

bridging the gap

Research Informing Policies & Practices
for Healthy Youth



Progress and Opportunities in Wellness Policy Provisions: Latest Nationwide Results from the Bridging the Gap Program – Part 2

Welcome to the webinar. We will start in a few minutes.

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for Healthy Youth

Action for Healthy Kids.

Progress and Opportunities in Wellness
Policy Provisions: Latest Nationwide Results
from the Bridging the Gap Program

Part 2

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Director of Policy Surveillance and Evaluation

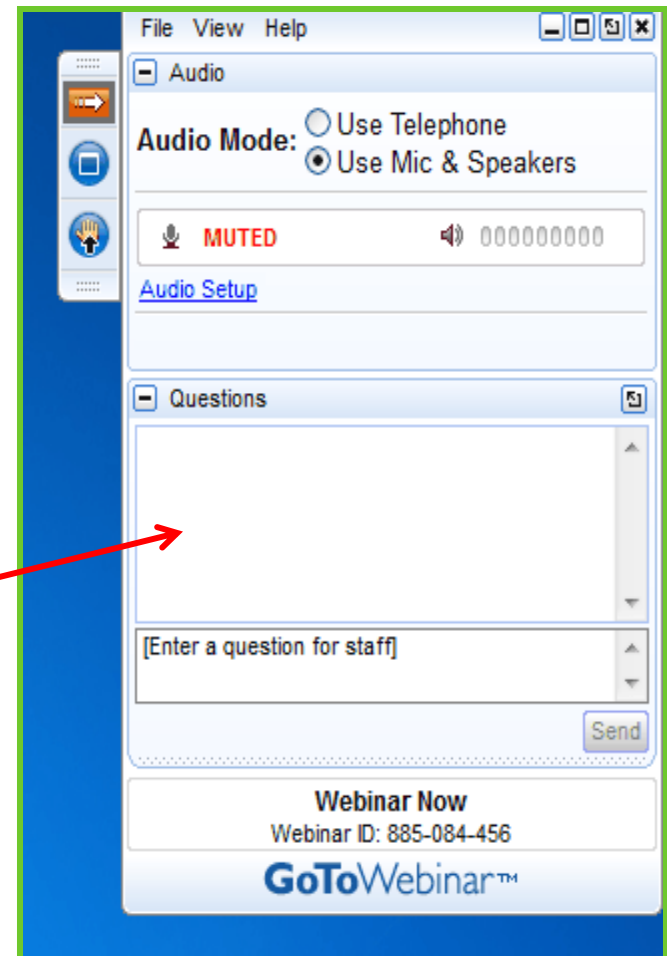


 **Action** for **Healthy Kids.**

Jill Camber Davidson, RD, CD
School Program Manager
Action for Healthy Kids

LOGISTICS

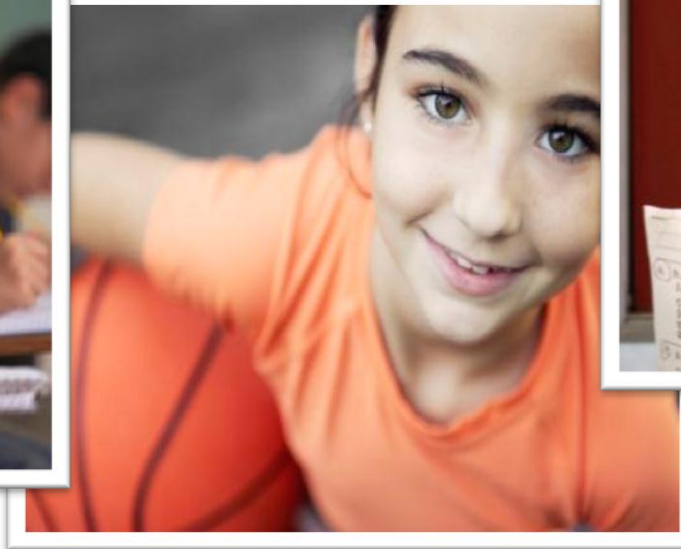
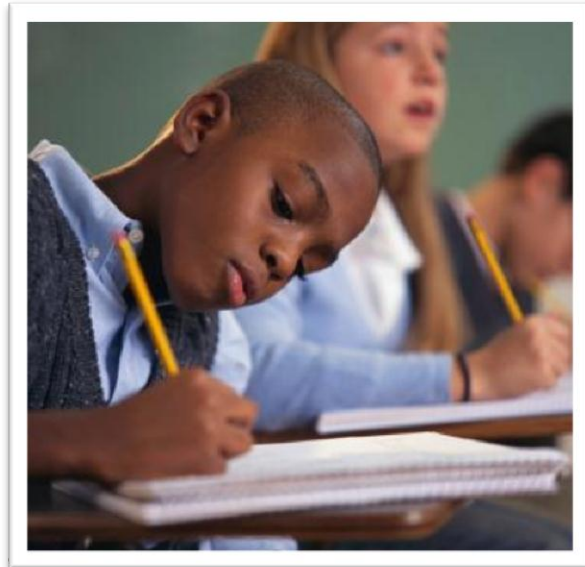
- Telephone or speakers
- Everyone is muted
- This call is being recorded
- Link to recording and slides will be sent out following the call
- Submit questions using the text box



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Action for Healthy Kids (AFHK) is a national grassroots partnership created to address the epidemic of overweight, undernourished and sedentary youth by focusing on changes in schools.



AFHK Resources

www.Actionforhealthykids.org

Resources to Create Change



Programs

Resource Clearinghouse

School Grants

Wellness Policy Tool



Help us create a 100,000 - person movement to make all schools healthier by taking the Every Kid Healthy Pledge.

PLEDGE!



Wellness Policy Help ... at Your Fingertips



Wellness Policy Tool
This Tool is intended to help anyone involved in developing, implementing, and evaluating wellness policies by providing information about the wellness policy process.

[READ MORE >](#)



Resource Clearinghouse
Highlights nationally recognized, evidence-based tools, programs and best practices for infusing nutrition and physical activity into the school day.

[READ MORE >](#)



School Grant Opportunities
Each school year, teachers and school administrators have the opportunity to apply for a number of our grants that promote healthy environments for kids.

[READ MORE >](#)

Connect With Us



Wellness Policy Tool

Getting Started

Successful creation of a local wellness policy consists of the eight steps shown below. Click on a step to learn more about it.



Action for Healthy Kids developed this tool with input from our partner organizations and volunteer Team members to help you create a local wellness policy that meets your district's unique goals for nutrition and physical activity *and* take the next steps to put the policy into action to positively impact students' health and lifelong choices.

In June 2004, the Child Nutrition and WIC Reauthorization Act was signed into law, making it mandatory for all local education agencies participating in the Federal School Meal Programs to create a local wellness policy by July 2006.

This Tool is intended to help anyone involved in developing, implementing, and evaluating wellness policies by providing practical guidance and how-to information about the wellness policy process.

OVERVIEW

This webinar will:

- Recap the progress and opportunities relative to wellness policies nationwide based on the most recent data compiled by the Bridging the Gap Research program
- Examine data and trends in wellness policy content and strengths
- Answer viewer questions related to the report and wellness policy work

AGENDA

- Overview the Bridging the Gap report on district wellness policies nationwide
- Trends in wellness policy content and strength
- Questions and considerations about wellness policy revisions and using the report information
- Discuss ideas on this information can help meet performance measures to create supportive nutrition environments

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Overview of BTG District Wellness Policy Surveillance and Reports

http://www.bridgingthegapresearch.org/research/district_wellness_policies/

BTG District Wellness Policy Study Overview

- Largest, ongoing nationwide evaluation of school district wellness policies
- Nationally representative sample of Public School Districts
- Policies effective at start of school year
- Primary policy collection and analysis, included wellness policy and all associated regulations, guidelines, procedures and cross-referenced policies, models, laws.

