

Illinois Local Wellness Policy Needs Assessment Survey 2007

A Collaborative Project of:



Report Prepared by:



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September 26, 2007

Acknowledgements

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The Illinois Nutrition Education and Training Program extends its grateful appreciation to Linda Novotney, Research Associate at the Public Opinion Laboratory, for her extensive assistance in survey development, implementation and analysis.

This project was undertaken in collaboration with Action for Healthy Kids-Illinois. Special recognition is extended to the following individuals who provided valuable guidance in survey development and implementation.

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Introduction

The Illinois Nutrition Education and Training Program (IL NET) contracted with the Public Opinion Laboratory (POL) of Northern Illinois University (NIU), DeKalb, IL to conduct a statewide survey regarding the development of local wellness policies in Illinois schools. Recent legislation, as mandated by the Child Nutrition and WIC Reauthorization Act (2004), requires that schools participating in the USDA school meal programs establish local wellness policies. The purpose of the statewide study is to determine how state agencies and organizations can best meet schools' and districts' training and resource needs as wellness policies are drafted, adopted and implemented.

Districts are in the various stages of local wellness policy implementation. Some districts have yet to organize a committee or team to work on the policy while others have drafted and approved a policy. Regardless of the stage of progression, information regarding the types of training and resources needed to help schools and districts develop and implement a local wellness policy was sought.

The Survey was funded by a USDA State Agency Local Wellness Policy Training grant awarded to the Illinois State Board of Education. The Survey was implemented by the Illinois Nutrition Education and Training Program in collaboration with Action for Healthy Kids-Illinois. Both of these not-for-profit organizations provide low cost training, resources and assistance to schools in support of children's health.

In the interest of obtaining opinions from Illinois schools and districts the POL was contracted to administer the survey. The POL and IL NET developed three surveys aimed at gathering information from respondents representing schools throughout the state of Illinois. The results collected will aid in developing training resources and assistance that is needed by districts as they draft, implement and evaluate their own local wellness policy.

The POL, a full-service research facility, began its operation in 1982 as a center conducting surveys via phone. Since then the POL's capabilities have grown to include mail surveys, web-based online surveys, as well as focus group recruiting and moderation.

The planning stages for the Local Wellness Policy Needs Assessment Survey project began in the fall of 2006. The POL coordinated multiple stages of the survey research process, including questionnaire development, handling sample selection and mailings, data entry and analysis of the completed surveys.

Survey Process

Questionnaires

The mandate for local wellness policies includes requirements for schools participating in the USDA school meals programs including:

- Nutrition education goals
- Physical activity goals
- Other school-based activities that promote student wellness
- Nutrition goals for all food available on campus during the school day
- An assurance that guidelines for reimbursable school meals not be less than USDA regulations
- An established plan for measuring implementation of the local wellness policy
- Involvement of parents, students, and representatives of the school food authority, the school board, school administrators and the public in the development of the policy

Knowing that schools and districts are in the various stages of policy implementation, it was important to hear from numerous types of respondents involved in the wellness policy development at both the district and school levels.

Learning what resources and training are needed to reach goals for physical activity was not a prime interest in this survey, leading the questionnaires to be drafted with more emphasis on nutrition goals, wellness opportunities and policy development. Three survey versions were drafted. One was targeted to be answered by foodservice directors, another by the local wellness policy team leader, and the third by an educator at the school level who teaches nutrition in the classroom. Responses from various types of respondents allowed for insight through various perspectives. The three versions of the questionnaire are included in Appendix C.

The majority of the questions were the same on each survey version although some questions may appear in only one or two of the versions and not in the other. Questionnaire differences will be noted throughout the following report.

Sample Selection

Based on response rates from the previous project, which POL conducted with Illinois NET Program, a varying number of selected personnel were invited to participate.

A random selection of participants was conducted while striving to send only one survey version to a particular school and district.

Foodservice Directors

A list of 1,183 names and addresses of foodservice directors throughout Illinois was supplied to the POL. The database supplied is used to mail the Illinois School Board of Education (ISBE) *Outlook* newsletter. It was determined that the list contained information only for institutions that are in the USDA meal programs and therefore would be influenced by the mandate to develop a wellness policy. The POL randomly chose 51 foodservice directors to participate in a pretest of the survey and another 609 were selected to participate in the full-scale survey process. The list contained identifiers for the type of district and the Illinois county where the foodservice director works. These 660 targeted foodservice directors represented 649 school districts in Illinois. Foodservice directors were targeted as respondents as they could shed light on the nutritional aspects of meals and, in some cases, other food available during the school day. They are instrumental in identifying resources that would be helpful and understanding the barriers in setting nutrition goals and requirements of the mandate.

Superintendents

Specific names and addresses of districts' local wellness policy leaders are unknown. Without this knowledge it was decided to send the policy leader questionnaire version to the superintendent with a letter asking them to have the questionnaire completed by the wellness policy leader.

A list available from the ISBE website contained 871 superintendent names and addresses. This list also contained identifying information as to the type of schools within the district and in which Illinois county the district is located. The identifying information was correlated with the foodservice director list to eliminate districts not participating in the USDA meal programs. Special education school superintendents were not selected to participate.

The policy leader can provide insight regarding development of the policy as well as various barriers in implementing the policy. The POL randomly chose 604 superintendents to participate in the survey process, each representing a unique school district.

Principals

Names of teachers who teach nutrition education in the classroom are unknown. Therefore, principals were sent a questionnaire and letter asking them to have the nutrition educator fill out and complete the survey. Nutrition educators play a valuable role in meeting the classroom education goals of the policy mandate.

The list of principal contact information was also available through the ISBE website. The list contained 3,980 principals from public schools, and 1,438 administrators from private schools. These lists were correlated with the foodservice director list of qualified schools and districts.

The POL randomly chose 803 principals from the private and public school lists to participate in the survey process. These 803 represented 424 school districts.

Mailings

On March 13th, 51 pretest surveys were sent to foodservice directors. The 13 completed pretest surveys have been included in the analysis of the data and the following report. Based on the surveys completed at this stage a few minor alterations to the script were made. On April 4, 2007, 609 surveys were sent to foodservice directors, 604 to superintendents (for the policy leader), and 803 to principals (for nutrition educators) to complete. Including the 51 pretest surveys, the selected sample represents 1,077 Illinois school districts including 223 non-public districts. Schools randomly selected to

participate represent all but 1 of the 102 Illinois counties. Printing of the questionnaire and mailings were organized by POL staff. Each of the outgoing envelopes contained the appropriate survey version, a cover letter, and return postage-paid envelope. The four-page surveys were mailed in Illinois NET Program envelopes and cover letters were printed on Illinois NET Program stationary aiding in cooperation. The address listed on the postage paid return envelope was that of the Public Opinion Laboratory at Northern Illinois University.

The cover letter, explaining the survey and asking the appropriate person to complete and return the survey was signed by Deborah Rees, Supervisor of Illinois NET Program, aiding in the legitimacy of the survey and goals. Cover letters are included in Appendix D.

Each survey was precoded with an ID to identify responders so reminder letters and surveys did not have to be sent to those responding. These IDs were also used to link the respondent to the school and region identifying codes.

On May 1st, the 4-page booklet-style surveys and cover letters were sent out to non-responders. Between May 18th and May 23rd the third and final mailing was sent to non-responders, asking for their participation by the end of the school year. Although the bulk of the questionnaires were returned by June 14th, completed surveys returned through July 16th were processed.

Multiple mailings to non-responders to solicit replies from busy respondents. They also allow those school/district representatives who may not have much knowledge about the policy and its implementation to respond. Striving for as high a response rate as possible is important to obtain a representative sample of the state.

In total 716 surveys are included in the following analysis, including 227 surveys completed on the foodservice director version, 200 on the nutrition educator version and 289 from the policy leader questionnaire version. It should be noted that the person who filled out the survey was not always the intended respondent. Analysis of the data from the three questionnaire versions was not done by survey version but by identifying information such as region, number of students, and type of respondent. Of the 1,077 separate school districts invited to participate, 544 districts are represented by the completed surveys which include 65 non-public school districts that

participate in the USDA meal programs. All but 5 of the 102 Illinois counties are represented.

Response Rates

As 716 surveys were completed from the mailing of 2,067 questionnaires, an overall response rate of 35 percent was obtained.

Response rates by questionnaire version ranged from 25 percent to 48 percent. Those questionnaires sent to superintendents were most likely to be returned and completed (48 percent). The version targeted to the foodservice director was next most likely to be returned (35 percent). The principal version targeted toward the nutrition educator was least likely to be returned (25 percent). It is evident when analyzing results that the survey was not always answered by the person to whom it was intended.

Varying responses were obtained and will be listed by questionnaire version. The following table illustrates the final outcome of the 2,067 schools and districts that were selected to participate in the survey process.

