

Overview of Connecticut's School Nutrition Policies Pilot

Background

The School Nutrition Policies Pilot was funded through a 2003-05 Team Nutrition grant from the U.S. Department of Agriculture (USDA) to the Connecticut State Department of Education (SDE). It was one of four activities intended to positively impact children's healthy eating and physical activity habits through a statewide healthy school environment initiative. The initiative focused on:

- building statewide awareness of and support for a healthy school environment;
- promoting obesity prevention strategies for schools;
- motivating and empowering school leaders to take action; and
- providing the training, resources and assistance needed for successful implementation in local school districts.

From January 2004 through June 2005, 10 school districts participated in the Connecticut Team Nutrition School Nutrition Policies Pilot. The pilots worked to develop, adopt and implement school nutrition and physical activity policies. The districts included:

- Farmington Public Schools
- Franklin Elementary School
- Killingly Public Schools
- Milford Public Schools
- Norwalk Public Schools
- Putnam Public Schools
- Regional School District 10
- Ridgefield Public Schools
- Salem Public School
- Windham Public Schools

Goal

The goal of the pilot was to develop best practice models to help districts develop local policies and action plans for implementing healthy eating and physical activity practices in schools.

Application Process

The School Nutrition Policies Pilot application packet was mailed to school districts in October 2003 with an application deadline of December 1, 2003. The 10 pilot districts were selected from 27 applications based on a variety of criteria, including statement of need; expected benefits; potential impact; goals and objectives; evidence of partnerships and collaboration; evidence of administrative support; understanding of project scope; commitment of resources; composition of proposed School Health Team; and district size and geographical location.

OVERVIEW

Pilot Requirements

The pilot districts were required to meet the criteria indicated below.

1. Enroll participating schools as USDA Team Nutrition Schools (<http://teamnnutrition.usda.gov/team.html>).
2. Develop a School Health Team using the CDC Coordinated School Health model, focusing on the nutrition and physical education components. Teams included at a minimum:
 - school or district administrator (e.g., superintendent, principal or school board member);
 - health education coordinator or teacher (e.g., health, family and consumer sciences);
 - physical education coordinator or teacher;
 - food service director;
 - school nurse or nurse supervisor; and
 - Parent Teacher Association (PTA) or Parent Teacher Organization (PTO) parent representative.

School Health Teams were also encouraged to include other members appropriate to local needs, such as curriculum supervisors, school counselors, other school staff members, students, nutrition/health consultants and community members.

3. Develop an action plan to provide and support a healthy school environment, through implementation of nutrition and physical activity policies that address:
 - a commitment to nutrition and physical activity;
 - quality school meals;
 - other healthy food options (e.g., vending, fundraising, classroom parties);
 - pleasant eating experiences (e.g., clean, safe and pleasant cafeteria, time to eat);
 - nutrition education; and
 - physical education.

The action plan identified 1) the specific actions needed to meet each district objective; 2) the materials, resources and personnel needed for implementing each action; 3) timelines for achieving each action; and 4) how pilots would document each action was achieved. Each pilot submitted a draft of its action plan to SDE within the first six months of the project (by June 2004).

4. Promote Team Nutrition's four key messages and behavior outcomes for children:
 - eat a variety of foods;
 - eat more fruits, vegetables and grains;
 - eat lower-fat foods more often; and
 - be physically active.
5. Attend *Making the Connection: Healthy Kids Learn Better* summit (March 2004) and Team Nutrition quarterly support workshops (April 2004 to May 2005).

OVERVIEW

6. Complete a pre- and post-assessment survey. All team members completed a survey to evaluate the school nutrition environment in their district, both before and after the pilot project.
7. Complete a School Health Team final evaluation survey regarding the policy development process to summarize all activities that took place and provide an overview of how the process worked in the district.

Support Training

School Health Teams attended the State Department of Education's two-day summit, *Making the Connection: Healthy Kids Learn Better* (March 2004), which focused on strategies to promote student achievement by improving the school environment and policies related to healthy eating and physical activity. Nationally renowned speakers addressed a variety of topics, including the relationship between health and academic success, the CDC Coordinated School Health approach, student health and education reform, the role of student health in No Child Left Behind, action steps for success, and models that work.

Four quarterly support workshops were also provided during the project to assist the School Health Teams with the policy development process. The workshops focused on a variety of topics to provide resources and support for team members during the policy development process. Each workshop was four hours in length, with the exception of the first workshop, which was a day-long session.