Competitive Food and Beverage Policy Coding Scheme

- Policies evaluated for competitive foods/beverages using an ordinal coding scheme and coded separately for each location of sale:
 - 0: No policy
 - 1: Weak policy (should, encourage, may, try, attempt)
 - 2: Strong policy (must, shall, require), but less than IOM standards (if applicable)*
 - 3: Meets IOM standard⁺
 - 4: Competitive food & beverage ban

- *+Not all items had an IOM standard*
- **Not all items had a strong category other than the IOM strong category*

District Policy Coding Scheme-1

- Policies coded by grade level using adaptation of Schwartz et al. (*JADA*, 2009) scheme (now WellSAT) which focused on required wellness policy elements as well as provisions for physical education
- Significantly enhanced competitive food & beverage coding scheme commencing with SY 08-09 to assess alignment with IOM *Nutrition Standards for Foods Sold in Schools*
 - Rudd Center WellSAT tool now incorporates this scheme as well

Coding Scheme cont.

- Policies evaluated using an ordinal coding scheme:
 - 0: No policy
 - 1: Weak policy (should, encourage, may, try, attempt)
 - 2: Strong policy (must, shall, require)
- For competitive food and beverage content restrictions, policies coded using additional coding scheme that accounts for the 2007 IOM competitive food standards

Evaluating Policy Strength and Comprehensiveness

• Strong vs. Weak Policies

- STRONG POLICY PROVISIONS are those that required action and specified an implementation plan or strategy. Strong policy provisions included language such as *shall, must, require, comply, and enforce*.
- WEAK POLICY PROVISIONS offered suggestions/recommendations, and some required action, but only for certain grade levels or times of day. They included language such as *should, might, encourage, some, make an effort to, partial, and try*.

• Strong vs. Comprehensive Policies:

- STRENGTH: Proportion of policies that are REQUIRED
- COMPREHENSIVENESS: Proportion of policies ADDRESSING a topic (either strong or weak provisions)

Categories of markers included for each topic area

Category	Number of Items
Nutrition education	8
School meals	17
Competitive foods & beverages	30 (15 of which are coded separately by 6 locations of sale*)
Physical activity	14
Physical education	25
Staff wellness	3
Communications/marketing	3
Evaluation and reporting	28

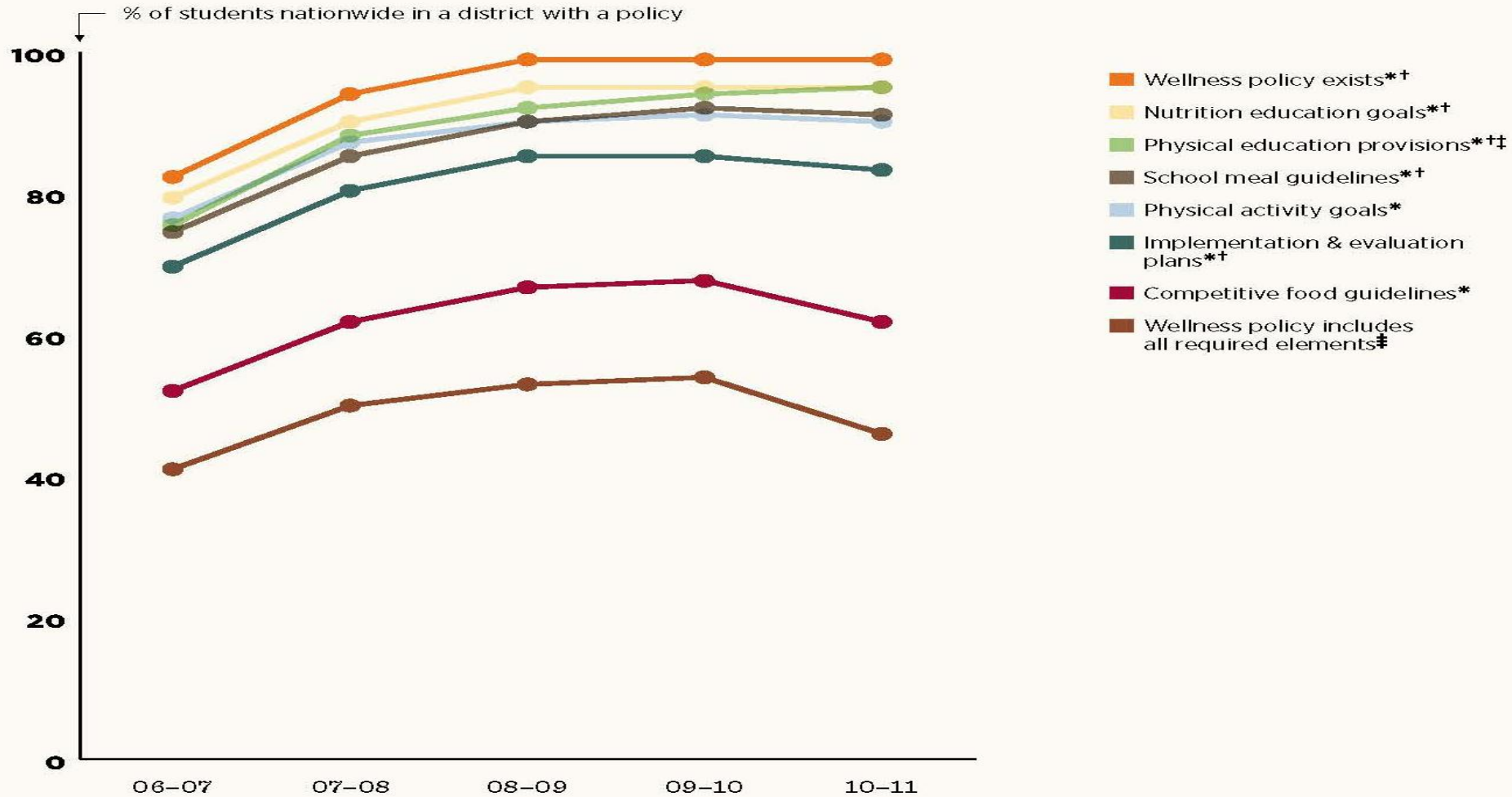
*A la carte, vending machines, stores, fundraisers, evening/community events, class parties

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Exploring the Trends in Wellness Policy Content and Strength

FIGURE 1 Progress in Adopting Wellness Policies and Required Policy Components, School Years 2006–07 Through 2010–11