Final Sample Disposition

| Final Outcome | Foodservice Director Version | Principal (Nutrition educator) Version | Superintendent (Wellness Policy Leader) Version | Total |
|--|------------------------------|--|---|--------------|
| Undeliverable mail | 1 | - | - | 1 |
| Ineligible (Does not participate in USDA meals program) | 9 | - | - | 9 |
| Did not complete Survey (Including partial completes that had to be dropped) | 1 | 1 | - | 2 |
| Completed surveys | 227 35% | 200 25% | 289 48% | 716 35% |
| Total Sample | 660 | 803 | 604 | 2,067 |

The following is the American Association for Public Opinion Research (AAPOR) approved calculation of the response rate:

$$\frac{\text{Number of completes}}{\text{Starting sample} - (\text{Undeliverable mail} - \text{Ineligible})}$$

EXECUTIVE SUMMARY

- Results represent schools throughout the state of Illinois
- Small to large districts are included
- Diversity of school and district size is evident
- Fourteen percent of respondents are policy leaders; 23% are foodservice directors and workers; 41% are administrators on a local wellness policy team; 19% are administrators not on a team; 7% teach nutrition
- Seventy-three percent are ‘very aware of requirements’ for wellness policies
- Seventy-nine percent have set up a wellness policy task force or have assigned the local wellness policy to a committee
- Eighty-two percent have adopted a board policy
- Sixty-six percent have developed procedures to put the policy into effect
- Seventy-three percent made staff aware of policy requirements and developments
- Forty-five percent have trained staff
- Seventy-nine percent have implemented nutrition education goals
- Eighty-two percent have implemented physical activity goals
- Forty-nine percent have implemented other goals that support wellness
- Eighty-three percent have implemented nutrition goals for reimbursable meals
- Sixty-seven percent have implemented nutrition guidelines for food available outside of reimbursable meals
- Forty-two percent have implemented plans for measuring implementation
- Sixty-eight percent have involved the community in development of policy
- Eighty-four percent have set up a local wellness policy team
- Policy teams show diversity with regard to position of team members with the school and community
- Top three strong/moderate barriers toward development and implementation of policy: 52% cite lack of monetary resources; 43% cite lack of time and coordination; 37% cite lack of training, technical assistance and resources

Executive Summary Continued

- Fifty-two percent of respondents or team members have attended a training session regarding wellness policy
- Twelve percent have used no organization as wellness policy resources
- Three main organization sources for wellness policy information: 73% Illinois State Board of Education; 60% Illinois Nutrition Education and Training Program; 50% USDA Team Nutrition
- Three main methods preferred to receive on-going information and resources: 49% website; 48% electronic newsletter; 43% print newsletter
- Two most preferred forms of training sessions: 55% prefer 2-hour onsite training at no cost; 31% prefer online training at no cost

Training and Resource Needs

- **Needs for policy development and implementation**
Four needs indicated by more than 70%: parent and community awareness, training staff on local policy, funding a local wellness policy, coordinated school health programs
- **Needs for evaluation of implementation of policy**
One need indicated by more than 70%: strategies and tools to measure implementation
- **Needs to ensure students have healthy food options**
Two needs indicated by more than 68%: effective ways to promote healthy food choices, student food preference surveys
- **Needs for nutrition education goals**
Six needs indicated by more than 68%: teaching strategies that increase healthy food options, nutrition education curriculum recommendations, nutrition integrated into health education, evidence-based nutrition education curriculum, reinforcing nutrition education in the cafeteria; nutrition integrated in core subjects like math and science

- **Needs for physical activity goals**
Two needs indicated by more than 60%: increasing opportunities for physical activity, effective strategies to increase student activity
- **Needs for other activities that support student wellness and obesity prevention**
Four needs indicated by more than 69%: list of healthful foods for school parties and events, parent and community education programs, school employee wellness programs, fundraising without food

Survey Results

It should be noted that percents listed in the report have been rounded to the nearest whole percent. In some situations, percents have been calculated based only on those who responded to a question. Those who left a question unanswered may not be reflected in the percent calculation.

Respondents

Although the title of the respondent was asked as one of the last questions on the survey, it will be addressed first as the type and position of the respondent sheds light on subsequent answers. Sixty percent of surveys were answered by superintendents, principals, or administrators.

| Respondent | Total |
|---|-------------|
| Superintendent/assistant superintendent | 33% |
| Principal/assistant principal | 18% |
| Administrator | 9% |
| Foodservice director/worker | 22% |
| School/district nurse | 7% |
| Teacher | 5% |
| Other title | 4% |
| No answer | 2% |
| Total Sample | 100% |

“Other” titles can be found in Appendix B, Verbatim Responses. This list contains the responses written in, although many have been included in the

specific categories of administration and foodservice directors in the table above.

When looking at the positions held by the respondent and their corresponding title it became evident that the questionnaire was often not filled out by the person to whom it was intended for. Three questions were used to create classifications of respondents, which included the title of respondent, the role they play in policy implementation and whether they are on the policy team. These categorical breaks are utilized in the creation of frequencies found in Appendix A – Frequencies by Group and analysis of the data.

| Group | Total | Total % |
|----------------------------------|--------------|--------------|
| Foodservice director and workers | N=168 | 23% |
| Policy leader | N=99 | 14% |
| Administrator on team | N=297 | 41% |
| Administrator but not on team | N=136 | 19% |
| Nutrition educator | N=48 | 7% |
| Total | N=748 | 104%* |

*some respondents are counted in more than one group making the percent greater than 100%

Regions

Identifying information imbedded within the school ID allowed for analysis by Illinois region. Analysis is done utilizing a slightly adapted version of the Illinois Association of Regional Superintendents of Schools regional designations of Chicago/Cook County, Chicago collar counties, north, west central, east central, southwest, and southeast.

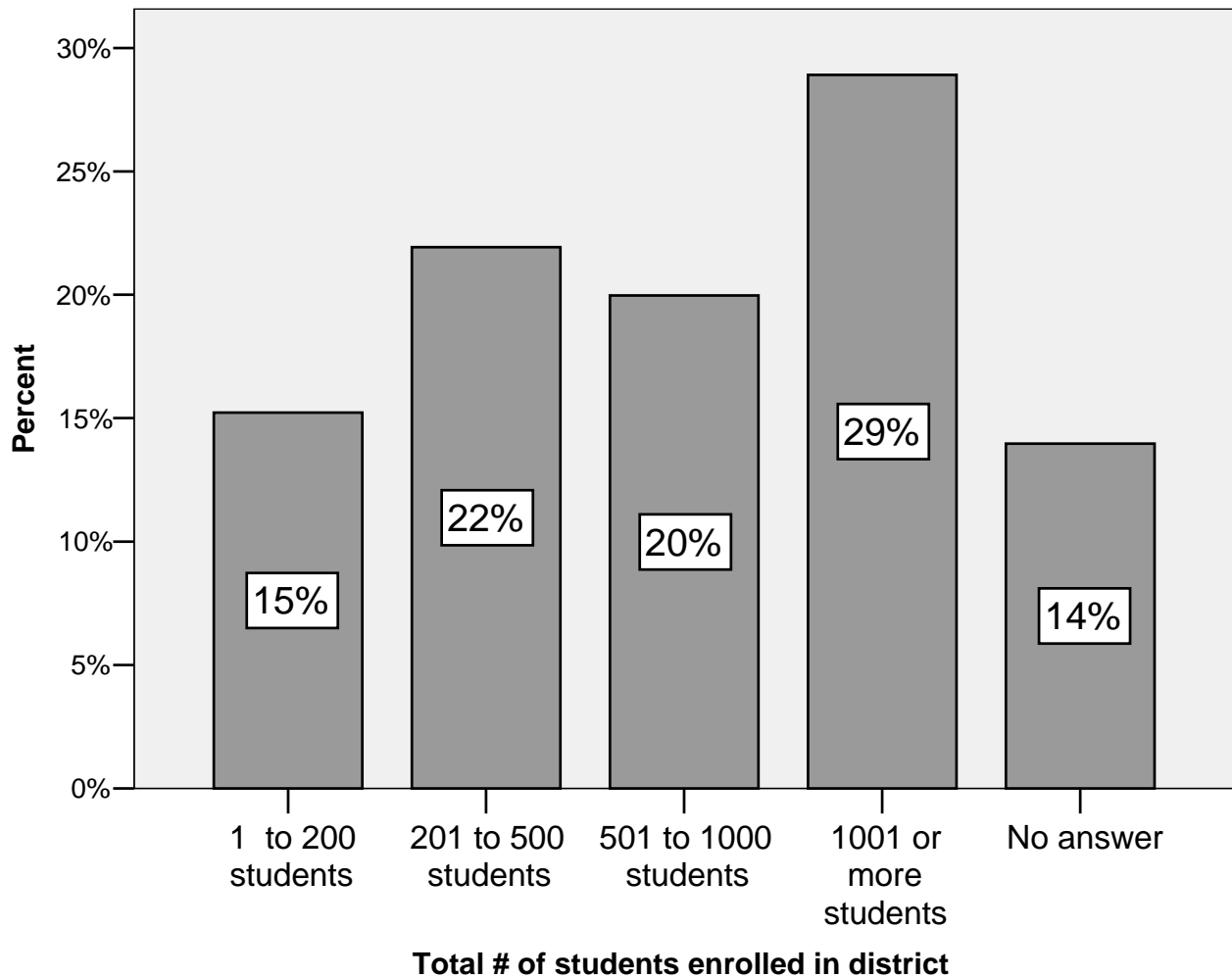
The following table illustrates the percent of questionnaires sent out and completed by respondents. Cook County and Chicago collar counties are slightly less represented whereas the northern region has a slightly higher completion rate.

These regional breaks are utilized in the creation of frequencies found in Appendix A – Frequencies by Region and analysis of the data.

| Region | % Sent | % Received |
|-------------------------|--------|------------|
| Chicago/Cook County | 28% | 21% |
| Chicago Collar Counties | 16% | 13% |
| North | 13% | 17% |
| West Central | 11% | 12% |
| East Central | 10% | 12% |
| Southwest | 12% | 14% |
| Southeast | 8% | 10% |
| Total | 100% | 100% |

Size of Schools/Districts

Each of the three questionnaire versions asked the respondent to indicate the student population of either their district or their school. The total number of students was collapsed into categories as shown in the following graph. Those districts and schools having more than 1,000 students accounts for 29% of the surveys. Predominately these larger districts/schools are from Cook County. These categorical breaks are utilized in the creation of frequencies found in Appendix A – Frequencies by School/District Size and for analysis of the data.



