

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

REVISION OF A LOCAL SCHOOL WELLNESS POLICY:
MOVING FROM A TEMPLATE-BASED TO A LOCALLY DEVELOPED POLICY

A thesis submitted in partial fulfillment of the requirements
For the degree of Master of Science in Family and Consumer Sciences

By
Nina Braynina

May 2014

The thesis of Nina Braynina is approved:

Dr. Stephan Chung, PhD

Date

Waleska Cannon, MBA, RD

Date

Dr. Annette Besnilian, EdD, MPH, RDN, CLE

Date

Dr. Setareh Torabian, PhD, RD, Chair

Date

California State University, Northridge

ACKNOWLEDGEMENT

I am so grateful for the opportunity to complete graduate level work at a university that has given me the resources and creative freedom to engage in an academic pursuit I am passionate about. I would like to thank G-d, my fiancée, and my friends and family for their constant support. My committee members Dr. Stephan Chung, Dr. Annette Besnilian, Dr. Setareh Torabian, and Waleska Cannon deserve a special acknowledgement for the time and energy they spend guiding, challenging, and encouraging students like me. Finally, I would like to acknowledge the staff and parents at Las Virgenes Unified School District, who truly value the well-being of children and are dedicated to working as a community to make schools the centers of physical and mental enrichment they are intended to be.

TABLE OF CONTENTS

Signature Page	ii
Acknowledgements	iii
List of Tables	v
Abstract	vi
CHAPTER I - INTRODUCTION	1
CHAPTER II - REVIEW OF THE LITERATURE	5
Quality Evaluation	5
Implementation	7
Impact	9
Assessment Methods	11
CHAPTER III - METHODOLOGY	14
Analysis of Policy Revision	14
Quality Evaluation	14
Assessment Plan	17
CHAPTER IV - RESULTS	21
Analysis of Policy Revision	21
Quality Evaluation	27
Assessment Plan	29
CHAPTER V - DISCUSSION	33
Discussion of the Results	33
Recommendations for Future Revision	35
Limitations	36
Conclusion	37
REFERENCES	38
APPENDIX	
2006 LVUSD Local School Wellness Policy	44
2013 LVUSD Local School Wellness Policy	46
Comparison to CSBA Model Policy	60

LIST OF TABLES

Table 1 - Stakeholder Representation at LWP Revision Meetings	23
Table 2 - Comparison of Strength Scores	28
Table 3 - Comparison of Comprehensiveness Scores	29
Table 4 - Summary of Proposed Assessment Plan	32

ABSTRACT

REVISION OF A LOCAL SCHOOL WELLNESS POLICY: MOVING FROM A TEMPLATE-BASED TO A LOCALLY DEVELOPED POLICY

by

Nina Braynina

Master of Science

in Family and Consumer Sciences

Wellness policies can help schools prevent childhood obesity and promote health. Having coordinated the revision of a wellness policy at a local school district, the researcher observed the transition from a template-based to a locally developed policy. In this thesis, stakeholder participation, successes, and challenges of the revision process were analyzed; the quality of the policies were quantitatively compared using standardized tools WellSAT-96 and WellSAT; and an assessment plan was developed for the district. Challenges included disagreement among stakeholders and limiting policy focus, while successes included increased awareness and creation of an ongoing committee. Quantitative analysis of the policies revealed that the revised policy is of higher quality than the original in terms of language strength and comprehensiveness of goals. The assessment plan includes an annual survey of school principals, measurement of indicators, a list of wellness activities, and a report comparing the model policy to the revised policy. Recommendations were made regarding future policy revision. The intent

of this work was to provide support to a local district implementing its wellness policy, as well as to provide a useful resource to other districts undergoing policy revision.

CHAPTER I

INTRODUCTION

Childhood obesity is an issue of great national concern. Over the past thirty years, childhood obesity in the U.S. has more than doubled in children and tripled in adolescents (Centers for Disease Control and Prevention, 2013). Congress has recognized that schools play a vital role in preventing childhood obesity and promoting student health. As a result, the Child Nutrition and Special Supplemental Nutrition Program for Women, Infants and Children Reauthorization Act was passed in 2004, requiring that all local educational agencies participating in federal school meal programs develop a local school wellness policy (LWP) by the 2006-2007 school year (United States Department of Agriculture, 2014).

LWPs require that local educational agencies create goals related to nutrition, physical activity, health communication and promotion, and other aspects of student wellness (USDA, 2014). An important aspect of LWP development is the required involvement of stakeholders. Under the 2004 requirements, specified stakeholders included parents, students, school food authority representatives, members of the Board of Education, school administrators, and the public. Local education agencies are now also required to permit school health professionals and physical education teachers to participate in LWP development (USDA, 2011). Additional stakeholders in policy development include the fast food industry, school food suppliers, educational materials suppliers, and organizers of community physical activity programs. Registered dietitian nutritionists working in the school setting can be an important part of this policy-driven

collaborative effort, contributing expertise on all aspects of school food as well as nutrition promotion and education (Let's Move!, n.d.)

While many local educational agencies included plans for implementation and evaluation in their original policies, these plans were not monitored regularly because local educational agencies were not required to report on policy compliance or implementation (USDA, 2011). To remedy this, the Healthy, Hunger-Free Kids Act of 2010 added new requirements for LWPs that emphasize ongoing implementation and assessment. New provisions also included an expansion of stakeholder involvement and participation, increased public notification regarding policy content and implementation, and the addition of nutrition promotion goals. For the 2013-2014 school year, the USDA encourages local educational agencies to continue reviewing their LWPs and implementing the new requirements (USDA, 2014).

Flexibility of the USDA requirements has led to wide variation in content among district policies. As long as policies address all of the required elements, local educational agencies can create policies uniquely tailored to the schools under their jurisdiction while remaining compliant with regulations (USDA, 2011). Based on the style of development, LWPs can be classified into two categories: template-based or locally developed policies (Smith, Capogrossi, and Estabrooks, 2012). The development of a template-based policy is guided by a model policy provided by a state school board association or other entity, while that of a locally developed policy is more heavily guided by stakeholder feedback about district needs. However, a locally developed policy may still use a model policy for comparison or for direction in policy language.

Las Virgenes Unified School District (LVUSD) is a local educational agency that participates in the National School Lunch Program and is therefore required to have an LWP. Headquartered in Calabasas, LVUSD is a relatively affluent PreK-12 school district spanning the western section of Los Angeles County (LVUSD, 2013). According to a report on obesity in Los Angeles County, the prevalence of childhood obesity was found to be strongly correlated with economic hardship (Los Angeles Department of Public Health, 2011). Although the communities served by LVUSD were found to have low rates of economic hardship and childhood obesity relative to other Los Angeles County communities, poverty still exists. This is evidenced by the presence of students eligible for free and reduced price meals. In October 2012, the percentage of eligible K-12 students at each LVUSD school ranged from 3% to 30%, with an average of approximately 8% for all district schools (California Department of Education, 2012-13). This average is lower than the percentage of eligible K-12 students countywide, which was approximately 67% (California Department of Education, 2012-13). Nonetheless, given that the district consists of 16 public schools and serves 11,300 students, effective implementation of the LWP has the potential to impact a large number of students in obesity prevention efforts.

LWPs are works in progress, and they periodically need to be reviewed and revised if necessary. In response to the new requirements, LVUSD initiated the process of policy review and revision in 2012. The original LWP adopted by the district in 2006 was a template-based policy founded on the model policy provided by the California School Boards Association (CSBA). As a Dietetic Intern under the supervision of the district's Child Nutrition Director, the researcher coordinated the revision process at LVUSD. This

was achieved through formation of a Wellness Committee composed of stakeholders, policy revision meetings, and drafting of the revised LWP. The revision process resulted in a locally developed policy which was approved by the LVUSD Board of Education in July 2013. Please see Appendices A and B for the original and revised policies. The revision process provides a unique opportunity to compare the development and content of two versions of a district policy, each created in a very different manner.

Since Board approval, the district has slowly begun to implement the revised policy and is in need of a plan for conducting the required biannual assessment. With regard to LWPs, the terms “evaluation” and “assessment” are often used interchangeably. For the purposes of this thesis, however, the terms will be differentiated. The term “evaluation” will be used to refer only to the process of evaluating the quality of a written LWP, while the term “assessment” will be used to refer to the process of assessing the district’s progress in implementing the LWP, as well as to a written assessment documenting this process.

The objectives for this thesis are threefold: 1) to analyze the revision process, 2) to compare the quality of the original template-based policy to the locally developed revised policy, and 3) to develop an assessment plan for the district. It was hypothesized that the quality of the revised policy would be higher than that of the original. An assumption is that the proposed assessment will be administered by the district, whose staff plan to assess the revised policy before the end of the current Spring 2014 semester. This work was conducted in order to support LVUSD in its efforts to optimally implement its LWP and to contribute to research on locally developed policies.

CHAPTER II
REVIEW OF THE LITERATURE

Quality Evaluation

At the beginning of the 2006-2007 school year, many LWPs did not meet the basic content requirements set forth by the federal mandate (Moag-Stahlberg, Howley, & Luscri, 2008). Moag-Stahlberg et al. (2008) found that only 68% of the 256 policies sampled - representing districts of varying sizes from nearly every state - were compliant with the federal mandate. The remaining 32% failed to address one or more goal areas required by the mandate; nearly half of these policies did not address assessment and monitoring.

Merely complying with the minimum content federal requirements for LWPs does not guarantee high quality or effective policies (Gaines, Lonis-Shumate, & Gropper, 2011; Metos, 2007). In order to determine whether specific policy content is associated with improved implementation or impact, studies have quantitatively measured LWP quality. Most studies evaluating quality have used the School Wellness Policy Evaluation Tool (WellSAT-96), a validated instrument for measuring the strength and comprehensiveness of LWPs (Schwartz et al., 2009). Policy strength refers to the degree to which a policy includes specific and firm language, and comprehensiveness refers to the breadth of requirements covered by the policy.

By the 2008-2009 school year, written policy strength and compliance were found to have improved nationally (Chriqui et al., 2010). According to a Robert Wood Johnson Foundation report, which describes the results of the most comprehensive analysis of written policies using WellSAT-96, the percentage of students enrolled in a district with a

policy that complied with all federal requirements increased from 44% to 61% since the mandate went into effect (Chriqui et al., 2010). Additionally, average policy strength had increased during this time period, growing from 24 to 33 out of a total possible score of 100. The authors noted that many policies included provisions that were not required or exceeded federal requirements. Although progress was made, this suggests that three years after the mandate a large percentage of students still had a policy that was not fully compliant and whose language was weak or vague.

Policy strength and comprehensiveness are associated with implementation (Belansky et al. 2009; Schwartz et al., 2012). Using WellSAT-96 to evaluate LWPs from 151 Connecticut school districts, Schwartz et al. (2012) found that policy strength and comprehensiveness predict implementation at the school level. As these researchers admit, it is possible that a district may be reluctant to write plans into the policy but will actually make considerable improvements in practice, or that a district may have a strong policy but will fail to implement the changes. Overall, however, LWPs have a better chance of implementation when written in clear and strong language. On the other hand, policies with weak language can produce minimal impact. Belansky et al. (2009) evaluated policies enacted in 2006 in 40 rural, low-income school districts located in Colorado, also using WellSAT-96. The researchers found them to be low in strength and comprehensiveness, with LWPs containing weak language that did not require action and addressing just under half of the items in the scoring system on average. A survey before and after the LWP mandate went into effect revealed that opportunities for physical activity and school policies supporting student participation in physical education and recess did not change. Principals and district personnel reported giving higher priority to

academic achievement and No Child Left Behind, and cited weak policy language as a barrier to implementation.