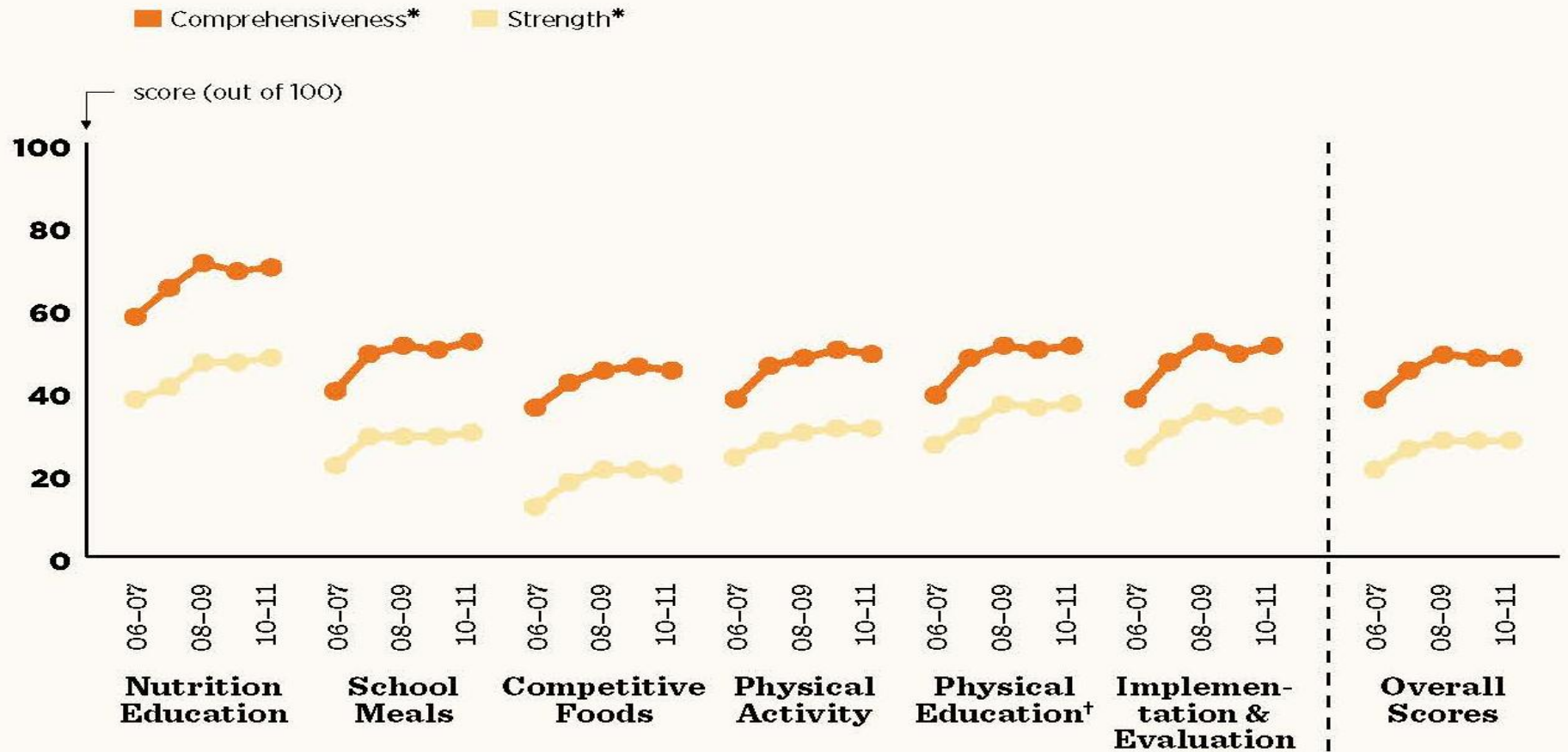
* School year 10–11 significantly different from school year 06–07 at $p < .05$ or lower.
 † School year 10–11 significantly different from school year 07–08 at $p < .05$ or lower.
 ‡ Physical education was not a required element but is included because of its relevance to physical activity.
 § School year 10–11 significantly different from school year 09–10 and school year 08–09 at $p < .05$ or lower.

Exact percentages for school year 06–07 and school year 10–11 are provided in Table 1.

Data reflect policies in effect as of the first day of each school year.

Source: Bridging the Gap, Health Policy Center, Institute for Health Research and Policy, University of Illinois at Chicago, 2013.

FIGURE 2 Wellness Policy Comprehensiveness and Strength by Topic and Year, School Years 2006–07 Through 2010–11



* All items included in Table 1, for which there were five years of data, were used to compute comprehensiveness and strength. Both comprehensiveness and strength are computed on a scale ranging from 0 to 100. A **comprehensive** score of 100 indicates that all of the items for the given topic (e.g., nutrition education) were addressed in the policy. A **strength** score of 100 indicates that all of the items for the given topic were strong (i.e., definitively required).

[†] Physical education was not a required element but is included because of its relevance to physical activity.

Data reflect policies in effect as of the first day of each school year.

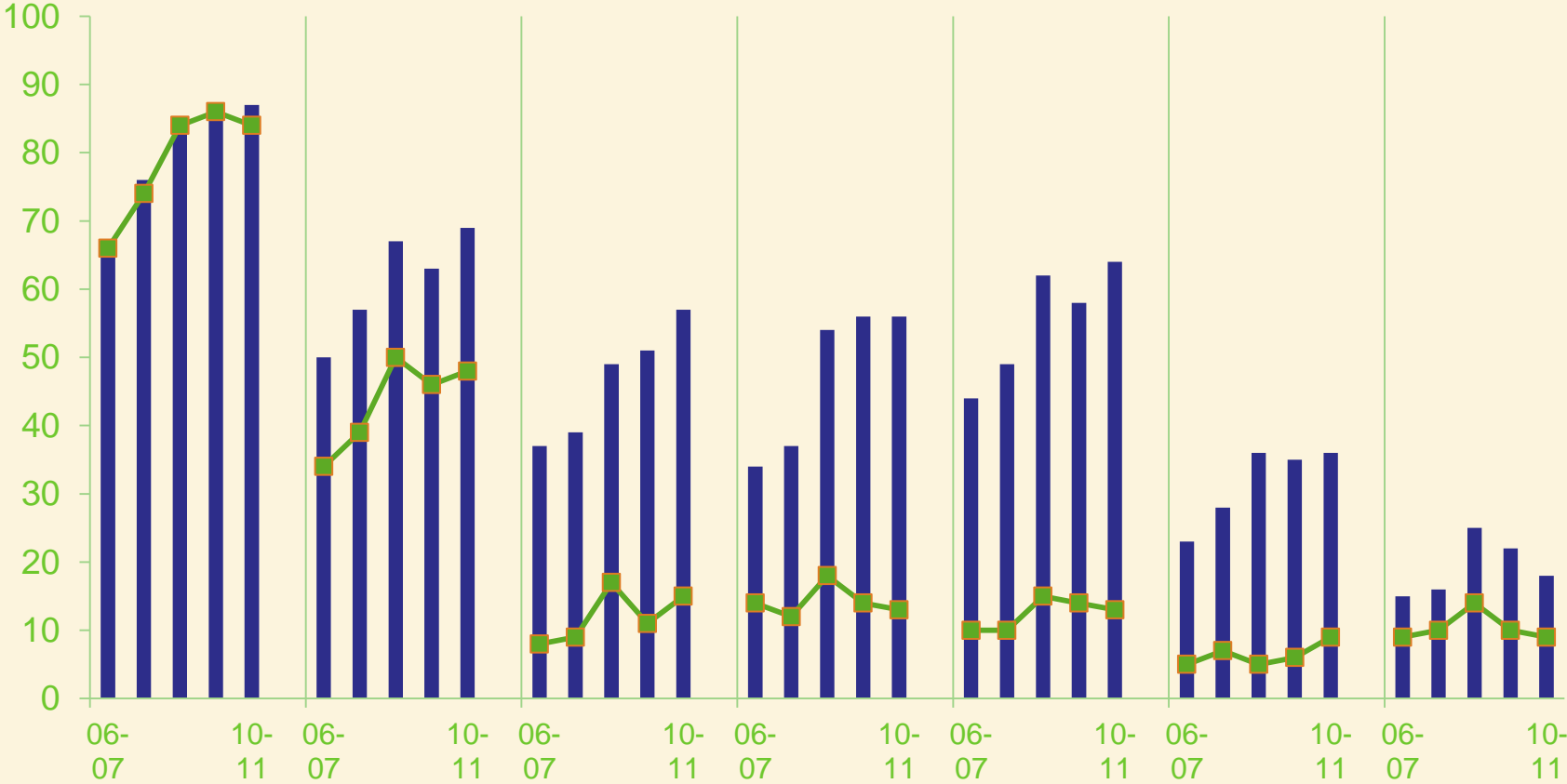
Source: Bridging the Gap, Health Policy Center, Institute for Health Research and Policy, University of Illinois at Chicago, 2013.