Types of Schools

Respondents indicated the school type they were reporting for when filling out the questionnaire. Schools represented in the study are distributed among elementary schools, middle school and high schools. Seventy-nine percent of respondents who answered the survey represent elementary schools, while 52% of respondents represent middle schools and 44% represent high schools.

| School Type | Total | Total % |
|-------------------|--------------|--------------|
| Elementary School | N=564 | 79% |
| Middle School | N=371 | 52% |
| High School | N=312 | 44% |
| Total | N=716 | 175%* |

*respondents may be counted in more than one group making the percent greater than 100%

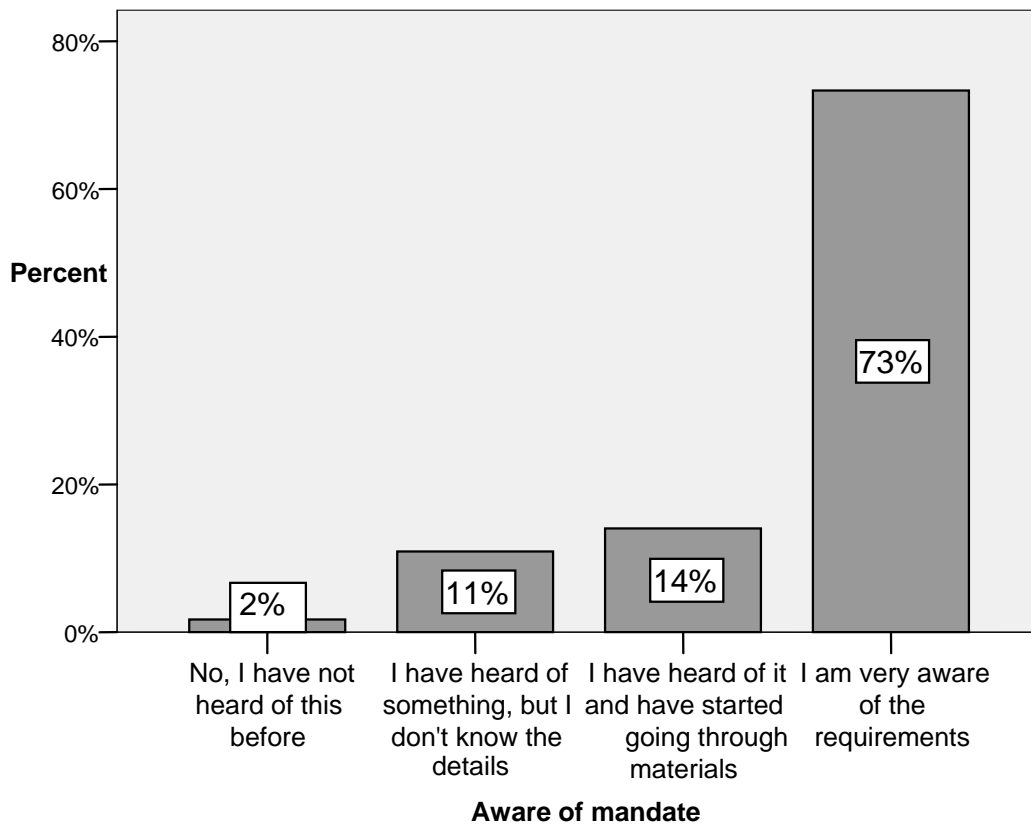
Based on the Type Codes imbedded in the school identifying information, 49% of the completed questionnaires represent unit districts. The breakdowns are included in the table below and each percent is within a few percentage points of the distribution of all 2,067 that were sent questionnaires.

| School Type | Total % Sent (N=2,067) | Total | Total % Received (N=716) |
|---|------------------------|--------------|--------------------------|
| Elementary District | 31% | N=226 | 32% |
| High School Districts | 7% | N=55 | 8% |
| Unit Districts | 48% | N=354 | 49% |
| Other Districts (administrative, correctional, private schools) | 14% | N=81 | 11% |
| Total | 100% | N=716 | 100% |

Awareness of Mandate

All respondents were asked to check one of four responses indicating their degree of awareness of the mandate that schools in the USDA meal programs develop a local wellness policy. The following graph indicates that 73% are very aware of the requirements for the local wellness policy. It should be noted that 60% of the respondents are superintendents, principals or hold administrative positions and they are perhaps first in line to hear about the mandate.

Survey respondents from Cook County and the Chicago collar counties are less aware than respondents from schools in other regions. Respondents from smaller schools/districts are also less aware as are respondents who are nutrition educators or represent schools/districts where a policy team has not been set up or the respondent was not on the team. Those respondents in the southeast region are the most aware. View the frequencies in Appendix A for the breakdown by region, group, and size of school/district.



Action on Mandate Requirements

Survey questions asked respondents to indicate whether particular steps had been taken toward development and implementation of a wellness policy. As shown in the following table, 82% have adopted a board policy and 79% have set up a task force. It becomes evident however, that work after that toward implementation of the policy lags. In fact, only 45% of respondents report staff training taking place.

Districts and schools in the southeast region are more inclined than other regions to have taken steps toward all the actions, whereas Cook County lags behind all regions in each of the actions. Schools and districts where no team has been formed and those surveys filled out by nutrition educators show lower percents. View the frequencies in Appendix A for the breakdown by region, group, and size of school/district.

Action Taken

| Action | |
|---|-----|
| Adopted board policy | 82% |
| Set up task force | 79% |
| Developed administrative procedures to put policy into effect | 66% |
| Made staff aware of policy requirements | 73% |
| Trained staff for implementation of policy | 45% |

Respondents were asked about the implementation of seven requirements of a proposed wellness policy as stated by the mandate. The following table illustrates the progress made toward policy implementation for the seven goals. The requirement to set nutrition guidelines for reimbursable meals has the largest percent of implementation at 83%, followed closely by 82% for physical activity goals. Note that reimbursable school meals already have federal nutrition requirements and Illinois requires daily physical education in grades K-12. Seventy-nine percent of respondents report implementation toward nutrition education goals. Implementation of goals that promote wellness and plans for measuring the implementation show the least progress.

Districts and schools in Cook County are more inclined to indicate goals for other activities that support wellness but indicate they have implemented nutritional guidelines, and community involvement to a lesser degree than other regions. Districts or schools where no team has been formed and those surveys filled out by nutrition educators or non-team administrative personnel show slower progress toward implementation. Districts and schools with 1,001+ students show larger percents, indicating more progress than smaller districts/schools toward implementation. View the frequencies in Appendix A for the breakdown by region, group, and size of school/district.

Policy Requirements Implemented/Started

| | Yes |
|---|-----|
| Nutrition education goals | 79% |
| Physical activity goals | 82% |
| Nutrition guidelines for reimbursable meals | 83% |
| Nutrition guidelines for foods available outside reimbursable meals | 67% |
| Goals for activities that promote wellness | 49% |
| Plans for measuring implementation | 42% |
| Community involvement in policy development | 68% |

Respondents' Role in Policy Implementation

In two of the three questionnaire versions (foodservice director and nutrition educator), the question “*What do you believe is your role in the local wellness policy implementation?*” was asked with six response categories. Forty-six percent indicate they are active team members. Twenty-three percent of those asked report they are the team leader and 23% report they set up the policy team.

Those who selected “other role” were asked to specify. The verbatim responses may be found in Appendix B. The majority gave their position as principal, superintendent, administrator, foodservice employee, or listed another responsibility.

Role In Policy Implementation

| Role | Total (N=427) |
|---------------------------------------|------------------|
| Active team member | 46% |
| District team leader | 23% |
| Set up policy team | 23% |
| Select nutrition education curriculum | 17% |
| Teach nutrition education | 11% |
| Other role in implementation | 26% |
| Total | 140%* |

*respondents were allowed to answer in multiple categories making the percent total more than 100%

In the foodservice director version of the questionnaire respondents were asked “*What specific duties do you have in the local wellness policy implementation?*” Forty-eight percent of those answering that version of the questionnaire are foodservice director and workers. The majority of the other respondents are principals, superintendents and administrators. The following table illustrates the activities specified from the closed-ended question. The majority of respondents (79%) see themselves as ensuring that meals meet USDA school meal guidelines, with responsibility for the other activities not as high.

Respondents from districts and schools in the Chicago collar counties are less likely than other regions to perform many of the duties listed. It should be noted however that the foodservice director is least likely to be the respondent for the collar county completed questionnaires. The east central region is more inclined to set standards for all food available in the district during the school day and reinforce nutrition education in the cafeteria. The southeast region is more likely to set standards for all vended items and least likely to set standards for all food available in the district during the school day than other regions.

Respondents from districts and schools with 1,001+ students show greater capacity than smaller schools to perform most duties except work with teachers to reinforce classroom lessons.

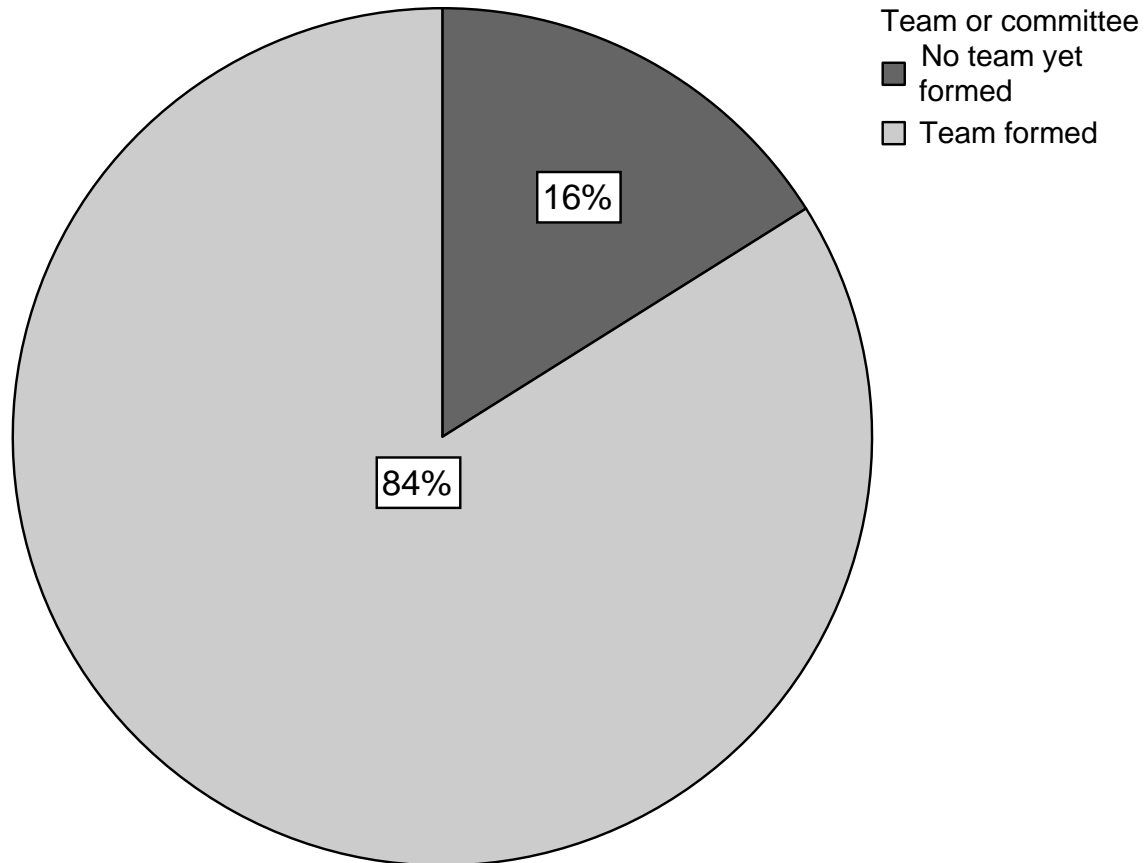
View the frequencies in Appendix A for the breakdown by region, group, and size of school/district.