Several studies have investigated predictors of policy strength and comprehensiveness (Chriqui & Chaloupka, 2011; Smith et al., 2012). Chriqui & Chaloupka (2011) found that an advisory council requirement may be a marker for strong policy language. In this study, advisory council requirements significantly predicted policy strength in a nationally representative sample of 641 districts. Another study compared the strength and comprehensiveness of locally developed policies to template-based policies (Smith et al., 2012). In 2011, Smith et al., (2012) scored ten locally developed wellness policies and ten template-based policies from Virginia school districts using WellSAT-96. Locally developed policies were found to be stronger and more comprehensive than template-based policies. These studies provide evidence that locally developed LWPs with an advisory council requirement are more likely to be stronger and more comprehensive, and therefore more likely to have greater implementation and lead to a healthier school environment. This research also highlights the importance of LWP quality and serves as the conceptual basis for the quality evaluation in this thesis.

Implementation

Implementation has varied considerably among districts since the mandate (Brener, Chriqui, O'Toole, Schwartz, & McManus, 2011). In order to have a baseline measure of implementation, Brener et al. (2011) applied WellSAT-96 to an existing 2006 dataset from the School Health Policies and Programs Study (SHPPS). Using a nationally representative sample of 538 public school districts, Brener et al. (2011) found that in

2006 none of the districts met all of the scoring elements in WellSAT-96. The percentage of districts meeting each element varied widely, but on average, districts were implementing the greatest number of elements in nutrition education and the fewest in physical activity.

In 2006, stakeholders voiced confidence in positive outcomes, but identified barriers to implementation (Agron, Berends, Ellis, & Gonzalez, 2010; Belansky et al., 2009). A national study involving 2,900 school board members, state school boards association leaders, state public health nutrition directors, and school wellness advocates found that the majority of respondents expected positive impact on school districts (Agron et al., 2010). Barriers to implementation identified by several studies were 1) lack of funding, 2) competing pressures facing school districts, 3) the need to educate and gain the support of stakeholders 4) the need for adequate tools and accountability mechanisms for those responsible for policy development and implementation (Agron et al., 2010; Belansky et al., 2009).

In 2009, many districts were still not optimally implementing wellness policies (Budd, Schwarz, Yount, & Haire-Joshu, 2012). Using an implementation questionnaire completed by 112 high school administrators from across the U.S., Budd et al. (2012) found that by late 2009 only 56% of the schools had trained staff for policy implementation. This study and those previously mentioned show that implementation continues to be an area of weakness for school districts and that efforts must be made to promote it. Using the assessment plan created in this project, LVUSD will be able to assess whether switching to a locally developed policy affected LWP implementation.

Impact

While few studies on LWPs have focused on impact, these have shown that implementation can be effective in improving wellness-related outcomes, particularly with regard to nutrition (Barnes et al., 2011; Brosky, Wiegand, Bartlett, & Idlewine, 2010; Longley et al., 2009; Turner & Chaloupka, 2012). Barnes et al. (2011) found that even partial implementation had a positive impact in six school districts from different states. Although none of the LWPs were fully implemented at the time of assessment, significant improvement was seen in the nutritional quality of school food. For example, one district placed “health bars” (buffet-style carts offering fresh fruits and vegetables) in many of its schools. Improvements seen in other districts included promotion of breakfast in the classroom, working with a professional chef to improve recipes, and responding to student preferences by providing pre-cut fruit.

Improvement of the school food environment has been reported at both elementary and secondary schools (Seo, 2009; Turner & Chaloupka, 2012). A recent study looking at food-related practices in elementary schools noted improvements since the LWP mandate took effect in 2006 (Turner & Chaloupka, 2012). During school years 2006-2007 and 2009-2010, the authors surveyed respondents from nationally representative samples of public and private elementary schools on competitive foods, school meals, and other food-related practices. Practices that showed improvement included availability of whole grains and only lower-fat milks in school lunches, as well as participation in school gardens or farm-to-school programs. In spite of these changes, the authors state that there continues to be a need for improvement in the school food environment of elementary schools. Another study focused on school food policies and

food preparation practices at the high school level in a single state before and after LWP implementation, finding that Indiana high schools reported a significant reduction in certain unhealthy food offerings (Seo, 2009). Like Turner & Chaloupka (2012), the authors of this study concluded that the need for additional improvement remains.

Positive changes have not been limited to nutrition (Longley & Sneed, 2009). Foodservice directors from across the U.S. have also reported improvements in physical education and staff wellness (Longley & Sneed, 2009). Noted improvements included a significant increase in incorporation of physical education into the classroom and introduction of staff wellness policies, in addition to integration of nutrition into the curriculum, use of the foodservice department for nutrition education, and nutrition education offered for all grades. Foodservice directors reported that for the first time wellness committees brought together entities that work independently in schools.

The documentation of the development and implementation of a locally developed LWP at a rural public school corporation in Indiana revealed that it led to numerous positive outcomes (Brosky et al., 2010). At the Southwest Jefferson County Consolidated School (SWJCS) Corporation, Brosky et al. (2010) reported benefits to the school system which included an awareness of the need to have faculty and staff model healthy behaviors, improved student morale, fewer headaches, and more focused children in the classroom. A year after implementation at one of the elementary schools, healthier cafeteria food offerings and opportunities for student physical activity during the school day were reported to have increased during the phase-in period. Nutrition-related outcomes at the elementary school included the addition of healthy wrap sandwich options to the menu, a decrease in the number of days fried foods were served from five

days a week to two days a week, and adoption of a no cakes/cookies policy by many teachers. Physical activity-related outcomes included increased use of the swimming pool during school hours for elementary school children, as well as introduction of community pool availability for two nights a week. Additionally, a reference guide was developed for the wellness team to serve as a source of information on nutrition and physical activity recommendations, implementation ideas, wellness education, parent education, and other topics related to the wellness policy.

As evidenced by these studies, LWP implementation has the potential to positively impact students and the school environment. Consequently, it is a worthwhile undertaking for a school district to maximize policy quality by adopting a locally developed policy with a greater likelihood of implementation and impact. It is for this reason that the policy revision process at LVUSD will be documented as part of this thesis, with the aim of providing a resource for other districts that want to adopt a locally developed policy.

Assessment Methods

Assessment appears to be the least studied aspect of the wellness policy. No studies have focused exclusively on how districts assess policy compliance or progress of implementation, nor are there studies comparing methods for district self-assessment. Assessment methods are difficult to compare due to the ability of school districts to develop locally relevant policies, which leads to highly individualized policy goals. This is evident in the variety of improvements cited by studies focusing on policy impact (Barnes et al., 2011; Brosky et al., 2010; Seo, 2009; Turner & Chaloupka, 2012). Moreover, the presence of general policy goals in many LWPs has raised concerns that

such goals are difficult to effectively assess. A study on LWPs in Pennsylvania public school districts found that in 2007 the most common policy goals were general and may therefore be difficult to measure (Probart, McDonnell, Weirich, Schilling, & Fekete, 2008).

Even among districts in one state, a variety of assessment methods are often used (Serrano et al., 2007). For example, Serrano et al. (2007) found that by 2006, most school districts in Virginia had outlined at least one assessment method, which included collecting weights and heights, calculating BMI, conducting surveys or interviews, evaluating progress of LWP, and documenting policy milestones. The authors of this study recommended measurement of goals through valid and reliable assessment methods and instruments. Standardized assessment methods, such as the School Health Index, are also being used by some districts (Brosky et al., 2010). The assessment plan developed for LVUSD for this thesis will incorporate methods cited by other districts while ensuring that it assesses the district's unique goals.

Recommendations for assessment methods can be found in model wellness policies. The assessment methods selected for LVUSD will be based partially on recommendations from the CSBA model wellness policy, which contains the following as suitable assessment methods, if appropriate:

1. Establishing indicators to measure the implementation and effectiveness of district activities (i.e., description of the district's nutrition education or physical education curriculum and the extent to which it aligns with state academic content standards, nutrient analysis of meals and snacks, student participation rates in school meal programs, extent to which competitive foods comply with nutritional standards,

- results of the state's physical fitness test at applicable grade levels, number of minutes of physical education offered at each grade level, description of district efforts to provide physical activity opportunities outside of physical education, description of other wellness activities offered);
2. Soliciting feedback on school wellness activities from food service personnel, school administrators, the wellness committee, parents/guardians, students, teachers, and before- and after-school program staff;
 3. Including a comparison of results across multiple years;
 4. Including a comparison of district data with county, statewide, or national data;
 5. Including a comparison of wellness data with other student outcomes such as academic indicators or student discipline rates (CSBA, 2013).

CHAPTER III

METHODOLOGY

Analysis of Policy Revision

The description of the policy revision process is based on the researcher's experiences organizing and participating on the LVUSD Wellness Committee as a Dietetic Intern at LVUSD, and the challenges and successes identified are based upon personal observations during this process. The meeting minutes from three revision meetings, which the researcher was responsible for recording, are publicly available on the LVUSD website (LVUSD, 2014).

Quality Evaluation

Policy Scoring

The School Wellness Policy Evaluation Tool (WellSAT-96) was used to compare the original LVUSD policy to the revised policy. WellSAT-96 was developed by grantees of the Robert Wood Johnson Foundation as a standardized method for the quantitative assessment of LWPs (Schwartz et al., 2008). This validated scoring tool allows for the analysis and comparison of LWP quality (Schwartz et al., 2009). It is used to evaluate the comprehensiveness and strength of LWPs in the following goal areas: 1) nutrition education, 2) standards for federal Child Nutrition programs and school meals, 3) nutrition standards for competitive and other foods and beverages, 4) physical education, 5) physical activity, 6) communication and promotion, and 7) evaluation.

The original 96-item tool has been adapted for use in multiple studies around the country (Barnes et al., 2011; Brener et al., 2011; Chriqui et al., 2010; Schwartz et al., 2012). It has been used primarily by researchers and is not practical for use by school

officials. As a result, the original group of researchers and a national advisory committee also created an abbreviated version of the original tool for use by individuals without research training (Robert Wood Johnson Foundation, 2011). It is referred to as WellSAT, or Wellness School Assessment Tool, and consists of only 50 items (Rudd Center for Food Policy and Obesity, 2010). This tool has been available online since 2010, and 42 states had accessed the online tool as of 2011 (Robert Wood Johnson Foundation, 2011). Both tools are based on 2004 federal requirements, and therefore do not include items related to nutrition promotion. For this thesis, both WellSAT-96 and WellSAT were used to evaluate the original and revised LVUSD policies. Use of WellSAT-96 allowed for the comparison of the LVUSD scores to a national average calculated using the original version of the tool. The abbreviated WellSAT tool was also used to evaluate the policies because I have recommended that the district use this tool for its future assessments due to its user-friendliness.

