For the past two school years, local school districts throughout the country that participate in the National School Lunch or Child Nutrition Programs have been required to develop and implement local wellness policies as part of the Child Nutrition and WIC Reauthorization Act of 2004. These policies were to have been developed with the involvement of parents, students, school food authority representatives, the school board, school administrators, and the public; be in place by the first day of the 2006-07 school year; and include the following:

1. Goals for nutrition education, physical activity, and other school-based activities that are designed to promote student wellness in a manner that the local education agency determines is appropriate;

2. Nutrition guidelines for all foods available on each school campus during the school day with the objective of promoting student health and reducing childhood obesity;

3. An assurance that guidelines for reimbursable school meals are not less restrictive than the regulations issued by the U.S. Department of Agriculture; and

4. A plan for measuring implementation of the policy, including designation of one or more persons at each school with operational responsibility for ensuring that the school is meeting the policy requirements.

For some districts, the wellness policy requirement was completely new. However, in many cases, the wellness policy requirement did not cause districts to do anything that they were not already doing. In fact, many districts already had
policies regarding competitive foods and school meals or regarding nutrition education.

Thus, the federal legislation sought to ensure that district policies across the country would uniformly address certain issues. The federal legislation set minimum requirements for the district policies, but districts may add additional provisions or exceed the requirements of the federal legislation.

**District Wellness Policy Approaches**

The wellness policy development and adoption process has been iterative. Based on data we compiled from a nationally representative sample of 638 school districts for the 2007-08 school year, approximately 90 percent of all districts had a wellness policy. In many cases, districts adopted a policy (some after the required adoption date), but it took upwards of one year before detailed regulations or guidelines were issued to guide schools on the implementation of the policy and/or to provide specific requirements for each of the required wellness policy elements.

For example, some wellness policies required the superintendent to develop goals for nutrition education, with the specifics of those goals to be delineated in administrative regulations, procedures, or guidelines issued by the superintendent’s office.

At the same time, districts have embraced the wellness policy requirement to varying degrees. In fact, wellness policies come in all sizes and forms, ranging from a “minimalist” to a “comprehensive” approach.

Districts taking a **minimalist** approach adopted a policy that simply restates the federal language verbatim. These “minimalist” policies do not contain any specifics on how they will implement the federal requirements, nor are there any administrative regulations, procedures, or guidelines to direct schools on implementation of the “requirements.” In these districts, relatively little effort was made to go beyond the federal language, and the likelihood of policy implementation is anticipated to be relatively low. In such districts, interpretation of the policy will probably vary tremendously from school to school.

Districts taking a **suggestion** approach went beyond simply restating the federal language by providing specific recommendations or suggestions as to what schools “should” do to implement the various policy requirements. For example, under “goals for nutrition education,” districts have “encouraged” schools to provide nutrition education that teaches behavior-focused skills (e.g., reading nutrition fact labels) or encouraged schools to integrate nutrition education throughout the core curriculum. This approach leaves much of the decision-making to individual schools as to whether and how to implement the district wellness policy provisions. It also is certain to lead to tremendous variability in implementation district-wide.

A **moderate** approach is one that goes beyond the federal language by including specific details as to how each element of the wellness policy is to be implemented. What distinguishes the moderate approach from the comprehensive approach noted below is that in the moderate approach, districts often include a combination of required and suggested provisions.

For example, a district may require that schools follow the districts nutritional standards for competitive foods, but many of the elements of the districts nutrition standards are suggested or encouraged. As with the suggestion approach, this approach will leave most of the decision making in the hands of individual school administrators. It will also lead to high variability in district-wide implementation.

A **comprehensive** approach has been taken by districts that: 1) adopted a policy containing all of the required elements and detailed language on what schools are required to do to meet each of the required elements (including providing specific language on how to measure implementation and progress); 2) exceeded the federal language by adding additional policy provisions such as requirements governing physical education and food and beverage marketing; 3) provided a regular schedule for policy review and revision; and 4) developed related administrative regulations, procedures, and/or guidelines to assist schools with direction in policy implementation.

Typically, the comprehensive policies reflect a holistic approach to student wellness by:

- addressing the linkages between nutrition education and physical activity and between nutrition education and food services;
- addressing the importance of positive role modeling by administrators and teachers; and
- ensuring the delivery of consistent nutrition and physical activity messages throughout the school, including integrating opportunities for nutrition education and physical activity throughout the school day and in core subjects.
such as reading, mathematics, and science.

Additionally, districts have frequently taken an incremental approach to their policy implementation by adopting a policy with all of the required elements but phasing in various elements of the policy over time rather than requiring that the policy take full effect upon adoption. Such phase-in language was most commonly seen for the competitive foods-related provisions.

In such cases, district policies may gradually eliminate trans fats or soft drinks from competitive food venues or, more typically, gradually increase the percentage of competitive food items that are required to meet the district’s competitive food nutrition standards. The incremental or phase-in strategy has been utilized by districts that aim to achieve a comprehensive approach, but recognize that it may not be feasible to ensure full-scale implementation immediately for political, fiscal, and other reasons.