Duties in the Local Wellness Policy Implementation

| Duties | Yes (N=227) |
|--|----------------|
| Ensure meals meet USDA school meal guidelines | 79% |
| Set nutrition standards for a la carte food and beverages | 45% |
| Set standards for all vended items in the district | 30% |
| Set standards for all food available in the district during the school day | 37% |
| Reinforce nutrition education in the cafeteria | 52% |
| Work with teachers to reinforce classroom lessons | 34% |

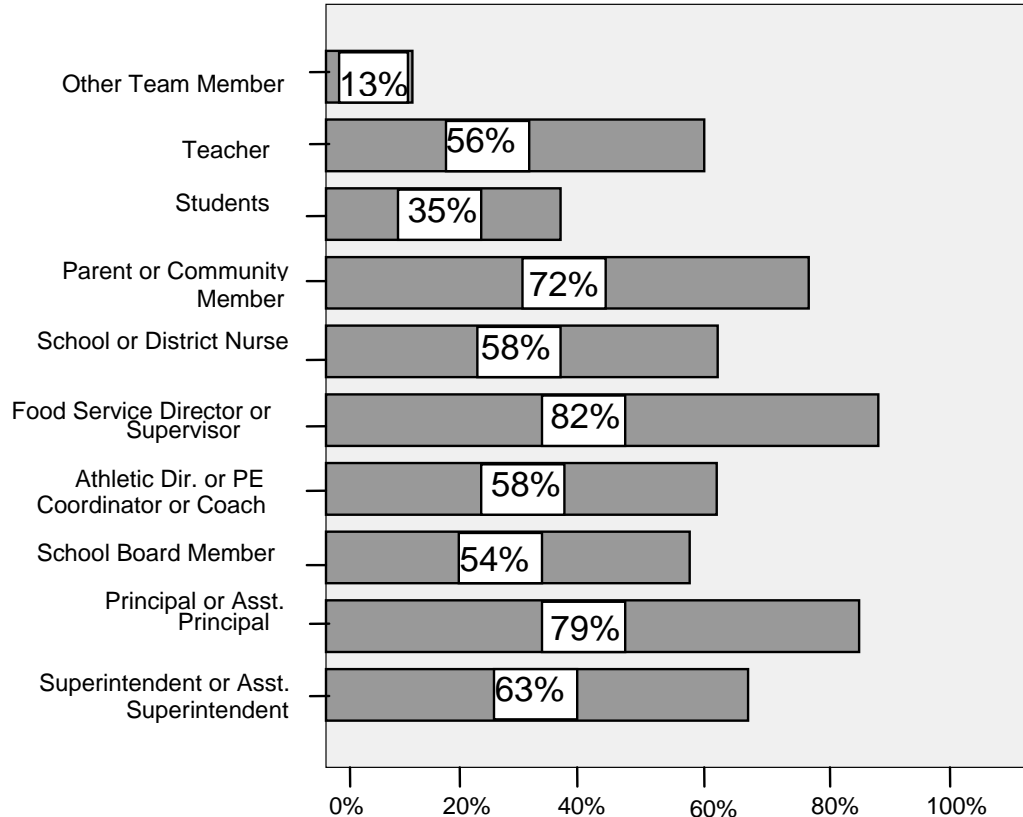
Policy Team Members

In each of the questionnaire versions respondents were asked to indicate what types of individuals are on the local policy team. It should be noted that 16% of respondents indicate that a team or committee has not been formed yet. Question by question analysis in Appendix A – Frequencies by Group sheds light on the barriers as well as training resources needed for this group. Cook County had the highest percent of teams not being formed (25%). The southwest and southeast regions are most likely to have teams and committees with 9% and 7% stating that a team has not yet been formed.



Although not mandated, it is recommended that the wellness policy team be comprised of individuals holding positions within the district as well as members of the community. As shown in the graph below representation of committee members is quite diverse. More than 50% of all respondents indicate that each of the recommended types of individuals is on the team except for students. Students are the least represented group. In Cook County there were fewer mentions of the superintendent, foodservice director, and teachers on the team than in other regions. If a respondent selected the response item as “teacher” or “other team member” they were asked to specify what the teacher taught or the position held by the “other” person. These verbatim responses can be viewed in the Verbatim Responses, Appendix B. The teachers listed primarily teach physical education, health, science, home economics, and family consumer science type courses. The “other” team members include administrative personnel such as directors, deans, and school staff such as counselors and curriculum coordinators. Also listed are community members represented by pediatricians, doctors, and health department employees.

Policy Team Members



Barriers To Developing Policy

A question asked all respondents to indicate the degree to which eleven listed items represented barriers in developing and implementing a wellness policy. Answer categories are 1) not a barrier, 2) slight barrier, 3) moderate barrier and 4) a strong barrier. The following chart shows the percent of respondents who felt the attribute represented either a “moderate” or “strong” barrier. The lack of monetary resources is the strongest barrier with 52% of respondents indicating it as a moderate and strong barrier. Four other barriers are reported to be “strong” or ”moderate” barriers by more than 32%: the lack of time/coordination of policy team, lack of training/technical assistance/resources available, lack of sub reimbursement/difficulty in getting release time, and lack of knowledge/not sure how to proceed. The list of "other barriers" mentioned can be found in the Verbatim Responses, Appendix B on page 9.

Possible Barriers

| Possible Barrier | % indicating moderate and strong barrier |
|---|--|
| Lack of monetary resources | 52% |
| Lack of time/coordination of policy team | 43% |
| Lack of training/technical assistance/resources available | 37% |
| Lack of sub reimbursement/difficulty in getting release time | 35% |
| Lack of knowledge/not sure how to proceed | 32% |
| Not a priority | 29% |
| Lack of student acceptance | 27% |
| Lack of appropriate food/beverages available from vendors and suppliers | 24% |
| Lack of staff cooperation/support | 23% |
| No consequence for non-compliance | 20% |
| Other barrier | 3% |

The lack of monetary resources is consistently the largest barrier when looking at regional data.

The southeast region was less likely to view each of the 11 attributes as barriers toward implementation. This region however is the most likely to have a team or committee in place.

Lack of sub reimbursement seems to be more likely to be viewed as a barrier in the southwest region, and least likely to be a barrier in the southeast.

Schools and districts with 501 to 1,000 students show the highest percents with moderate and strong barriers when compared to those with more and less students.

Lack of time and coordination along with the lack of student acceptance presents the largest problem for schools/districts with 501 to 1,000 students.

Schools and districts that currently have no team formed show the highest percents for all the potential barriers when compared to other respondent groups.

View the frequencies in Appendix A for the breakdown by region, group, and size of school/district.

The open-ended question, *“If funding is needed to implement local wellness policy initiatives, please indicate the amount of money you feel would be needed and how the money would be used.”* was asked. Thirty-two percent of respondents chose to respond. Monetary mentions were broken down into categories from less than \$1,000 to more than \$10,000. In general the more money needed, the greater number of students a district or school has. Thirty-two percent of those answering said less than \$5,000 was needed. Twenty-five percent felt \$5,001 or more is needed. Forty-three percent were unable to indicate how much was needed but indicated how the money would be utilized.

Projected Cost of Implementation

| Amount Requested | (N=230) |
|-----------------------|---------|
| \$ 1,000 or less | 13% |
| \$ 1,001 to \$ 5,000 | 19% |
| \$ 5,001 to \$ 10,000 | 11% |
| More than \$ 10,000 | 14% |
| Unspecified amount | 29% |
| Cost is not an issue | 1% |
| Don't know | 14% |
| Total | 100% |

All answers to the open-ended question were coded and separated into the categories listed in the table below. Money for staff development is seen as an important issue for 21% of those answering the question. A typical response in this category is *“The money would be used for professional development training & subs.”*

Student education is seen as a need for 10%. Improving food choices is seen as a need, as one respondent indicated *“More nutritional food costs more!”* Verbatim comments are included in Appendix B.