For both policies, all items of WellSAT-96 were scored using a 3-point scale by following the specific instructions provided in the tool by Schwartz et al. (2008). An item (e.g., “addresses limiting sugar content of foods”) was scored 0 if no mention of the item is made in the policy, scored 1 if the item is vague or suggested (e.g., “schools shall discourage consumption of sugary foods”), and scored 2 if the item is required or addressed with specific strategies (e.g., “K-12 school food service, school store, and school vending machine sale of individual snack items per package shall include no more than 35% sugar by weight”). If an item is not addressed by the LWP, but is regulated by state policy, the item was scored 2. For example, California law specifies the minimum number of physical education minutes to be provided to students at each grade level

(California Department of Education, 1999). Because of this, all the items that ask whether physical education minutes are addressed by the policy were scored 2 regardless of whether the LWP addressed them or not. Schwartz et al. (2009) explains that such items are determined by state, rather than local policies; a district may therefore have deemed it unnecessary to address an issue that was already mandated by the state.

Strength and comprehensiveness scores were calculated for each of the seven goal areas based on individual item scores. The comprehensiveness score reflects the proportion of items within each goal area that were scored 1 or 2, indicating that the item was addressed. The strength score reflects the proportion of items within the goal area that were scored 2, indicating that the LWP uses specific language to address the item. Total comprehensiveness scores reflect the proportion of items within the entire policy that were scored 1 or 2, and total strength scores reflect the proportion of items within the entire policy that were scored 2. Scores of 1-100 were possible for strength and comprehensiveness, in each goal area and for the policy overall. The researcher was the only scorer of the original and revised LVUSD policies; score sheets for each can be found as attached files.

Using similar scoring guidelines, the two policies were scored using WellSAT, which is available online at <http://www.wellsat.org/>. The difference in scoring between WellSAT and WellSAT-96 is that in the former total strength and comprehensiveness scores are calculated by averaging goal area scores. Goal area and total scores were electronically generated for the 50 items. The scorecards have been printed from the website and are available in a Wellness Policy binder located in the Child Nutrition office for future reference by the district.

Statistical Analysis

Paired-samples *t*-tests were conducted to compare the mean strength and comprehensiveness scores of the district's LWP during template-based development and local development. Data was analyzed using the IBM[®] Statistical Package of the Social Sciences (SPSS[®]) Version 22 Software available through the library of California State University, Northridge.

Assessment Plan

The original LWP had included an assessment plan within the Board Policy. It required that: 1) the Superintendent or designee disseminate a letter to all parents annually advising them of the LWP and urging compliance with the nutritional standards and the standard that non-nutritional food not be brought to class parties or similar activities; 2) the principal or designee conduct a survey in conjunction with the biannual California Healthy Kids Survey (CHKS) to determine the level of compliance with the policy and the understanding of nutritional standards by parents and staff; and 3) that the Superintendent or designee include the CHKS results of the nutritional standards survey (see Appendix A). It also stated that the effectiveness of the policy would be measured by indicators including annual Child Nutrition audits, CHKS data, parent and student surveys, and the results of the annual student physical fitness exam.

The assessment plan developed for the district as part of this thesis differs from the assessment plan in the original policy, but complies with USDA requirements and the revised LWP. Federal regulations require that local education agencies “measure periodically and make available to the public an assessment of the local wellness policy,

including: the extent to which schools are in compliance with the local wellness policy; the extent to which the local education agency's local wellness policy compares to model local school wellness policies; and the progress made in attaining the goals of the local wellness policy" (USDA, 2011). These requirements were written into the revised Board Policy in the section entitled "Program Implementation and Evaluation" (see Appendix B). The revised policy reads: "A biannual assessment shall include the extent to which schools are in compliance with the wellness policy, a description of the progress made in attaining wellness policy goals, and the extent to which this policy compares to model wellness policies available from the USDA, and will be posted on the Child Nutrition Website." The assessment plan for the revised LWP will be kept in a binder in the Child Nutrition office along with hard copies of the biannual assessments. It may be revised by Wellness Committee leadership as necessary. In order to ensure feasibility, the assessment plan was reviewed by all school staff and administrators who would be responsible for carrying out the assessment.

Compliance of Schools with LWP

The original assessment plan proposed to collect compliance data and feedback from school principals using an online survey sent out by the Director of Instruction. Principals were selected as the survey participants because they have the greatest degree of knowledge about implementation in their respective schools, and the Director of Instruction of the district is the authority in the best position to collect the data from all schools. The plan was altered after discussion with the Director of Instruction, who expressed concern that responses to an online survey might be inadequate because of the

poor familiarity of principals with the LWP. He designated himself as the one responsible for ensuring that school principals get surveyed, albeit not in an online format.

Progress of District in Meeting Goals

Documenting policy milestones was an assessment method listed in Serrano et al. (2007) as one used by school districts in Virginia. Based on this idea, it was proposed that the district create a list of wellness-related activities that resulted directly from LWP implementation. This list can help the district track concrete steps made toward goals. As recommended by the CSBA policy, indicators were established to measure the implementation and effectiveness of district activities. Indicators to be measured were selected based on the practicality of quantitative data collection for those indicators. Nutrition-related indicators were reviewed by the Child Nutrition Director and other indicators were reviewed by the Director of Instruction. Additional indicators may be added during future assessments.

Originally, continuing the use of CHKS results and physical fitness test results as indicators in the assessment plan was proposed. However, CHKS results were removed as an indicator because CHKS is no longer used by the district. The CHKS is an assessment tool developed by WestEd for the California Department of Education, and was previously used in grades 5-12 to help identify school and student strengths and weaknesses related to health and learning (WestEd, 2014).

The physical fitness test, or *FITNESSGRAM*[®], is currently required for students in grades 5, 7, and 9 in California public schools (California Department of Education, 2013). Developed by the Cooper Institute, this test uses objective criteria to evaluate student performance in six fitness areas. Results from this test can help the district

determine whether students have attained standards of fitness that offer protection against chronic diseases associated with inactivity, and whether the physical education program and physical activities offered by the district need improvement.

Comparison of LWP to Model Policy

A report was written comparing the revised LWP to the CSBA model policy which lists the model policy content present in the revised policy as well as district-specific policy goals (see Appendix C). In order to help the district quantitatively monitor LWP quality, WellSAT quality tool scores for the original and revised policies are also included in the report.

CHAPTER IV

RESULTS

Analysis of Policy Revision

Overview

In September 2012 the Child Nutrition Director of LVUSD initiated the process of LWP revision. As a Dietetic Intern, the researcher was asked to take a leadership role in this process. Since LVUSD had no continuous wellness committee, research was conducted on local stakeholders that could be invited to be on the committee. Using the LVUSD email server, official invitation were sent for committee participation to the principals, Board of Education, Cabinet, nurses, administrators, parents, and members of the community, including the mayor of Calabasas, a pediatrician, a manager of a local community center, and the Director of Development of a local Farmer's Market. In order to attract student participation on the committee, emails were sent to select high school teachers to ask for recommendations for responsible students who may be interested. Invitees who expressed interest in joining the committee were added to an email list which was used for future meeting updates and announcements. Information regarding the LWP revision process was also posted on the nutrition page of the LVUSD website.

Prior to the first revision meeting, the original LVUSD policy and the new USDA requirements for the LWP were reviewed. A literature review of evidence-based school wellness practices was also conducted. A copy of the original policy, new requirements, and several other district policies were emailed to committee members to review before the meeting. During the first meeting, participants were informed about the LWP and the need for revision was explained. The original policy was critiqued, selected policies from

other districts were reviewed, and ideas for additions to the policy were brainstormed and discussed. Based on this feedback, revised policy drafts were created and presented for review at meetings. Meeting times were selected by sending out an electronic scheduling poll to determine which time and date, based on the availability of one of the administrators, worked best for committee members. In between meetings, suggestions and comments from committee members were invited via email.

During the following two revision meetings, the drafts were reviewed and discussions continued. After the last revision meeting, two smaller meetings were held by administrators to review policy details and language, for one of which the researcher was present. The final draft of the revised policy was presented to the LVUSD Board of Education on February 26, 2013. The Director of Child Nutrition and the researcher were present at the meeting to respond to questions. This draft was not approved at the first Board meeting, and changes were made based on concerns expressed by Board of Education members. A decision was made to wait until the updated CSBA policy was released to resubmit the policy to the Board so that it could be ensured that the LVUSD policy contained at least all of the elements in the model policy. On June 25, 2013, the Board approved the policy pending a minor change. Final approval was given at the Board meeting on July 23, 2013.

Analysis of Meeting Minutes

Although all of the required stakeholder groups are represented in the list of emailed committee members, not all groups were represented at meetings (see Table 1). No members of the public were present, and students were only present at the second and third meetings. Parents had the largest representation at meetings. Overall attendance

ranged from 14-16 committee members. Some committee members informed the researcher that they were interested in attending meetings but were unable to attend due to time conflicts.

Table 1			
<i>Stakeholder Representation at LWP Revision Meeting</i>			
Stakeholder Group	Meeting 1 (Oct 3, 2012)	Meeting 2 (Nov 30, 2012)	Meeting 3 (Jan 11, 2013)
Parents	5	5	7
Students	0	1	2
School Food Authority	5	2	4
Board of Education	2	1	1
School Administrators	2	3	2
Public	0	0	0
Physical Education Teachers	1	1	1
School Health Professionals	1	1	1
Total Attendees	16	14	16
<i>Note: LWP, local school wellness policy.</i>			

The three revision meetings were critical to brainstorming and collecting feedback on the LWP. Suggestions and concerns were voiced not only by administrators, but also by members of other stakeholder groups. Administrators provided important input on policy format, standards, staff education, and concerns about language. Child Nutrition staff members brought up challenges they would like to see addressed, including the need to improve the online lunch application process, increase support of the lunch program, and expand gardening and breakfast programs. Parents added many suggestions for future wellness activities and problems they would like to see addressed by the LWP. For

instance, one parent who is also a public health professional suggested that more focus be placed on stress management in high schools, that the district better address summer heat waves, and that we include grant-writing as a goal.

Several group discussions took place. For example, the new regulations require nutrition promotion goals, but do not define the term “nutrition promotion.” This led to a discussion that resulted in the creation of our own definition of the term. Another discussion took place over whether to try to incorporate nutrition and physical activity into curriculum standards or to use staff development time to encourage voluntary incorporation of these topics by teachers.

Policy language was an important subject of discussion. While stronger language would have mandated regulations, administrators feared it would not give schools the freedom to choose wellness practices that were appropriate for them. In most cases, strong wording was reserved for wellness activities that are regulated by state law or that the district already has in place, while weaker wording was used for those that the district will try to implement. In order to better identify departments or individuals responsible for implementing, monitoring, and evaluating the policy, listing this information in three short lines after each set of goals was proposed. This idea was inspired by the LWP from San Francisco Unified School District. After each section of this district’s LWP, a department is listed in response to the question “who will take the point/lead on this strategy?” (SFUSD, 2007). The committee was supportive of this idea, and it was incorporated into the draft (see Appendix B).

Challenges

One of the main challenges of policy revision was disagreement among stakeholders. Often the disagreement was over LWP content. One major disagreement occurred over a parent's suggestion to include a list of ingredients and processes to avoid in relation to food products (e.g., high fructose corn syrup, preservatives, pesticides, waxes, irradiation, genetic modification, etc.). This parent argued that although complete avoidance may not be immediately achievable, the list would help guide the district toward an ideal in terms of purchasing sustainably grown foods without exposure to toxic chemicals and processes. Several other parents agreed that they could see the value in including such a list. However, Child Nutrition staff members, as well as administrators and a parent who works in the food industry, were opposed to its inclusion. While they agreed that an effort should be made to avoid potentially harmful additives, they contended that it was unrealistic to ever fully implement this regulation, especially given the nutrition program's dependence on USDA commodity foods that often contain such ingredients. Instead, it was agreed upon by the majority of meeting attendees that several lines would be added stating that preference would be given to locally-sourced fresh foods and to organic products when possible. The parent who made the original suggestion was not satisfied by the compromise and left the committee for this reason. Other disagreements regarding LWP content occurred over addressing nut allergies, using class time for breakfast, and serving food grown in school gardens in the cafeteria.