Selected School Meal Provisions by Year

% of districts nationwide with policy

■ % address policy

■ % with strong policy



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Key Report Tables

Table 1: STUDENT-weighted data on wellness policy components

TABLE 1 Percentage of *Students* Nationwide in Public School Districts with Wellness Policy Provisions, School Years 2006–07 and 2010–11

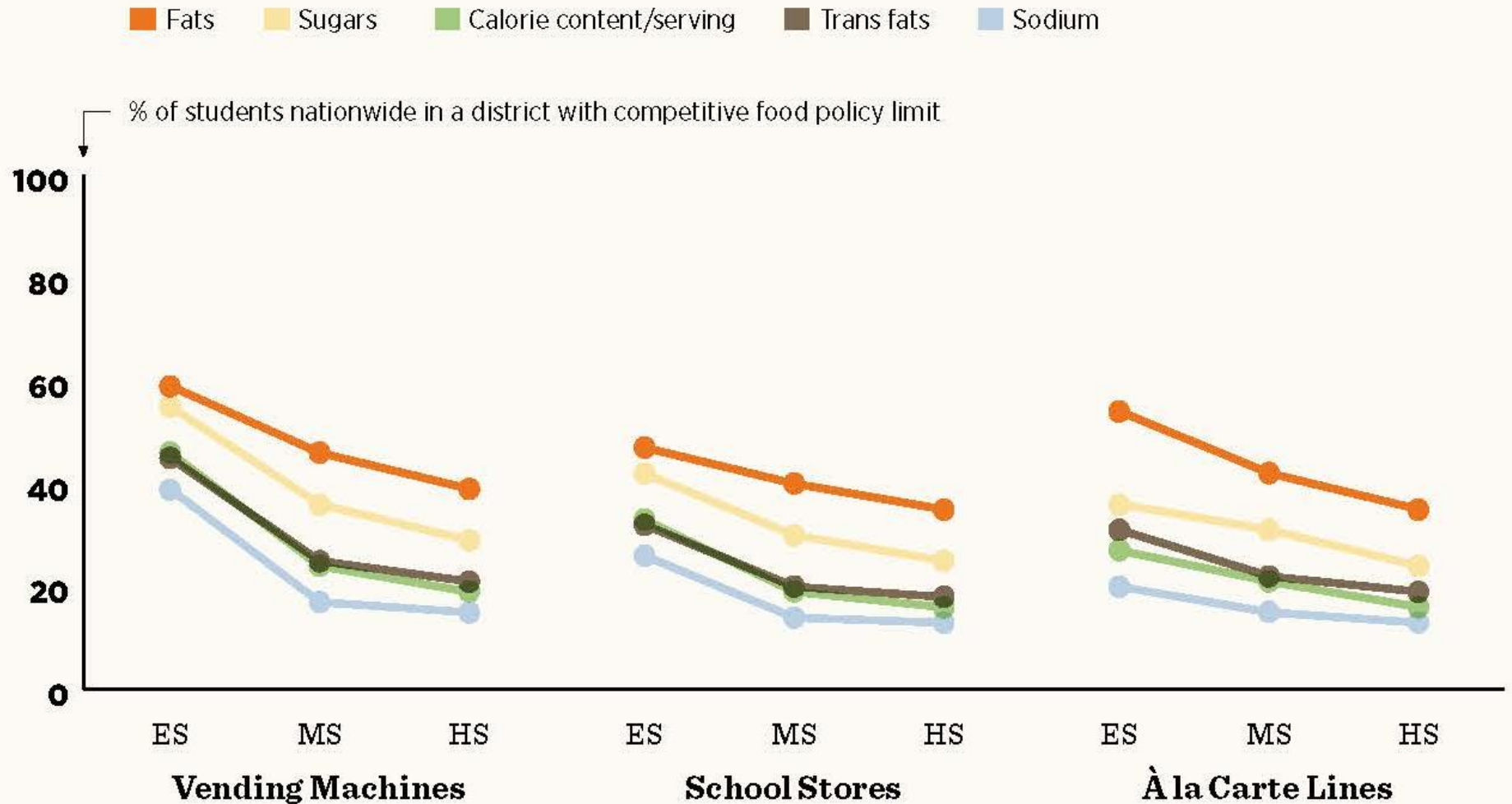
Selected Policies for Competitive Foods and Beverages	% OF STUDENTS IN PUBLIC SCHOOL DISTRICTS NATIONWIDE					
	Elementary		Middle		High	
	06–07	10–11	06–07	10–11	06–07	10–11
Nutrition guidelines for competitive foods and beverages^b (Required wellness policy element)						
No policy	18%	4%	22%	4%	24%	6%
Weak policy	27%	28%	28%	36%	28%	39%
Strong policy	55%	68%	50%	60%	47%	55%
Significant change over 5-year period	— <i>p</i> <.001 —		— <i>p</i> <.001 —		— <i>p</i> <.001 —	
Nutrition guidelines apply to competitive food and/or beverage contracts						
No policy	82%	66%	83%	67%	84%	69%
Weak policy	3%	8%	3%	8%	3%	6%
Strong policy	15%	26%	14%	25%	13%	26%
Significant change over 5-year period	— <i>p</i> <.001 —		— <i>p</i> <.001 —		— <i>p</i> <.001 —	
Nutrition information for competitive foods and/or beverages						
No policy	90%	92%	92%	92%	92%	90%
Weak policy	4%	3%	4%	3%	4%	4%
Strong policy	6%	4%	4%	4%	4%	6%

Due to rounding, some percentages may not sum exactly to 100. Exact numbers are available at www.bridgingthegapresearch.org.

^b Data for school year 2006–07 has been revised slightly from data originally reported.

Source: Bridging the Gap, Health Policy Center, Institute for Health Research and Policy, University of Illinois at Chicago, 2013.

FIGURE 3 Specific and Required Competitive Food Limits by Venue and Grade Level of Applicability, School Year 2010–11