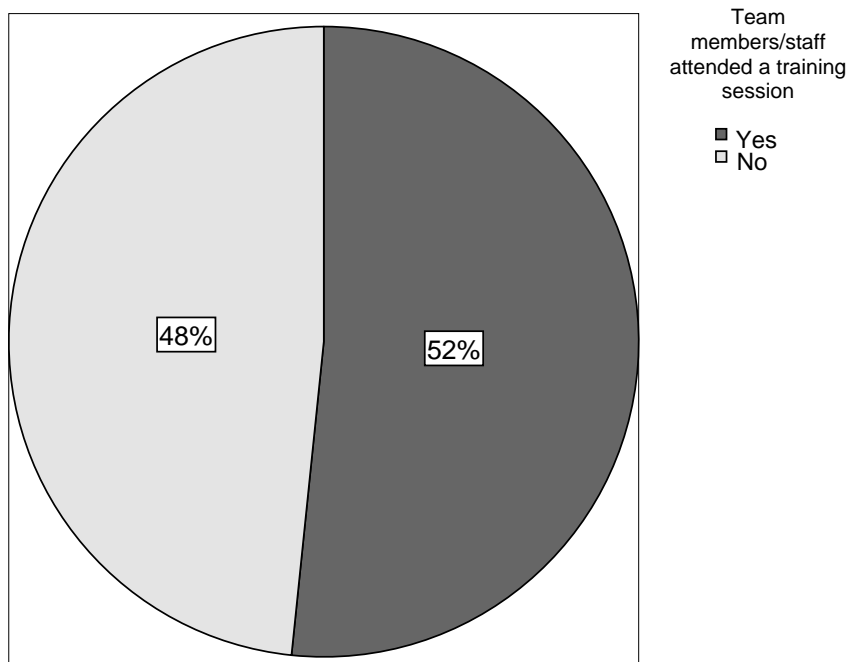
Proposed Use of Funding

| Funding Use | Number of mentions N=611 | % of mentions |
|----------------------------------|-----------------------------|---------------|
| Mention of monetary amount | 230 | 38% |
| Staff development | 127 | 21% |
| Student education | 61 | 10% |
| Improving food choices | 45 | 7% |
| Community/parent development | 29 | 5% |
| Equipment needs | 24 | 4% |
| Don't know/no answer | 25 | 4% |
| Personnel needs | 20 | 3% |
| Government support | 15 | 2% |
| Improving the school environment | 12 | 2% |
| Offset lost revenue | 10 | 2% |
| Policy implementation | 4 | 1% |
| Funding not an issue | 5 | 1% |
| Capitol improvement needs | 3 | <1% |
| Other | 1 | <1% |

Staff Training

As seen in one of the earlier questions, 82% have adopted a wellness policy but significantly fewer have actually trained staff regarding the development and implementation of the policy. This point was equally evident when looking at the answer to the question “*Have you/team members/staff attended a training session regarding wellness policies?*” Forty-eight percent have not. Eighty-three percent of those who have not formed a team yet have not attended a training program while 41% of those where a team has been set up have not received training. Foodservice directors are most likely to have stated that they or team members have attended training, whereas only 29% of nutrition educators replied that they felt that team members have been trained. The larger the school or district the more inclined the respondent was to believe that staff or members of the team had been trained. Sixty-four percent of respondents representing schools or districts with 1001 or more students felt training had occurred while the corresponding percent for schools/districts with 1 to 200 students was 39%. Schools/districts in the southwest and southeast portion of the state are most inclined to believe that training has occurred.

View the frequencies in Appendix A for the breakdown by region, group, and size of school/district.



Resources Used in Developing Wellness Policy

All respondents were asked which of eight organizations have been used as resources for wellness policy information. Respondents were permitted to select as many as applicable. Twelve percent of respondents indicated that no resources have been used. Ninety percent of those who have set up a team have used a resource. Three organizations' resources are being used by more than 50% of respondents: Illinois State Board of Education (ISBE), Illinois Nutrition Education and Training Program (NET), and USDA Team Nutrition. Crossover may be seen between NET and the ISBE resources as some materials were co-sponsored. If "other" resources were mentioned the verbatim response may be found in Appendix B. "Other" sources included mentions of other schools and dioceses as well as materials from the Illinois Association of School Boards (IASB).

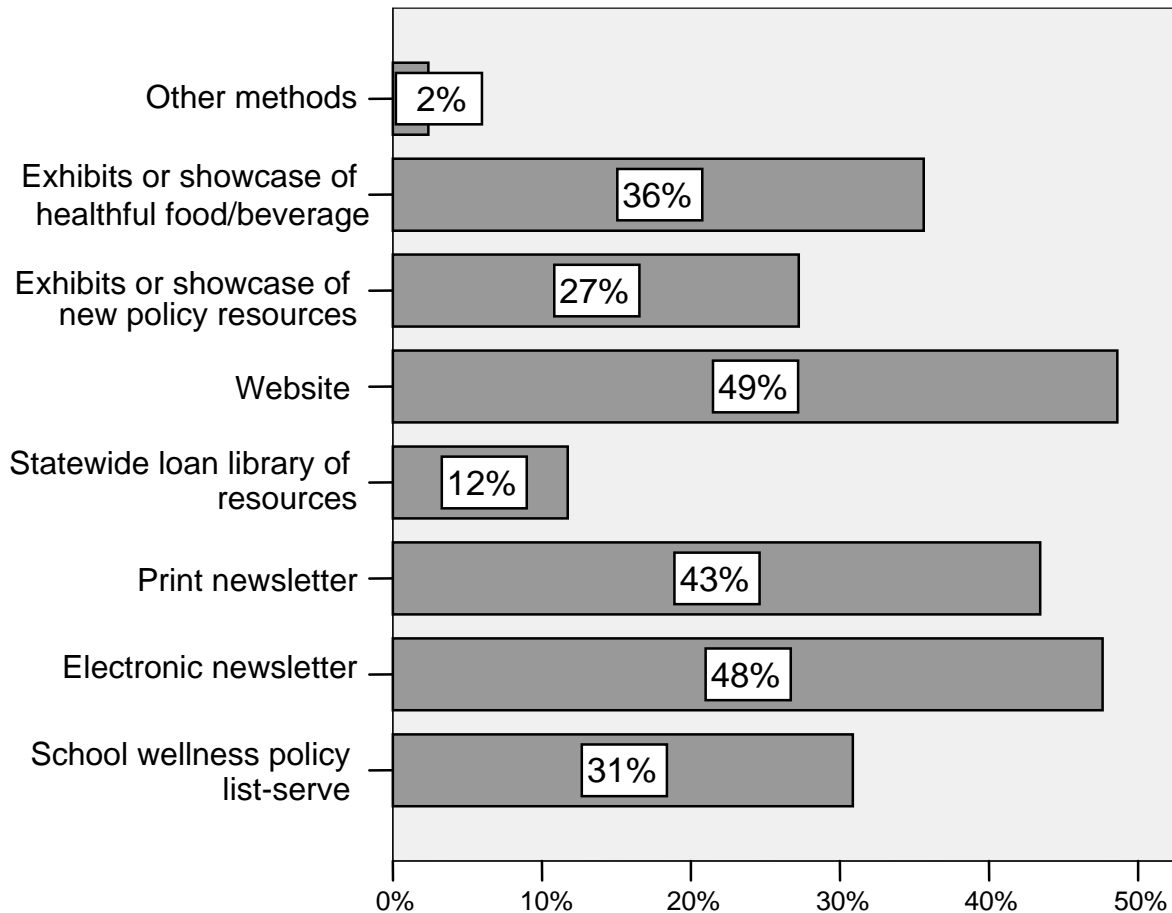
Organization Resources Used

| Organizations Used | % |
|--|-----|
| No resource used | 12% |
| USDA Team Nutrition | 50% |
| Action for Healthy Kids-Illinois | 28% |
| Centers for Disease Control and Prevention | 12% |
| School Nutrition Association | 28% |
| National Association of School Boards of Education | 25% |
| Illinois State Board of Education | 73% |
| Illinois Nutrition Education and Training Program (Local Wellness Policy Toolkit/Training) | 60% |
| Other resource | 13% |

Schools/districts in the southwest and southeast regions of the state are most likely to have used a resource. Schools and districts in northern Illinois used the School Nutrition Association resources to a greater extent than other regions. Schools and districts with more than 1,000 students were most likely to use each of the resources to a greater extent than schools and districts of other sizes. View the frequencies in Appendix A for the breakdown by region, group, and size of school/district.

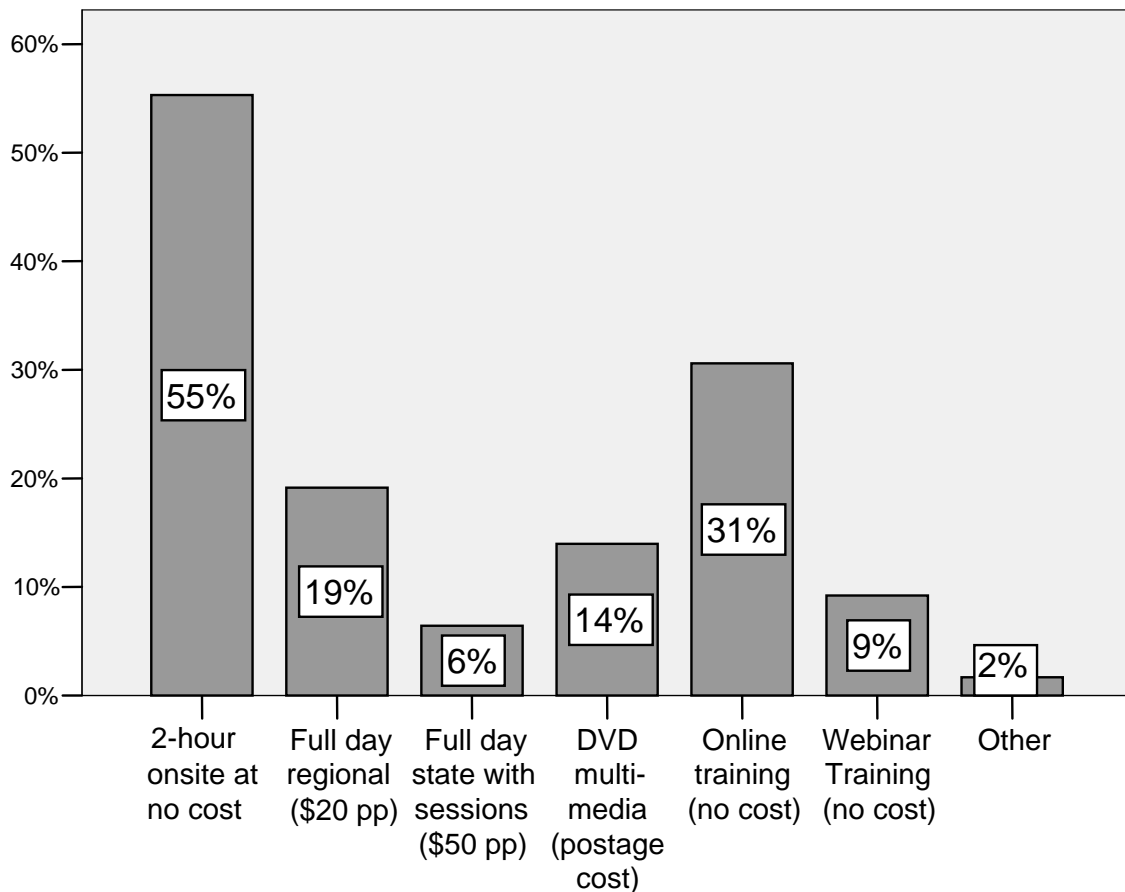
Respondents were asked “*How would you like to receive on-going local wellness policy information, opportunities and resources?*” with eight choices listed. A distribution of answers was found with three choices garnering interest by more than 42% of respondents. Use of a website, an electronic newsletter and print newsletter received the most interest. Smaller schools with 1 to 200 students are more inclined to use print newsletters than electronic methods. Schools located in southwest Illinois are less inclined to use a website. Foodservice directors and nutrition educators are more inclined than other personnel to use exhibits of food and beverage options. “Other” methods may be found in Appendix B, page 22.

