wellness policies, opinion about barriers to implementation, successes experienced, and suggestions for actions the King County Board of Health could take regarding wellness policy development and implementation. Informants also were asked a set of questions specific to their positions and expertise. In some districts, one informant reported on behalf of other district personnel. Interviews were conducted using specific scripts developed by Donna Oberg of Public Health – Seattle & King County and Donna Johnson and Mary Podrabsky of University of Washington. Please see Appendix E for interview scripts.

Analysis of Qualitative Data

Following the interviews, responses were compiled in a master spreadsheet. Structured interview questions (such as "never/sometimes/always/don’t know/not applicable" questions) were summarized using a numerical scoring system. In the numerical scoring system, responses were each assigned a number value and were averaged to provide a mean “score” for a group of questions.

For analysis of open-ended questions, all participant responses were reviewed, and recurring themes and emergent issues were highlighted and grouped for each question. For some questions, the frequency of responses related to each theme was calculated. Important insights, suggestions, quotes, and messages directed towards the King County Board of Health were compiled. The interview team reviewed common themes for each question to ensure consistent interpretation of responses, determine areas of emphasis and overlap, and to generate recommendations based on the data.

Results

Quantitative Results: Strength and comprehensiveness of wellness policies for King County School Districts

The 19 King County School District wellness policies were scored to determine overall policy comprehensiveness and strength based on the 96 policy items in the Evaluation Tool.¹ The strength and comprehensiveness of each district’s wellness policy is shown in Figure 1. Overall, the wellness policies scored higher on comprehensiveness (policy items that are mentioned) compared to strength (policy items with language that is specific and directive).

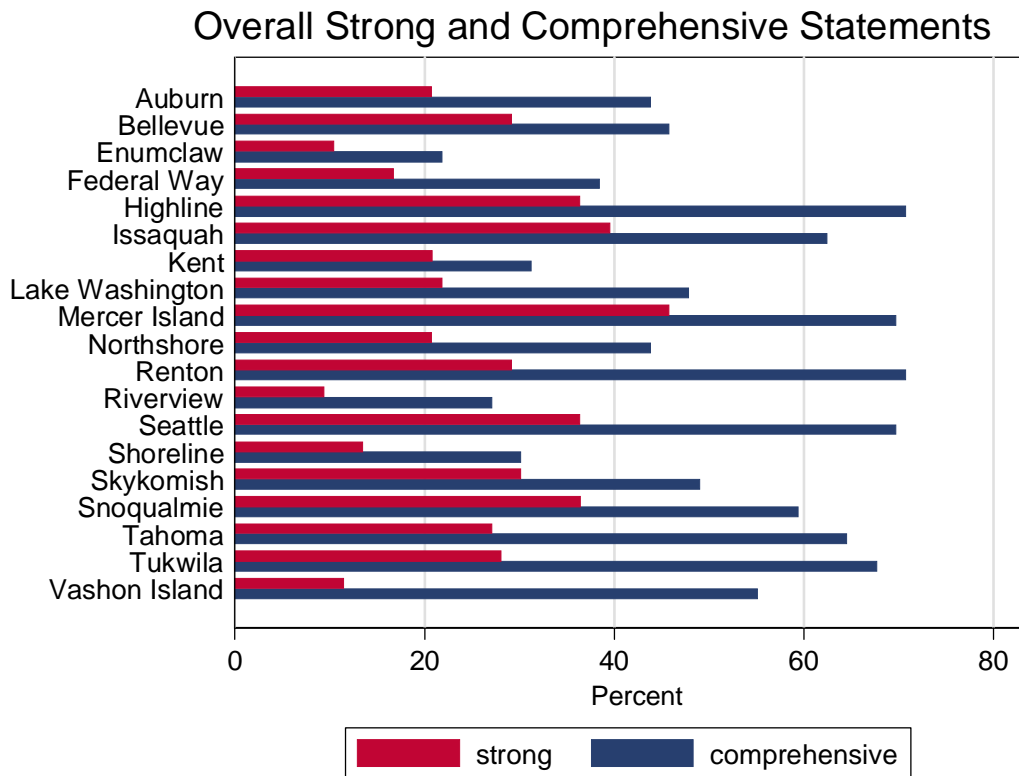


Figure 1. Overall proportion of strong and comprehensive wellness policy statements in each of the 19 King County School Districts. Comprehensiveness reflects the proportion of policy items that were simply mentioned in the policy and was calculated by adding the number of items rated as either “1” or “2”. Strength reflects the proportion of items that were addressed with specific and directive language and was calculated by adding the number of items rated as a “2”.

Figure 2 shows the total strength and comprehensiveness of wellness policies for all districts broken down by sub-category. District policies were stronger (specific and directive language) on topics of nutrition education and evaluation and less strong on topics of USDA Standards and Competitive Foods.

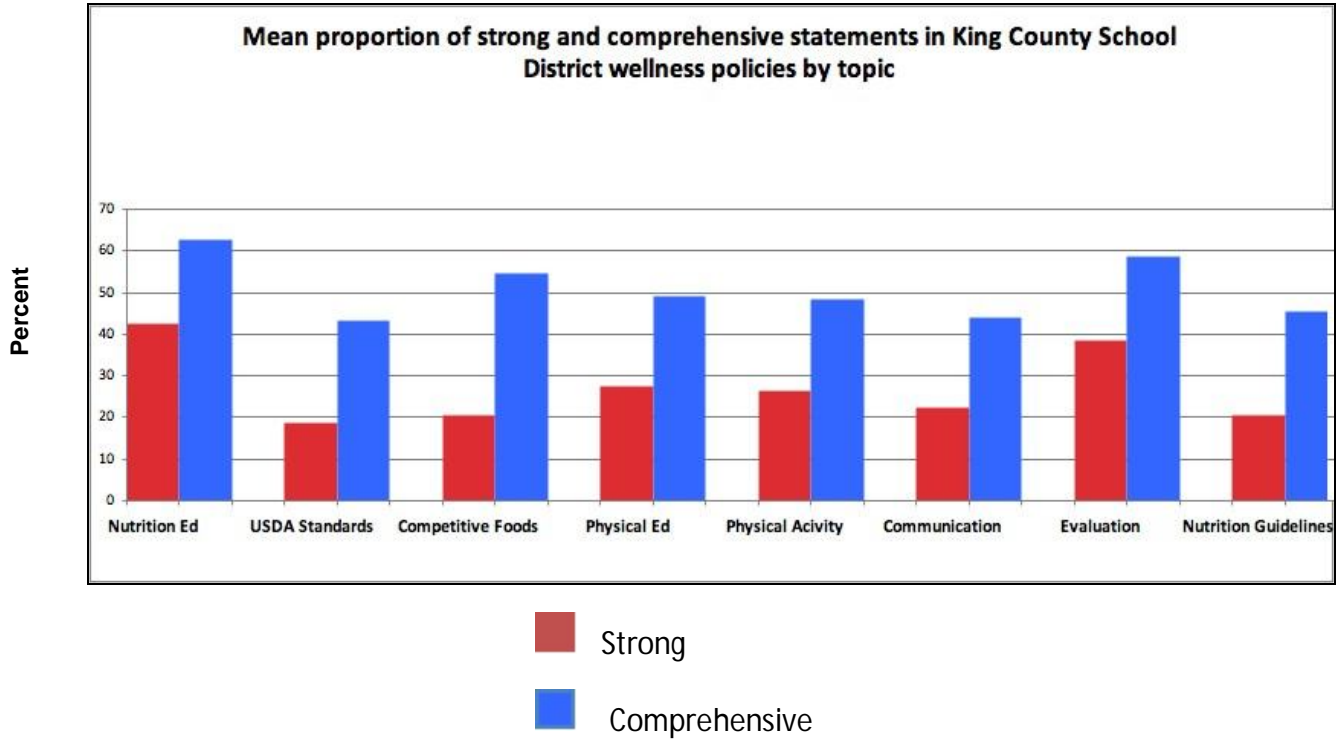


Figure 2. Mean proportion of strong and comprehensive wellness policy statements in King County School Districts by each sub-category. Comprehensiveness reflects the proportion of policy items that were simply mentioned in the policy and was calculated by adding the number of items rated as either “1” or “2”. Strength reflects the proportion of items that were addressed with specific and directive language and was calculated by adding the number of items rated as a “2”.

We compared the strength and comprehensiveness of each district’s wellness policy in each of the 7 subcategories. Figure 3 shows the results of the Nutrition Education section sub-score. There are 9 policy items under the Nutrition Education category. Four of 19 districts suggest or require integrating nutrition education into other curriculum. Seventeen of 19 districts suggest or encourage teaching skill-based nutrition education. In addition, 4 of the items are covered under the EALRs or GLE. If a policy states that they follow either the EALRs or the GLE, 3 of the NE policy items would be scored as strong statements. Therefore, the district NE subcategory score for strength would be at least 33%. Figure 3 shows that most districts mention the EALRs or GLE in their policy since the lowest score for strength is 33%. Two of the districts did not mention any of the 9 nutrition education policy items (including the Federal requirement) or the EALRs/GLE and received a score of zero for this section.

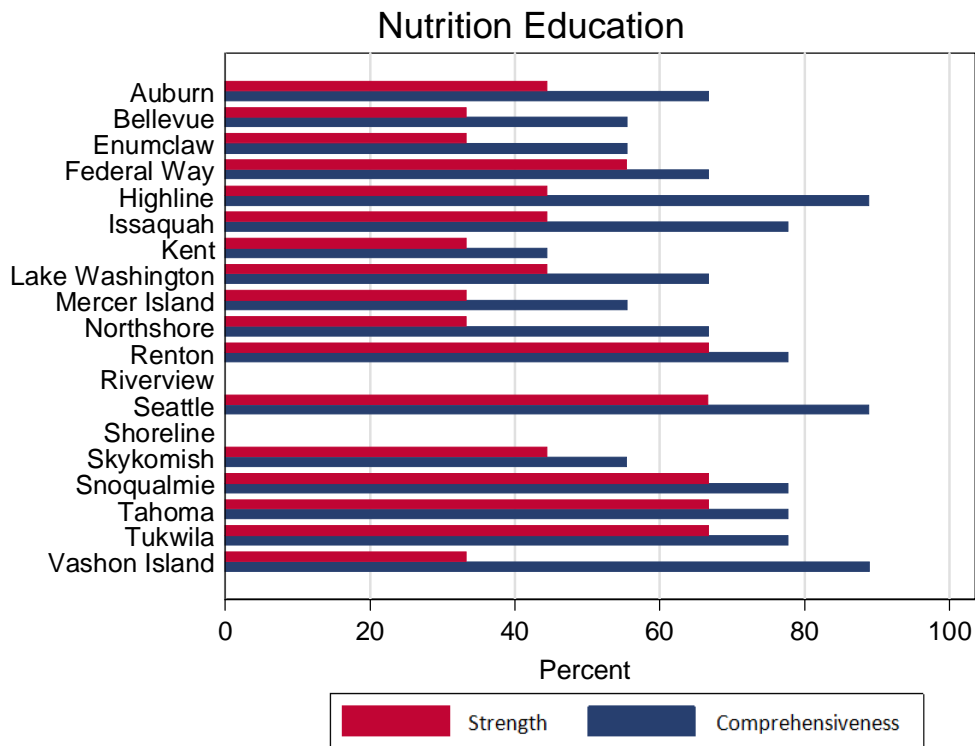


Figure 3. Comparison of the proportion of strong and comprehensive wellness policy statements in the category of Nutrition Education for each of the 19 King County School Districts. Comprehensiveness reflects the proportion of policy items that were simply mentioned in the policy and was calculated by adding the number of items rated as either “1” or “2”. Strength reflects the proportion of items that were addressed with specific and directive language and was calculated by adding the number of items rated as a “2”.

There are 13 policy items under the USDA Standards section. Figure 4 shows that all districts scored at least 7% for strength and comprehensiveness. This shows that all 19 districts met the federal requirement, stating in their policy that guidelines for reimbursable school meals shall not be less restrictive than USDA school meal regulations. Eight of 19 districts suggest or require access to the School Breakfast Program. Also, 8 of 19 districts suggest or require that students be given adequate time to eat (no less than 20 minutes for lunch and no less than 10 minutes for breakfast). Please see Appendix B for data.

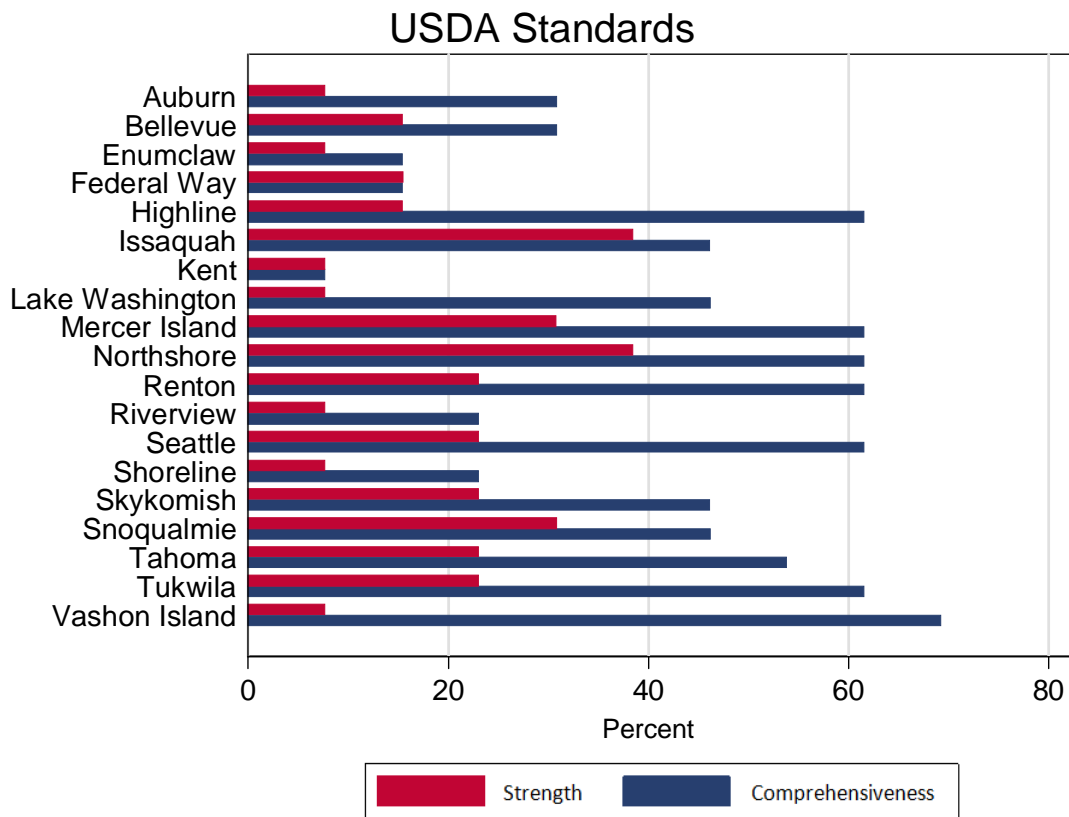


Figure 4. Comparison of the proportion of strong and comprehensive wellness policy statements in the category of USDA Standards for each of the 19 King County School Districts. Comprehensiveness reflects the proportion of policy items that were simply mentioned in the policy and was calculated by adding the number of items rated as either “1” or “2”. Strength reflects the proportion of items that were addressed with specific and directive language and was calculated by adding the number of items rated as a “2”.