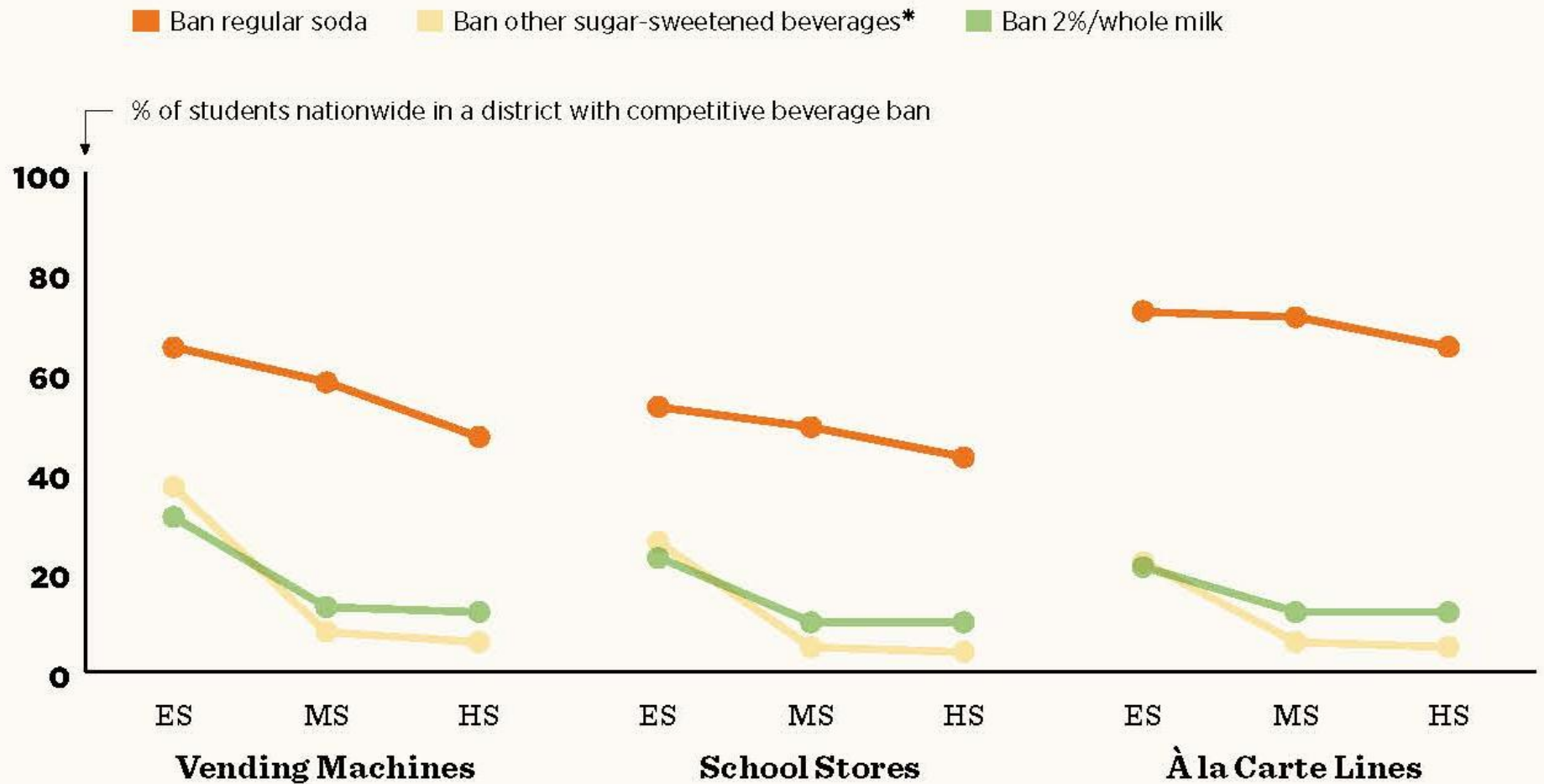


Exact percentages are provided in Table 3.

Data reflect policies in effect as of the first day of the school year.

Source: Bridging the Gap, Health Policy Center, Institute for Health Research and Policy, University of Illinois at Chicago, 2013.

FIGURE 4 Competitive Beverage Bans by Venue and Grade Level of Applicability, School Year 2010–11



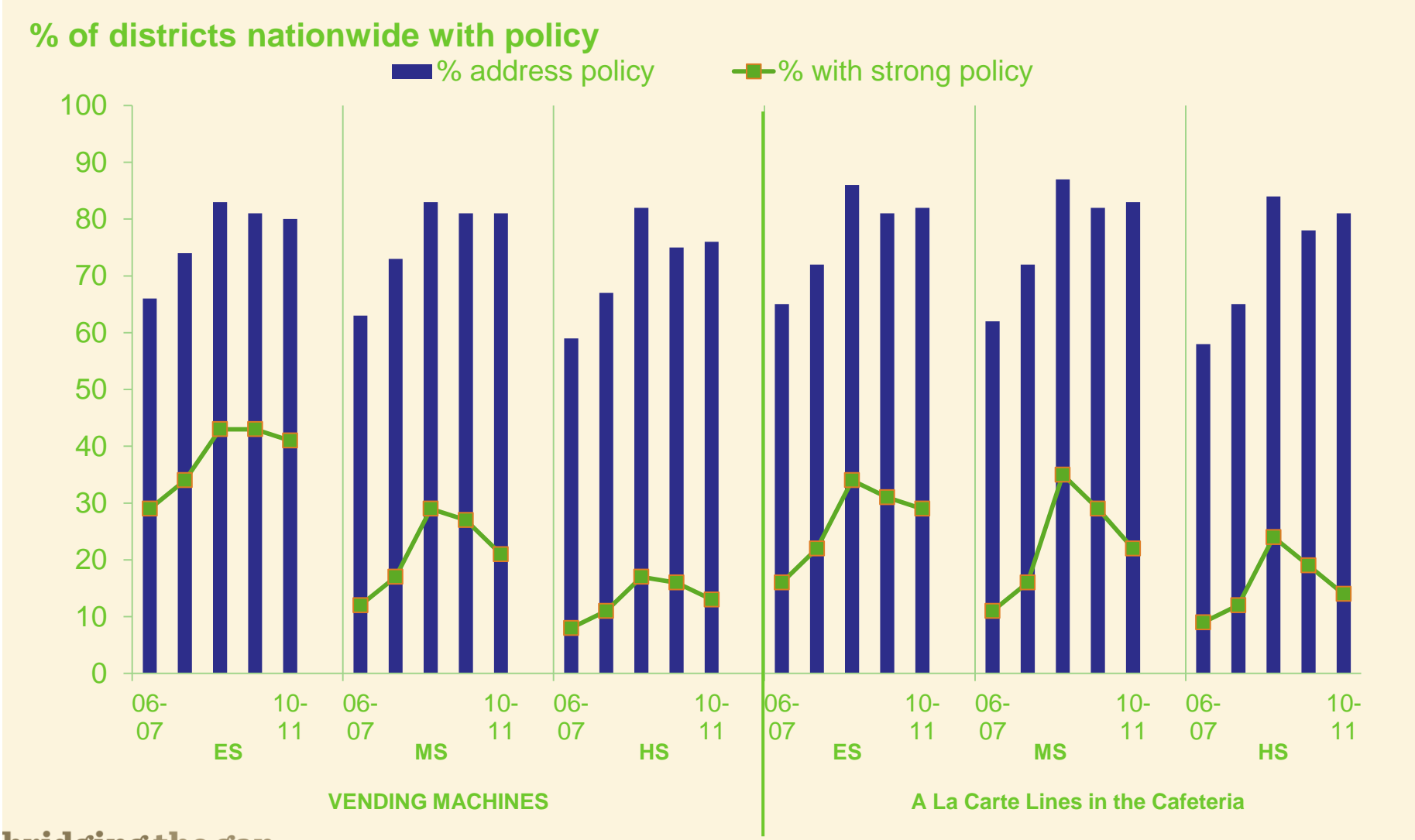
*Other sugar-sweetened beverages include sports drinks, sweetened teas, sweetened fruit drinks, and other drinks with added sugars.

Exact percentages are provided in Table 3.

Data reflect policies in effect as of the first day of the school year.