Preference in Receiving On-Going Policy Information



Future Training Preferences

Respondents were asked their top preference for types of training sessions they would choose to attend. Six choices were listed with additional space to write in other types. Although a single response was requested, a large percent of respondents chose multiple answers. Therefore multiple answers were accepted and results are shown in the graph below. A 2-hour onsite training at no cost was preferred by 55% of respondents. Thirty-one percent have a preference for online training. As indicated in earlier questions monetary costs regarding sub reimbursement as well as time issues are barriers in implementing the policy. These issues are apparent when viewing the types of training preferences. “Other” training preferences may be found in Appendix B, page 23.



Training and Resources Needed To Develop and Implement a Local Wellness Policy

The 3rd and 4th pages of the questionnaires listed a variety of training and resources that the policy team and school staff may need in order to develop, implement and evaluate a policy. Attributes are presented in groups under six specific topics, which include 1) Policy Development and Implementation, 2) Evaluate Implementation of a Local Wellness Policy, 3) Ensure Students Have Healthy Food Options, 4) Nutrition Education Goals, 5) Physical Activity Goals and 6) Other Activities that Support Student Wellness and Obesity Prevention. Under each of the six main topic areas 2-13 attributes were listed requiring a rating. The rating scale was stated in terms of how great the need was with the six answer choices being none, slight, moderate, high, absolute and not applicable. For all features there are respondents who do not feel comfortable using the rating categories and either left the question blank or chose “not applicable”. For example those respondents not involved in physical activity may have declined to provide answers for those attributes and either left the answer blank or chose “not applicable.” Percents in this report and the frequency tables in Appendix A are based only on those that did have an opinion about a feature. In removing respondents unwilling to offer a rating, and re-percentaging, a more reliable measure of attitudes can be calculated

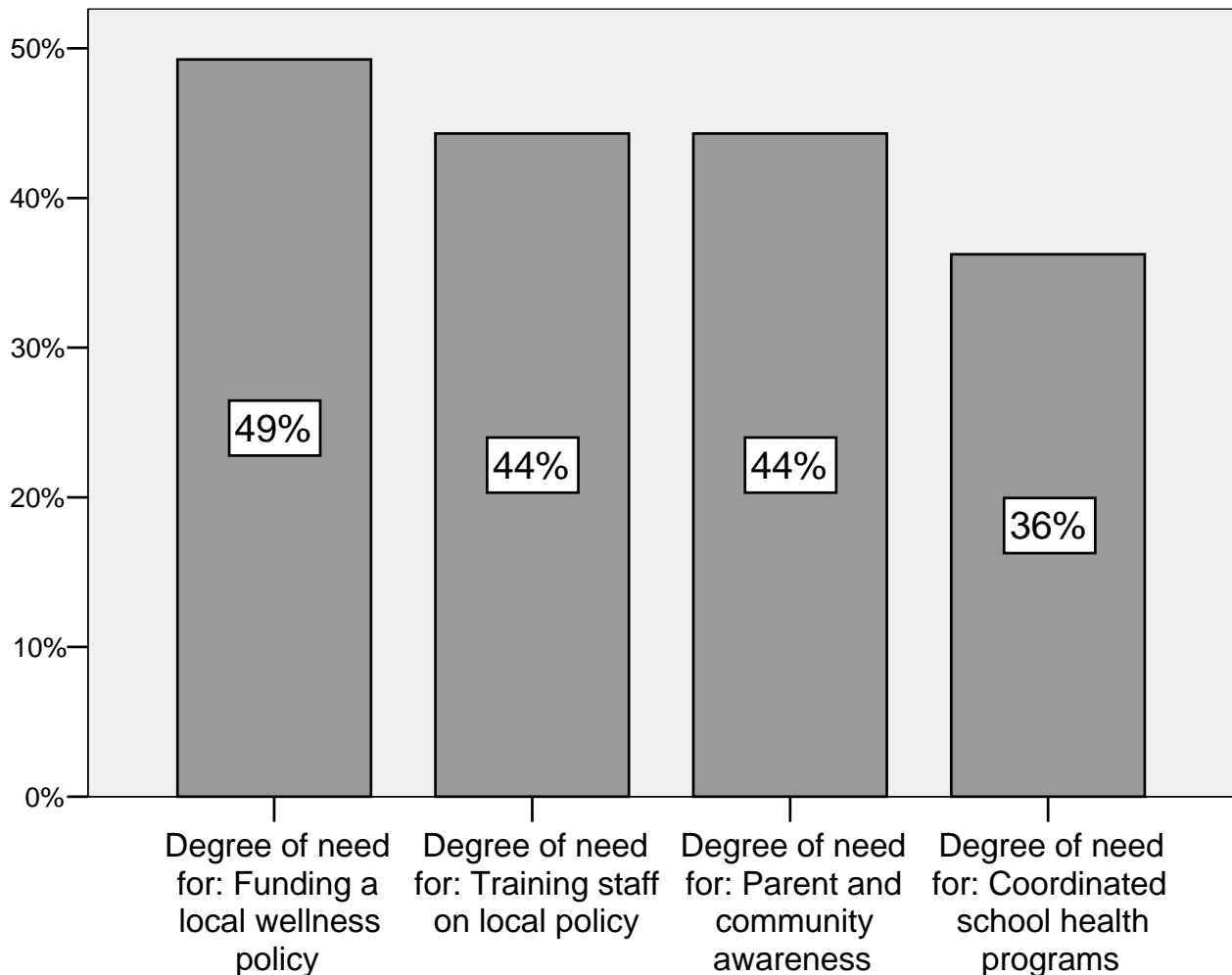
Presented in Appendix A are frequency tables for each survey question based on region, size of school/district and type of respondent. Consult this appendix for the complete summary of these rating questions. As some attributes are rated by few respondents due to the difference in questionnaire versions, leaving items blank or choosing “not applicable,” the confidence interval declines, making the data less reliable than the total sample size of 716 respondents. Sample sizes are noted within Appendix A.

Due to the wealth of data, the region, size and type of respondent data are provided listing the percent of those that chose 1) a combination of absolute and high, 2) moderate and 3) the combination of absolute, high and moderate percentages. Percents based in the answer choices of “none” and “slight” are not reported in the region, size and type of respondent data but can be found in the overall frequency tables.

Take special notice of the percents in **bold** as they stand out from the other percentages.