The scores for the Nutrition Standards for Competitive and Other Foods and Beverages section are shown in Figure 5. This category is the largest with 30 policy items. Included are policies on foods served at school that are not part of the USDA school meal program such as regulation of vending machines, school stores, and à la carte services. Thirteen of 19 districts have policies that suggest or require limiting the sugar content of competitive foods. Fifteen of 19 districts have polices that discourage the use of food as a reward or punishment or policies that prohibit the use of food as a reward. Please see Appendix B for data.

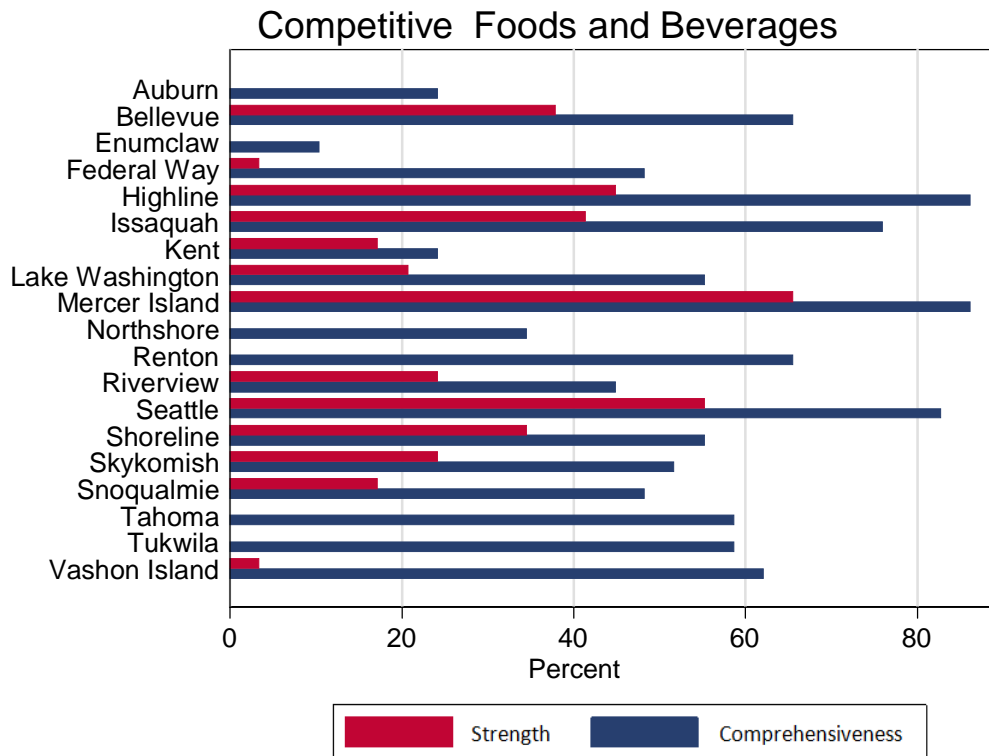


Figure 5. Comparison of the proportion of strong and comprehensive wellness policy statements in the category of Competitive Food and Beverages for each of the 19 King County School Districts. Comprehensiveness reflects the proportion of policy items that were simply mentioned in the policy and was calculated by adding the number of items rated as either “1” or “2”. Strength reflects the proportion of items that were addressed with specific and directive language and was calculated by adding the number of items rated as a “2”.

Figure 6 shows the Physical Education section results. There are 16 policy items in this category. Five of the 16 items relate to either the EALRs or the GLE, therefore most districts score at least 30% on strength. The 2004 federal mandate requires that wellness policies address physical education curriculum for each grade level. All 19 districts met that requirement. Eighteen of 19 districts suggest or require 150 minutes per week of P.E. for elementary school students. Eighteen of 19 districts suggest or require 225 minutes per week of P.E. for middle school students. One policy item that suggests or requires 225 minutes per week of P.E. for high school students was not met by any of the districts. Please see Appendix B for data.

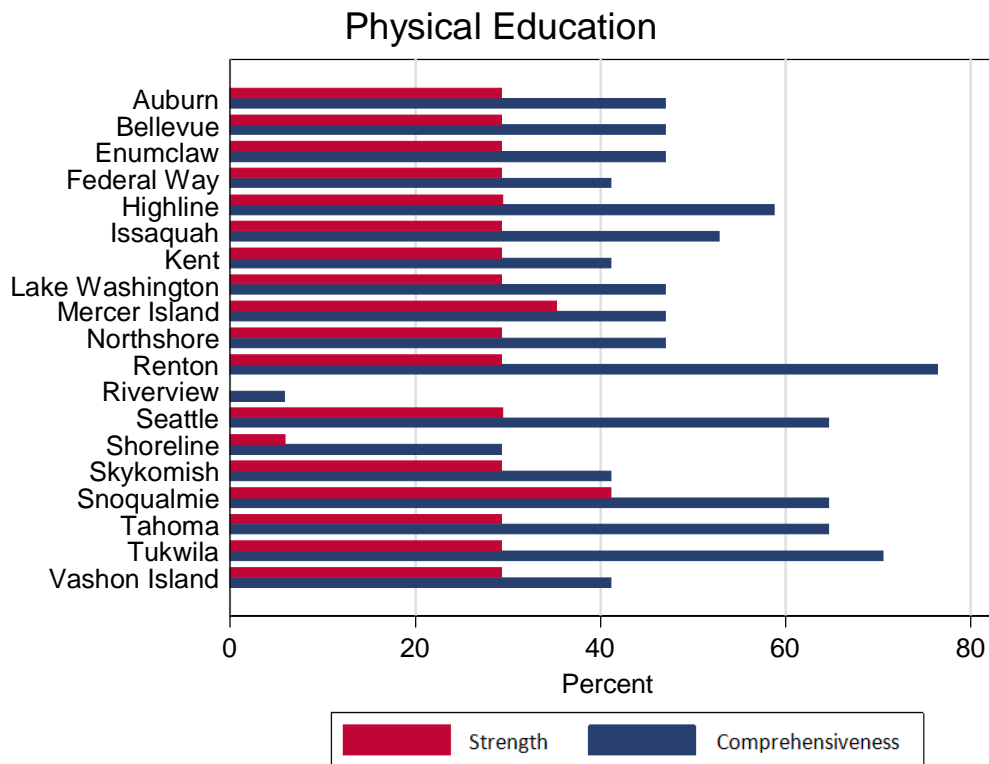


Figure 6. Comparison of the proportion of strong and comprehensive wellness policy statements in the category of Physical Education for each of the 19 King County School Districts. Comprehensiveness reflects the proportion of policy items that were simply mentioned in the policy and was calculated by adding the number of items rated as either “1” or “2”. Strength reflects the proportion of items that were addressed with specific and directive language and was calculated by adding the number of items rated as a “2”.

Figure 7 shows the Physical Activity section results. There are 10 policy items in the PA category. Six of 19 policies suggest or encourage safe routes to school. Eleven of 19 policies address recess frequency in elementary school and 7 of 19 policies address recess quality. Please see Appendix B for data.

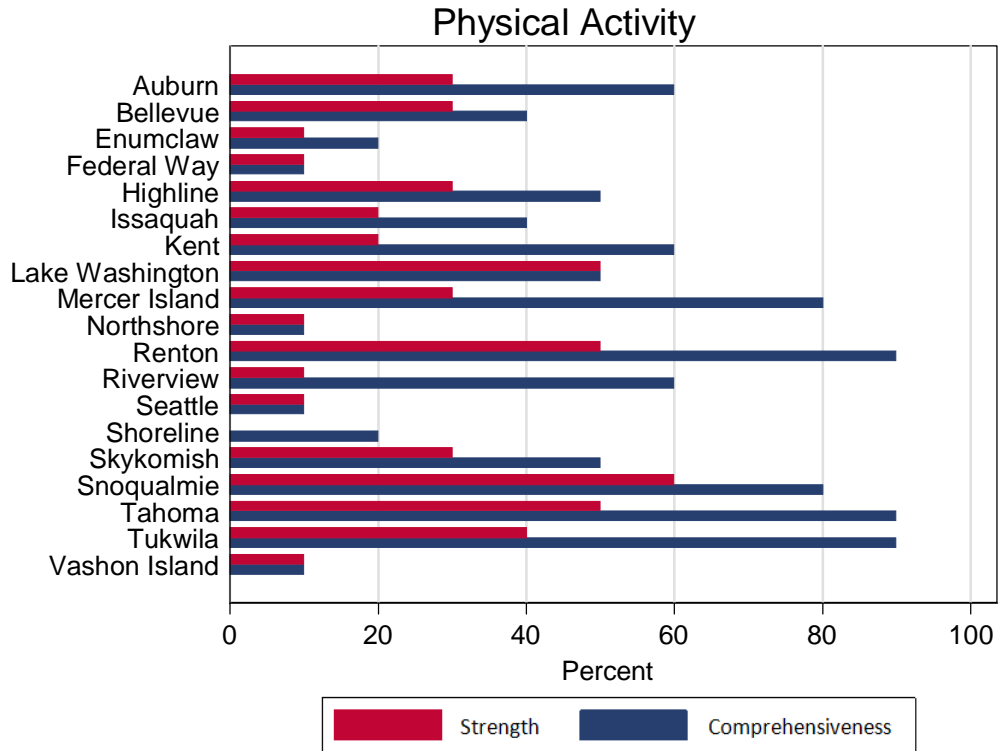


Figure 7. Comparison of the proportion of strong and comprehensive wellness policy statements in the category of Physical Activity for each of the 19 King County School Districts. Comprehensiveness reflects the proportion of policy items that were simply mentioned in the policy and was calculated by adding the number of items rated as either “1” or “2”. Strength reflects the proportion of items that were addressed with specific and directive language and was calculated by adding the number of items rated as a “2”.

Figure 8 shows the Communication and Promotion section. Of the 11 policy items in this category, none of the policies included staff wellness programs, 11 of 19 districts addressed methods for feedback on the wellness policies, and 6 of 19 districts included the creation of an ongoing health advisory committee. Please see Appendix B for data.

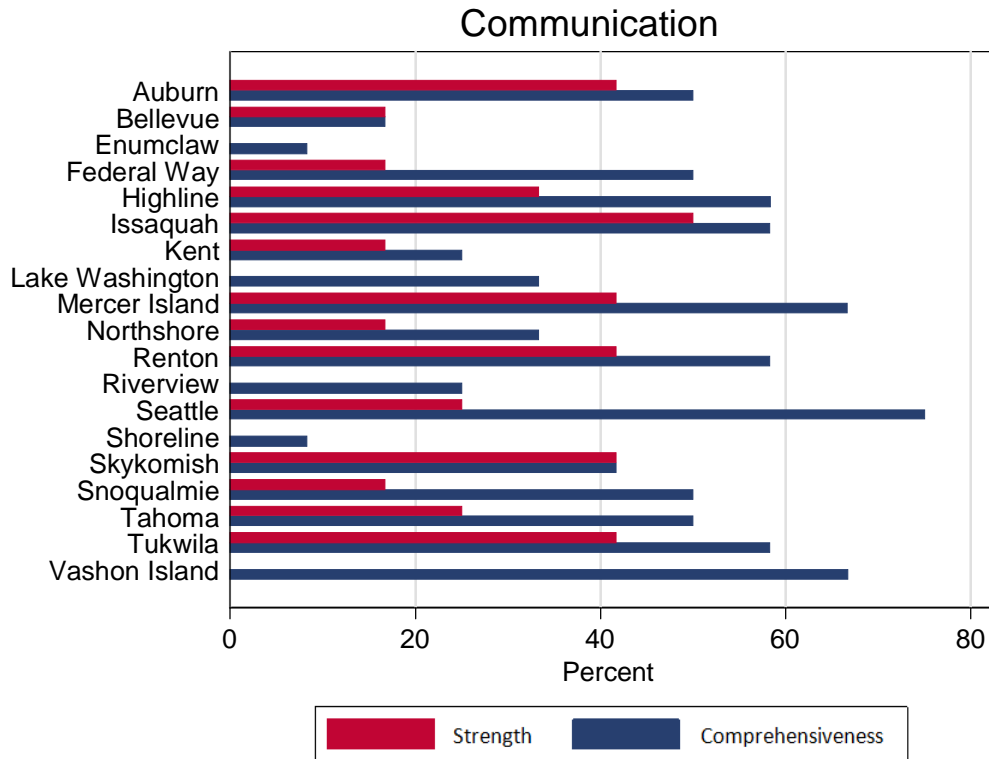


Figure 8. Comparison of the proportion of strong and comprehensive wellness policy statements in the category of Communication for each of the 19 King County School Districts. Comprehensiveness reflects the proportion of policy items that were simply mentioned in the policy and was calculated by adding the number of items rated as either “1” or “2”. Strength reflects the proportion of items that were addressed with specific and directive language and was calculated by adding the number of items rated as a “2”.

The final section of the policy tool is the Evaluation section. Results from this section are shown in Figure 9. There are 6 policy items in this section that pertain to evaluation and implementation of the wellness policy. Fifteen of 19 districts met the federal requirement to establish a plan for measuring policy implementation including designating one or more persons charged with ongoing operational responsibility. Seven of 19 districts suggest or require policy evaluation or monitoring. Only 1 of the 19 districts identified funding support for wellness activities, policy evaluation or monitoring. Please see Appendix B for data.