An additional challenge was deciding on how to best limit policy focus. Some areas of student wellness overlap with other district policies, and decisions had to be made about what to include in the LWP text. Since all issues related to wellness can be

addressed as action items by the committee, it was decided that certain issues related to wellness could be left out. One such issue was the use of pesticides in schools. A parent brought up concerns about Roundup spraying, asking whether the policy could address searching for nontoxic alternatives or notifications of spraying. An administrator decided that the issue would be best left to the district's environmental committee, and the issue was resolved before the LWP was submitted to the Board of Education for approval.

Successes

The revision process led to several successes, including increased awareness of the LWP. When the original policy was presented to the Board for approval, it was quickly passed because it was so close in language and content to the CSBA model policy. The revised, locally developed policy was not as straightforward and obliged the Board of Education to read over it carefully and to become very familiar with it. Owing to district efforts to publicize the committee meetings and policy, many parents and staff who did not know of the existence of the LWP also became aware of it. The high level of stakeholder participation in creating a locally developed policy meant that feedback was readily available and able to be incorporated into the revised policy.

The creation of an ongoing committee can also be considered a success. In the case of the original policy, a committee was only active during the development process, and did not meet again regularly during the implementation phase. The current Wellness Committee felt it was important to have a committee that meets regularly, and a new section in the revised LWP is dedicated entirely to the functions of this committee. This new section became a part of the LWP's Administrative Regulations, which the original LWP did not have. The revised LWP consists of two parts – the Board Policy and

Administrative Regulations. The Board Policy states general policy goals and is relatively difficult to revise; Administrative Regulations specify how goals will be implemented and monitored. Whereas the Board Policy has largely remained the same, eleven pages of Administrative Regulations were added to the revised policy. Regardless of the challenges faced by the Wellness Committee during the creation a locally developed policy, the process led to several benefits even before implementation began.

Quality Evaluation

In addition to the described increase in policy content, a quantitative evaluation of the two policies revealed that the revised policy was of higher quality than the original. As predicted, mean strength and comprehensiveness scores calculated using WellSAT-96 increased significantly from the original LWP to a locally developed policy. Despite administrators' reluctance to use strong wording, on average strength scores for the revised policy were significantly greater than those of the original policy (60.9 ± 16.5 vs. 23.1 ± 20.8 points; $p < 0.01$; see Table 2). The total strength score improved from 18 to 47, rising above the 2008-2009 national average strength score of 33 (Chriqui et al., 2010). The goal areas whose strength scores increased by over 50 points were: 1) Standards for USDA Child Nutrition Programs and School Meals, 2) Nutrition Standards for Competitive and Other Foods and Beverages, and 3) Physical Education. No increase was seen in strength scores for Evaluation because the assessment plan language in the original LWP was specific and firm, and it continued to be so in the revised LWP.

Table 2			
<i>Comparison of Strength Scores for the Original and Revised LVUSD Policies Using WellSAT-96</i>			
LWP Evaluation Tool Goal Area (n=7)	Original Policy	Revised Policy	Score Change
1. Nutrition Education	22	33	+11
2. Standards for USDA Child Nutrition Programs and School Meals	8	62	+54
3. Nutrition Standards for Competitive and Other Foods and Beverages	3	45	+45
4. Physical Education	24	82	+58
5. Physical Activity	20	70	+50
6. Communication and Promotion	18	67	+49
7. Evaluation	67	67	0
Mean ± SD	23.1 ± 20.8*	60.9 ± 16.5*	
Total Strength Score for Overall District Policy	18	47	+29
<i>Notes: LVUSD, Las Virgenes Unified School District; LWP, local school wellness policy. *Difference in means of original and updated policy goal area scores assessed by paired-samples student t-tests (p < 0.01).</i>			

Comprehensiveness scores were also significantly greater on average for the revised policy compared to the original policy (84.0 ± 7.7 vs. 42.7 ± 22.7 points; $p < 0.01$; see Table 3). The goal areas whose comprehensiveness scores increased by over 50 points were: 1) Standards for USDA Child Nutrition Programs and School Meals and 2) Physical Education.

Scores obtained using the online WellSAT tool showed a similar trend. Comparing the original and revised policies, the total strength score improved from 23 to

61, and the total comprehensiveness score improved from 46 to 82. These scores are included in the assessment plan as part of the report comparing the LWP to the CSBA model policy. Overall these results support the previous finding that locally developed policies are of higher quality than template-based policies (Smith et al., 2012).

Table 3			
<i>Comparison of Comprehensiveness Scores for the Original and Revised LVUSD Policies Using WellSAT-96</i>			
LWP Evaluation Tool Goal Area (n=7)	Original Policy	Revised Policy	Score Change
1. Nutrition Education	56	89	+33
2. Standards for USDA Child Nutrition Programs and School Meals	15	92	+77
3. Nutrition Standards for Competitive and Other Foods and Beverages	14	69	+55
4. Physical Education	29	82	+53
5. Physical Activity	60	90	+30
6. Communication and Promotion	58	83	+25
7. Evaluation	67	83	+16
Mean ± SD	42.7 ± 22.7*	84.0 ± 7.7*	
Total Comprehensiveness Score for Overall District Policy	34	60	+26
<i>Notes: LVUSD, Las Virgenes Unified School District; LWP, local school wellness policy. *Difference in means of original and updated policy goal area scores assessed by paired-samples student t-tests ($p < 0.01$).</i>			

Assessment Plan

The biannual assessment will consist of three parts, one for each aspect of assessment required by the USDA and the revised LWP: 1) the extent to which schools are in compliance with the LWP, 2) a description of the progress made in attaining wellness policy goals, and 3) a comparison to a model policy. In order to make this formal assessment available to the public, it will be posted on the LVUSD website and a report of its results will be presented to the Board of Education. As stated in the Administrative Regulations, assessment of LWP implementation is also required each semester by the committee; this will be done informally through discussion at Wellness Committee meetings. The formal assessment will be updated online each semester, but many parts of it will only be assessed annually or as needed (see Table 4). The following plan will be used for the formal assessment:

1. **Compliance of schools with LWP.** The Director of Instruction will be responsible for surveying all school principals annually, in order to determine whether each school is in compliance with the seven areas of the LWP (nutrition education, physical education and activity, health promotion, dissemination of health information, reimbursable meals, foods and beverages sold by Child Nutrition Services, and foods served during school-related activities). The survey will also request feedback from principals on improving compliance in each of the seven goal areas. The format of the survey will be determined by the Director of Instruction and will be tied to broader district goals in order to build awareness. According to the Director of Instruction, the survey will likely be incorporated as a collaborative activity into monthly staff development training or into questions on the Local

Control and Accountability Plan (LCAP) required by the California Department of Education. Results will be collected and summarized by the Director of Instruction and sent to the Child Nutrition Director to be posted on the LVUSD website.

2. **Progress of district in meeting goals.** A written report compiled by the Child Nutrition Director will consist of indicators and a list of wellness activities that directly resulted from the policy during the assessment period. For the first assessment, indicators will include the number of wellness meetings held, student lunch participation rate, and *FITNESSGRAM*[®] results. The compliance survey completed by principals will include a question that asks what wellness activities their school has participated in, and the data provided will be included in the list of wellness activities in addition to any activities planned by the Wellness Committee. The list of wellness activities may include meetings, parent and staff surveys, breakfast programs piloted, learning gardens constructed, and wellness-related events and communications that were a result of policy implementation. The Director of Instruction will collect survey data and send it to the Child Nutrition Director to be posted on the LVUSD website.
3. **Comparison to model policy.** A model policy comparison report will be posted online and only updated after policy revisions. An updated report would compare the most current LWP to the most current CSBA model policy and include a new WellSAT quality tool score.

Table 4

Summary of Proposed Assessment Plan

Measuring Compliance	Designees	Frequency
Principal survey - Will be tied to broader goals and may be included as a staff development activity or the district’s accountability plan - Will ask about wellness activities/initiatives at each school, areas for improvement	- Director of Instruction will ensure that principals are surveyed - Posted online by Child Nutrition Director	Once per year
Measuring Progress	Designees	Frequency
Measurement of indicators: - # wellness meetings - Lunch participation rate - Physical fitness testing results (annual)	Posted online by Child Nutrition Director	Updated once per semester (or year for fitness testing results)
List of wellness activities (e.g. newsletters, surveys, parent education events, fairs, breakfast programs piloted)	Posted online by Child Nutrition Director (collected from principal surveys)	Once per year
Comparison to Model Policy	Designees	Frequency
Report, which includes: - Specifies which elements from CSBA model policy are in LVUSD policy - District-specific content - WellSAT quality tool scores	Nina Braynina, RDN wrote a report to be posted online by the Child Nutrition Director	Keep report posted online until policy is revised again
<p><i>Notes:</i> CSBA, California School Boards Association; LVUSD, Las Virgenes Unified School District; RDN, Registered Dietitian Nutritionist</p>		

DISCUSSION

The need for this thesis arose out of my work as a dietitian for a local school district revising its LWP. Having already participated in the collaborative policy revision process, this thesis led me to advance my work by analyzing the revision process, comparing the quality of the original policy to the revised one, and developing an assessment plan for the district. As a nutrition professional in the school setting, working on the LWP allowed me to see how a national policy can influence local efforts to prevent obesity through nutrition and physical fitness programs.

Discussion of the Results

The process of creating a locally developed policy was challenging, but carries many benefits. The increased awareness of the LWP by the district community and high level of stakeholder participation described earlier as successes can be directly attributed to the process of creating a locally developed policy. Reducing dependency on a model policy and focusing more heavily on stakeholder feedback led to a policy that is more locally relevant. This can be seen in the numerous district-specific goals in the revised LWP, all of which are absent from the CSBA model policy (see Appendix C). The general goals included in the original LWP were already being met by the district, so the new specific goals that are a part of the revised LWP are beginning to challenge the district to expand its opportunities to advance student wellness. The locally relevant goals in the revised policy have already begun to be implemented, as evidenced by the district's efforts to pilot a breakfast program and work with one of the elementary schools to add a learning garden. Although LWP content is important, it is clear from LVUSD's

experience that the way in which policy development and revision are handled is an equally important aspect to consider.

Measuring LWP quality quantitatively revealed that content did improve as a result of the revision process, with scores indicating improvement in the policy's comprehensiveness and strength of language. Using a standardized tool to measure policy quality proved useful because it allowed for comparison between different versions of a district policy, as well as to an average of scores from districts across the nation.

Although scores obtained using standardized tools can be useful, they are not an accurate measurement of quality. A score only tells a district the extent to which their policy specifies ways to meet a set of commonly used goals, but it does not reflect local goals that have not been included in the tool. The score also fails to reflect the fact that the some requirements were deliberately left out of the policy text because they were not an issue of concern for the district. Despite these limitations, continued use of the WellSAT tool by the district during future revisions is recommended.