**Districts are Incorporating State Board of Education Policies into their Wellness Policies**

In developing their policies, a number of districts turned to model wellness policies developed by their state board of education. The model wellness policies were developed to serve as a resource, so that local school districts could modify the model wellness policies to reflect their own policies and procedures and to allow for further innovation at the local level.

The Michigan Model Wellness Policy and the Maine Model Wellness Policy (adapted from the Michigan Policy) are both examples of “moderate” policies. They meet and exceed some of the required federal components, but other components are recommendations, giving districts latitude to customize the policy language to meet their individual circumstances and needs. For instance, the provisions for nutrition and physical education are comprehensive in that they align with state content standards and benchmarks, are required at all grade levels, teach knowledge and skills needed to adopt healthy behavior, and provide a specific number of required minutes per week.

On the other hand, the competitive foods standards are suggestive in that they offer and promote (“encourage”) healthy foods and beverages. The District of Columbia Board of Education’s local wellness policy is an example of a “comprehensive” wellness policy. The policy meets and exceeds all federal requirements with detailed language to assist schools with policy implementation.

Typically, districts incorporated state board policies focusing on health, nutrition, and physical education standards/frameworks/benchmarks that address teaching skills and knowledge to encourage healthful eating, promote a physically active lifestyle, competency assessment, and recommended or required minutes for physical education. To a lesser extent, state boards have addressed guidelines for regulating competitive foods on school campuses, such as those sold through à la carte cafeteria sales, vending machines, school stores, snack bars, fundraisers, or offered through classroom parties or as rewards.

State boards’ competitive food regulations vary in comprehensiveness and generally pertain to only limited venues (e.g., à la carte, vending, or school stores), times, grade levels, and/or specific foods and beverages. Fairly comprehensive state board policies include those in Illinois, Tennessee, Alabama, and West Virginia. Each of these state board policies, which often are incorporated into district wellness policies, specify definitive guidelines for all foods sold on campus during the school day, limiting total fat, saturated fat, trans fats, sugar, sodium, and portion sizes for individual food items.

In contrast to the attention being paid to competitive food guidelines, relatively few state boards have developed policies or regulations addressing the physical activity aspect of the wellness policy requirement. One exception is the North Carolina state board’s Healthy Active Children Policy (which addresses recess/physical activity in public schools). This policy requires thirty minutes of moderate to vigorous physical activity daily for all students in kindergarten through eighth grade. In addition, the policy restricts physical activity from being taken away or used as a form of punishment. The policy also requires that each school district establish and maintain a local School Health Advisory Council to help plan, implement, and monitor this policy and other health issues as part of the coordinated school health plan.

A survey administered to school districts after the first full year of implementation of the Healthy Active Children Policy evaluated how districts were implementing the moderate to vigorous physical activity requirement. Most school districts reported that they incorporated the Healthy Active Children Policy into their Wellness...
Policies. Physical activity was met most often through recess and classroom activities in elementary schools. Benefits cited included increased student focus on studies, alertness, enjoyment and awareness of healthy habits, and increased staff awareness and perceived health. Challenges most often cited included lack of time in the school day, teacher attitudes/participation, and academic concerns.  

**District Wellness Policy Components**

Given the wide range of wellness policy types and the various state board (and other) models available to school districts, it is not surprising that there is wide variability in the comprehensiveness and strength of district wellness policies. 11,12 “Comprehensive” policies are those that offer guidelines and/or direction for schools relative to each of the required policy elements (and for the additional elements added by the district). For example, a comprehensive policy may specify goals for nutrition education by suggesting that schools integrate nutrition education throughout the curriculum, or they may require schools to implement and evaluate the wellness policy, including identifying a school-level representative responsible for ensuring policy compliance, without specifying how policy implementation or compliance be assessed.

“Strong” policies are those that impose specific standards/requirements that schools must follow in order to be in compliance with the district policy. 11 In contrast to comprehensive policies, a strong policy would require schools to integrate nutrition education throughout the curriculum or would provide specific measurable objectives that schools must assess to determine policy compliance and the extent of implementation.

The following discussion briefly summarizes the types of wellness policy provisions that the nationally representative sample of 638 school districts we studied did or did not include in their policies as of the 2007-08 school year.

**Nutrition Education Goals:** More than 81 percent of districts have established definitive nutrition education goals for all grade levels—elementary, middle, and high school. Other districts may have broader health education goals, but it is not clear from their policies that specific elements of the curriculum or a certain number of credits/hours are to be specifically devoted to nutrition education. The most common policy provisions included in the district policies either encourage or require that schools follow a specific nutrition education curriculum or that nutrition education teach behavior-focused skills. More than 40 percent of districts also either encourage or require that nutrition education be integrated throughout the curriculum.

**School Meals:** Approximately three-quarters of all districts have included a definitive assurance in their wellness policy that the guidelines for school meals (across all grade levels) are not less restrictive than the federal school meal guidelines. Beyond that, the policies vary markedly in the extent to which they address school meals. For example, fewer than half of the districts do not include in their wellness policies suggested or required guidelines regarding the nutritional content of foods served as part of the reimbursable school meal and more than 83 percent of districts do not include any language in their wellness policy to suggest or require that only low fat cooking methods be employed for school meals (e.g., no deep fat fried foods).