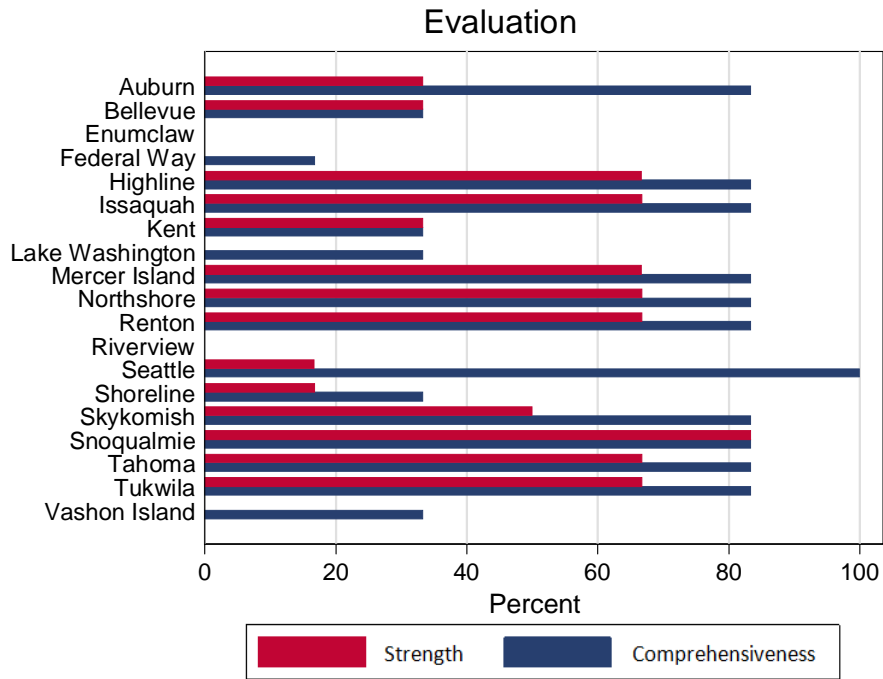


Figure 9. Comparison of the proportion of strong and comprehensive wellness policy statements in the category of Evaluation for each of the 19 King County School Districts. Comprehensiveness reflects the proportion of policy items that were simply mentioned in the policy and was calculated by adding the number of items rated as either “1” or “2”. Strength reflects the proportion of items that were addressed with specific and directive language and was calculated by adding the number of items rated as a “2”.

Figure 10 shows the relative strength and comprehensiveness of each district’s wellness policy compared to an aggregate of the recommendations in Washington State Senate Bill 5093 and in the Institute of Medicine report.

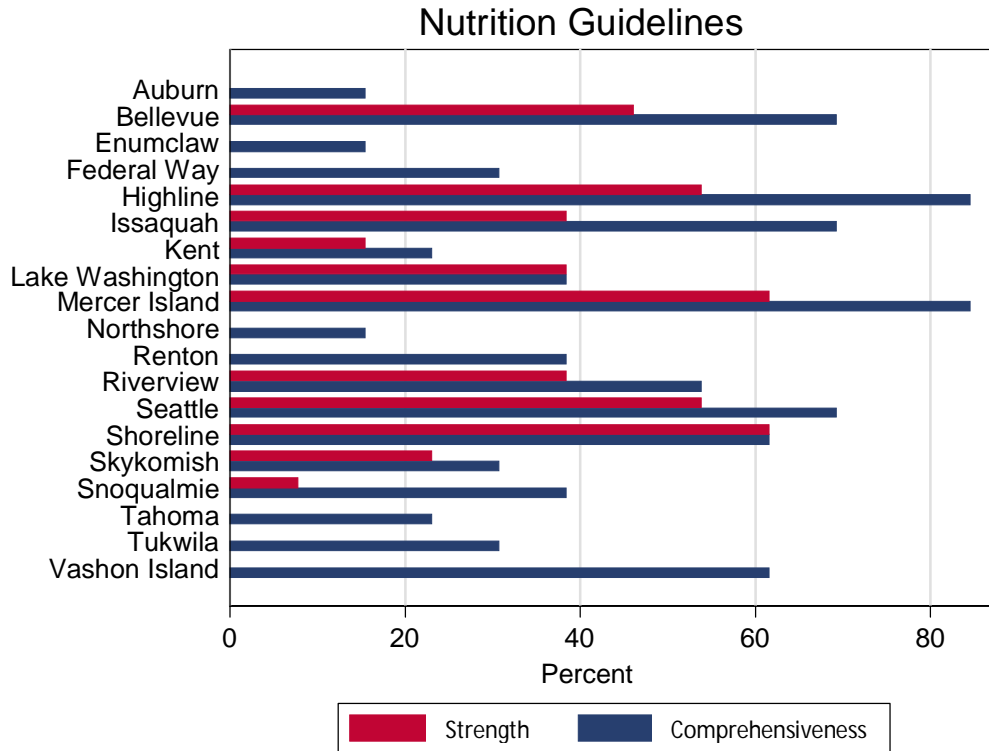


Figure 10. Proportion of strong and comprehensive wellness policy statements in each of the 19 King County School Districts compared to an aggregate of the recommendations in Washington State Senate Bill 5093 and the Institute of Medicine’s “Nutrition Standards for Foods in Schools: Leading the Way Toward Healthier Youth”. Comprehensiveness reflects the proportion of policy items that were simply mentioned in the policy and was calculated by adding the number of items rated as either “1” or “2”. Strength reflects the proportion of items that were addressed with specific and directive language and was calculated by adding the number of items rated as a “2”.

Figure 11 shows the number of King County school districts with wellness policies that meet the competitive food standards outlined in the Washington State Senate Bill 5093.

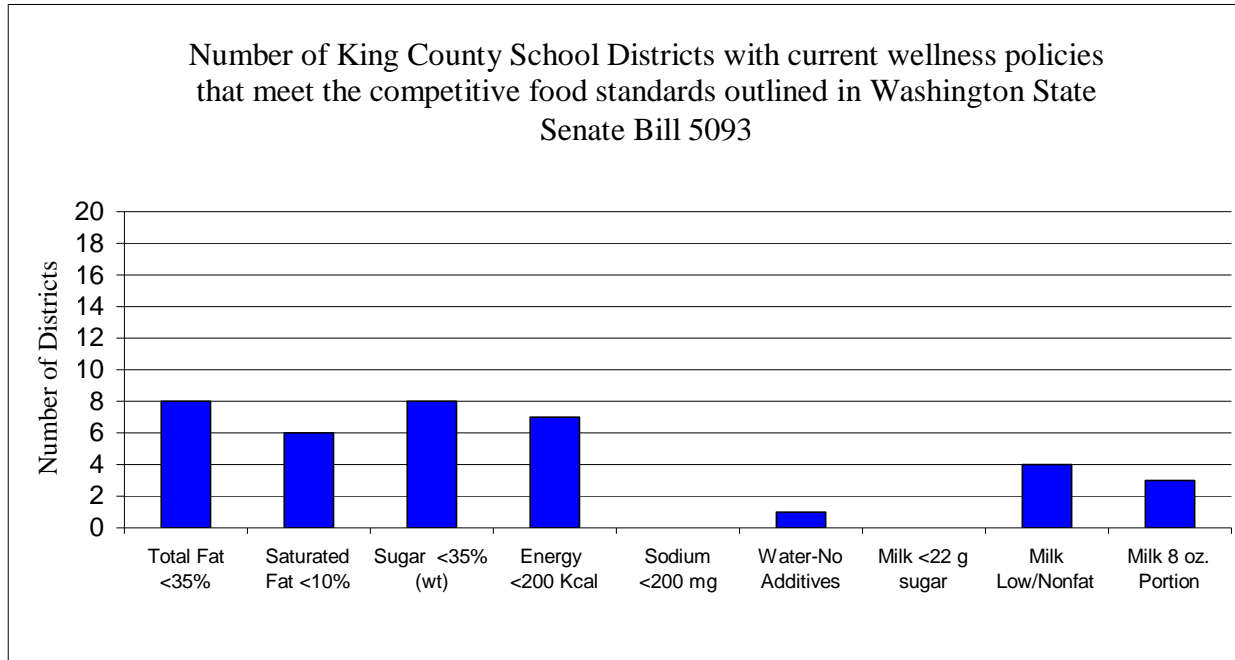


Figure 11. Number of King County school districts with wellness policies that meet the competitive food standards outlined in the Washington State Senate Bill 5093.

Qualitative Results: Implementation of wellness policies in King County School Districts

The following results are organized according to questions asked during interviews. Respondent positions are referenced by abbreviations: **S**: Superintendent, **N**: Nutrition Services Administrator, **H**: Health and Fitness Curriculum Coordinator, **B**: School Board Member.

What success has your district had in implementing school wellness policies? Please describe. (S, N, H, B)

Nearly half of respondents cited a change in the types of food being offered in school lunch environments (27 respondents from 17 districts). Vending machine changes or removal and an increase in awareness of health and nutrition were both common responses (16 respondents from 14 districts, 8 respondents from 5 districts, respectively). Many respondents noted a positive outcome for health and fitness curriculum development and assessment (6 respondents from 6 districts). Two school districts also mentioned health-programming successes associated with outside grants received by the district.

Please describe any steps your district has taken to communicate about the policies. (S, N)

Responses suggest that school districts most often communicate about wellness policies at meetings and trainings. Newsletters are commonly used, especially when changes are made to school menus. Websites and e-news are also popular methods for schools to communicate with families. Almost all schools use at least one of the above methods to communicate about wellness policies. A few also noted the use of events and fairs for communication.

Barriers

What do you consider the most important barriers to implementing school wellness policies in your school district? (S, N, H, B)

Respondents listed many barriers to successful wellness policy implementation. The most common themes were, in order of frequency:

- Time
- Student preferences for competitive and/or off-campus foods and resistance to change
- Funding
- Lack of resources
- Difficulty in breaking parent, teacher and student habits
- Cost
- Loss of revenue from competitive food sales, impacting clubs, athletics, PTA, etc.

“The federal government is big on change and small on financial support for change in schools.” -
Board Member

- Lack of communication and coordination
- Staff shortages or lack of staff development
- Accountability
- Lack of shared vision and commitment
- A focus on other academic subjects and testing
- Lack of space
- Cultural barriers
- Wellness not cited as a value by staff, parents, students and community
- Wellness not prioritized in curriculum

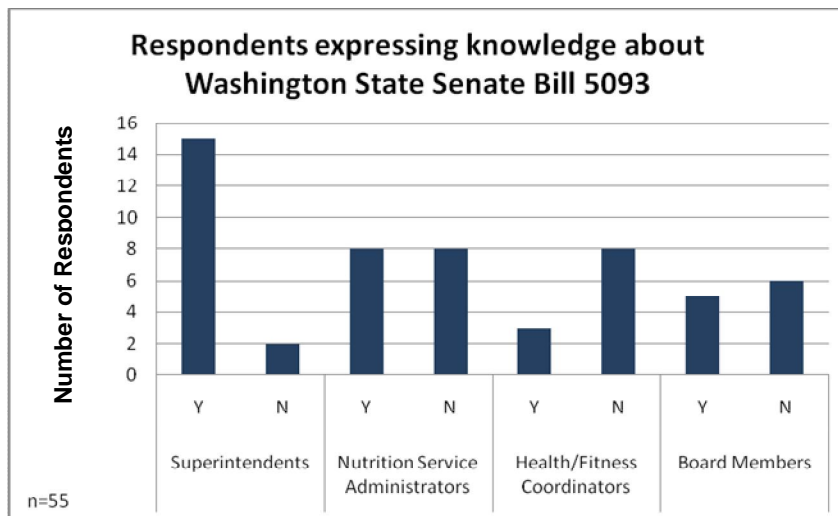
"Any time there are policies uncoupled to resources they are extremely hard to implement. We need flyers, handouts, resources in many languages."
 – Health Curriculum Administrator

Are there any other challenges you would like the Board of Health to know about? (S, N, H, B)

Responses to this question were variable yet insightful. Many district personnel noted that wellness policy implementation is an unfunded mandate. Please see Appendix F for a comprehensive list of challenges raised by district respondents.

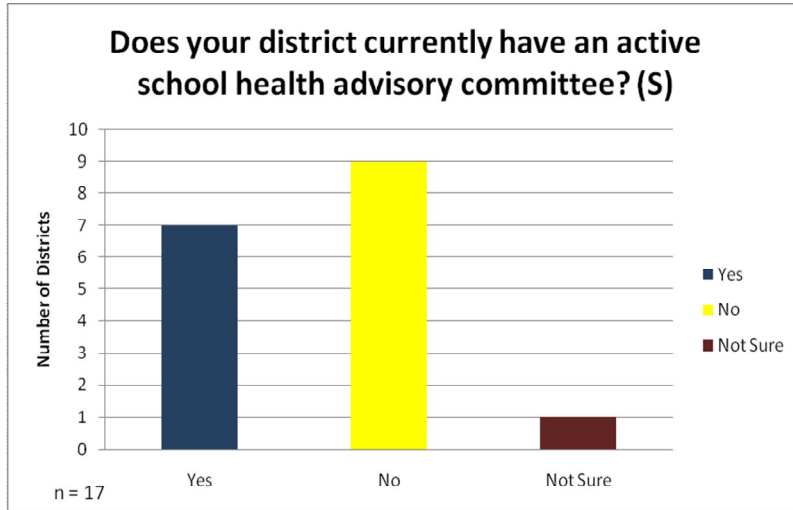
Senate Bill 5093

A bill passed in last year’s Washington state legislative session, Senate Bill 5093. It includes a section on school health. Are you aware of this bill? Could you please describe your district’s situation with regard to the bill’s healthy school requirements? (S, N, H, B)



Thirty-one respondents expressed knowledge of the bill while 24 respondents did not. Five districts mentioned difficulty in complying with the increased Senate Bill 5093 physical education (PE) goals without having to extend the school day. Only one district had already successfully implemented the PE guidelines in the bill. Many districts successfully met or were working towards meeting the guidelines on minimum nutritional requirements for foods in the breakfast and lunch programs.

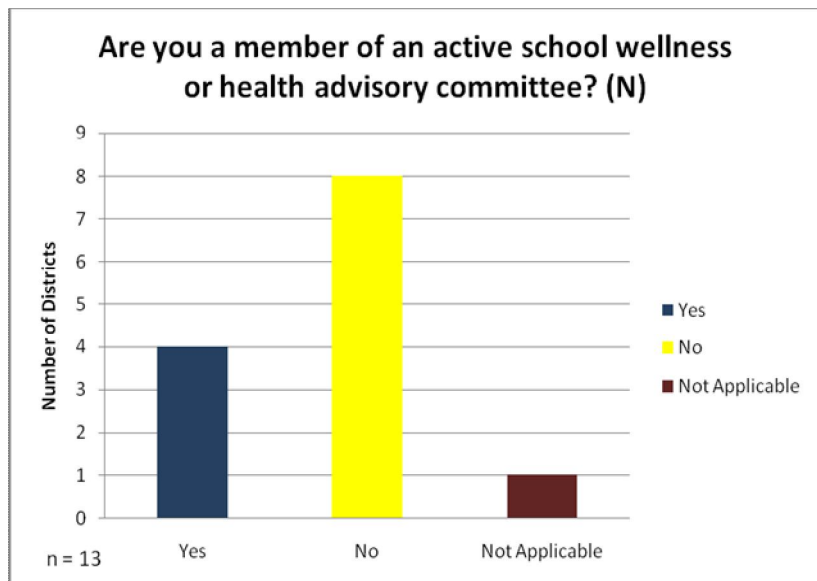
Does your district currently have an active school health advisory committee? Describe the committee. (S)



Committees were considered active if they met at least once per year. Administrators, school board members, and parents commonly served on the committees. Pediatricians, nurses, registered dietitians, and local business owners participated less often. Some school advisory committees met as needed, while others met every quarter or every month.