The assessment plan presented in this thesis meets all federal requirements because it provides ways to assess compliance, measure progress in meeting goals, and compare the LWP to a model policy. Since an assessment is to be done biannually, the plan was carefully designed to be feasible for the district. This was achieved by soliciting feedback and support for the plan from district staff who would be required to conduct and post the assessment. The report comparing the LWP to the model policy will serve as a model for future reports as the LWP is revised in the future. In addition to feasibility, the assessment plan was devised to allow the district to get a better picture of the progress that has been made in attaining its goals. It includes the use of indicators so that the

district can quantitatively measure progress in those specific areas that it is working on, and compiling a list of wellness activities will allow the district to track how actively the LWP is being implemented.

Recommendations for Future Revision

After a period of implementation, monitoring, and assessment, the district will review and revise the policy as needed. Based on the researcher's observations during the 2012-2013 revision process, several recommendations can be made for a future policy revision:

1. **Conduct a formal needs assessment.** While the brainstorming sessions during development meetings were very productive, a formal needs assessment would have allowed the district to collect feedback from stakeholders in a more structured manner. Committee involvement of students, principals, teachers, community members, and other vital stakeholders is low compared to parents, administrators, and foodservice staff, so the formal needs assessment could be used to lessen this imbalance by engaging those groups through targeted surveys or other communications.
2. **Use WellSAT to guide committee discussion.** During the revision process, policies from other districts and government websites were studied for ideas for goals. However, the WellSAT tool contains goals that did not come up during committee meetings, as well as resources related to these goals. Since this tool sets the standard for LWP quality and is more comprehensive than the model policy, it would be advisable for the district to use it as a guide for discussion during revision meetings.

3. **Include a timeline for implementation.** Although the timeline has been discussed, it was not written into the LWP. It may be useful to include it in the future so that anyone reading the policy will know when it is to be fully in effect. A timeline would at least include the duration of a phase-in period and when the first assessment would be completed.
4. **Include a more specific assessment plan in the written policy.** A specific assessment plan was deliberately not included in the LWP because the district desired to have flexibility in changing it until an effective and comfortable plan was selected. However, once such a plan has been found, it would be advisable to include it in the policy for the purpose of transparency.
5. **Reevaluate the frequency of assessment.** The district made the decision to conduct the assessment on a biannual basis initially, but this may become overwhelming or unnecessary for designees as the district grows more comfortable with the LWP. At a future revision, the committee should decide whether it would make more sense to assess the policy less frequently.
6. **Include the frequency of policy revision.** It is recommended that the district decide how often the Wellness Committee should review and revise the policy in order to ensure that the policy continues to be relevant and meets the district's needs.

Limitations

A limitation of this thesis is that time restraints on the researcher's graduate study do not permit assessment of the revised policy's impact on the district. Another notable limitation is that the thesis only studies the policy revision process at one affluent district, which limits the generalizability of findings.

Conclusion

LWP revision has been a productive and stimulating process for LVUSD, and has the potential to open many doors for improvements in student wellness. It is clear that the community-based effort in the revision process has helped thrust the district's policy into action, and the assessment plan developed may prove useful in measuring this progress. This district's experience can serve as a valuable case study in moving from a template-based policy to a locally developed one, and may provide insight and inspiration to other districts as they revise their own policies.

REFERENCES

- Agron, P., Berends, V. Ellis, K., & Gonzalez, M. (2010). School wellness policies: perceptions, barriers, and needs among school leaders and wellness advocates. *Journal of School Health, 80*(11), 527–35.
- Barnes, S. P., Robin, L., O’Toole, T. P., Dawkins, N., Khan, L. K., & Leviton, L. C. (2011). Results of evaluability assessments of local wellness policies in 6 US school districts. *Journal of School Health, 81*(8), 502-511.
- Belansky, E. S., Cutforth, N., Delong, E., Ross, C., Scarbro, S., Gilbert, L., et al. (2009). Early impact of the federally mandated local wellness policy on physical activity in rural, low-income elementary schools in Colorado. *Journal of Public Health Policy, 30*(Suppl. 1), S141-S160.
- Brener, N. D., Chiqui, J. F., O’Toole, T. P., Schwartz, M. B., & McManus, T. (2011). Establishing a baseline measure of school wellness-related policies implemented in a nationally representative sample of school districts. *Journal of the American Dietetic Association, 111*, 894-901.
- Brosky, J. A., Wiegand, M. R., Bartlett, A., & Idlewine, T. (2010). Developing a K-12 rural school system wellness policy through community engagement. *Journal of Community Engagement and Scholarship, 3*(2), 31-40.
- Budd, E. L., Schwarz, C., Yount, B. W., & Haire-Joshu, D. (2012). Factors influencing the implementation of school wellness policies in the United States, 2009. *Preventing Chronic Disease, 9*. Retrieved January 11, 2014, from http://www.cdc.gov/pcd/issues/2012/11_0296.htm

- California Department of Education. (2013). *Physical fitness testing (PFT)*. Retrieved February 10, 2014, from <http://www.cde.ca.gov/ta/tg/pf/>
- California Department of Education. (2013, June 28). *Unduplicated student poverty – Free and reduced price meals data 2012-2103* [Data file]. Retrieved November 20, 2013, from <http://www.cde.ca.gov/ds/sd/sd/filespp.asp>
- California Department of Education. (1999). *California state board of education policy #99-03: Physical education requirements*. Retrieved November 20, 2013, from <http://www.cde.ca.gov/be/ms/po/policy99-03-june1999.asp>
- California School Boards Association (CSBA). (2012). *Monitoring for success: A guide for assessing and strengthening student wellness policies*. Retrieved October 20, 2013, from <http://www.csba.org/GovernanceAndPolicyResources/ConditionsOfChildren/StudentPhysicalHealthWellness/StudentWellnessPolicy.aspx>
- California School Boards Association (CSBA). (2013). *CSBA sample student wellness board policy: BP 3050(a)*. Retrieved October 10, 2013, from http://www.csba.org/GovernanceAndPolicyResources/DistrictPolicyServices/~media/CSBA/Files/GovernanceResources/PolicyNews_Briefs/StudentHealth/201305BP5030StudentWellness.ashx
- Centers for Disease Control and Prevention (CDC). (2013) *Childhood obesity facts*. Retrieved November 1, 2013, from <http://www.cdc.gov/healthyyouth/obesity/facts.htm>

- Chriqui, J. F., Schneider, L., Chaloupka, F. J., Gourdet, C., Bruursema, A., Ide, K., et al. (2010). *School district wellness policies: Evaluating progress and potential for improving children's health three years after the federal mandate, school years 2006-07, 2007-08, and 2008-09, vol. 2*. Retrieved November 15, 2013, from <http://www.bridgingthegapresearch.org/>.
- Chriqui, J. F., & Chaloupka, F. J. (2011). Transparency and oversight in local wellness policies. *Journal of School Health, 81*, 114-121.
- Gaines, A. B., Lonis-Shumate, S. R., & Gropper, S. S. (2011). Evaluation of Alabama public school wellness policies and state school mandate implementation. *Journal of School Health, 81*, 281-287.
- Las Virgenes Unified School District (LVUSD). (2013). *About Las Virgenes schools*. Retrieved November 1, 2013, from <http://www.lvusd.org/>
- Las Virgenes Unified School District (LVUSD), Child Nutrition Services. (2014). *Wellness committee*. Retrieved January 15, 2014, from <http://www.schoolnutritionandfitness.com/index.php?page=cupg4&sid=2910102339435156>
- Let's Move! (n.d.). *Five simple steps to success for registered dietitian nutritionists*. Retrieved April 5, 2014, from <http://www.letsmove.gov/registered-dietitian-nutritionists-rdns>
- Longley, C. H., & Sneed, J. (2009). Effects of federal legislation on wellness policy formation in school districts in the United States. *Journal of the American Dietetic Association, 109*, 95-101. doi: 10.1016/j.jada.2008.10.011

- Los Angeles Department of Public Health, Office of Health Assessment and Epidemiology. (2011, September). *Obesity and related mortality in Los Angeles County: A cities and communities health report*. Retrieved January 12, 2013, from http://publichealth.lacounty.gov/wwwfiles/ph/hae/ha/Obesity_2011Fs.pdf
- Moag-Stahlberg, A., Howley, N., & Luscri, L. (2008). A national snapshot of local school wellness policies. *Journal of School Health, 78*, 562-568.
- Metos, J., & Nanney, M. S. (2007). The strength of school wellness policies: One state's experience. *Journal of School Health, 77*, 367-372.
- Probart, C., McDonnell, E., Weirich, J. E., Schilling, L., & Fekete, V. (2008). Statewide assessment of local wellness policies in Pennsylvania public school districts. *Journal of the American Dietetic Association, 108*, 1497-1502.
- Robert Wood Johnson Foundation. (2011, March 24). *Improving nutrition and physical activity policies in schools: A grantee profile of Marlene B. Schwartz, PhD*. Retrieved November 12, 2013, from <http://www.rwjf.org/>
- Robertson-Wilson, J. E., Dargavel, M. D., Bryden, P. J., & Giles-Corti, B. (2012). Physical activity policies and legislation in schools: A systematic review. *American Journal of Preventative Medicine, 43*(6), 643-649.
- Rudd Center for Food Policy and Obesity, Yale University. (2010). *WellSAT: Wellness school assessment tool*. Retrieved September 2, 2013, from <http://wellsat.org>.
- San Francisco Unified School District (SFUSD). (2007). *SFUSD Wellness Policy*. Retrieved November 12, 2013, from <http://www.sfusd.edu/en/nutrition-school-meals/official-wellness-policy.html>

- Schwartz, M. B., Lund, A., Greeves, M., McDonnell, E., Probart, C., & Samuelson, A. (2008, August). *School wellness policy evaluation tool*. Retrieved November 10, 2013, from <http://www.yaleruddcenter.org/resources/upload/docs/what/communities/SchoolWellnessPolicyEvaluationTool.pdf>
- Schwartz, M. B., Lund, A. E., Grow, H. M., McDonnell, E., Probart, C., Samuelson, A., et al. (2009). A comprehensive coding system to measure the quality of school wellness policies. *Journal of the American Dietetic Association, 109*, 1256-1262.
- Schwartz, M. B., Henderson, K. E., Falbe, J., Novak, S. A., Wharton, C., Long, M. et al. (2012). Strength and comprehensiveness of district school wellness policies predict policy implementation at the school level. *Journal of School Health, 82*(6), 262-267. doi:10.1111/j.1746-1561.2012.00696.x.
- Seo, D.-C. (2009). Comparison of school food policies and food preparation practices before and after the local wellness policy among Indiana high schools. *American Journal of Health Education, 40*(3), 165-173. doi:10.1080/19325037.2009.10599091
- Serrano, E., Kowaleska, A., Hosig, K., Fuller, C., Fellin, L., & Wigand, V. (2007). Status and goals of local school wellness policies in Virginia: a response to the Child Nutrition and WIC Reauthorization Act of 2004. *Journal of Nutrition Education and Behavior, 39*(2), 95–100.
- Smith, E. M., Capogrossi, K. L., & Estabrooks, P. A. (2012). School wellness policies: Effects of using standard templates. *American Journal of Preventative Medicine, 43*(3), 304-308. doi: 10.1016/j.amepre.2012.05.009

- Turner, L., & Chaloupka, F. J. (2012). Slow progress in changing the school food environment: nationally representative results from public and private elementary schools. *Journal of the Academy of Nutrition and Dietetics, 112*, 1380-1389.
- U.S. Department of Agriculture (USDA), Food and Nutrition Service. (2014). *Local school wellness policy*. Retrieved November 1, 2013, from <http://www.fns.usda.gov/tn/local-school-wellness-policy>
- U.S. Department of Agriculture (USDA), Food and Nutrition Service. (2011, July 8). *Child Nutrition reauthorization 2010: Local school wellness policies (Memo SP 42-2011)*. Retrieved October 4, 2013, from http://www.fns.usda.gov/sites/default/files/SP42-2011_os.pdf
- WestEd. (2014). *California healthy kids survey*. Retrieved March 5, 2014, from <http://chks.wested.org/>

APPENDIX A

LVUSD WELLNESS POLICY (2006)

Board Policy 5030

The Board of Education recognizes the link between student health and learning and desires to provide a comprehensive program promoting healthy eating and physical activity for district students. The Superintendent or designee in collaboration with parents and appropriate community members shall build a coordinated approach that supports and reinforces student wellness through health and education, physical education, health services, nutrition services, and services, which promote the physical and emotional well-being of students.