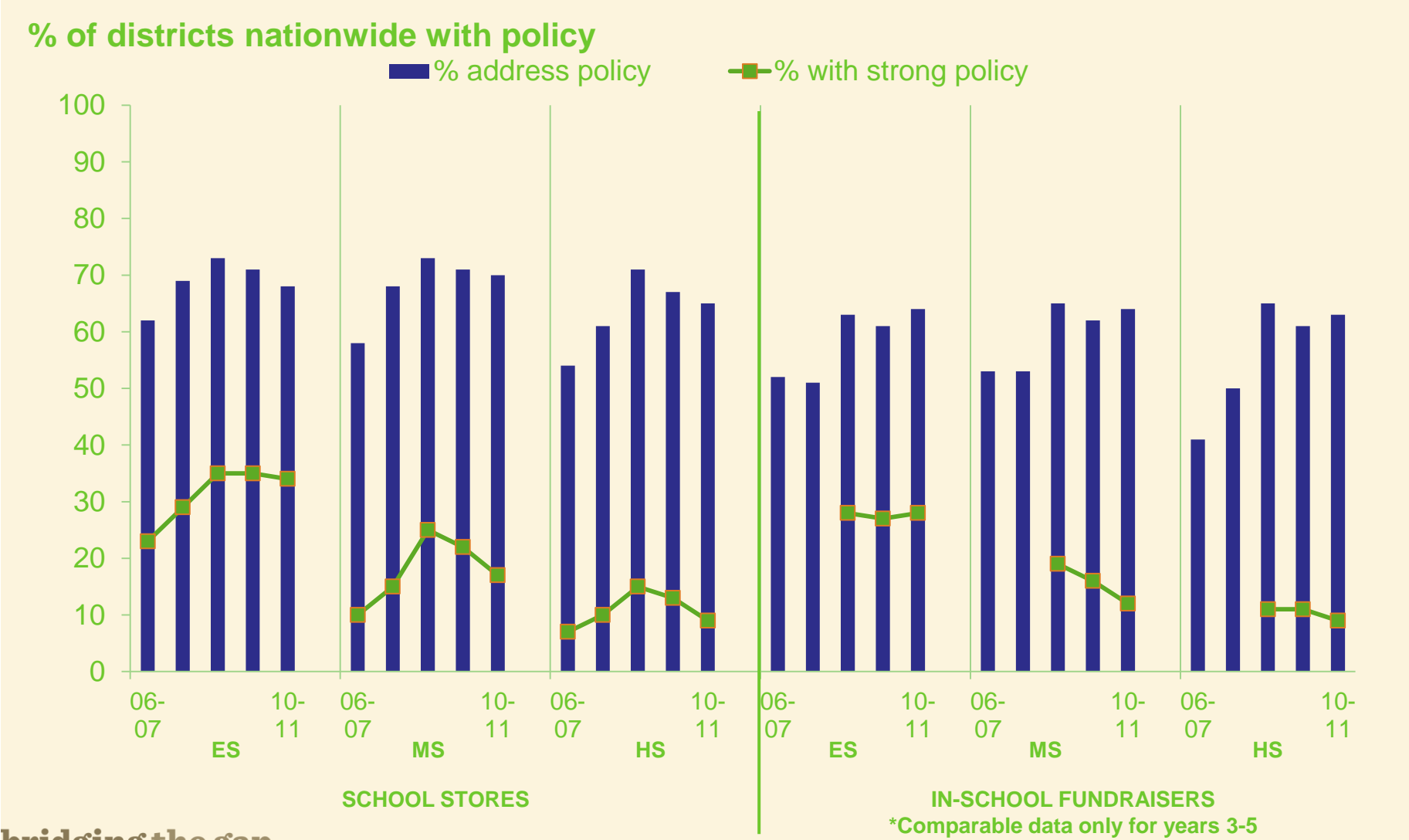
Source: Bridging the Gap, Health Policy Center, Institute for Health Research and Policy, University of Illinois at Chicago, 2013.

Selected Competitive Food & Beverage Location Restrictions by Year and Grade Level



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Selected Competitive Food & Beverage Location Restrictions by Year and Grade Level cont.



Key Report Tables

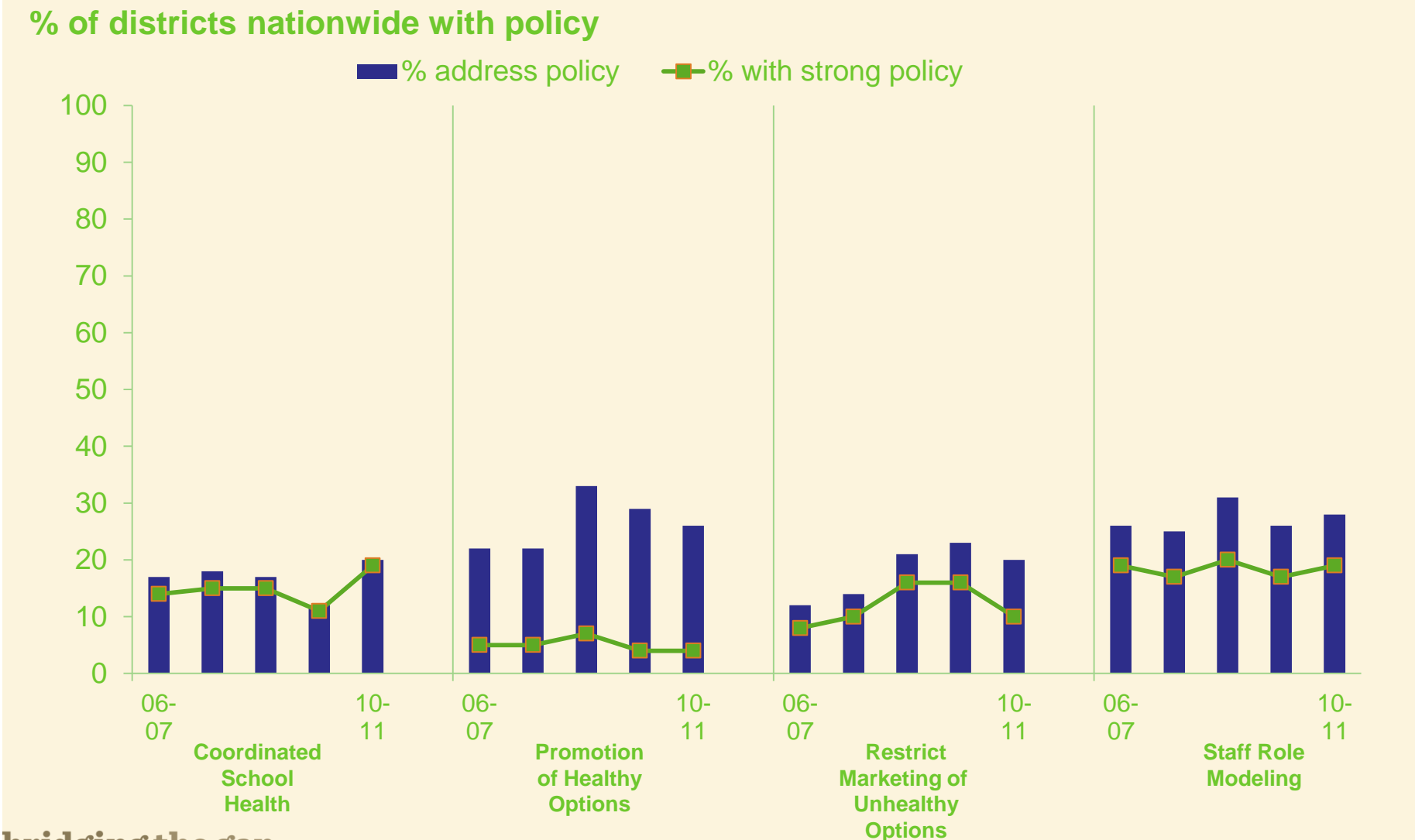
Table 1: STUDENT- weighted data on wellness policy components