Are you a member of an active school wellness or health advisory committee? If yes, please describe the role and activities of the committee. (N)

Nutrition service administrators on the committee ensured districts met state and federal nutrition guidelines and updated the group on successes, obstacles and progress made. Several committees focused on the overall development of the wellness policy. One committee set forth nutrition education policies and evaluations. Another committee picked a policy or issue of concern and developed a plan to make improvements throughout the school year. An example of an issue of concern was the School Breakfast Program. Nutrition service administrators not part of a committee mentioned the difficulty of recruiting members and maintaining an active committee.

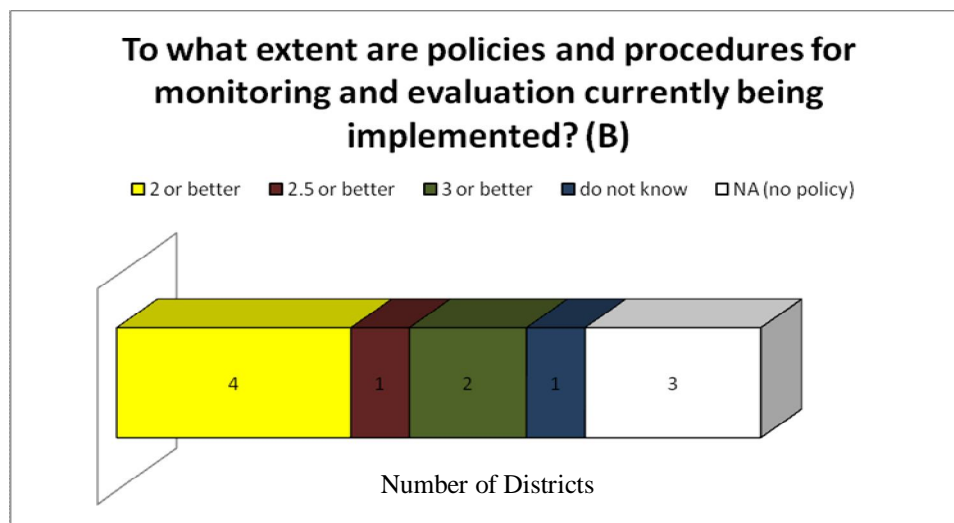


Evaluation and Monitoring

Please describe any steps your district has taken to monitor or evaluate the wellness policies. (S, N)

Ten school districts did not have an established program for monitoring policies. Most said that monitoring took place continuously but not formally. Eight school districts did not have a monitoring system at all. Three school districts generated reports for the state and the Board of Health. Another three schools had complete evaluation data and reports available.

Your district has policies and procedures for monitoring and evaluation. To what extent do you think these policies are being implemented? (B)



Board members were asked to rate the implementation of evaluation or monitoring policies specific to their district as “never followed”, “sometimes followed” or “always followed”. Their responses were converted to a number scale with 1 being “never followed” and 3 being “always followed”. For districts with multiple policy statements, ratings were averaged for comparison. A few of the districts did not have any policies. One board member did not about the district’s evaluative measures, while most districts with policies were implementing them at least “somewhat”.

What role should school board members play in the development, implementation and evaluation of wellness policies? (B)

A majority believed board members should be active in evaluation and should assure implementation is taking place. They felt board members should not be involved in policy development but instead play a visionary role and call attention to issues.

What kind of information would you, as a school board member, like to see as part of a reporting system on the impact of the policies? (B)

Most board members wanted a reporting system that included budget information (including vending data) and specific measures of physical education activity, prevalence of obesity and high risk medical conditions, nutrition program participation rates, and number of student contact hours with a school nurse or other health professional. They also hoped to see comparisons to other districts and states as well as a general program overview.

How would you like to receive this information: Written report, presentation at meetings, other? How often would you like to receive evaluation updates? (B)

Board members were split on the method of disseminating this information - as a presentation, written report or both. Most felt a report once per year was adequate though some preferred to receive an update twice per year.

Who do you think should be the point of responsibility? (B)

Superintendents were identified most often as the ideal point of responsibility for evaluation.

How would monitoring and evaluation be funded? (B)

Funding is a major limiting factor in evaluation and monitoring, with all but one school citing lack of funds as a reason for not conducting evaluations. Many pointed to the state as a possible funding source, noting that wellness policies are state-mandated. Others suggested use of grant monies to develop programs.

How much do you think that monitoring and evaluation of wellness policies could be integrated with annual school improvement planning? What would be advantages and disadvantages of integrating wellness policies into school improvement planning? (B)

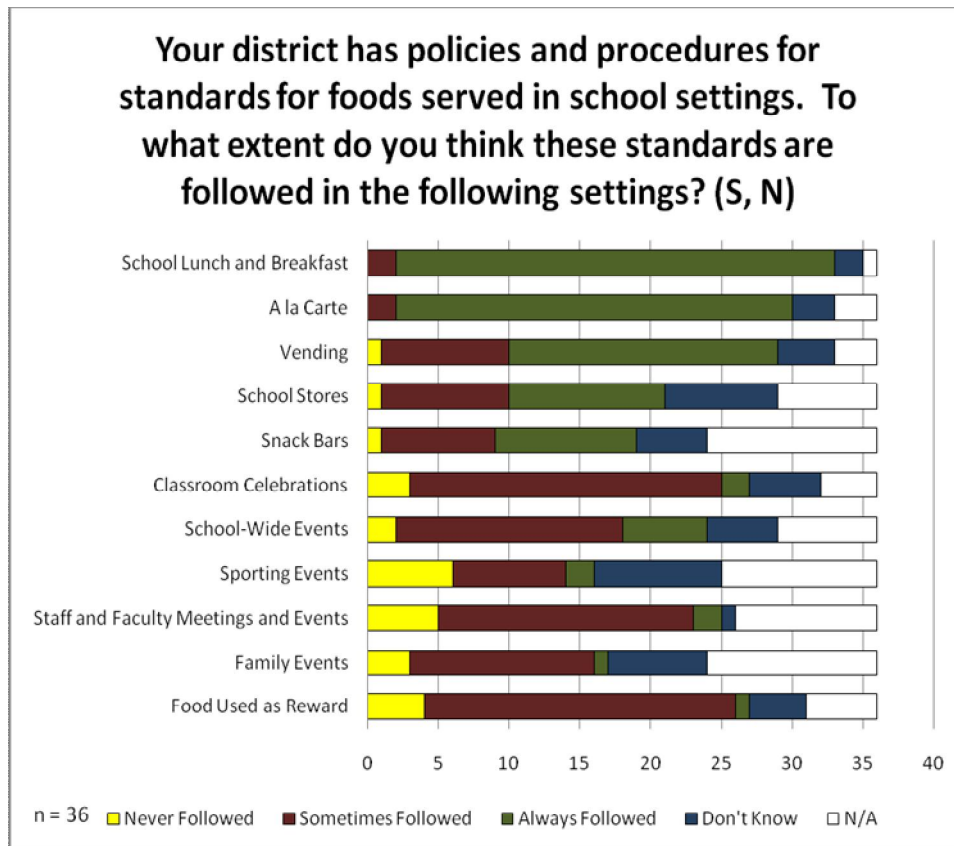
Many board members saw the usefulness of integrating wellness policy evaluation and monitoring into annual school improvement planning, particularly as a way to maintain focus on the policy and to facilitate the integration of wellness policies into academic areas. However, they reported that in reality integrating policy evaluation and monitoring would be difficult because of resource and time variations between schools and overstretched staffs already struggling to meet academic requirements. A few board members also disagreed on whether evaluation was best suited for the district level or individual school level.

Do you have other ideas for implementing a monitoring and evaluation system for wellness policies? (B)

Respondents recommended: Using an outside evaluator; looking comprehensively at how all wellness variables work together to support education; and using experts to develop a sustainable statewide system for evaluation. One board member believed that an informal system is sufficient.

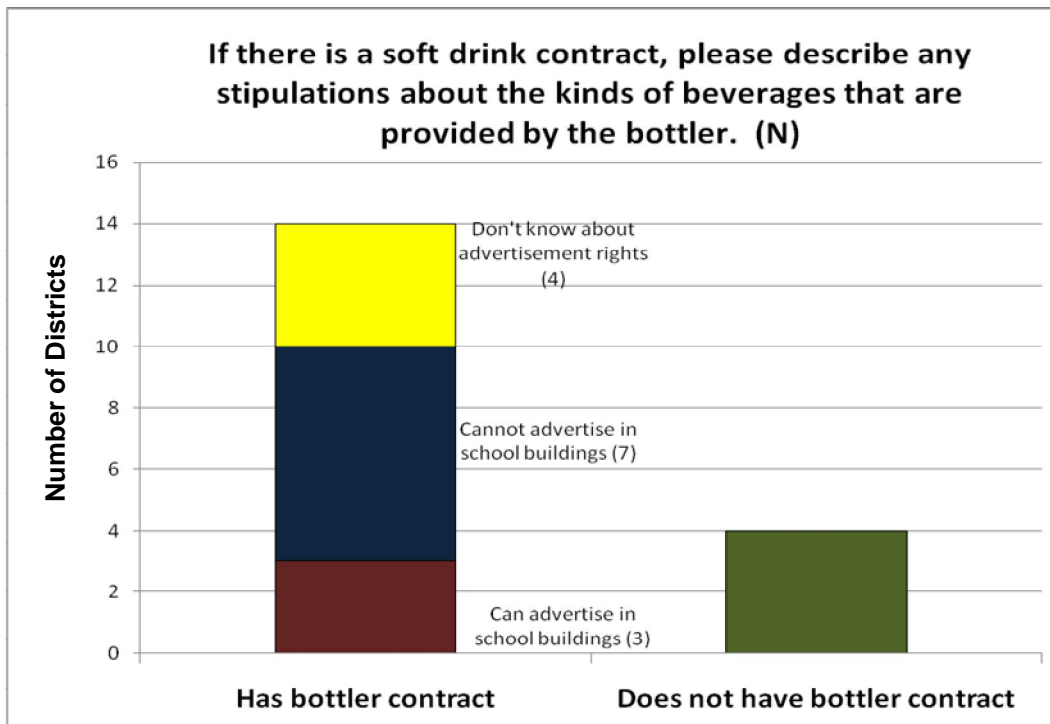
School Food Environment

Your district has policies and procedures for standards for foods served in school settings. To what extent do you think these standards are followed in the following settings? (S, N)



Wellness policy standards for school lunch and breakfast and à la carte food items were most often followed. Policies for food used as a reward, staff and faculty meetings, and other less structured settings were less followed. A significant number of respondents replied “not applicable” to questions about snack bars or family events, suggesting that no policies existed for these settings.

Does your district have a contract with a soft drink bottler, giving the company exclusive rights to sell soft drinks at schools in your district? If so, is the soft drink bottler allowed to place advertisements (or logos) in school buildings? (N)



Soda has been largely removed from middle schools and elementary schools. High schools are still offering soda. However, most districts reported that the time and location of sales are restricted if full calories options are available. There is a general shift toward offering waters and juices.

What is the situation in your district about scheduling recess before lunch? (N)

Although some districts have had success in implementing recess before lunch in certain schools, none of the districts have formally adopted the practice. The barriers include staffing, scheduling, and inadequate facilities or protocol for hand-washing. One district reported withholding recess as punishment.

“We don’t want the image of the food police. We want to emphasize the long-term benefits of child health.”
–Nutrition Services Administrator

Do you have other school-based activities that are designed to promote student wellness in your district? (S, H)

In total, respondents listed 33 activities or programs, 5 of which were specific to staff wellness. These included in order of frequency:

- Wellness fairs
- After school organized physical activities

- Activities organized during school hours
- Staff-wellness programs
- Challenges or friendly competitions
- Partnerships with community organizations and assemblies or presentations

Please see Appendix G for the full list.

Nutrition Education Curriculum

Please describe your successes in implementing each of the components of your district's nutrition education curriculum. (H)

Common Responses (number of respondents)

- Integration of curriculum in elementary classrooms or health and science courses (4)
- Effort by staff to encourage healthy eating and activity among students (2)
- Engagement and excitement among staff (2)
- Staff accountability coming from administration or a curriculum committee (2)

"Even short snippets of time with resources can help us."
– *Health Curriculum Coordinator*

Other Successes

- Development of a curriculum map for health education
- Administrative support in implementing a curriculum
- An extra period in the day is helpful for fitting in the PE requirement
- Awareness from this current assessment encourages self-evaluation
- Promoting healthy eating in school dining area using visuals
- Organization of a committee to promote implementation and accountability
- Successfully implemented curriculum according to state learning requirements
- Good learning tools have been provided to students and teachers
- Students seem to be using education to make better choices and understand food is not a reward

What have been the challenges to implementing a nutrition education curriculum? (H)

Common Responses (number of respondents)

- Finding time in the school day schedule (7)
- Funding for teaching materials or staff training (6)
- Competition with other core learning requirements/not being the main focus (5)
- Scheduling PE requirements in elementary school day schedule (2)
- Not having a standardized or proven curriculum (2)
- Accounting for culture and language differences (2)

Miscellaneous Responses

- Not knowing if children are receiving [health] messages

- Difficulty teaching against learned behaviors in the home
- Not having a curriculum

Is there anything else you would like to tell me about your district’s approach to your nutrition education curriculum? (H)

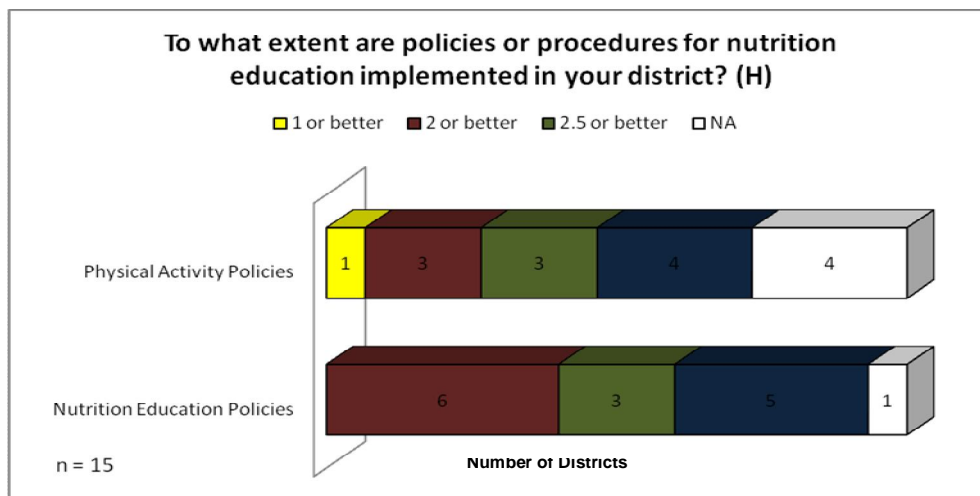
Common Responses (number of respondents)

- Knows importance of nutrition and health, and has ambition to implement a curriculum, but is limited by barriers such as funding, time or lack of a curriculum (5)
- Assessments or self-examination is helpful (2)

Miscellaneous Responses

- Worried about physical education getting dropped from the school curriculum
- Focus in the curriculum is on comprehensive health district wide and partnerships with the city
- Thinks the district is proactive, but there is a systematic issue with reading and math
- Curriculum is regularly reviewed and updated with current information for instructors by a committee

To what extent are policies or procedures for nutrition education implemented in your district? (H)



Respondents were asked to rate the implementation of nutrition education policies specific to their district as “never followed”, “sometimes followed” or “always followed”. Their responses were converted to a number scale with 1 being “never followed” and 3 being “always followed”. For districts with multiple policy statements, ratings were averaged for comparison. Fewer districts had policies on physical education than nutrition education. All respondents reported complying at least “somewhat” with nutrition education policies, and most replied at least “somewhat” to physical education policies. Most districts with policy statements ranked in the 2-3 range, indicating that they complied “somewhat” to “always” with policies on physical education or nutrition education.