**Competitive Food Guidelines:** More than 80 percent of districts have included guidelines governing the sale/service of competitive foods and beverages (across all grade levels) in their wellness policies. However, many of the districts have not included any competitive food guidelines in their wellness policy other than stating the federal law prohibiting foods of minimal nutritional value (FMNVs) from being sold during meal times. 13 (Such instances were not counted as meeting the wellness policy requirement for competitive food guidelines.) The competitive food guidelines varied greatly by grade level of applicability (i.e., elementary, middle, high school), showing more variability than any other aspect of the wellness policies.

In one-third of the districts, the competitive food guidelines were only suggested or the guidelines were limited to requiring that competitive food sales meet the Dietary Guidelines for Americans. 14 The wellness policies more commonly addressed limits on competitive food and beverage access (i.e., restrictions on access to competitive foods through vending machines, school stores, à la carte sales, and fundraising efforts) than specific guidelines for nutrient content and/or restrictions on specific foods and/or beverages.

**Physical Activity Goals:** As with the other wellness policy components,
more than 80 percent of districts included a physical activity goal in their wellness policy. However, the goal was often nothing more than a statement that the district has identified as one of its goals that students receive physical activity opportunities outside of physical education. An examination of physical activity-related wellness policy provisions across districts indicated that other than suggesting or requiring that all students be provided with physical activity opportunities outside of physical education, the majority of districts do not provide many details as to how schools should meet the physical activity goal, such as providing physical activity opportunities throughout the day. It is notable, however, that even though the federal wellness policy requirement did not include any language related to physical education, more than 78 percent of all districts addressed physical education in their policy.

Implementation and Evaluation: Although implementation plans are included in more than two-thirds of the district wellness policies, the specifics of implementation are often not described and many policies fail to specify plans for evaluation or ongoing policy monitoring and review—three factors that likely will limit the ability or likelihood of districts implementing their policies or monitoring progress over time.

The Role of State Boards of Education in District Wellness Policy Adoption and Implementation

Given the wide variability in the district wellness policies, there are plenty of opportunities for state boards to continue to serve as invaluable resources for their districts as they implement and revise their wellness policies. This will be particularly critical as the wellness policy requirement is reauthorized and likely revised by Congress in the coming months. Examples of specific strategies that state boards can use to support district wellness policy efforts include:

- Providing a toolkit/checklist to help districts self-evaluate their policies (e.g., do the policies simply restate the federal language or are they extending beyond the federal requirements?).
- Developing state board model wellness policies, procedures/ regulations, and guidelines to help school districts with implementation, with a particular emphasis on strategies for assessing compliance and implementation of the local policies and ways districts can revise their policy based on this assessment.
- Providing technical assistance to districts as they continue to review and revise their wellness policy. Providing feedback to districts on how they can strengthen existing policies and providing examples of model policies that districts can adapt.
- Forming a network of district wellness policy coordinators who can share common experiences, lessons learned, models, and innovations.

Given the vague nature of the wellness policy requirement, there is much that state boards of education are already doing that can be readily adapted by districts—along with plenty of opportunities for state boards to continue to support district wellness policy efforts.
Creating Safe Places to Learn is a special issue of NASBE’s journal, the State Education Standard. Articles include CDC’s School Guidelines for Preventing Injuries and Violence, Crisis Planning for Schools, What Works in Bullying Prevention and Intervention, Building Safer Facilities, and much more. (2006, 54 pp., $10.00)

Fit, Healthy, and Ready to Learn: School Health Policy Guides.

At the heart of these guides are evidence-based sample policies that states, districts, and school scan adopt or adapt to their own circumstances. The sample policies are backed up with full explanations, talking points, quotes, and lists of key resources.

- **Part I** (2000, 236 pages, $22.00) includes a policy orientation guide and addresses overall school health policies, physical activity, healthy eating, and tobacco-use prevention.
- **Part II** (2002, 30 pages, $12.00) addresses sun safety and skin cancer prevention.
- **Part III** (2005, 78 pages, $16.00) covers asthma, healthy environments, and school health services.
- **Part IV** (2007, 64 pages, $16.00) is an updated and expanded guide on tobacco-use prevention.


With endorsements from the AMA, American Academy of Pediatrics, and many other medical and education organizations, this guide offers all the information and recommendations schools need for educational, health, sports and confidentiality policies related to HIV. NASBE’s highly-praised and widely used guide has been updated with current statistics and entirely new resource lists. (2001, 100 pp., $15.00)

Preventing Childhood Obesity: A School Health Policy Guide

distills volumes of the most recent developments in the field into an easy-to-access policy brief essential for education decisionmakers. Key elements: sections on Physical Activity, Physical Education, Competitive Foods, and Nutrition and Health Education are woven into model policies that can be adapted by state and local authorities based on their specific needs. (2009, 24 pp., $12.00)

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