This policy has been developed with the involvement of a “Student Wellness Committee” comprised of parents/guardians, students, administrators, and child nutrition professionals and shall include goals for nutrition education, physical activity and school based activities that promote student wellness.

The district’s nutrition education and physical education programs shall be based on research that supports the state’s curriculum frameworks and is designed to guide students in developing and maintaining a healthy lifestyle.

Nutrition education shall be provided as part of the district’s health education program and or science program K-12 and shall be integrated as appropriate into core academic subjects.

All students in grades K-12 shall be provided opportunities to be physically active on a regular basis through physical education classes, recess, school athletic programs, extracurricular programs, community youth sports programs conducted on district campuses, and other structured and unstructured activities.

The Superintendent or designee shall encourage staff to serve as positive role models and, as appropriate, shall support professional development that includes instructional strategies that assess health knowledge and promote healthy behaviors.

To encourage consistent health messages between the home and school environment, the Superintendent or designee may disseminate health information to parents/guardians through district or school communications, school lunch menus, or other appropriate venues. Such communication should emphasize the relationship between student health and academic performance.

Nutrition Guidelines for Foods Available at School

The Superintendent or designee shall direct that the district’s Child Nutrition Services shall meet or exceed established state and federal guidelines for all foods served by the district during the school day. Such guidelines shall be implemented with the objective of promoting student health and reducing childhood obesity.

The Board believes that foods and beverages available to students at district schools should support the health curriculum and promote optimal health. The Superintendent or designee shall encourage school organizations to use healthy food items or non-food items as part of fundraising activities and shall encourage staff and parents to avoid the use of non-nutritious foods as student rewards, incentives, or classroom parties.

Guidelines for Reimbursable Meals

Foods and beverages provided through federally reimbursable school meal programs shall meet or exceed federal regulations and guidance issued pursuant to 42 USC 1758(f)(1), 1766(a) and 1799(a) and (b) as they apply to schools. In order to maximize the district's ability to provide nutritious meals and snacks, all district schools shall participate in available federal school nutrition programs including the National School Lunch and School Breakfast Programs to the extent possible.

Program Implementation and Evaluation

In order to ensure that the Student Wellness Policy is implemented, the Superintendent or Designee shall designate at least one person within the district and at each school site is responsible for compliance with this policy.

The Director of Child Nutrition shall ensure compliance with nutrition policies for all Child Nutrition services provided to schools.

The Directors of Elementary and Secondary Education shall ensure compliance with educational and physical activity goals.

The effectiveness of this policy shall be measured by indicators including annual Child Nutrition Audits, data from the California Healthy Kids Survey, parent and student surveys and the results of the annual student Physical Fitness Exam. The Superintendent or designee shall report to the Board at least every 3 years on the implementation of this policy.

In accordance with Policy 5030:

1. The Superintendent or designee shall disseminate a letter to all parents on an annual basis advising them of the Student Wellness Policy and urging compliance with the nutritional standards set and the standard that non-nutritional foods not be brought for class parties or any other similar activities.
2. The principal or designee at each site shall conduct a survey in conjunction with the biannual Healthy Kids Survey to determine the level of compliance with the policy as well as the understanding of students and staff as to the importance of the established nutritional standards.
3. Superintendent or designee shall include the biannual Healthy Kids Survey results of the site-initiated survey regarding the adopted nutritional standards within Policy 5030.

Regulation LAS VIRGENES UNIFIED SCHOOL DISTRICT
Approved: June 13, 2006 Calabasas, California

APPENDIX B

LVUSD WELLNESS POLICY (2013)

Board Policy 5030

The Board of Education recognizes the link between student health and learning and desires to provide a comprehensive program promoting healthy eating and physical activity for District students. The District in collaboration with parents and appropriate community members shall build a coordinated approach that supports and reinforces student wellness through health education, physical education and activity, health services, nutrition services, and services which promote the overall health of students. In doing so, the District shall also promote a safe, positive school environment by prohibiting bullying and harassment of all students, including on the basis of weight or health condition.

This Board Policy has been developed with the involvement of an ongoing Wellness Committee comprised of parents/guardians, students, administrators, child nutrition professionals, physical education teachers, school health professionals, Board members, and community members, and shall include goals for nutrition education, physical activity, and school-based activities that promote student wellness.

Nutrition Education

Nutrition education shall be provided as part of the District's health education program and/or science program K-12 and shall be integrated as appropriate into core academic subjects.

The District's nutrition education and physical education programs shall be based on research that supports the state's curriculum frameworks and is designed to guide students in developing and maintaining a healthy lifestyle.

Physical Education and Activity

All students in grades K-12 will be provided opportunities to be physically active on a regular basis in areas such as physical education classes, sports, recess, and wider integration into the classroom setting.

Health Promotion

The District will promote the adoption of health-enhancing behaviors through nutrition activities, extracurricular and recreational physical activity programs, making school spaces and facilities available for use, and partnering with parents to meet physical activity recommendations.

Staff as Role Models

The District shall encourage staff to serve as positive role models and, as appropriate, shall support professional development that includes instructional strategies that assess health knowledge and promote healthy behaviors.

Dissemination of Health Information

To encourage consistent health messages between the home and school environment, the District may disseminate health information to parents/guardians through District or school communications, school lunch menus, or other appropriate venues. Such communication should emphasize the relationship between student health and academic performance.

Nutrition Guidelines for Foods Offered to Students

Child Nutrition Services shall meet or exceed established state and federal guidelines for all foods served by the District during the school day. Such guidelines shall be implemented with the objective of promoting student health and reducing childhood obesity.

The Board believes that foods and beverages available to students at District schools should support the health curriculum and promote optimal health. The District shall encourage staff, students, and parents to use healthy food items or non-food items as part of classroom parties and fundraising activities. Foods and beverages served during fundraisers shall at a minimum comply with state and federal regulations, and food used as a reward for student behavior shall be discouraged.

Guidelines for Reimbursable Meals

Foods and beverages provided through federally reimbursable school meal programs shall meet or exceed federal regulations. In order to maximize the District's ability to provide nutritious meals and snacks, all District schools shall participate in available federal school nutrition programs including the National School Lunch and School Breakfast Programs to the extent possible. The District shall promote participation in these programs among students, and make applications as accessible as possible.

Program Implementation and Evaluation

Specific goals and guidelines related to implementation, monitoring, and evaluation of each area specified by the policy are detailed in AR 5030. Appropriate departments have been designated to be responsible for each area specified by the policy. A biannual assessment shall include the extent to which schools are in compliance with the wellness policy, a description of the progress made in attaining wellness policy goals, and the extent to which this policy compares to model wellness policies available from the USDA, and will be posted on the Child Nutrition Website.

Administrative Regulations 5030

The Las Virgenes Unified School District is committed to providing school environments that promote and protect children's health, well-being, and ability to learn by supporting healthy eating and physical activity. The purpose of the following Administrative Regulations is to provide guidelines for achieving the goals stated in the Board Policy.

Wellness Committee

- 1) A Wellness Committee will develop and monitor implementation of the Student Wellness Policy.
 - a) The Committee will be comprised of parents/guardians, students, administrators, instructional staff, child nutrition professionals, school health professionals, Board members, and community members.
 - b) The Committee will meet a minimum of once per semester to evaluate implementation of the Student Wellness Policy, and increase the frequency of meetings as it is deemed necessary.
 - c) Proposed amendments to the policy will be submitted to the Board for approval.
 - d) District employees will be strongly encouraged to participate in the Wellness Committee.
 - e) The Wellness Committee will be encouraged to explore the possibility of grant applications in order to help secure funding for school wellness initiatives.

Nutrition Education

***Nutrition education** is any combination of educational strategies designed to facilitate voluntary adoption of food choices and other food and nutrition related behaviors conducive to health and well-being.*

- 1) The District will teach, encourage, and support healthy eating by students through nutrition education.
 - a) Classroom teachers will be encouraged to incorporate nutrition education not only into health education classes, but also into instruction in subjects such as math, science, language arts, social sciences, and elective subjects.
 - b) Adequate and ongoing nutrition education for faculty will be provided to focus on teaching strategies that assess health knowledge and skills, and promote healthy behaviors.

- c) Education reinforcing messages on healthy eating by linking with school meal programs, other school foods, and nutrition-related community services will be encouraged.

Responsible: School Site Administration

Monitoring: Education Services

Evaluation: Wellness Committee will evaluate at a minimum semiannually.

Physical Education and Activity

Physical education is a planned sequential program of curricula and instruction that helps students develop the knowledge, skills, and confidence necessary for an active lifestyle.

Physical activity refers to teacher-led and student-initiated physical activities throughout the day. Physical activities may include but are not limited to the following: physical education classes, games, sports, walk to school programs, dance, and movement breaks.

- 1) The District will encourage integration of physical activity into the classroom setting in order for students to receive the nationally recommended amount of daily physical activity and for students to fully embrace regular physical activity as a personal behavior.
 - a) Classroom health education will complement physical education by reinforcing the knowledge and self-management skills needed to maintain a physically active lifestyle and to reduce time spent on sedentary activities, such as watching television.
 - b) Classroom teachers will be encouraged to provide time for physical activity at the beginning of class or during breaks, or incorporated into other subject lessons (i.e. learning games that involve movement) as appropriate.
- 2) All students will receive physical education as designated in Education Codes 51210, 51222, 51223.
 - a) All physical education will be overseen by a certificated teacher.
 - b) Students will be encouraged to spend at least 50% of physical education time participating in moderate to vigorous physical activity.
 - c) Temporary exemptions from physical education should be limited to students whose medical conditions do not allow for inclusion in the general, modified, or adapted physical education program, per Education Code 51241.