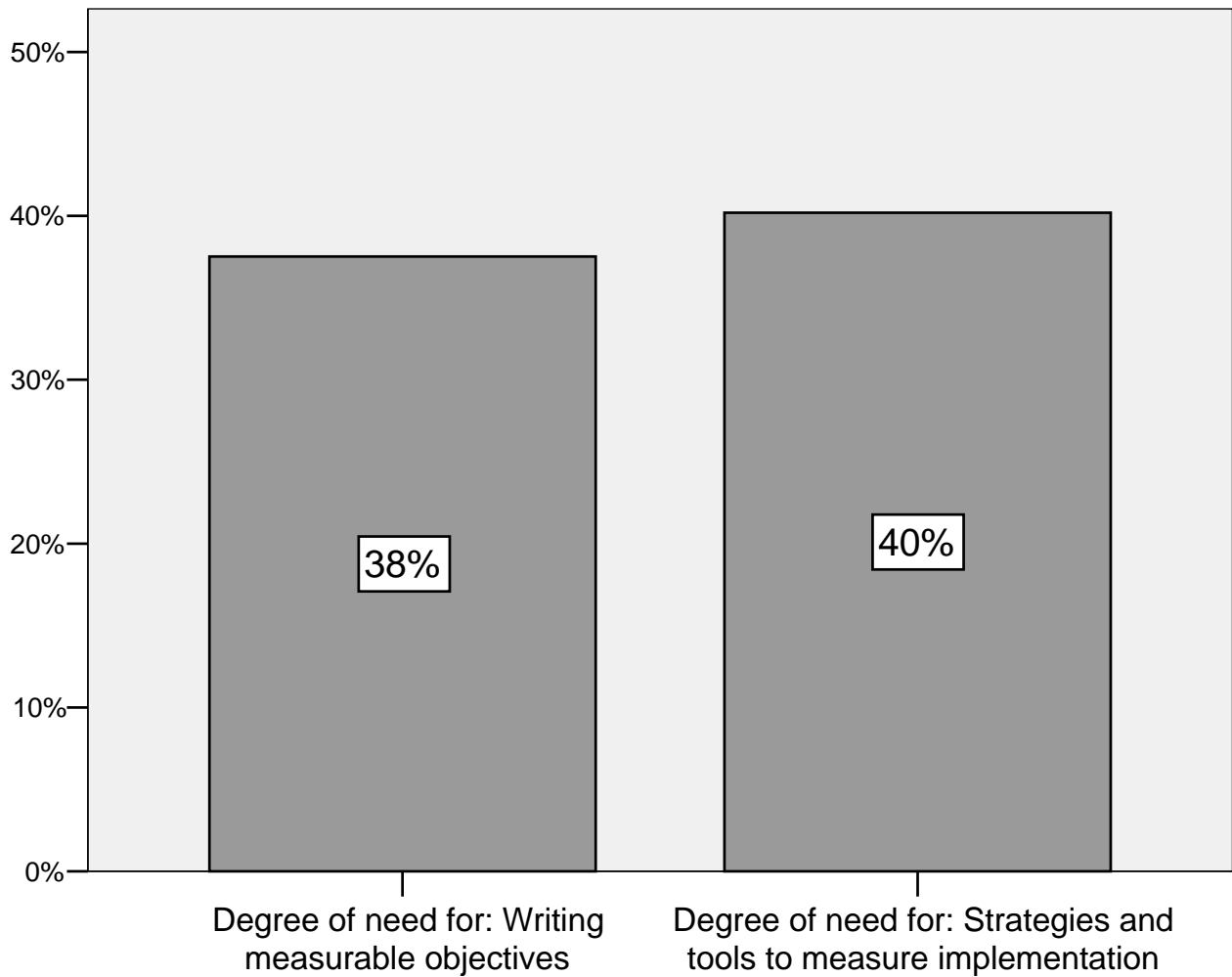
Under the heading Policy Development and Implementation, nine attributes are listed. The following bar chart portrays the four that have the highest percent of absolute and high need. The other five attributes had ratings lower than 32% when looking at the combined absolute, high and moderate need ratings. Opportunity was provided for respondents to write in “other” needs. Those comments are listed in the verbatim responses, Appendix B on page 24.

Policy Development and Implementation Combined Absolute and High Need



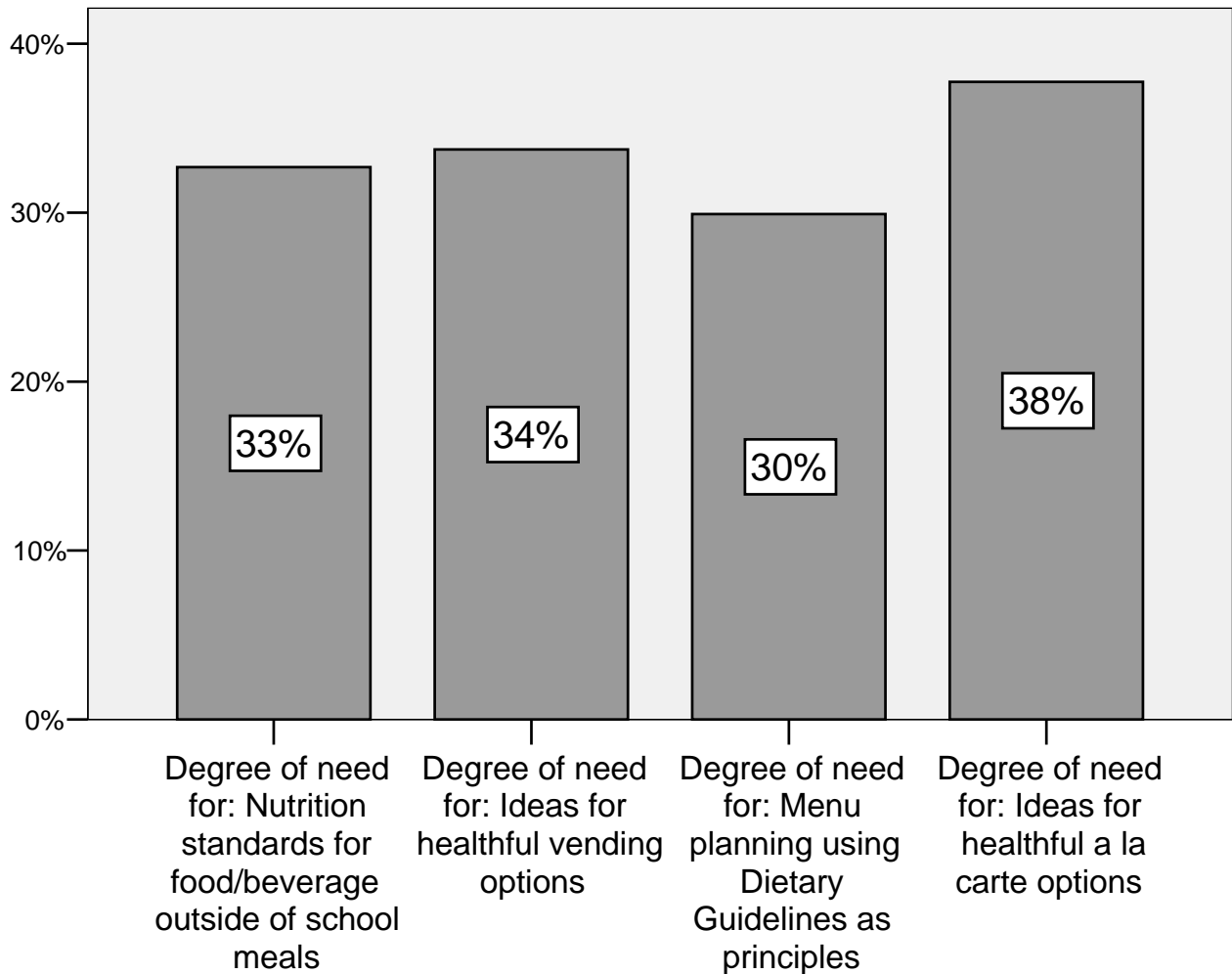
Under the heading Evaluate Implementation of a Local Wellness Policy, two attributes are listed. The following bar chart portrays both as they have similar ratings when looking at the combined absolute and high categories.

Evaluate Implementation of a Local Wellness Policy Combined Absolute and High Need



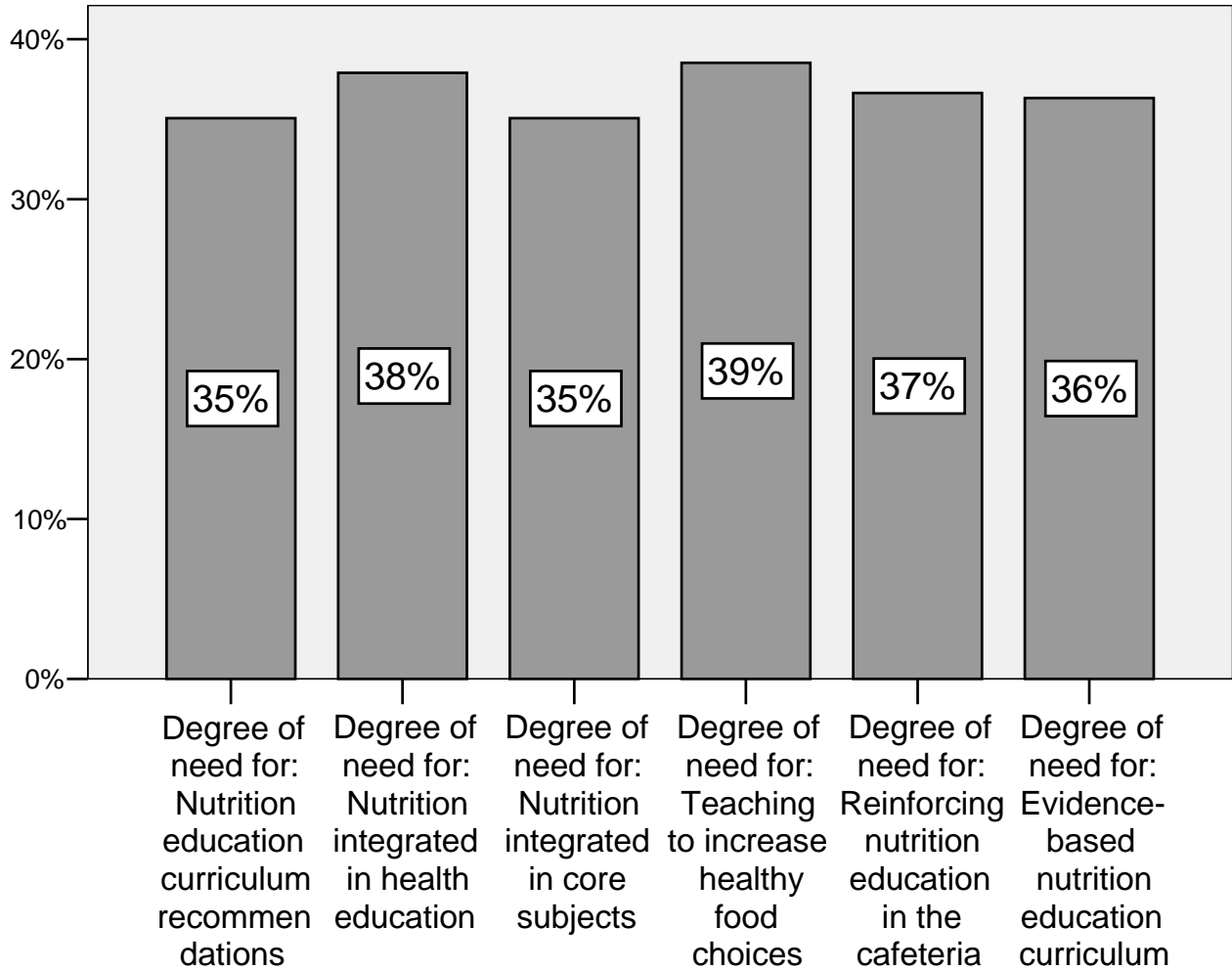
Under the heading Ensure Students Have Healthy Food Options up to thirteen attributes are listed. Attributes listed depended on the three versions of the questionnaire and therefore nine attributes have smaller sample sizes than the 716 total number of respondents. The following bar chart portrays the four attributes that were present in all questionnaire versions.