Suggestions for King County Board of Health

What actions could the King County Board of Health take to support school districts as they implement their nutrition wellness policies? (S, N, H, B)

This question yielded very rich and insightful data. The recommendations are a mix of general and specific recommendations and as a whole are extremely constructive.

The 97 recommendations were classified into 9 categories: Fiscal, materials and resources; best practices and evaluation; general guidance; accountability; marketing of knowledge; advocacy; coordination and facilitation; and miscellaneous. A few representative and specific recommendations from each category are presented here in the order of popularity of response. Please see Appendix H for the full list of recommendations.

Fiscal:

- Provide general financial support.
- Address the cost of obtaining food operating permits from King County Health Department. The cost is doubling this year and that takes money away from essential programs.
- Provide an ‘information conduit’ at BOH who has access to grants and can provide that information to the districts. Specific barrier: Hard for the districts to take time to look for grants.
- Provide some sort of incentive program, even if the incentives are small sums of money.

Materials and Resources:

- Provide quality classroom resources for teacher. Need resources that are easy and free for schools to access and use.
- Provide resources in different languages.
- Provide resources for wellness fairs.

Best practices and evaluation:

- Provide templates for policies and procedures.
- Provide any type of ‘outside eyes’ to come in and evaluate and offer advice.
- Coordinate districts to share info.
- Giving sound advice on best practice and research-based programs ‘with teeth’ that can be implemented through current curriculum.
- Provide simple, standard evaluation tools/system

General guidance:

- Show willingness to listen to the district’s views on the impact of regulations. There are lots of unintended consequences to many of these unfunded mandates that could be

"If [the board] could provide a forum for connections between teachers, administrators and district-level policy makers, implementation, understanding, and accountability of wellness policies could be much more effective"
– Health Curriculum Coordinator

elucidated. Provide a chance for those in implementing roles to give input via online survey.

- Make someone from Board of Health available to advise committees, whether present at meetings or on-call.
- Provide info about ways in which Board of Health *could* help.

Accountability:

- Do more to assess districts adherence to policies. While the school lunch policies are adhered to and regulated by OSPI, competitive foods and school stores and vending machines have no monitoring system.
- Inform superintendents that this issue is important enough that the Board of Health is willing to put together this survey.
- Create a recognition program to raise awareness and increase the desire to comply.

Marketing of knowledge:

- Help support the marketing of health and wellness concepts in the districts. Help educate the public about the policies and promote community involvement.
- Help encourage participation in National School Lunch Program.

Advocacy:

- Advocate for schools on funding and 'feasibility of mandates' issues at the community and legislative level.
- Support health and PE classes because "they are the first on the chopping blocks" with focus geared toward WASL.
- Provide more flexibility with expectations and regulations. Participation in after-school sports does not qualify for physical activity.

Coordination and facilitation:

- Provide a forum for connections between teachers, administrators and policy makers to address understanding, implementation, and accountability of wellness policies.
- Develop ways to help 'herd' leadership (superintendents, principals, administration) and get them excited about it.
- Coordinate partnerships with Public Health – Seattle & King County or other local organizations.

Miscellaneous:

- Help provide hand-washing sinks so kids can wash their hands after recess and before lunch.
- Support general access to health care. For many of these kids, that needs to happen before nutrition and wellness can take center stage.

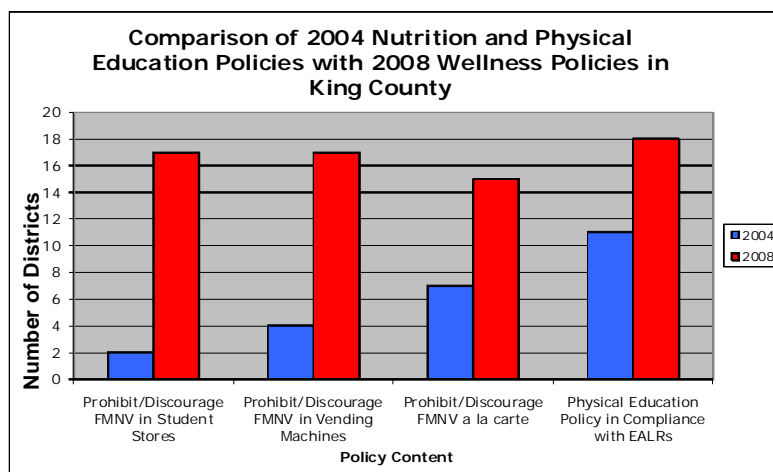
Discussion

Limitations of district policy abstraction

The primary limitation of the policy abstraction process was the potential for variability between and within individuals when scoring policies. We attempted to minimize this through rigorous training and by having different individuals score the same policy for replicability. Based on comparisons, variability was not found to be a major issue.

Comparison of 2004 and 2008 policies

In 2004, prior to the adoption of district-wide wellness policies, the University of Washington Center for Public Health Nutrition and Public Health - Seattle & King County assessed the quality of existing nutrition and physical education policies of the King County school districts. The 2004 study was conducted by administering a written or web-based survey to school district representatives. Sixteen of 19 King County school districts responded to the Nutrition District Survey, and 14 school districts responded to the Physical Education District Survey. We compared our abstraction findings to the 2004 survey results to evaluate improvements in the areas of nutrition and physical education policies since the Child Nutrition and WIC Reauthorization Act took effect. Marked improvements were seen in district-wide policies regulating foods of minimal nutritional value (FMNV). More schools in 2008 had physical education policies aligned with the EALRs.



Our comparisons did have limitations. The most salient was the discrepancy in policy evaluation methods between the 2004 study and the current study. In the current study, trained evaluators analyzed school district wellness policies, whereas the 2004 study assessed by district self-reports. These self-reports might not have reflected the content of the actual written policy because responses might have included aspects of informal, unwritten policies.

Another limitation was the number of comparable policy items. The 2004 survey asked about policy items that were not assessed in the current study. For example, district representatives were asked in 2004 whether they had contracts with bottling companies. This was not evaluated in the 2008 policy abstraction. Comparisons could only be made between policy items that were evaluated in both studies.

There were also limitations in assessing improvement because the 2008 analysis was limited to items found within the wellness policy. While comparing 2004 and 2008 study results, there were areas in which 2008 policies scored lower than 2004 policies. For example, most school districts in 2004 had policies regarding safe routes to school, but the 2008 study found very few school districts had this policy. Discrepancies such as this could have been because some school districts placed wellness-related components under other policy sections. These were not scored in our evaluation.

Limitations of district informant interviews

Limitations existed in the interview process and design. Wellness policy survey questions were subject to personal interpretation. The intent was to have open-ended questions to allow district informants to freely express their perspectives about the policy. However, this resulted in a variety of responses that were not all aligned with the purpose of the survey.

Another limitation in the interview process was that some questions were unsuited to the knowledge of certain interviewees. For example, questions about successes in nutrition education were sometimes addressed to Health and Fitness Curriculum Coordinators who were unfamiliar with the nutrition curriculum because they were not involved in its planning. As a result, they could not provide examples of successes.

Wording of the questions was another limitation. For example, in the question regarding vending machine advertising, it was unclear both to the informant and the interviewer whether the question was addressing advertising only on the vending machine or advertising anywhere within the school environment. Also, questions that were posed to the Health and Fitness Curriculum Coordinators made no distinction between the terms "health" and "nutrition".

The subjectivity of the interviewing and recording process was open to interviewer bias. Individual interviewers decided which probes to use. This could have resulted in differing amounts of information collected from each district. For example, when the informant was unsure whether their district had other school-based activities designed to promote student wellness, one of the suggested probes was to inquire about staff wellness programs. Had this probe not been used, information on this topic would not have been collected. How and which

responses were recorded depended on the interviewer's interpretation of the response and could have been affected by the interviewer's prior knowledge of the subject. As a result, there could have been some interpersonal variability in the way responses were recorded and worded.

We were also limited in our capacity to determine informants' true awareness of Washington State Senate Bill 5093. Since surveys were provided before the interviews were conducted, informant responses might have reflected research prior to the interview rather than familiarity with the policy. Some informants indicated this was the case. Therefore, responses collected on this question may not be an accurate assessment of individual's awareness of the bill.

Findings from the interview process

During the process of contacting key district informants, interviewers found that some school districts were hesitant to answer questions about their wellness policy. The superintendents of several school districts declined to participate in the interview. As a result, interviews were conducted with superintendent representatives whose actual positions varied from lead nurse to schoolteacher to director of nutrition services. The same problem occurred when interviewers attempted to reach nutrition directors and health and fitness curriculum coordinators, although to a lesser extent. Some informants were new to their position and could not provide insights. Some interviewers were unable to contact school board members because the district's superintendent either could not or would not provide their contact information. A small number of key informants were unreachable or unresponsive.

Interviewers also found inconsistencies among information provided by members of the same school district. For example, in one school district, a nutrition services director responded that their district had a wellness committee, but the superintendent said the district did not have one.

Recommendations

The Board of Health can help King County school districts succeed in implementing their wellness policies by promoting the importance of wellness and raising awareness of wellness policies within schools and the community.

The Board of Health should inform King County school districts of the Board's role in assisting with the implementation of wellness policies in schools. Districts should be able to identify key Board of Health staff members who can provide support and guidance. The Board of Health can assist with wellness policy implementation in King County school districts by facilitating the formation of partnerships within schools and districts. The coordination of information within the community is also vital to the success of implementing wellness policies. The following recommendations were derived from responses received from school district informants.

1. Coordinate funding

Unfunded mandates strain districts' resources. The King County school districts need assistance in coordinating additional funding. In particular, funding is needed for quality materials and resources, health curriculum development and provisions of healthier foods for food service departments. The Board of Health should assist in the following ways:

- Provide an 'information conduit' who can offer information, compile funding sources and assist in applying for grants.
- Reduce the cost of obtaining King County Health Department permits.
- Advocate for funding at both the state and national levels. Advocacy work should also raise awareness of unfunded mandates, their challenges and potential unintended consequences.

2. Facilitate access to curriculum and resources

A common barrier among King County school districts is fitting a nutrition curriculum within the school day along with other core requirements. Some districts found success in integrating nutrition curricula into required science or health courses but felt their curriculum might not be successfully implemented in all schools due to cultural or language differences. Other districts felt the need for a quality and proven curriculum after which to model their own. The Board of Health can help districts successfully implement a nutrition curriculum by providing lesson plans and materials that:

- Integrate nutrition education into district-wide curriculum.
- Are translated into various languages and are culturally appropriate to meet the diverse needs of King County schools.
- Have been proven to be effective.

3. Market and disseminate knowledge to the community

Districts need help communicating the policies and their benefits to parents. Parents need to understand why the policies are important and the immense benefits they can have for the children. Improved understanding can help increase parent enthusiasm and involvement. Some of the district food service directors believe participation in the School Lunch Program is hindered by parents who believe the food is unhealthy and unappetizing. Districts need help dispelling these misconceptions.

4. Promote enthusiasm and participation within districts

To make wellness policy implementation successful, the Board of Health must encourage leadership and enthusiasm among school board members, school principals and staff. School districts reporting success in implementation of wellness policies found vision and leadership to be key factors. The Board of Health can encourage enthusiasm and participation in wellness by providing incentives to school districts such as formal recognition or local media coverage.

5. Advance district accountability

A system of accountability is needed to enforce wellness policies within schools. Some King County districts found a lack of accountability among staff members hindered the implementation of their wellness policies. Others reported having a committee responsible for monitoring performance helped to keep staff compliant in following their wellness policies. The Board of Health can assist King County school districts by:

- Encouraging a system of accountability at the district level to monitor the compliance of staff.
- Recognizing staff or district achievement by providing recognition or small monetary rewards.

6. Provide self-evaluation tools to districts

Districts currently have no means of evaluating their successes or failures. The Board of Health should provide tools to evaluate policies, implementation processes and overall progress. The provision of “outside eyes” to come in and offer advice would also be welcome in many districts.

7. Facilitate exchange of best practice information

Districts have worked independently to implement the nutrition and wellness policies. King County wellness policy implementation as a whole will be improved if districts can share information. The districts need advice on what worked well elsewhere, including best practices, implementation procedures, sources of support resources, and most effective policies. The Board of Health should facilitate the sharing of ideas and experiences between districts, as well as provide any necessary supplemental best practices information.

Appendices

Appendix A: Protocol for Scoring Policies Referencing EALRs, GLE, or DGA

When a policy says they will follow the **Essential Academic Learning Requirements (EALRs)** or **Grade Level Expectations (GLE)**, score as follows (Scores should be altered based on additional statements in each policy):

NE 1 – Score 2
NE 2 – Score 1
NE 7 – Score 2
NE 9 – Score 2
PE 52 – Score 2
PE 56 – Score 2
PE 57 – Score 2
PE 58 – Score 2
PA 69 – Score 2

WA state law requires

PE 53 – Score 1
PE 54 – Score 1
PE 60 – Score 2

When a policy says all food offered at school will meet the USDA **Dietary Guidelines for Americans**, score as follows (Scores should be altered based on additional statements in each policy):

US 13 – Score 1
NS 33 – Score 0
NS 34 – Score 1
NS 35 – Score 1
NS 36 – Score 0
NS 37 – Score 0
NS 38 – Score 1
NS 39 – Score 0

Appendix B: King County Abstraction Data

Section 1. Nutrition Education Rating

NE1 Federal Requirement: Includes goals for nutrition education that are designed to promote student wellness in a manner that the local education agency determines is appropriate.