- d) Physical education and assessment will be designed to promote motor skills and physical fitness, and to help students understand, improve, and/or maintain their physical well-being.
- 3) The District will review curriculum to ensure continuity and consistency of instruction across all content areas in which fitness, health and wellness are taught. The relevant California Content standards for Physical Education, Health and Science will be identified and brought to Curriculum Council for consideration as part of an effort to ensure students receive current and research-based information.
 - a) Professional development opportunities for Physical Education, Health and Science teachers will be identified for teachers to update their content knowledge and to share best practices.
 - 4) All elementary school students will have at least 20 minutes a day of supervised recess, preferably outdoors, during which schools should encourage moderate to vigorous physical activity and provide adequate space and equipment.
 - a) Schools should discourage extended periods of inactivity.
 - b) When activities, such as mandatory school-wide testing, make it necessary for students to remain indoors for long periods of time, schools should give students periodic breaks during which they are encouraged to stand and be moderately active.
 - 5) Teachers and other school and community personnel will not use physical activity (e.g., running laps, pushups) or withhold opportunities for physical activity (e.g., recess, physical education) as punishment, per Education Code 49001.
 - 6) Faculty will observe hot weather guidelines for athletic practice and supervised recess.
 - a) In conditions of extreme heat or humidity, outdoor physical activity should be moved indoors or rescheduled to cooler times. Hot Weather Guidelines for athletic practice may be found at www.lvusd.org in the Documents Library under *Health Info, General Health Info for Families*:
http://www.lvusd.org/index.php?option=com_docman&task=cat_view&gid=157&Itemid=107

Responsible: School Site Administration

Monitoring: Education Services

Evaluation: Wellness Committee will evaluate at a minimum semiannually

Health Promotion

Health Promotion is the encouragement of the voluntary adoption of health-enhancing behaviors through modeling, activities, and alliances with the community and media.

- 1) Nutrition promotion will include enjoyable, developmentally appropriate, culturally relevant, participatory activities, such as Wellness Awareness Month, contests, taste testing, farm visits, and school gardens. Such activities may be incorporated into nutrition education.
- 2) Fruits, vegetables, whole grain products, low-fat and fat-free dairy products, healthy food preparation methods, and health-enhancing nutrition practices will be promoted.
- 3) To reinforce nutrition promotion and education, marketing and advertising of non-nutritious foods and beverages will be prohibited through signage, vending machine fronts, coupon or incentive programs, or other means.
- 4) All elementary, middle, and high schools will encourage extracurricular and recreational physical activity programs, such as physical activity clubs or intramural programs.
 - a) Schools will offer a range of activities with a goal towards meeting the needs, interests, and abilities of all students, including boys, girls, students with disabilities, and students with special health-care needs.
- 5) The District will encourage utilization of safe routes for students to walk and bike to school.
 - a) When appropriate, the district will work together with local public works, public safety, and/or sheriff's department to accomplish this.
- 6) School spaces and facilities are available to students, staff, and community members before and after the school day, on weekends, and during school vacations when not scheduled for organized use.
 - a) School and District policies concerning safety and facility-use will apply at all times.
- 7) The District will make available for parents and students a list of suggested activities and resources so that they may partner with schools to help meet physical activity recommendations.
 - a) The list will be posted on the LVUSD website.

Responsible: School Site Administration, District Administration

Monitoring: Education Services

Evaluation: Wellness Committee will evaluate at a minimum semiannually

Dissemination of Health Information

- 1) Relevant nutrition and food safety information shall be made publicly available.
 - a) Breakfast and lunch menus, nutrition information, nutrition and food safety tips for parents, and other relevant information will be made available on the LVUSD website.
 - b) Communication with parents will be given a high priority. Modes for disseminating nutrition and food safety information may include email and the e-Newsletter.
 - c) Contact information for Child Nutrition staff will be made available on the LVUSD website.
- 2) The Wellness Policy and related updates shall be made publicly available.
 - a) The Wellness Policy and Wellness Resources will be posted on the LVUSD website.
 - b) The Wellness Policy will be provided to all parents as part of the Legal Notification Handbook.
 - c) The Wellness Policy will be visibly posted in all school cafeterias.
 - d) Announcements of revisions, Wellness Committee meeting notes, evaluations, and related information will be posted on the LVUSD website.

Responsible: Child Nutrition Services

Monitoring: Child Nutrition Director

Evaluation: Wellness Committee will evaluate at a minimum semiannually

- 3) Important health updates shall be made publicly available.
 - a) Information regarding vaccinations, disease outbreaks, and other health issues will be available on the LVUSD website and disseminated to parents via all-calls and email, as appropriate.
 - b) Contact information for District nurses will be made available on the LVUSD website.

- 4) Students shall have access to information about relevant health topics, including proper hygiene, adequate hydration, and stress management (middle and high school students).
 - a) Students may receive education through nurses, handouts, posters, classes, workshops, or other means.
 - b) Nurses and staff will encourage hand washing at the appropriate times, and will remind students to cough into elbows, not hands, to avoid the spread of contagious diseases.
 - c) Nurses and staff will encourage water consumption, especially during warm weather and during exercise.

Responsible: Health Clerks

Monitoring: District Nurses

Evaluation: Wellness Committee will evaluate at a minimum semiannually

Guidelines for Reimbursable Meals

- 1) District schools shall participate in available federal school nutrition programs, including the National School Lunch and School Breakfast Programs, to the extent possible.
 - a) The District will encourage students to eat breakfast, and will explore options for offering breakfast for all grade levels.
 - b) Laws affecting Child Nutrition programs may be found at: <http://www.fns.usda.gov/cnd/governance/legislation.htm>
- 2) The District shall comply with all requirements for verification of qualification for free and reduced-price meals.
 - a) Requirements may be found at: <http://www.fns.usda.gov/cnd/Guidance/EliMan.pdf>
- 3) The District shall make participation and application return for federal school nutrition programs a high priority.
 - a) The District may use increased parent communications, registration checklists, online applications, or other strategies to increase access to applications.
- 4) Students shall be made aware of all food choices available and what a reimbursable meal consists of.

- a) Posters or menu boards in the serving areas may be used to communicate all food choices that are part of a reimbursable meal.
 - b) Reimbursable meal components, including milk, fruits, vegetables, meat/meat alternates, and grains, may be prominently labeled in the cafeteria to help students identify food groups and choose balanced meals.
- 5) Staff shall ensure that students receive reimbursable meals.
- a) Staff training will include education on reimbursable meal components and strategies for ensuring that students take appropriate food items.
- 6) The District shall ensure that there will be no overt identification of students eligible for free and reduced-price meals, as specified in 7 CFR 245.6(b)(10).
- a) Requirements may be found at: <http://www.fns.usda.gov/cnd/governance/Policy-Memos/2012/SP45-2012os.pdf>

Responsible: Child Nutrition Services

Monitoring: Child Nutrition Director

Evaluation: Independent Auditors

Guidelines for Foods and Beverages Sold in Schools by Child Nutrition Services

- 1) All foods served by district schools, including items served in the cafeterias, a la carte, and in vending machines, shall at a minimum comply with current state and federal guidelines.
- a) Foods shall contain no more than 30% of total calories from total fat.
 - b) Foods shall contain no more than 10% of total calories from saturated fat.
 - c) Foods shall contain no more than 35% total sugar by weight.
 - d) No foods containing artificial trans fat may be served.
 - e) Foods of minimal nutritional value will not be served.
 - i) The Food Minimal Nutrition Value (FMNV) is the Federal Nutrition Standard. The USDA defines “foods of minimal nutritional value” as 1) artificially sweetened foods that provide less than 5% of the Reference Daily Intakes (RDI) for each of eight specified nutrients per serving; and 2) for all other foods, those which provide less than 5% of the RDI for each of eight specified nutrients per 100 calories and per serving. The eight specified nutrients are protein, vitamin A, vitamin C, niacin, riboflavin, thiamin, calcium, and iron.

- ii) Foods of minimal nutritional value include: soda water, water ices that contain no fruit or fruit juices, chewing gum, hard candy, jelly/gum candy, fondant, marshmallow candy, licorice, spun candy, and candy-coated popcorn. Refer to: <http://www.fns.usda.gov/cnd/menu/fmrv.htm>.
- 2) All foods shall be “nut-safe,” in that they contain no tree nut ingredients, but may be processed in a facility that processes tree nuts.
 - 3) Preference shall be given to local businesses to support our community.
 - a) The District will participate in the farm-to-school program by purchasing fresh, seasonal produce from local farms as available.
 - b) Collaboration with local food establishments shall be pursued. Child Nutrition will continue to develop healthy recipes with vendors. Collaboration provides students with freshly prepared foods from local sources that also meet state and federal regulations.
 - 4) Preference shall be given to minimally processed foods.
 - a) Foods shall be prepared from whole foods in school kitchens when feasible.
 - b) Child Nutrition will explore the feasibility of implementation of additional salad bars.
 - 5) Preference shall be given to avoiding foods exposed to potentially harmful food additives and processes and to toxic agricultural chemicals whenever possible.
 - a) Organic foods may be purchased when practical. Production of organic crops may not involve irradiation, sewage sludge, synthetic fertilizers, prohibited pesticides, or genetically modified organisms. Organic livestock producers must meet animal health and welfare standards, use no antibiotics or growth hormones, use 100% organic feed, and provide animals with access to the outdoors. More information on the National Organic Program may be found at: <http://www.ams.usda.gov/AMSV1.0/nop>.
 - 6) Every attempt shall be made to have all food served be appealing to students.
 - a) Foodservice staff will be trained to ensure that food is prepared and arranged in a way that is neat and attractive to students.
 - 7) Food shall be served to students in a safe, clean, and pleasant environment.
 - a) Students shall be provided adequate time to eat meals as noted by the American School Health Organization. Recommendations on adequate time may be found at:

http://www.ashaweb.org/files/public/Resolutions/ASHA_Supports_Appropriate_Timing_of_School_Meals.pdf

- b) Meals shall be served during appropriate mealtimes as noted by the American School Health Organization. Scheduling of activities such as assemblies, tutoring, and student club/organization meetings during school mealtimes should be avoided unless students may eat during such activities. Recommendations on appropriate mealtimes may be found at:
http://www.ashaweb.org/files/public/Resolutions/ASHA_Supports_Appropriate_Timing_of_School_Meals.pdf
- c) All cafeterias shall undergo Health Department inspections biannually.
- d) All staff shall maintain current food handler certification.
 - i) Child Nutrition will provide staff re-certification opportunities annually.
- 8) Student feedback and parent participation shall be used to improve menu choices and service.
 - a) Surveys, food demos, taste-testing, and other methods may be used to solicit feedback from students. Surveys may be used to identify favorite menu items and student concerns.
 - b) Recipe contests and other activities may be used to solicit participation from parents and students.
- 9) Free, fresh drinking water shall be made available during meal times in school food service areas at all district schools, per Education Code 38086 and 42 USC 1758.
 - a) The District will explore options to increase availability of fresh water at school sites. Regulations can be found at: <http://www.cde.ca.gov/ls/nu/he/water.asp>

Responsible: Child Nutrition, Plants and Operations

Monitoring: Health Department Certificate of Inspection, Food Handler Certification

Evaluation: Child Nutrition Director

Guidelines for Foods Served During School-Related Activities

- 1) Staff, parents, and students shall be encouraged to use nutritious foods during school-related activities, including classroom parties.
 - a) Food as reward for student behavior shall be discouraged, unless specified in the Individualized Education Program (IEP). More information on children with disabilities may be found at: <http://www.cde.ca.gov/sp/se/sr/iepresources.asp>

- 2) All foods shall be “nut-safe,” in that they contain no tree nut ingredients, but may be processed in a facility that processes tree nuts.
- 3) All foods shall be free of artificial trans fat. More information may be found at: <http://www.cdc.gov/nutrition/everyone/basics/fat/transfat.html>
- 4) All foods and beverages served during fundraisers, homemade and vendor-provided, shall at a minimum comply with state and federal regulations on fundraising (See SB 12 and SB 965 Regulations below).
 - a) Staff and parents will be provided with a *Fundraising Resource Guide* that will be available on the LVUSD website.
 - i) The guide will contain lists of approved foods, government regulations, fundraiser ideas that promote health, order forms, and additional relevant information.
 - ii) All foods and beverages served during fundraisers must be reviewed for compliance with SB 12 and SB 965 by the Child Nutrition Director.
 - b) *Elementary Schools - SB 12 Compliant Foods:*
 - i) Pertains to full meals and *a la carte* items (individual portion sizes) of non-fried fruits/vegetables, nuts, berries, seeds, eggs, and string cheese. Dairy or grain products may be sold *a la carte* if they contain $\leq 35\%$ total calories from fat.
 - ii) Contain $\leq 10\%$ total calories from saturated fat
 - iii) Contain $\leq 35\%$ total weight from sugar (except fruits and vegetables)
 - iv) Contain ≤ 175 calories per individual food item
 - v) Contain 0 gm artificial trans fat
 - vi) Grain items containing “whole grain” listed as the first ingredient
 - c) *Elementary Schools - SB 965 Compliant Beverages:*
 - i) Water with no added sweeteners
 - ii) Fruit and vegetable juice containing $\geq 50\%$ juice and no added sweeteners
 - iii) 2%, 1%, or non-fat cow’s or goat’s milk containing $\geq 25\%$ of the calcium daily value per 8 fl. oz. and ≤ 28 gm of total sugar per 8 fl. oz.