- *Tools for Schools: Let's Get Practical* (April 2004): Oriented teams to the use of resources to help districts implement policies and practices for a healthy school nutrition environment, including the *School Health Index*, *Changing the Scene*, and *Fit, Healthy and Ready to Learn*.
- *Building School Partnerships for Academic Success* (September 2004): Overview of how districts can implement the Coordinated School Health model for better student health and learning.
- *Sharing Strategies for Success* (December 2004): Sharing and group discussion regarding each district's progress with the School Nutrition Policies pilot, including challenges, successes and strategies for districtwide adoption, support and promotion of local policies.
- *Putting the Pieces Together* (May 2005): Sharing and group discussion on completion of the policy development process, and next steps and resources for moving forward with policy implementation.

OVERVIEW

Support Resources

School Health Teams received materials and other resources to support policy development and implementation. The pilots were provided with several key resources to assist with the policy development process.

- *School Health Index for Physical Activity and Healthy Eating – A Self Assessment and Planning Guide*. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2005. <http://apps.nccd.cdc.gov/shi/>
- *Fit, Healthy and Ready to Learn: A School Health Policy Guide. Part I: Physical Activity, Healthy Eating and Tobacco-Use Prevention*. National Association of State Boards of Education, March 2000. http://www.nasbe.org/bookstore/product/path/20/product_id/32
- *Changing the Scene: Improving the School Nutrition Environment*. U.S. Department of Agriculture, 2000. <http://www.fns.usda.gov/tn/healthy/changing.html>
- *Stories from the Field: Lessons Learned About Building Coordinated School Health Programs*. Centers for Disease Control and Prevention, 2003. <http://www.cdc.gov/>
- *Promoting Healthy Youth, Schools and Communities: A Guide to Community-School Health Advisory Councils*. Iowa Department of Public Health, 2000. http://www.idph.state.ia.us/hpcdp/promoting_healthy_youth.asp
- *Step by Step to Coordinated School Health Program Planning Guide*. ETR Associates, 2005. <http://pub.etr.org/>
- *Healthy School Environment Handout Series: Healthy Fundraising, Healthy Celebrations, Alternatives to Food as Reward*. Connecticut State Department of Education. <http://www.state.ct.us/sde/deps/Student/NutritionEd/index.htm>
- *Healthy School Environment Resource List*. Connecticut State Department of Education. <http://www.state.ct.us/sde/deps/Student/NutritionEd/index.htm>
- *List of Nutrition-Related Websites*. Connecticut State Department of Education. <http://www.state.ct.us/sde/deps/Student/NutritionEd/index.htm>

An e-mail distribution group provided another support resource for the School Health Teams. All team members received regular e-mails with updates on resources, programs and other information related to nutrition, physical activity, policy development and student achievement.

Funding

Each district received a stipend of \$3,500 for the 18-month pilot. These funds primarily covered substitute pay and travel for members of the School Health Team to attend trainings and meetings, both within the district and at the state level. Districts could also spend the funds on appropriate resources and copying, distribution and promotion of policy materials.

Pilot Results

Existence of School Health Team

The majority of the pilot districts (80 percent) did not have a School Health Team in place prior to the pilot project. Of the two districts that did have a School Health Team in place, neither addressed physical activity issues and only one addressed nutrition issues.

School Health Team Membership

The School Health Teams ranged in size from 6 to 11 members. Table 1 summarizes the percentages of the 10 teams with representation from each member group.

Table 1. Representation on School Health Teams

Team Member	Percent of Teams with Member
Health Educator	90%
Physical Education Teacher	90%
School Nurse	90%
School Food Service	90%
Parent Representative	90%
School Principal or Assistant Principal	70%
Health and Physical Education Coordinator	40%
Family and Consumer Sciences Teacher	40%
School Board Member	40%
Community Group Representative*	40%
Dietitian	30%
Social Worker	10%
School Superintendent	10%
Curriculum Director	10%
Other Teacher (math)	10%
Other Teacher (special education)	10%
Local Health Department Representative	10%
Chef	10%
Family Resource Center Staff	10%
School-Based Health Center Staff	10%
* Included representatives from the American Cancer Society, local health department and local hospitals	

OVERVIEW

Importance of Member Representation

Each of the School Health Teams rated team member categories in terms of how critical it was to the policy development process to have representation from each group. Each member category was rated on a scale of “Not Critical” (0) to “Extremely Critical” (3). The top rated team members (indicated by a rating of 2.0 or higher) included school food service, parent representative, health educator, physical education teacher, school nurse and school principal or assistant principal. The results are summarized in Table 2.