Access to Healthy Foods

Selected Policies for Competitive Foods and Beverages (CONTINUED)	% OF STUDENTS IN PUBLIC SCHOOL DISTRICTS NATIONWIDE					
	Elementary		Middle		High	
	06-07	10-11	06-07	10-11	06-07	10-11
ACCESS RESTRICTIONS						
Competitive food and/or beverage ban						
No policy	84%	80%	97%	96%	99%	98%
Weak policy	14%	13%	3%	4%	1%	2%
Strong policy	2%	7%	0%	0%	0%	0%
Significant change over 5-year period	— $p < .01$ —					
Vending machine restrictions during the school day						
No policy	30%	14%	34%	13%	36%	17%
Weak policy	32%	33%	50%	55%	52%	59%
Strong policy	39%	53%	16%	32%	12%	24%
Significant change over 5-year period	— $p < .001$ —		— $p < .001$ —		— $p < .001$ —	
À la carte restrictions during meal times						
No policy	31%	11%	35%	11%	37%	14%
Weak policy	43%	45%	51%	57%	52%	62%
Strong policy	26%	44%	14%	32%	11%	24%
Significant change over 5-year period	— $p < .001$ —		— $p < .001$ —		— $p < .001$ —	
School store restrictions during the school day						
No policy	37%	26%	41%	26%	43%	29%
Weak policy	31%	31%	46%	48%	47%	51%
Strong policy	32%	42%	14%	26%	10%	20%
Significant change over 5-year period	— $p < .001$ —		— $p < .001$ —		— $p < .001$ —	
Fundraisers during the school day						
No policy	47%	27%	49%	28%	52%	30%
Weak policy	52%	36%	50%	49%	47%	51%
Strong policy	1%	37%	1%	23%	1%	20%
Significant change over 5-year period	— $p < .001$ —		— $p < .001$ —		— $p < .001$ —	
Policies governing classroom parties						
No policy	46%	35%	48%	34%	48%	34%
Weak policy	53%	63%	51%	63%	51%	64%
Strong policy	1%	2%	1%	2%	1%	2%
Significant change over 5-year period	— $p < .01$ —		— $p < .001$ —		— $p < .001$ —	
Policies governing food as a reward						
No policy	68%	58%	69%	58%	70%	56%
Weak policy	23%	30%	23%	30%	22%	32%
Strong policy	9%	12%	8%	12%	8%	12%
Significant change over 5-year period	— $p < .05$ —		— $p < .01$ —		— $p < .001$ —	
Policies governing evening and/or community events						
No policy	84%	88%	86%	88%	87%	88%
Weak policy	15%	12%	14%	11%	12%	11%
Strong policy	1%	0%	1%	1%	1%	1%
Significant change over 5-year period	— $p < .05$ —					
Availability of free drinking water throughout the school day						
No policy	88%	84%	89%	84%	89%	83%
Weak policy	3%	3%	3%	3%	3%	3%
Strong policy	9%	12%	8%	13%	8%	13%
Significant change over 5-year period					— $p < .05$ —	

Due to rounding, some percentages may not sum exactly to 100. Exact numbers are available at www.bridgingthegapresearch.org.
 Source: Bridging the Gap, Health Policy Center, Institute for Health Research and Policy, University of Illinois at Chicago, 2013.

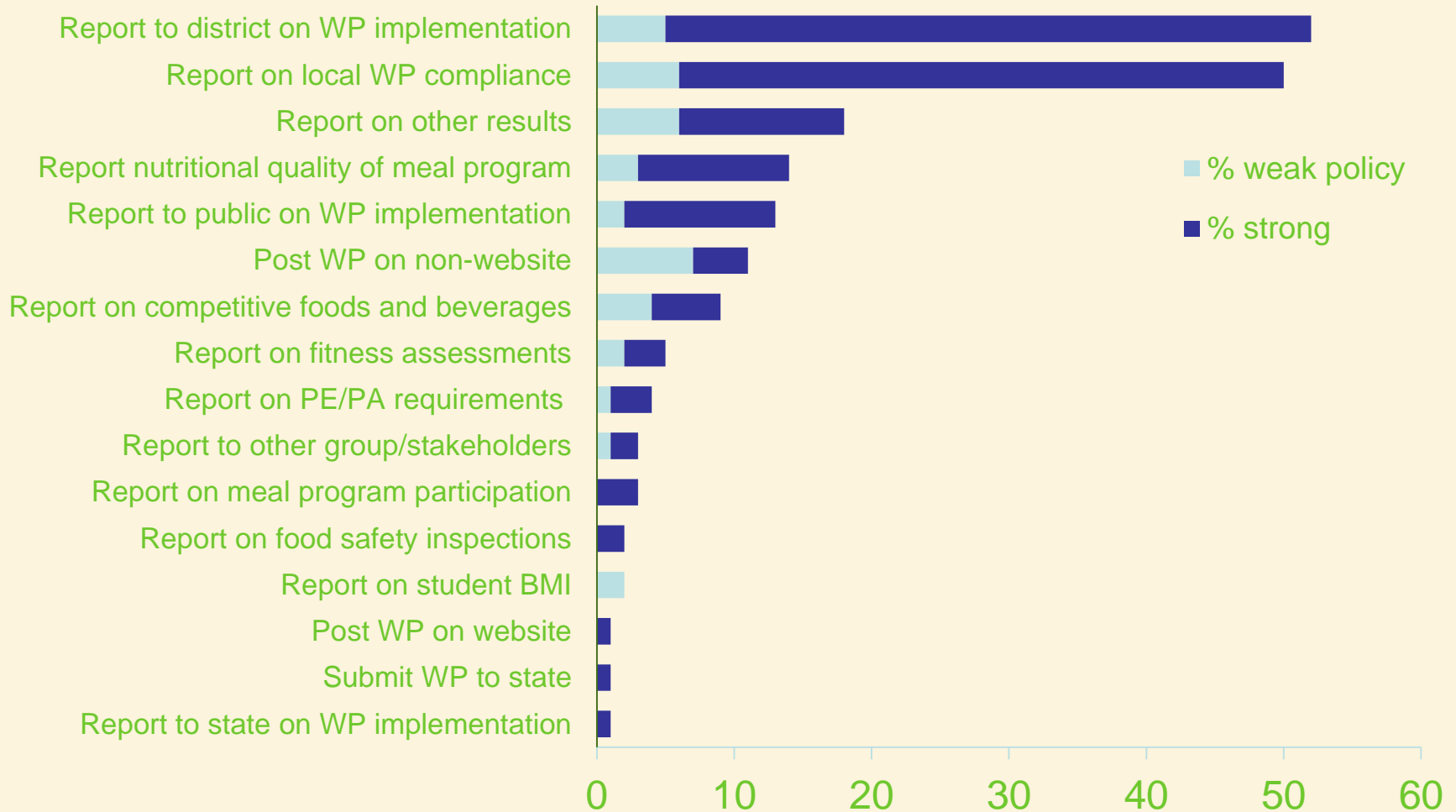
Selected Messaging/Marketing Provisions by Year



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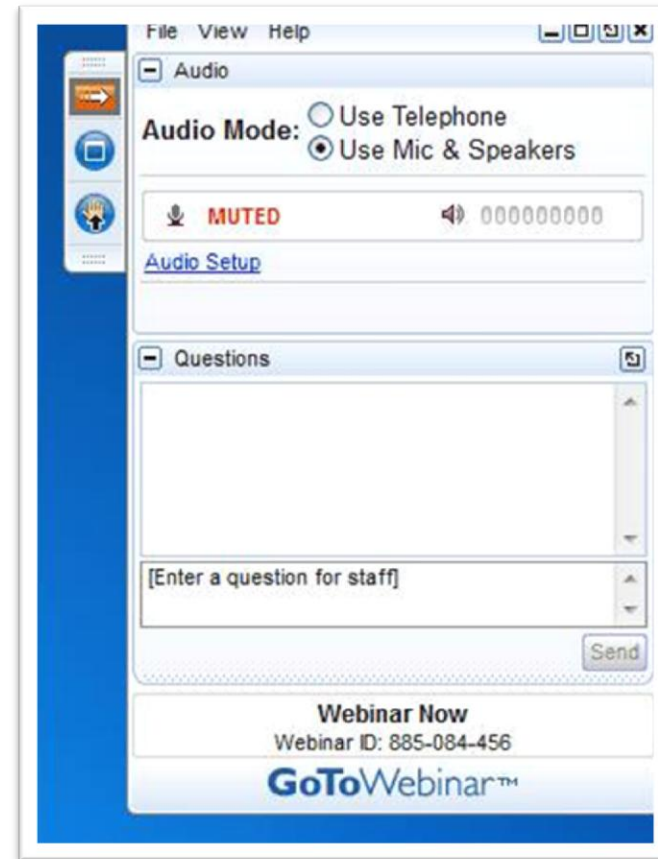
Reporting Requirements

% of districts nationwide with policy that require district to...