NE2 Nutrition curriculum provided for each grade level.

NE3 Coordinates nutrition education with the larger school community.

NE4 Nutrition education extends beyond the school environment. .

NE5 District provides nutrition education training for teachers.

NE6 Nutrition education is integrated into other subjects beyond health education.

NE7 Nutrition education teaches skills that are behavior-focused, interactive, and/or participatory.

NE8 Specifies number of nutrition education courses or contact hours.

NE9 Nutrition education quality is addressed.

district	ne1	ne2	ne3	ne4	ne5	ne6	ne7	ne8	ne9
Seattle	2	2	1	0	1	2	2	2	2
Federal Way	2	2	2	0	0	1	2	0	2
Enumclaw	2	1	0	1	0	0	2	0	2
Mercer Island SD	2	1	1	0	0	0	2	0	2
Highline	2	1	2	1	1	1	2	0	2
Vashon Island	2	1	1	1	1	1	2	0	2
Renton	2	2	2	2	1	0	2	0	2
Skykomish	2	1	0	2	0	0	2	0	2
Bellevue	2	1	0	0	0	0	2	1	2
Tukwila	2	2	2	2	1	0	2	0	2
Riverview	0	0	0	0	0	0	0	0	0
Auburn	2	1	1	2	0	0	2	0	2
Tahoma	2	2	2	2	1	0	2	0	2
Snoqualmie	2	2	2	1	0	0	2	2	2
Issaquah	2	1	1	2	1	0	2	0	2
Shoreline	0	0	0	0	0	0	0	0	0
Lake Washington	2	1	1	2	0	0	2	0	2
Kent	2	1	0	0	0	0	2	0	2
Northshore	2	1	1	1	0	0	2	0	2

Section 2. Standards for USDA Child Nutrition Programs and School Meals Rating

US10 Federal Requirement: Assures that guidelines for reimbursable school meals shall not be less restrictive than USDA school meal regulations.

US11 Addresses access to and/or promotion of the School Breakfast Program (USDA).

US12 Addresses access to and/or promotion of the Summer Food Service Program.

US13 Addresses nutrition standards for school meals beyond USDA (National School Lunch Program / School Breakfast Program) minimum standards.

US14 Specifies use of low-fat versions of foods and/or low-fat methods for preparing foods.

US15 Specifies strategies to increase participation in school meal programs.

US16 Optimizes scheduling of meals to improve student nutrition.

US17 Ensures adequate time to eat.

US18 Addresses access to hand washing before meals.

US19 Requires nutrition qualifications for school food service staff.

US20 Ensures training or professional development for food service staff.

US21 Addresses school meal environment.

US22 Nutrition information for school meals (e.g., calories, saturated fat, sugar) is available.

district	us10	us11	us12	us13	us14	us15	us16	us17	us18	us19	us20	us21	us22
Seattle	2	2	0	1	0	1	1	2	0	1	0	1	0
Federal Way	2	0	0	0	0	2	0	0	0	0	0	0	0
Enumclaw	2	0	0	1	0	0	0	0	0	0	0	0	0
Mercer Island	2	0	0	1	1	2	1	1	0	0	0	2	2
Highline	2	1	0	1	0	1	1	1	0	0	1	2	0
Vashon Island	2	1	0	1	0	1	1	1	1	1	1	0	0
Renton	2	2	0	1	0	1	1	1	0	0	1	2	0
Skykomish	2	1	0	1	2	1	0	0	0	0	0	0	2
Bellevue	2	1	0	1	0	0	0	0	0	0	0	0	2
Tukwila	2	2	0	1	0	1	1	1	0	0	1	2	0
Riverview	2	0	0	1	0	1	0	0	0	0	0	0	0
Auburn	2	1	0	1	0	1	0	0	0	0	0	0	0
Tahoma	2	2	0	1	0	1	0	1	0	0	1	2	0
Snoqualmie	2	2	0	1	2	1	0	0	0	0	0	0	2
Issaquah	2	0	0	2	2	2	0	0	0	0	1	0	2
Shoreline	2	1	0	0	0	1	0	0	0	0	0	0	0
Lk. Washington	2	1	0	1	1	1	0	0	0	0	0	0	1
Kent	2	0	0	0	0	0	0	0	0	0	0	0	0
Northshore	2	1	0	2	0	2	1	1	0	0	0	2	2

Section 3. Nutrition Standards for Competitive and Other Foods and Beverages Rating

NS23 Federal Requirement: Includes nutrition guidelines selected by the local education agency for ALL foods available on school campus during the school day with the objective of promoting student health and reducing childhood obesity.

NS24 Regulates vending machines.

NS25 Regulates school stores.

NS26 Regulates food service a la carte.

NS27 Regulates food served at class parties and other school celebrations.

NS28 Regulates food from home for the whole class.

NS29 Regulates food sold before school.

NS30 Regulates food sold after school (beyond district-run after-school programs).

NS31 Regulates food sold at evening and community events on school grounds.

NS32 Regulates food sold for fundraising.

NS33 Addresses limiting sugar content of foods.

NS34 Addresses limiting fat content of foods.

NS35 Addresses limiting sodium content of foods.

NS36 Addresses limiting calorie content per serving size of foods.

NS37 Addresses limiting serving size of foods.

NS38 Addresses increasing “whole foods”: whole grains, unprocessed foods, or fresh produce.

NS39 Addresses limiting the use of ingredients with questionable health effects in food or beverages (e.g., artificial sweeteners, processed or artificial foods, trans fats, high fructose corn syrup [HFCS]).

district	ns23	ns24	ns25	ns26	ns27	ns28	ns29	ns30	ns31	ns32	ns33	ns34	ns35	ns36	ns37	ns38	ns39
Seattle	2	2	2	2	1	2	1	2	2	1	2	2	1	0	2	1	1
Federal Way	1	2	1	1	1	1	1	0	0	1	0	1	0	1	1	1	0
Enumclaw	1	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0
Mercer Island SD	2	2	2	2	1	2	0	1	1	2	2	2	1	2	2	2	2
Highline	2	2	2	2	1	1	2	1	0	1	2	2	1	2	2	1	1
Vashon Island	2	1	1	1	1	1	0	0	1	1	1	1	1	0	1	1	1
Renton	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1
Skykomish	2	1	1	1	1	1	2	0	0	1	0	0	0	2	2	2	0
Bellevue	2	2	2	2	1	1	2	0	0	0	0	0	0	2	2	2	0
Tukwila	1	1	1	1	1	1	1	1	1	0	1	1	1	0	0	1	1
Riverview	2	0	0	2	1	1	0	0	0	0	2	2	1	2	0	1	0
Auburn	1	1	1	0	0	0	0	0	0	0	0	1	1	0	0	1	0
Tahoma	1	1	1	1	1	1	1	1	1	0	1	1	1	0	0	1	1
Snoqualmie	2	2	2	2	1	1	1	0	0	1	1	1	1	1	0	0	0
Issaquah	2	2	2	2	1	1	2	1	1	0	2	2	0	2	2	2	1
Shoreline	1	2	2	2	0	0	2	2	1	1	2	2	0	0	0	0	0
Lake Washington	1	2	2	2	1	1	0	0	1	1	2	2	0	0	0	0	1
Kent	1	2	2	0	0	0	0	0	0	2	2	2	0	0	0	0	0
Northshore	1	1	1	0	1	1	0	0	0	1	0	0	0	0	0	0	0

Section 3. Nutrition Standards for Competitive and Other Foods and Beverages Rating (continued)

NS40 Addresses food not being used as a reward and/or withheld as a punishment.

NS41 Nutrition information (e.g., calories, saturated fat, sugar) available for foods other than school meals.

NS42 Addresses limiting sugar content of beverages.

NS43 Addresses limiting fat content of drinks (e.g., milkshakes or smoothies) other than milk.

NS44 Addresses limiting calorie content per serving size of beverages.

NS45 Addresses limiting regular (sugar-sweetened) soda.

NS46 Addresses limiting beverages other than soda containing added caloric sweeteners such as sweetened teas, juice drinks, energy drinks.

NS47 Addresses limiting sugar/calorie content of flavored milk.

NS48 Addresses limiting fat content of milk.

NS49 Addresses serving size limits for beverages.

NS50 Addresses limiting caffeine content of beverages (with the exception of trace amounts of naturally occurring caffeine substances).

NS51 Addresses access to free drinking water.

district	ns40	ns41	ns42	ns43	ns44	ns45	ns46	ns47	ns48	ns49	ns50	ns51
Seattle	1	0	2	2	0	0	1	0	2	2	2	2
Federal Way	1	0	0	0	0	1	0	0	0	0	0	0
Enumclaw	0	0	0	0	0	0	0	0	0	0	0	0
Mercer Island	2	2	2	2	0	2	1	0	2	1	0	2
Highline	1	0	2	1	0	2	1	0	2	1	1	2
Vashon Island	0	0	1	0	0	1	0	0	1	1	0	0
Renton	1	0	0	0	0	1	0	0	0	0	0	1
Skykomish	1	2	0	0	0	0	0	0	0	2	1	0
Bellevue	1	2	1	1	1	2	1	0	2	1	0	0
Tukwila	1	0	0	0	0	1	0	0	0	0	0	1
Riverview	1	0	0	0	0	1	2	0	0	2	0	0
Auburn	1	0	0	0	0	0	0	0	0	0	0	0
Tahoma	1	0	0	0	0	0	0	0	0	0	0	1
Snoqualmie	1	0	0	0	0	2	0	0	0	0	0	0
Issaquah	1	2	1	0	0	2	1	0	1	1	0	0
Shoreline	0	0	2	2	1	2	1	0	1	0	0	0
Lk. Washington	1	0	1	0	0	1	0	0	1	0	2	0
Kent	0	0	0	0	0	1	0	0	0	0	0	0
Northshore	1	1	1	0	0	1	0	0	0	0	0	0

Section 4. Physical Education Rating

PE52 Addresses physical education curriculum for each grade level

PE53 Addresses time per week of physical education for elementary school students.

PE54 Addresses time per week of physical education for middle school students.

PE55 Addresses time per week of physical education for high school students.

PE56 Physical education promotes a physically active lifestyle.

PE57 Specifies competency assessment (i.e. knowledge, skills or practice).

PE58 Addresses physical education quality.

PE59 Physical education program promotes inclusive play.

PE60 Addresses physical education classes, courses or credits as an important part of the curriculum.

PE61 Addresses frequency of required physical education (daily).

PE62 Addresses teacher-student ratio for physical education.

PE63 Addresses safe and adequate equipment and facilities for physical education.

PE64 Addresses amount of time devoted to moderate to vigorous activity in physical education.

PE65 Addresses qualifications for physical education instructors.

PE66 District provides physical education training for physical education teachers.

PE67 Addresses physical education waiver requirements (e.g. substituting physical education requirement with other activities).

district	pe52	pe53	pe54	pe55	pe56	pe57	pe58	pe59	pe60	pe61	pe62	pe63	pe64	pe65	pe66
Seattle	2	1	1	0	2	2	2	0	2	0	0	1	0	1	1
Federal Way	2	1	1	0	2	2	2	0	2	0	0	0	0	0	0
Enumclaw	2	1	1	0	2	2	2	0	2	0	0	0	0	0	0
Mercer Island	2	1	1	0	2	2	2	0	2	0	0	2	0	0	0
Highline	2	1	1	0	2	2	2	0	2	0	1	1	0	1	0
Vashon Island	2	1	1	0	2	2	2	0	2	0	0	0	0	0	0
Renton	2	1	1	0	2	2	2	0	2	1	1	1	1	1	0
Skykomish	2	1	1	0	2	2	2	0	2	0	0	0	0	0	0
Bellevue	2	1	1	0	2	2	2	0	2	1	0	0	0	0	0
Tukwila	2	1	1	0	2	2	2	0	2	1	1	1	0	1	0
Riverview	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Auburn	2	1	1	0	2	2	2	0	2	0	0	0	0	0	0
Tahoma	2	1	1	0	2	2	2	0	2	0	1	1	0	1	0
Snoqualmie	2	1	1	0	2	2	2	0	2	1	0	2	0	2	0
Issaquah	2	1	1	0	2	2	2	0	2	0	0	1	0	0	1
Shoreline	1	1	1	0	0	0	0	0	1	0	0	0	0	2	0
Lk. Washington	2	1	1	0	2	2	2	0	2	0	0	0	1	0	0
Kent	2	1	1	0	2	2	2	0	39 2	0	0	0	0	0	0
Northshore	2	1	1	0	2	2	2	0	2	0	0	0	0	0	0

Section 5. Physical Activity Rating

PA69 Federal Requirement: Includes goals for physical activity that are designed to promote student wellness in a manner that the local education agency determines is appropriate.

PA70 Physical activity provided for every grade level.

PA71 Includes physical activity opportunities for school staff.

PA72 Regular physical activity opportunities are provided throughout the school day (not including recess).

PA73 Addresses physical activity through intramurals or interscholastic activities.

PA74 Addresses community use of school facilities for physical activity outside of the school day.

PA75 Addresses safe, active routes to school.

PA76 Addresses not using physical activity (extra or restricted) as punishment.

PA77 Addresses recess frequency or amount in elementary school.

PA78 Addresses recess quality to promote physical activity.

district	pa69	pa70	pa71	pa72	pa73	pa74	pa75	pa76	pa77	pa78
Seattle	2	0	0	0	0	0	0	0	0	0
Federal Way	2	0	0	0	0	0	0	0	0	0
Enumclaw	2	1	0	0	0	0	0	0	0	0
Mercer Island SD	2	1	0	2	1	1	1	0	2	1
Highline	2	1	0	0	1	2	0	2	0	0
Vashon Island	2	0	0	0	0	0	0	0	0	0
Renton	2	1	0	1	1	2	1	2	2	2
Skykomish	2	1	0	0	2	0	0	0	2	1
Bellevue	2	0	0	0	2	0	0	0	2	1
Tukwila	2	1	0	1	1	2	1	2	2	1
Riverview	2	1	0	1	1	1	0	0	1	0
Auburn	2	1	0	1	2	2	0	0	1	0
Tahoma	2	1	0	1	1	2	1	2	2	2
Snoqualmie	2	1	0	2	0	1	2	2	2	2
Issaquah	2	1	0	0	0	2	1	0	0	0
Shoreline	0	0	0	0	1	1	0	0	0	0
Lake Washington	2	0	0	2	2	2	0	0	2	0
Kent	2	1	0	1	1	2	0	0	1	0
Northshore	2	0	0	0	0	0	0	0	0	0

Section 6. Communication and Promotion Rating

CP79 Federal Requirement: Involve parents, students, and representatives of the school food authority, the school board, school administrators, and the public in the development of the school wellness policy.