- iv) Non-dairy milk containing vitamin A and D, $\geq 25\%$ of the calcium daily value per 8 fl. oz., ≤ 28 gm of total sugar per 8 fl. oz., and ≤ 5 gm of fat per 8 fl. oz.
- d) *Middle and High Schools - SB 12 Compliant Foods:*
- i) Includes all *a la carte* food sales during the school day (including food service, student sales, and vending machines)
 - ii) Snack food items containing $\leq 35\%$ total calories from fat (except nuts, nut butters, seeds, eggs, single serving cheese, fruit and non-fried vegetables), $\leq 10\%$ total calories from saturated fat (except eggs and single serving cheese), $\leq 35\%$ total weight from sugar (except fruits and vegetables), ≤ 28 gm of total sugar per 8 fl. oz., and ≤ 250 calories per individual food item
 - iii) Entrée food items containing ≤ 400 calories, ≤ 4 gm (36%) of fat per calories, 0 gm of artificial trans fat, and consisting either of 2 or more groups (meat/meat alternative, fruit/vegetable, grain/bread) or a meat/meat alternative alone
- e) *Middle and High Schools - SB 965 Compliant Beverages:*
- i) Water with no added sweeteners
 - ii) Fruit and vegetable juice containing $\geq 50\%$ juice and no added sweeteners
 - iii) 2%, 1%, or non-fat cow's or goat's milk containing $\geq 25\%$ of the calcium daily value per 8 fl. oz. and ≤ 28 gm of total sugar per 8 fl. oz.
 - iv) Non-dairy milk containing vitamin A and D, $\geq 25\%$ of the calcium daily value per 8 fl. oz., ≤ 28 gm of total sugar per 8 fl. oz., and ≤ 5 gm of fat per 8 fl. oz.
 - v) Electrolyte replacement beverages containing water listed as first ingredient, ≤ 2.1 gm added sweetener per 1 fl. oz., at least 10 but no more than 150 mg of sodium per 8 fl. oz., at least 10 but no more than 90 gm of potassium per 8 fl. oz., and no added caffeine
- f) Sales of non-compliant foods and beverages shall comply with regulations:
- i) In elementary schools, non-compliant foods and beverages may only be sold by students, and they must be sold at least one hour after the end of the school day or sold off-campus
 - ii) In middle and high schools, non-compliant foods and beverages can be sold by any entity at a school-sponsored event after the school day, and may only be sold at least one hour before or after the end of the school day

Responsible: School Site Administration
Monitoring: Every Department
Evaluation: Child Nutrition Director

Regulations Adopted: July 23, 2013
Las Virgenes Unified School District

APPENDIX C

COMPARISON TO CSBA MODEL POLICY

CSBA Model Policy Content and Corresponding Language in 2013 Wellness Policy (BP 5030 and AR 5030)
- Establishes link between student wellness and a coordinated approach (BP 5030, p.1)
<u>School Health Council/Committee</u> - Encourages ongoing health council or committee (AR 5030, p.3)
<u>Goals for Nutrition, Physical Activity, and Other Wellness Activities</u> - Adoption of goals. Suggested goals include: - Nutrition education and physical education to be research-based, support curriculum frameworks, and guide students in maintaining a healthy lifestyle (BP 5030, p.1) - Nutrition education to include benefits of healthy eating (AR 5030, p. 4) - Nutrition education as part of health education program and other academic subjects and programs as appropriate (BP 5030, p.1) - Marketing and advertising of non-nutritious foods to be prohibited (AR 5030 p.6) - Opportunities for physical activity on regular basis (BP 5030, p.1) - District facilities to be available outside the school day or using community facilities to expand student access (BP 5030, p.1; AR 5030 p.6) - Professional development (BP 5030, p.1; AR 5030 p.5) - Dissemination of health information and wellness policy to parents (BP 5030, p.2; AR 5030 p.6) - Access to health services or referrals to community services (AR 5030, p.7) - Recognition of need for safe, school positive environment through prohibition of bullying and harassment (BP 5030, p.1) - Staff as positive role models for healthy eating and physical fitness (BP 5030, p.1)
<u>Nutrition Guidelines for Foods Available at School</u> - Foods available on campus during the school day to be consistent with federal regulations and promotion of student health. Suggested goals: - Participation in available federal nutrition programs (BP 5030, p.2; AR 5030, p.7)) - Provision access to free, potable water during meal times in the food service area (AR 5030, p.10) - Water consumption to be encouraged for students (AR 5030, p.7) - Nutritional standards for all foods and beverages served at schools, including student stores, vending machines, and other venues, to meet or exceed state and federal standards (BP 5030, p.2; AR 5030, p.8) - Use of healthy food items or non-food items for fundraising (BP 5030, p.11) - Use of non-nutritious food as a reward to be discouraged (BP 5030, p.11) - Staff to encourage nutritional quality at class parties and celebrations (BP 5030, p.2;

<p>AR 5030, p.11)</p> <ul style="list-style-type: none"> - Class parties to be held after lunch period when possible
<p><u>Program Implementation and Evaluation</u></p> <ul style="list-style-type: none"> - Designation of one or more employees to ensure each school complies with the policy - Assessment at least once every two years (BP 5030, p.2) - Assessment to include the extent to which schools are in compliance, the extent to which the policy compares to model policies available from the USDA, and a description of the progress made in attaining wellness policy goals (BP 5030, p.2) - Invitation of feedback on wellness activities (AR 5030, p.10) - Informing public about the content and implementation of the policy and assessment results (BP 5030, p.2; AR 5030, p.6-7) - Optional inclusion of indicators used to measure the implementation and effectiveness of district wellness-related activities - Assessment report may include a comparison of results across multiple years, a comparison of district data with county, statewide, or national data, and/or a comparison of wellness data with other student outcomes - Submission of assessment results to the Board
<p><u>Posting Requirements</u></p> <ul style="list-style-type: none"> - Posting policies and regulations on nutrition and physical activity in public view within eating areas (AR 5030, p.7) - Optional posting of CA Department of Education regulations

*The California School Boards Association (CSBA) Model Policy can be accessed at: http://www.csba.org/GovernanceAndPolicyResources/DistrictPolicyServices/~media/CSBA/Files/GovernanceResources/PolicyNews_Briefs/StudentHealth/201305BP5030StudentWellness.ashx

District-Specific Content of the 2013 Wellness Policy
<ul style="list-style-type: none"> - Designation of departments responsible for implementing, monitoring, and evaluating each area specified by the policy
<p><u>Wellness Committee</u></p> <ul style="list-style-type: none"> - Wellness Committee to meet at least once per semester to evaluate policy implementation - District employees to be encouraged to participate on the Wellness Committee - Wellness Committee to explore grant applications to fund wellness initiatives
<p><u>Nutrition Education</u></p> <ul style="list-style-type: none"> - Definition of nutrition education - Nutrition education that reinforces messages on healthy eating by linking with

school meal programs, other school foods, and nutrition-related community services

Physical Education and Activity

- Definitions of physical education and physical activity
- Integration of physical activity into classroom setting
- Classroom health education to reinforce knowledge and self-management skills needed to maintain a physically active lifestyle
- Physical education to be overseen by a certificated teacher
- Students encouraged to spend at least 50% of physical education time in moderate to vigorous activity
- Temporary exemptions from physical education to be limited to certain medical reasons
- Physical education and assessment designed to promote motor skills and physical fitness, and to help students understand, improve, and/or maintain their physical well-being
- Curriculum review to ensure consistency
- Elementary school students to have at least 20 min per day of supervised recess
- Extended periods of inactivity to be discouraged
- Periodic breaks to be provided during long periods of time indoors
- Physical activity or withholding of physical activity not to be used as punishment
- Hot weather guidelines to be observed

Health Promotion

- Definition of health promotion
- Nutrition promotion activities may be incorporated into nutrition education
- Promotion of healthful food products, preparation methods, and practices
- Offer physical activity opportunities to meet needs, interests, and abilities of all students
- Safe routes to school to be encouraged
- List of suggested physical activity ideas and resources for parents and students to be provided on the district website

Dissemination of Health Information

- Nutrition, food safety, and health information to be made publicly available
- Communication with parents to be given high priority
- Contact information for Child Nutrition staff and District nurses to be available online
- Wellness Resources list to be available on the district website
- Nurses and staff to encourage hand-washing and other methods of preventing disease

Guidelines for Reimbursable Meals

- Students to be encouraged to eat breakfast
- Options for breakfast programs to be explored

<ul style="list-style-type: none"> - School nutrition program participation and application access/return to be given priority - Students to be made aware of all food choices using signage - Labeling to be used to educate students reimbursable meal components and food groups - Staff to be trained to ensure that students receive reimbursable meals - No overt identification of students eligible for free and reduced price meals
<p><u>Guidelines for Foods and Beverages Sold in Schools by Child Nutrition Services</u></p> <ul style="list-style-type: none"> - Foods of Minimal Nutrition Value (FMNV) defined - All foods to be “nut-safe” - Preference to be given to local businesses through participation in the farm-to-school program and collaboration with local food establishments - Preference to be given to minimally processed foods by preparing whole foods in school kitchens and exploring the implementation of salad bars. - Preference to be given to avoiding potentially harmful foods by purchasing organic foods when practical. - Food served to be appealing to students - Students to be given adequate time for meals - Meals to be served during appropriate mealtimes - Cafeterias to be inspected by the Health Department biannually
<p><u>Guidelines for Foods Served During School-Related Activities</u></p> <ul style="list-style-type: none"> - All foods to be “nut-safe” - All foods and beverages served during fundraisers to comply with regulations - Fundraising Resource Guide to be made available on the district website - Regulations related to fundraising listed

Quality Tool Assessment

The Wellness School Assessment Tool, or WellSAT (<http://www.wellsat.org/>), allows users to assess the quality of their school district’s wellness policy online using a 50-question scorecard. Policy strength refers to the degree to which a policy includes specific and firm language, and comprehensiveness refers to the breadth of goals covered by the policy. The quality of the policy improved from 2006 to 2013. A printed scorecard is available in the Wellness Policy binder in the Child Nutrition Office.

	Total Strength Score	Total Comprehensiveness Score
2006 Wellness Policy	23	46
2013 Wellness Policy	61	82