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QUESTIONS?



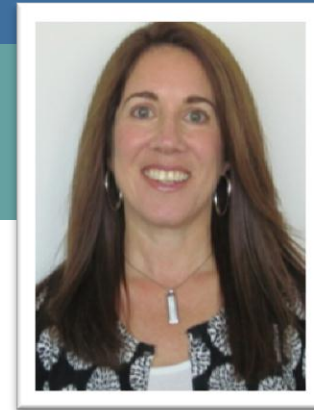
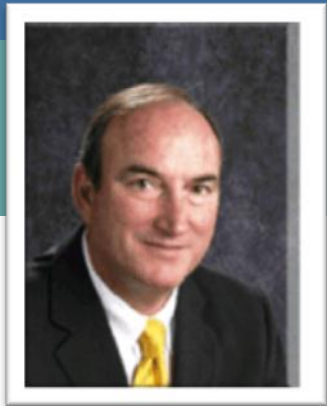
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Jeffrey Smith, Ed. D
Superintendent
Balsz Elementary School
District # 31
Phoenix, Arizona



Considerations when updating your wellness policy



What can you do locally?

- Continue to review, evaluate, update policies that will support overall student health
- Disseminate information about the wellness policy and implementation efforts and make this information publicly accessible
- Engage the community in implementation efforts
- Focus on policy changes to facilitate student compliance with the *Physical Activity Guidelines for Americans* and the *Dietary Guidelines for Americans* recommendations

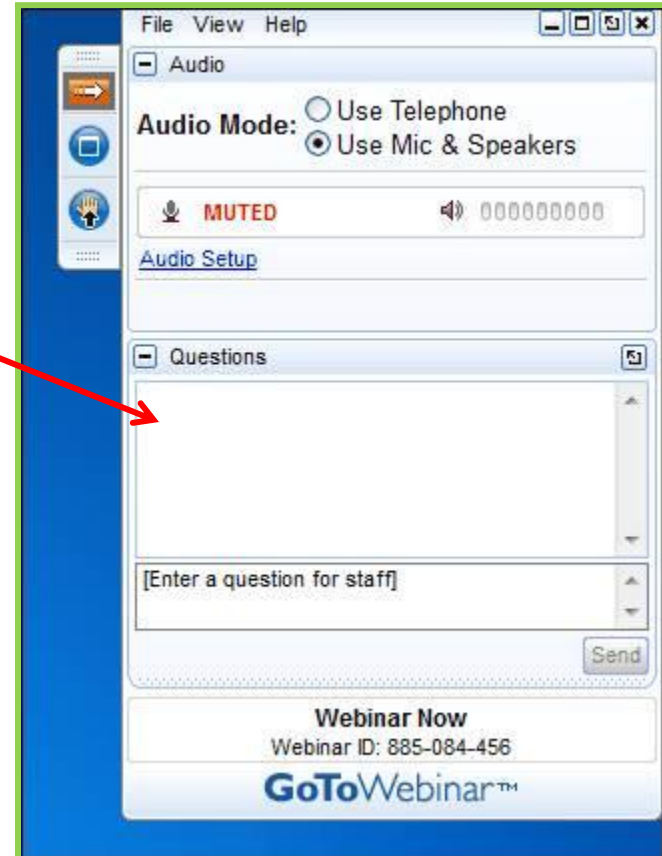
KEY Considerations When Revising

- Make sure the policy is designed to fit your district's context/ needs
 - There is NO ONE SIZE FITS ALL WELLNESS POLICY
 - Models are great, but are only appropriate if they can be implemented in your district
- Identify the key goals for the district
 - Develop meaningful and measurable indicators that you could use to track progress in implementation and student outcomes over time
- Involve key stakeholders
 - District officials, school officials, parents, students, community leaders, physical educators, food service directors, physicians, etc.
- Benchmark your policy against our national data
 - Key questions: What are your goals, what are your resources for implementation, do you have buy-in/support from district officials, school administrators, parents, etc.?
- Incorporate plans for reporting and ongoing monitoring of progress
 - Review and revise on a regular basis (~3 years)

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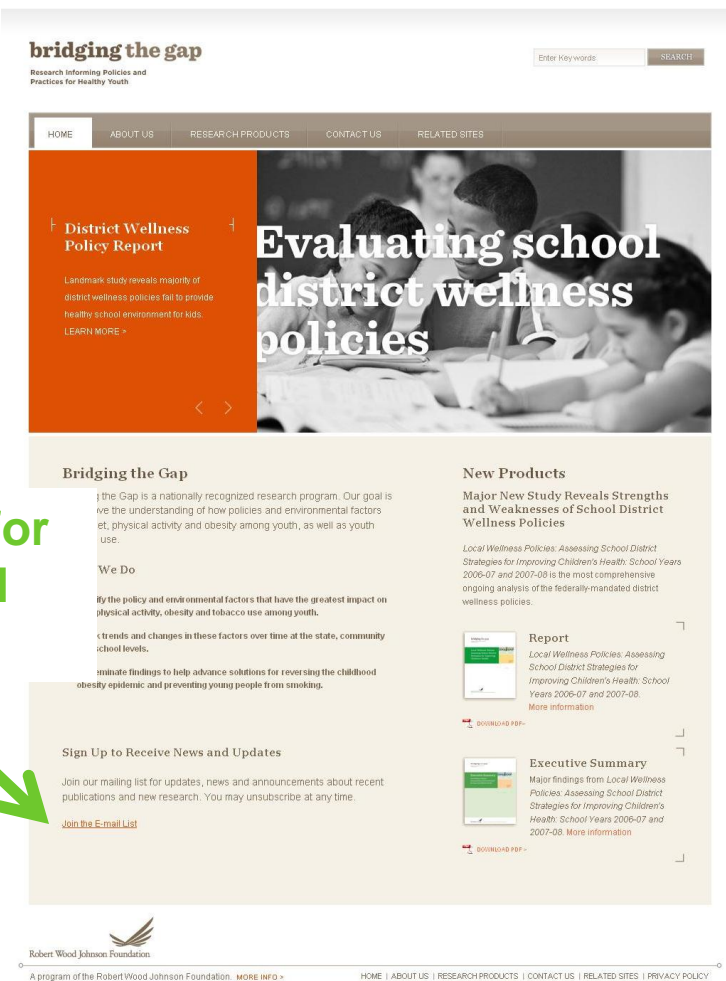
QUESTIONS

Submit your questions.



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resources

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www.actionforhealthykids.org

Thank you for joining us today!

For additional information:
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