CP80 Includes staff wellness programs specifically addressing the health of staff.

CP81 Addresses consistency of nutrition communication.

CP82 Encourages staff to be role models for healthy behaviors.

CP83 Specifies who in the district is responsible for wellness/health communication beyond required policy implementation reporting.

CP84 Specifies district using Centers for Disease Control and Prevention's (CDC) Coordinated School Health Program (CSHP) model or other coordinated/comprehensive method.

CP85 Addresses methods to solicit or encourage input from stakeholder groups (e.g., two-way sharing).

CP86 Specifies how district will engage parents or community to meet district wellness goals.

CP87 Specifies what content/information district communicates to parents.

CP88 Specifies marketing to promote healthy choices.

CP89 Specifies restricting marketing of unhealthful choices.

CP90 Establishes a health advisory committee or school health council that is ongoing beyond policy development.

district	cp79	cp80	cp81	cp82	cp83	cp84	cp85	cp86	cp87	cp88	cp89	cp90
Seattle	1	0	1	1	1	0	1	1	0	2	2	2
Federal Way	0	0	0	0	2	0	2	1	1	1	1	0
Enumclaw	0	0	0	0	0	0	0	0	1	0	0	0
Mercer Island	1	0	1	2	2	0	1	0	0	2	2	2
Highline	0	0	1	2	2	0	1	2	2	1	0	0
Vashon Island	0	0	1	0	1	1	1	1	1	1	0	1
Renton	2	0	2	0	2	0	1	2	2	1	0	0
Skykomish	0	0	2	0	2	0	0	2	2	2	0	0
Bellevue	2	0	2	0	0	0	0	0	0	0	0	0
Tukwila	2	0	2	0	2	0	1	2	2	1	0	0
Riverview	0	0	1	0	0	0	0	0	0	1	1	0
Auburn	0	0	2	2	1	0	0	2	2	2	0	0
Tahoma	0	0	2	0	2	0	1	2	1	1	0	0
Snoqualmie	1	0	1	0	0	0	2	1	1	0	0	2
Issaquah	2	0	2	0	2	0	1	2	2	0	0	2
Shoreline	0	0	0	0	0	0	1	0	0	0	0	0
Lk. Washington	0	0	1	0	1	0	0	1	1	0	0	0
Kent	2	0	2	0	0	0	0	0	0	1	0	0
Northshore	1	0	2	0	0	0	0	0	1	0	0	2

Section 7. Evaluation Rating

E91 Federal Requirement: Establish a plan for measuring implementation of the local wellness policy, including designation of one or more persons within the local educational agency or at each school, as appropriate, charged with operational responsibility for ensuring that the school meets the local wellness policy.

E92 Addresses a plan for policy implementation, including a person or group responsible (initial or ongoing).

E93 Addresses a plan for policy evaluation, including a person/group responsible for tracking outcomes.

E94 Addresses the audience and frequency of a report on compliance and/or evaluation.

E95 Identifies funding support for wellness activities or policy evaluation.

E96 Identifies a plan for revising the policy.

district	e91	e92	e93	e94	e95	e96
Seattle	1	2	1	1	1	1
Federal Way	0	0	1	0	0	0
Enumclaw	0	0	0	0	0	0
Mercer Island SD	2	2	2	2	0	1
Highline	2	2	2	2	0	1
Vashon Island	1	1	0	0	0	0
Renton	2	2	2	2	0	1
Skykomish	2	2	1	3	0	1
Bellevue	2	2	0	0	0	0
Tukwila	2	2	2	2	0	1
Riverview	0	0	0	0	0	0
Auburn	2	2	1	1	0	1
Tahoma	2	2	2	2	0	1
Snoqualmie	2	2	2	2	0	2
Issaquah	2	2	2	1	0	2
Shoreline	0	1	0	0	0	2
Lake Washington	1	1	0	0	0	0
Kent	2	2	0	0	0	0
Northshore	2	2	2	1	0	2

*Appendix C: Demographics of King County School Districts**

District	Total Enrollment	White	Other	Male	Female	Free or Reduced Price	Graduated	Drop Out	Geographic Category
Seattle	45581	42.8	57.2	51.02	48.98	40.52	70.3	8.2	City
Federal Way	22398	45.89	54.11	51.69	48.31	43.77	76.3	5.1	Suburb
Enumclaw	4655	85.01	14.99	51.19	48.81	21.02	87.4	3.5	Suburb
Mercer Island	4020	77.44	22.56	52.54	47.46	1.9	94.6	1.2	Suburb
Highline	17331	35.21	64.79	51.42	48.58	56.65	79.4	6	Suburb
Vashon Island	1590	85.97	14.03	51.51	48.49	13.39	91.8	2.2	Rural
Renton	13751	37.78	62.22	51.78	48.22	43.53	80.8	5.5	City
Skykomish	57	84.21	15.79	49.12	50.88	49.12	48.6	13.8	Rural
Bellevue	16772	54.83	45.17	52.55	47.45	17.51	92.6	1.3	City
Tukwila	2856	25.25	74.75	51.79	48.21	69.51	82.5	7.2	Suburb
Riverview	3120	84.84	15.16	50.93	49.07	12.27	92.3	2.5	Rural
Auburn	14716	62.08	37.92	51.65	48.35	40	89.6	3.6	Suburb
Tahoma	7277	85.72	14.28	50.68	49.32	10.68	86.4	3.8	Suburb
Snoqualmie	5783	88.48	11.52	51.74	48.26	10.57	92.6	1.9	Town
Issaquah	16642	71.62	28.38	51.8	48.2	7.41	95	1.6	Suburb
Shoreline	9327	63.58	36.42	51.99	48.01	20.15	90.3	3.7	Suburb
Lk Washington	23722	72.27	27.73	51.99	48.01	11.36	87.1	2.9	Suburb
Kent	27462	50.91	49.09	52.08	47.92	39.18	74.3	8.4	Suburb
Northshore	20018	74.75	25.25	51.07	48.93	12.52	89.2	2.6	Suburb

*All data are presented as percents

Appendix D: WASL Scores for King County School Districts*

District	Total Enrolled	7 th Grade WASL	10 th Grade WASL	7 th Grade Math WASL	10 th Grade Math WASL	7 th Grade Writing WASL	10 th Grade Writing WASL	Met 3 Standards
Seattle	45581	63.3	80.7	52.6	50.4	73.1	85.8	50.2
Federal Way	22398	66.9	87.2	52.1	51.4	72.9	92.3	32.8
Enumclaw	4655	68.1	90.5	48.5	47.5	69.8	93.4	30.8
Mercer Island	4020	91.5	95.6	86	86.1	94	93.5	89.2
Highline	17331	51.6	75.7	33.4	37	55.1	84.2	30.5
Vashon Island	1590	67.6	95.3	64.8	75	77.6	95.9	70.9
Renton	13751	51.3	74.6	40.3	43.5	65.5	83.9	38.7
Skykomish	57	ND†	ND	ND	ND	ND	ND	ND
Bellevue	16772	71.6	91.8	70.6	73.1	80.9	94.8	64.3
Tukwila	2856	43.4	55	24.5	25	53.9	63.9	20.8
Riverview	3120	72	86	54.7	57.8	72.5	86.8	62.6
Auburn	14716	57.1	78.2	49.3	45.1	71.1	82.9	17.4
Tahoma	7277	81.3	93.3	76	65.9	83	92.5	63.3
Snoqualmie	5783	82	89.6	64.9	66.8	84.3	95.9	62.4
Issaquah	16642	82.3	94.1	75.5	80.1	91.3	96.5	72.7
Shoreline	9327	73.1	88.5	64.8	64.5	72.2	91.8	61.3
Lk. Washington	23722	78.3	91	72.3	72.4	87.2	93.9	56.6
Kent	27462	60	79.4	57.8	52.9	67.8	84.7	48.2
Northshore	20018	78.4	91.5	72	73.9	83.3	95.2	67

*All values are presented as percents

†No data available

Appendix E: District Informant Interview Scripts

Superintendent Interview

As you know, both state and national legislation calls for each school district to develop wellness policies for nutrition and physical activity. In this interview we will use the word “policy” to mean both policies and procedures.

Could you briefly **describe your personal experience** with the wellness policies in your district?

Probes: Were you involved with the initial development of the policies in 2005? Have you been involved in any revisions since the first policies were developed?

What **success** has your district had in implementing the policies?

What do you consider the three most important **barriers** to implementing school wellness policies in your school district?

Are there **other challenges** you would like the Board of Health to know about?

Does your district currently have an active **school health advisory committee** or Wellness Committee? If so, please describe this committee.

Probes: Who are the members? Is there a school nurse on the committee? Are parents involved? Are there other community members involved? What is the committee's role? How often does it meet? Are there plans for future activities for the committee?

Please describe any steps your district has taken to communicate about the policies.

Probes: What information has been provided to students, parents, teachers, staff, community? What communications channels have been used? (e.g. newsletters, meetings, etc.)

Please describe any steps your district has taken **to monitor or evaluate** the policies.

Probes: Is someone responsible for monitoring and evaluation? If so, who is responsible for monitoring or evaluating? What data are collected? Is there a system in place or a plan to share the results of monitoring and/or Evaluation? If so, please describe the system.

A bill passed in last year’s Washington State legislative session, Senate Bill 5093 - *Health Coverage for All Children*, includes a section on school health. Are you aware of this bill? If so, could you please describe your district’s situation in regards to the bill’s healthy schools requirements. (Note to interviewer: in order to capture unprompted familiarity please write exactly what the interviewee says before initiating any probes)

Probes: extent of knowledge about requirement for health advisory committee, specific nutrition standards, PE requirements, any district plans make changes in regards to the policies for nutrition, health advisory committee, PE.

A copy of your district policies and procedures is posted on the Healthy Schools Successful Students web site (http://depts.washington.edu/waschool/wellness_policies/wa_policies.html). Do you know if this is the most recent copy?

Your district has policies and procedures for **standards for foods served in school settings**. You can find these in the policies and procedures that we sent you.

To what extent do you think these standards are followed in the following settings:

	Never followed	Sometimes followed	Always followed	Don't Know	Not applicable
School lunch and breakfast					
A la carte					
Vending					
School stores					
Snack bars					
Classroom celebrations					
Special school-wide events					
Sporting events					
Staff and faculty meetings and events					
Family events					
Foods used as rewards					

Do you have **other school based activities that are designed to promote student wellness** in your District?

Probes: School based health clinics, staff wellness programs, nutrition education and/or physical activity trainings for staff, contracting with vendors who provide healthier vending items.

What **actions could the King County Board of Health** take to support school districts as they implement their nutrition wellness policies?

We also like to talk with the person in your district who is responsible for the health and fitness curriculum to learn about the way that nutrition is being taught in your district. Could you please provide us with the name and contact information for this person?

Please provide us with the names and contact information for two to three school board members who would be willing to provide information about your school board's experiences with the policies.

Nutrition Services Administrator Interview

As you know, both state and national legislation calls for each school district to develop wellness policies for nutrition and physical activity. In this interview we will use the word “policy” to mean both policies and procedures.

Could you briefly **describe your personal experience** with the wellness policies in your district?

Probes: Were you involved with the initial development of the policies in 2005? Have you been involved in any revisions since the first policies were developed?

Are you a member of an active school wellness or health advisory committee? If so, please describe the role and activities of the committee.

What **success** has your district had in implementing school wellness polices? Please describe.

What do you consider the three most important **barriers** to implementing school wellness policies in your school district?

Are there **other challenges** you would like the Board of Health to know about?

Please describe any steps your district has taken **to monitor or evaluate** nutrition wellness policies.

Probes: Who is responsible for monitoring or evaluating the policies? What data are collected? What is the format for reporting the findings of monitoring or evaluation? Are food service data included in the evaluation?

A bill passed in last year’s Washington State legislative session, Senate Bill 5093 - *Health Coverage for All Children*, includes a section on school health. Are you aware of this bill? If so, could you please describe your district’s situation in regards to the bill’s healthy schools requirements. (Note to interviewer: in order to capture unprompted familiarity please write exactly what the interviewee says before initiating any probes)

Probes: extent of knowledge about requirement for health advisory committee, specific nutrition standards, PE requirements, any district plans make changes in regards to the policies for nutrition, health advisory committee, PE.

A copy of your district polices and procedures is posted on the Healthy Schools Successful Students web site (http://depts.washington.edu/waschool/wellness_policies/wa_policies.html). Do you know if this is the most recent copy?

Your district has policies and procedures for **standards for foods served in school settings**. These can be found in the copy of the policies and procedures that we sent you.

To what extent do you think these standards are followed in the following settings:

	Never followed	Sometimes followed	Always followed	Not applicable
School lunch and breakfast				

A la carte				
Vending				
School stores				
Snack bars				
Classroom celebrations				
Special school-wide events				
Sporting events				
Staff and faculty meetings and events				
Family events				
Food as a reward				

Does your district have a **contract with a soft drink bottler**, such as Coca-Cola, Pepsi-Cola, or Dr. Pepper, giving the company exclusive rights to sell soft drinks at schools in your district? ____ yes
 ____ no ____ don't know

Probe: If don't know, ask who we could contact to get this information.

If so, please describe any stipulations about the **kinds of beverages that are provided by the bottler**:

Is the soft drink bottler allowed to place **advertisements (or logos) in school buildings**?
 ____ yes ____ no ____ don't know

What is the situation in your district about scheduling **recess before lunch**?

Probes: Is this a point of discussion in the district? How many/what proportion of schools in your district schedule recess before lunch? Barriers? Successes?

What **actions could the King County Board of Health** take to support school districts as they implement their nutrition wellness policies?

Health and Fitness Curriculum Coordinator Interview

As you know, both state and national legislation calls for each school district to develop wellness policies for nutrition and physical activity. In this interview we will use the word “policy” to mean both policies and procedures.

Could you briefly **describe your personal experience** with the wellness policies in your district?

Probes: Were you involved with the initial development of the policies in 2005? Have you been involved in any revisions since the first policies were developed?

What **success** has your district had in implementing the policies?

What do you consider the three most important **barriers** to implementing school wellness policies in your school district?

Are there **other challenges** you would like the Board of Health to know about?

Your district has policies and procedures for **nutrition education**. These can be found in the copy of the policies and procedures that we sent you. To what extent do you feel you are able to implement these policies in your district?