**Ensure Students Have Healthy Food Options
Combined Absolute and High Need**



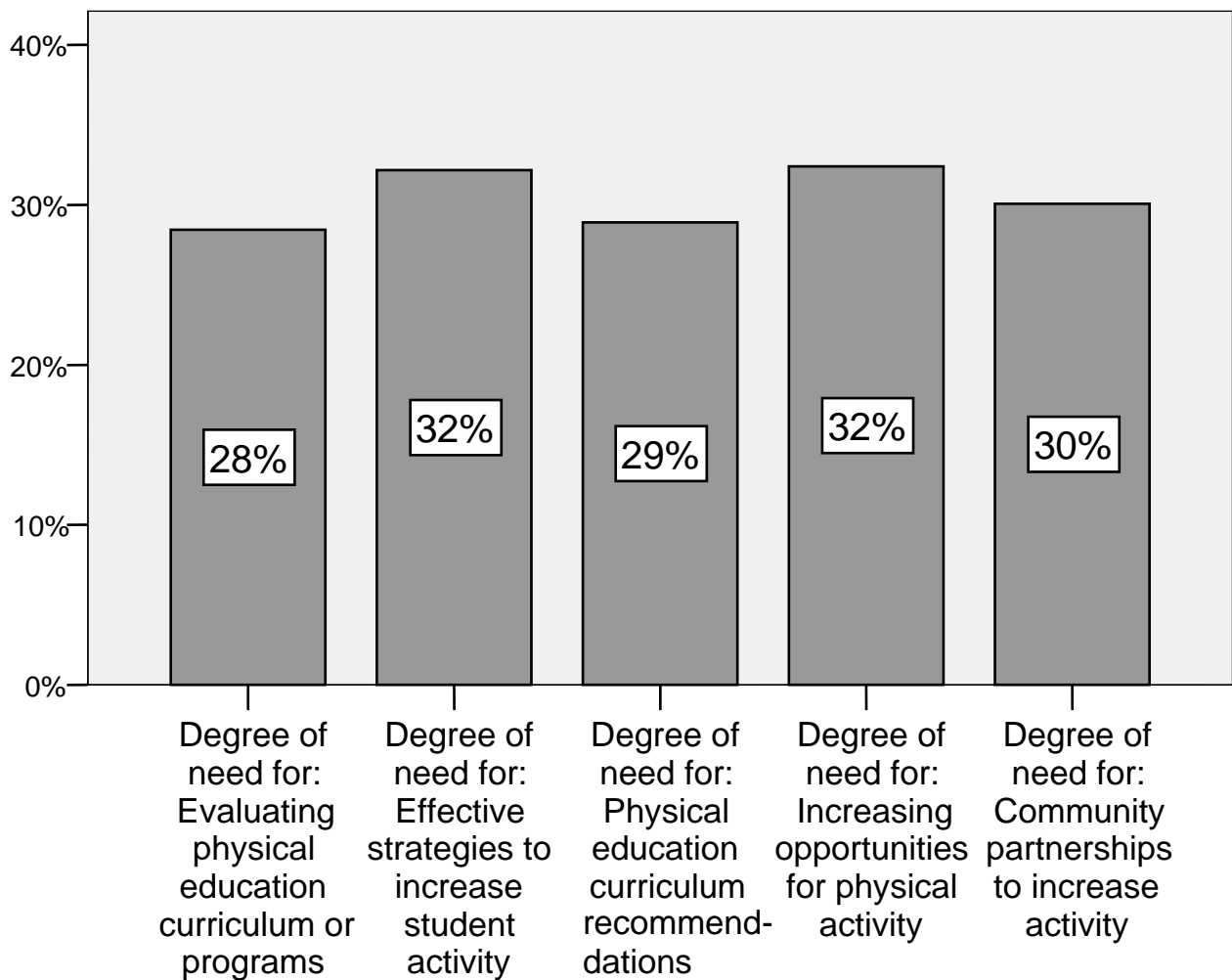
Under the heading Nutrition Education Goals are six attributes. The following bar chart portrays these six and the percentages in the combined absolute and high need response categories.

Nutrition Education Goals Combined Absolute and High Need



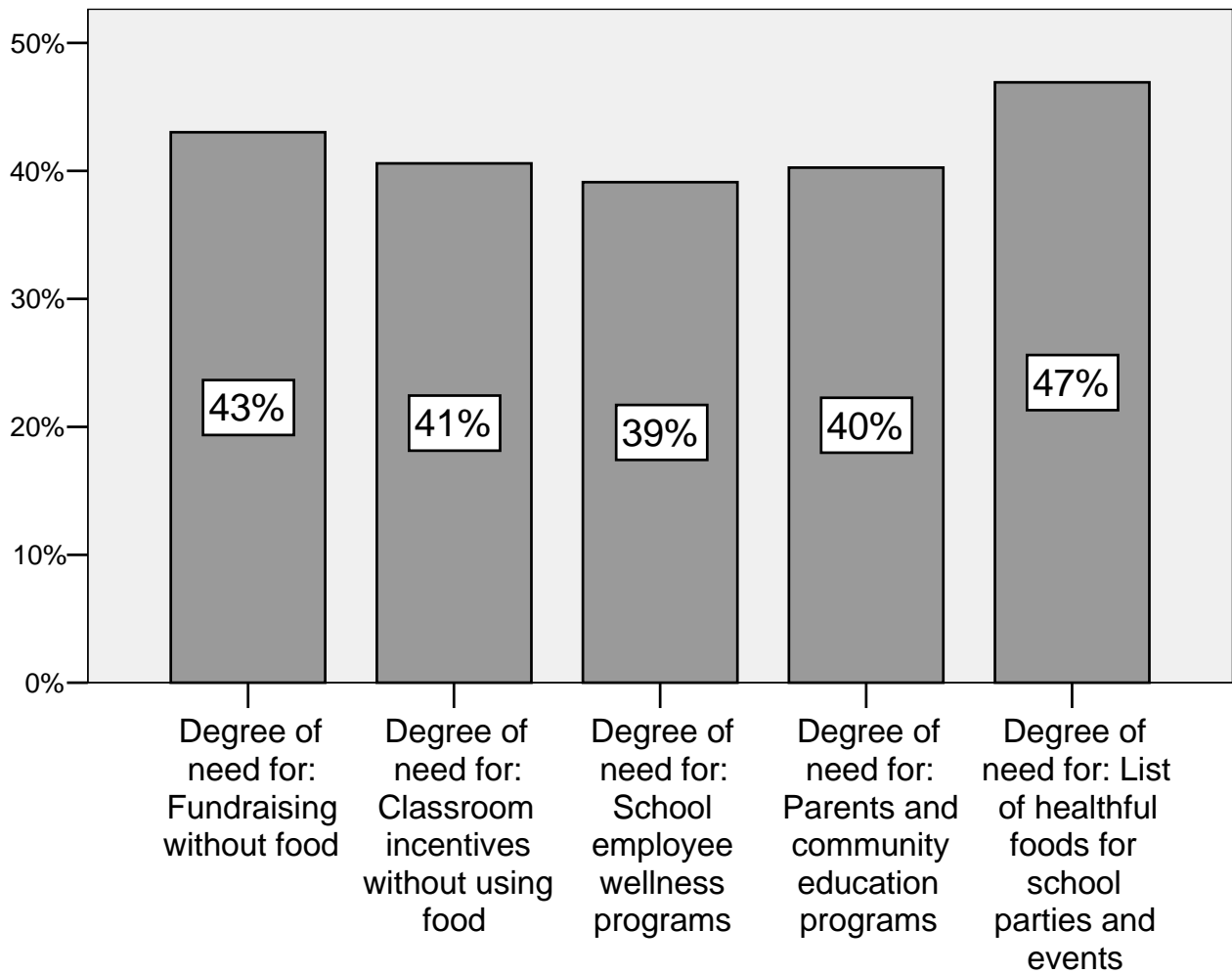
Under the heading Physical Activity Goals are five attributes, which are asked only in the policy leader and nutrition educator versions of the questionnaire. The questionnaire for the foodservice directors did not include attributes for physical activity. The following bar chart portrays the five attributes and the percentages in the combined absolute and high need response categories.

**Physical Activity Goals
Combined Absolute and High Need**



Under the heading Other Activities That Support Student Wellness and Obesity Prevention are eight attributes asked on all questionnaire versions. The following bar chart portrays the five top needs and the percentages in the combined absolute and high need response categories.

**Other Activities that Support
Student Wellness and Obesity Prevention
Combined Absolute and High Need**



Ten percent (N=69) of respondents had a comment to add when answering “Offer additional comments which further identify training and resource needs your team may have.” Comments were collapsed into the following categories. Comments regarding staff development, government control and references to needing support and time accounted for the majority of comments. Verbatim comments can be found in Appendix B. Typical responses can be summed up by the following comments “Lack of time, staff, support & priority level for district employees & administrators make this difficult to address”.

Additional Comments

| Additional Comments | Number of mentions N=82 | % of mentions |
|------------------------------|----------------------------|---------------|
| Staff development | 19 | 23% |
| Other | 17 | 21% |
| Government control | 16 | 20% |
| Need support/time | 11 | 13% |
| Lack of monetary resources | 5 | 6% |
| Student development | 5 | 6% |
| Community/parent development | 4 | 5% |
| Improving food choices | 3 | 4% |
| Equipment needs | 1 | 1% |
| Personnel needs | 1 | 1% |

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This program has been funded at least in part with Federal funds from the U.S. Department of Agriculture, Food and Nutrition Services. The content of this document does not necessarily reflect the views or policies of the Department, nor does mention of trade names, commercial product, or organizations imply endorsement by the U.S. Government.