Table 2. Rating of Importance of Member Representation

Scale: Not Critical (0), Somewhat Critical (1), Critical (2), Extremely Critical (3)	
Team Member	Average Rating
School Food Service	2.7
Parent Representative	2.5
Health Educator	2.4
Physical Education Teacher	2.3
School Nurse	2.3
School Principal or Assistant Principal	2.3
Health and Physical Education Coordinator	1.9
Family and Consumer Sciences Teacher	1.7
Dietitian	1.6
School Board Member	1.5
Community Group Representative	1.2
Local Health Department Representative	1.2
School Superintendent	0.9
Curriculum Director	0.9
Other Members (included PTO representative, Family Resource Center staff, students and School Store Advisor)	0.7
Social Worker	0.5
Guidance Counselor	0.5

Policy Adoption

Three of the pilot districts had their policies adopted by their boards of education by completion of the pilot project in September 2005. Of the seven districts that did not adopt the policies during the pilot time frame, six completed the process in the 2005-06 school year. One district’s policy was approved by the superintendent in December 2005 and five districts brought the policies to their boards for adoption during the 2005-06 school year. At the completion of the pilot project, one district was still working on the policy development process.

OVERVIEW

Time for Team Meetings

During the pilot time frame, the majority of School Health Teams met from 8 to 12 times with most meetings lasting 1 to 2 hours. Some districts also used longer sessions on professional development days for the School Health Team to complete a large portion of their work. Some teams developed small subcommittees to work on draft policy language outside of the scheduled team meeting time.

Continuation of School Health Team

Nine of the districts (90 percent) indicated that they would continue their School Health Team after completion of the pilot project. Plans for future tasks included policy promotion and implementation; staff training; planning events and activities for school and community; and expanding the team to include additional members and address new issues.

Barriers to Policy Development

Each School Health Team was asked to rate perceived barriers to the policy development process, on a scale of “never a barrier” (0) to “always a barrier” (2). The pilots indicated that the greatest barrier to policy development was irregular meeting attendance by team members, followed by finding time to hold team meetings. Insufficient administrative support, lack of “buy-in” or support from school staff members, and turnover of team members were not frequently encountered barriers. The pilot districts did not consider insufficient funding and insufficient training to be barriers to the policy development process. Some of the districts indicated other barriers, including:

- administration not making top-down recommendations;
- team members having their own agendas;
- lack of a physical education administrator;
- inflexibility of the food service department in making changes; and
- lack of health/nutrition curriculum information.

The results are summarized in Table 3.

Table 3. Perceived Barriers to Policy Development

Scale: Never (0), Sometimes (1), Always (2)	
Barrier	Average Rating
Irregular meeting attendance by School Health Team members	1.2
Finding time to hold School Health Team meetings	0.9
Insufficient administrative support for the policy development process	0.7
Lack of “buy-in” or support from school staff members	0.6
Turnover of School Health Team members	0.5
Insufficient funding for the policy development process	0.3
Insufficient training on policy development	0.3
Insufficient materials and resources on policy development	0.0

OVERVIEW

Policy Development Resources

Each School Health Team was asked to rate the resources used in terms of their value to the policy development process (see Table 4 below). The *School Health Index* was rated as the most valuable resource, with 70 percent of the pilots rating it as “extremely valuable.” Other policy development resources rated as valuable (2.0 or higher) included resources at workshops, technical assistance provided by SDE, support workshops, e-mail information, *Fit, Healthy and Ready to Learn* and the SDE healthy school nutrition environment handout series.

Table 4. Usefulness of Policy Development Resources

Scale: Not Valuable (0), Somewhat Valuable (1), Valuable (2), Extremely Valuable (3)	
Resource	Average Rating
<i>School Health Index</i> (Centers for Disease Control and Prevention)	2.5
Resources provided at SDE’s workshops	2.4
Technical assistance provided by SDE (e.g., phone support, additional materials, etc.)	2.4
SDE’s support workshops (<i>Tools for Schools: Let’s Get Practical, Building School Partnerships for Academic Success, Sharing Strategies for Success, and Putting the Pieces Together</i>)	2.4
Resources provided via e-mail distribution group	2.3
<i>Fit, Healthy and Ready to Learn</i> (National Association of State Boards of Education)	2.1
<i>Alternatives to Food as Reward</i> Handout (Connecticut State Department of Education)	2.2
<i>Healthy Fundraising</i> Handout (Connecticut State Department of Education)	2.2
<i>Step-By-Step Guide to Coordinated School Health</i> (ETR Associates)	1.7
<i>Promoting Healthy Youth, Schools and Communities: A Guide to Community-School Health Advisory Councils</i> (ACS and Iowa Department of Public Health)	1.3
<i>Changing the Scene</i> (U.S. Department of Agriculture)	1.1