	Not at all implemented	Somewhat implemented	Fully implemented	Don't know
<i>District specific policies go here</i>				

Please describe your **successes** in implementing each of the components of your district’s nutrition education curriculum.

What have been the **challenges** to implementing a nutrition education curriculum?

Do you have **other school based activities that are designed to promote student wellness** in your District?

Probes: School based health clinics, staff wellness programs, nutrition education and/or physical activity trainings for staff, contracting with vendors who provide healthier vending items.

Is there anything else you would like to tell me about your district’s approach to your nutrition education curriculum?

A bill passed in last year’s Washington State legislative session, Senate Bill 5093 - *Health Coverage for All Children*, includes a section on school health. Are you aware of this bill? If so, could you please describe your district’s situation in regards to the bill’s healthy schools requirements.

What **actions could the King County Board of Health** take to support school districts as they implement their nutrition wellness policies and nutrition education curriculum?

School Board Member Interview

As you know, both state and national legislation calls for each school district to develop wellness policies for nutrition and physical activity. In this interview we will use the word “policy” to mean both policies and procedures.

What a **success** has your district had in implementing school wellness polices? Please describe.

What do you consider the three most important **barriers** to implementing school wellness policies in your school district?

Are there **other challenges** you would like the Board of Health to know about?

What **role do you think that school board members should play** in the development, implementation and evaluation of wellness policies?

Could you briefly **describe your personal experience** with the wellness policies in your district?
 Probes: Were you involved with the initial development of the policies in 2005? Have you been involved in any revisions since the first policies were developed? What role did you take in policy development or approval?

National regulations require districts to develop a plan **to monitor and evaluate wellness** policies.

- What kind of information would you, as a school board member, like to see as part of a reporting system on the impact of the policies?
- How would you like to receive this information: written report, presentation at meetings, other?
- How often would you like to receive evaluation updates?

If you were going to **design a monitoring and evaluation system** to measure the impact of school wellness policies:

- Who do you think should be the point of responsibility?
- How would monitoring and evaluation be funded?
- How much do you think that monitoring and evaluation of wellness policies could be integrated with annual school improvement planning?
 - What would be advantages and disadvantages of integrating wellness policies into school improvement planning?
- Do you have other ideas for implementing a monitoring and evaluation system for wellness policies?

Your district currently has **policies and procedures for monitoring and evaluation**. These policies can be found in the copy of the district policies and procedures that we sent you. To what extent do you think these policies are currently being implemented?

	Not at all implemented	Somewhat implemented	Fully implemented	Don't know
<i>District specific evaluation and monitoring policy statements</i>				

A bill passed in last year's Washington State legislative session, Senate Bill 5093 - *Health Coverage for All Children*, includes a section on school health. Are you aware of this bill? If so, could you please describe your district's situation in regards to the bill's healthy schools requirements.

What **actions could the King County Board of Health** take to support school districts as they implement their nutrition wellness policies?

Appendix F: Implementation Challenges

Complete list of wellness policy implementation challenges cited by district respondents. (Number of respondents)

- Wellness policy implementation is an unfunded mandate. It is very cheap to eat and serve unhealthy foods, and there are no funds available for serving more expensive, nutritious food. If the board wants to make new requirements it needs to provide outside funding. (6 respondents)
 - Related to funding:
 - Need financing for after school activities (e.g. Hang Time at Kellogg).
 - Need funding for new health curriculum (not from the dairy council).
- Lack of money, time, resources. The costs of nutritious foods are too high. (4 respondents)
- Language and cultural barriers make it more difficult for nutrition education and physical education to be implemented (changing clothing, wearing shorts, etc). (4 respondents)
- Attempts at novel nutrition education are difficult. When students are served nutritious foods they are not used to they throw them away. This is seen as wasted money. (2 respondents)
- Immunizations and access to healthcare is also a large issue for many families. Unhealthy kids miss more school. (2 respondents)
- Dependence on commodity programs is a barrier. (2 respondents)
- Concern over budget crisis and cuts in wellness related programming.
- PE requirements (minutes per week) are not possible.
- Eating disorders (rather than obesity) are a large problem and certain policies are damaging to diets and create food obsessions.
- Allergies are a major problem.
- Many families are not aware that they qualify for food stamps at 200% FPL as the free and reduced lunch program is 135% FPL.
- Lack of sidewalks makes walking and biking to school difficult.
- Vending machines are still a big issue (only limit access to 30 minutes after lunch).
- Teachers are frustrated by trying to battle what is being taught at home and the food marketing impacts on children.
- The King County BOH can make good policies but cannot enforce them.
- What the BOH is asking for is administratively very difficult and takes away from classroom education.
- There is not clear direction about what is required for a good wellness policy.

Appendix G: Other Wellness Activities

Do you have other school-based activities designed to promote student wellness? (Number of Responses if Multiple)

- Wellness Fairs: (6)
- After school organized physical activities: (5)
 - Fun runs (2)
 - District wide sporting events
 - Intramural sports at middle school level
 - Open gym nights for the community
- Activities organized during school hours: (5)
 - Recess walking program for students and teachers
 - Midday walks for elementary school kids
 - Heart rate monitoring curriculum at elementary level
 - Culinary options during special weeks at middle school level
 - Physical fitness days or weeks
- Challenges: (4)
 - Walking challenges (2)
 - Middle school level challenge where kids create goals and keep a log (2)
- Partnerships: (3)
 - Student, parent and teacher involvement in Community Health Network
 - University of Washington researcher measured change in health behaviors
 - Seahawks deliver wellness info at middle school and elementary levels
- Miscellaneous: (3)
 - Gardening program
 - District wide organic farming taste-off
 - Provide parents with wellness info
- Assemblies/presentations: (2)
 - Pacific Science Center speaker

Staff-only programs: (5 responses)

- General staff wellness program (2)
- Staff exercise opportunities (3)
 - Free access to gym owned by the city (2)
 - Yoga, stretching and meditation classes for staff

Appendix H: Suggestions from Respondents to the Board of Health

Category:	Category Total:	General recommendation:	Related specific example or barrier:
<i>Fiscal</i>	<i>21</i>	<ul style="list-style-type: none"> • Provide financial support • The Board of Health should <i>not</i> come into districts with requirements for which funding and resources are not provided. This is a repetitive theme from different groups. The district is in a funding crisis and does not need any new add-ons without funding. • Implement any system that gives the district an opportunity to apply for funding via a process that is not overly onerous • Address the cost of obtaining food operating permits from King County Health Department. • Provide more funding for quality, healthy food. • Provide financial support for implementation of articulated nutrition and PE curriculum at all grade levels. • Provide more funding for organic food and use local organic farmers for pilot programs • Give \$500 grants for various programs. • Provide an ‘information conduit’ at BOH who has access to grants and can provide that information to the districts. • Provide more info on how to replace the lost revenue and fund the mandates. • Provide some sort of incentive program, even if the incentives are small sums of money. • Increase funding for schools so that they can increase school day, increase transportation and increase staff time. 	<ul style="list-style-type: none"> • The cost is doubling this year and that takes money away from essential programs. • Disappointed in new requirements which raise expenditures. If Board of Health wants to help, help financially too. • District used to have small grant opportunities and used them to buy materials. • Specific barrier: Hard for the districts to take time to look for grants.
<i>Materials and resources</i>	<i>19</i>	<ul style="list-style-type: none"> • Provide quality classroom resources for teachers. • Provide resources in different languages. • Provide support/information/template/flyers with up-to-date information, like the food pyramid, taking in to consideration different cultures. 	<ul style="list-style-type: none"> • Need resources with current information. • Need easily implementable resources. • Would like more current,

		<ul style="list-style-type: none"> • Provide people to come to the schools to give educational presentations. • Support professional/teacher education. • Provide resources for wellness fairs. • Provide basic and easy to implement nutrition information for food services directors. • Provide smart facts menu backs to use on newsletters (from Washington State OSPI). This saves staff time. 	<p>online, and free instruction materials like those on the King County FLASH website.</p> <ul style="list-style-type: none"> • Need resources that are easy and free for schools to access and use.
Best practices and evaluation	14	<ul style="list-style-type: none"> • Provide templates for policies and procedures. • Provide any type of ‘outside eyes’ to come in and evaluate and offer advice. • Coordinate districts to share info. • Bring together best practices and identify successful approaches for various budgets, resources, demographics so can learn from others’ mistakes/failures. • Communication with school board on ‘best practices’ for various circumstances. • Facilitate data sharing to see if/what policies have effect at each grade level. • Provide simple, standard evaluation tools/system. • Giving sound advice on best practice and research-based programs ‘with teeth’ that they can implement through their current curriculum. • Provide a model or guidelines of what works well in other districts. • Provide information on how to implement and monitor. 	<ul style="list-style-type: none"> • Wellness policies are only a small piece of school board's concerns and would appreciate Board of Health expertise. • Provide info about other counties’ support resources. • Interviewee does not have the time to develop evaluation tools and would rather spend the time walking the school observing progress but would use tools if provided. • Specific barrier: Interviewee thinks the district is doing a good job but district doesn’t know what to measure against and has no evaluation tool. • Specific suggestion: Help districts to identify one point person to monitor.
General guidance	9	<ul style="list-style-type: none"> • Provide guidance. • Work <i>with</i> districts and have patience. • Provide info about ways in which Board of Health <i>could</i> help. • Provide guidance on what a district can do given time, constraints and resources. • Show willingness to listen to the district’s views on the impact of regulations. There are lots of unintended consequences to many of these unfunded mandates that could be elucidated. • Provide a chance for those in implementing roles to give input via online survey. • Inform districts of pending regulations and form a partnership with the districts to get them implemented in advance of the regulations. 	

		<ul style="list-style-type: none"> • Make someone from Board of Health available to advise committees, whether present at meetings or on-call. 	
Accountability	9	<ul style="list-style-type: none"> • Do more to assess districts adherence to policies. • Inform superintendents this issue is important enough that the Board of Health is willing to put together this survey. • Don't provide accountability by making one person in the district report out on the district. • Having health agencies come to schools makes things easier. • Districts need school-based enforcement for programs like Recess Before Lunch instead of just recommendations. • Create a recognition program to raise awareness and increase the desire to comply. 	<ul style="list-style-type: none"> • Specific example: While the school lunch policies are adhered to and regulated by OSPI, competitive foods and school stores are not. • Stores and vending machines have no monitoring system. • Specific example: Nutrition policies in classrooms, fundraising events and food as rewards are frequently not followed.
Marketing of knowledge	8	<ul style="list-style-type: none"> • Focus on the larger community. • Get message out to parents about programs available and the importance of good health • Help support the marketing of the health and wellness concept in the districts. • Help encourage participation in National School Lunch Program. • Help get out the message to the community that school lunches are nutritious and affordable. 	<ul style="list-style-type: none"> • Promote messages on public service or bus bulletins about food and fitness. • The more we can get parents to work with communities and schools, the better. • Provide ideas or people to come to events like the PTA to promote the policies and up the excitement level. • Help education the public about the policies and promote community involvement. • Parents and communities still have perception that it is bad for you and unaware of how much it has improved. Parents have been amazed at back-to-school nights when items are displayed and described. However, newsletters are not enough to get this message across to parents and the

			community in general.
<i>Advocacy</i>	7	<ul style="list-style-type: none"> • Advocate for schools on funding and ‘feasibility of mandates’ issues at the community and legislative level. • Support health and PE classes because "they are the first on the chopping blocks" with focus geared toward WASL. • Increase awareness of unfunded mandates. • Provide more flexibility with expectations and regulations. • Help reduce competitive foods. • Advocate for additional resources. 	<ul style="list-style-type: none"> • Specific suggestion: Work with OSPI to make PE classes required. • Specific barrier: participation in after-school sports does not qualify for physical activity. • Specific suggestion: Keep informing the public about where the district is at. Make this policy not just a school’s responsibility but a community responsibility.
<i>Coordination and facilitation</i>	5	<ul style="list-style-type: none"> • Provide a forum for connections between teachers, administrators and policy makers to address understanding, implementation, and accountability of wellness policies. • Develop ways to help ‘herd’ leadership (superintendents, principals, administration) and get them excited about it. • Board of Health needs to work directly with principals because they don’t listen to us and we don’t tell PTA what to do. • Coordinate partnerships with local organizations like Public Health. • Help hire district health coordinator to oversee all these actions. 	<ul style="list-style-type: none"> • Interviewee feels having a policy, which was simply modified from another district’s, is not enough. • Would appreciate partnerships with outside expertise on efforts to help kids who are more at-risk for obesity.
<i>Miscellaneous</i>	5	<ul style="list-style-type: none"> • Help provide hand-washing sinks so kids can wash their hands after recess and before lunch. • Support general access to healthcare. • Make sure that the information of health coverage to all children is accessible for parents through pamphlets and posters. 	<ul style="list-style-type: none"> • For many of these kids, health care needs to happen before nutrition and wellness can take center stage.

Appendix I: Quotes

Challenges you would like the BOH to know about.

"Anytime there are policies uncoupled to resources, they are extremely hard to implement. We need flyers, handouts, [and] resources in many languages."

"Countering the unhealthy habits at home is hard."

"The board is not offering commission to schools. 80-90% of funding is from those contracts. There has not been an alternative to replace it. In educational terms we call it: Unfunded mandate."

"We found that in high schools, when we changed the product mix, the children were getting it from the parking lot. They sell it at the back of their car. The drinks are associated with trend and brand image, even though they know it's not best for them. Right now they do not understand what we are trying to accomplish for them."

What actions could the BOH take to support the district?

"If the King County Board of Health could provide a forum for connections between teachers, administrators, and district-level policy makers, implementation, understanding, and accountability of wellness policies could be much more effective."

"I would like to have some really good guidelines. Because when I look things up, for example, sugar (how much I should be concerned about), the OSPI told me not to be concerned about it!! Really easy cut and dry guidelines would be really good."

"[The BOH should] target more towards outreach. Draw families in. We only see kids for 1 meal a day. We would be happy to receive and disseminate info from BOH to give out."

How would monitoring and evaluation be funded?

"If the BOH is pushing these requirements, they should also be funding what it takes to make the changes. The federal government is big on change and small on financial support..."

Is there anything else you would like to tell me about your district's approach (curriculum)?

"We don't want the image of food police, we want to emphasize long term benefits of child health."

Does your district currently have an active school health advisory committee?

"Last year it was chaired by a person who left this year. I don't know who is in charge now. Our committee is inactive. I'm on it! And I haven't been on the meeting."

Aggregate Score for Nutrition-Related/ Physical-activity Related Policies

"I don't think they have good policies. They determined that it was good to have a policy developed but they are not very good policies."

What are challenges to implementing nutrition education guidelines?

"Even short snippets of time with resources can help us."