OVERVIEW

Policy Promotion Strategies

The School Health Teams used a variety of strategies to promote their policies to students, families, school staff members and the community (see Table 5). All of the pilots held meetings for parents and provided a newsletter to update parents on activities related to the policy development process. Most districts (90 percent) held meetings with school staff members. The majority also used the media, parent mailings, school newsletter, school district website and e-mails to school staff members. Sixty percent held meetings with community groups, and 50 percent included information in staff and parent handbooks.

Table 5. Strategies Used to Promote Policies

Strategy	Percent of Pilots
Meetings with parents	100%
Newsletter for parents	100%
Meetings with school staff members	90%
Meetings with board of education	80%
Media (newspapers, television, radio)	80%
Mailings to parents	80%
Newsletter for school staff members	80%
School district website	70%
E-mails to school staff members	70%
Meetings with community groups	60%
Staff handbook	50%
Parent handbook	50%
Other (Staff informational packet on student nutrition and physical activity)	10%

OVERVIEW

Benefits of Participating in the School Nutrition Policies Pilot

All of the pilots indicated that the following were benefits of participating in the policy development process:

- improved communication among different school staff disciplines;
- improved understanding regarding the challenges of different school disciplines, e.g., teaching, food service and nursing;
- formation of a School Health Team;
- improved coordination of school health activities;
- improved administrative support;
- increased awareness among school staff members regarding the importance of nutrition and physical activity;
- increased awareness among parents regarding the importance of nutrition and physical activity;
- improved school practices regarding nutrition and physical activity; and
- increased access to resources on nutrition, physical activity and health/achievement.

Eighty percent of the pilots also indicated that increased awareness among students regarding the importance of nutrition and physical activity was a benefit. Two districts indicated other benefits, including:

- seeing the changes and thought process involved in improving the school environment; and
- dramatic overall improvement in districtwide awareness, with plans for formation of a health team in all schools throughout the district.

Pilots' Perceptions of Results

The School Health Teams were asked to rate several statements regarding the pilot project on a scale of “strongly disagree” (1) to “strongly agree” (4). Table 6 ranks these statements by overall average rating. The teams rated the SDE technical assistance and the e-mail group as highly valuable to the policy development process. The majority of the pilots either “strongly agreed” (50 percent) or “agreed” (40 percent) that the district benefited from the pilot. Thirty percent of the districts “strongly agreed” and 60 percent “agreed” that they accomplished the pilot objectives. As indicated by a rating of 3.0 or higher, the pilots also agreed that:

- our administration provided the needed support to accomplish our goals;
- we have a more coordinated approach to promoting student health; and
- collaboration between different school groups (e.g., teachers, food service, nurse, administrators, etc.) is enhanced.

The pilots' ratings indicated that they felt it would have been more difficult to complete the project without the stipend or the support workshops.

OVERVIEW

Table 6. School Health Teams' Perception of Pilot Results

Scale: Strongly Disagree (1), Disagree (2), Agree (3), Strongly Agree (4)	
Statement	Average Rating
The technical assistance provided by the State Department of Education was valuable in helping us to complete the policy development process.	3.4
The School Nutrition Policies e-mail group provided valuable information to our team.	3.4
The pilot project has benefited our school district.	3.3
Our School Health Team accomplished the pilot project objectives.	3.2
Our administration provided the needed support to accomplish our goals.	3.1
We have a more coordinated approach to promoting student health.	3.0
Collaboration between different school groups (e.g., teachers, food service, nurse, administrators, etc.) is enhanced.	3.0
Our accomplishments will be sustainable after completion of the pilot project.	2.9
Without the pilot project, it would have been difficult for us to develop our policy.	2.9
School staff members provided the needed support to accomplish our goals.	2.7
We would have been able to accomplish the same results if we were not part of the pilot.	2.2
We could have completed the project without the stipend.	1.8
We could have completed the project without the support workshops.	1.8

OVERVIEW

Pilot District Profiles

This section contains an individual district profile for each of the 10 School Nutrition Policies pilot districts. These profiles provide information on the actual “how-to” of the policy development process, as experienced by each of the pilot districts. Each profile includes:

- contact Information;
- district information (number of schools, enrollment and District Reference Group*)
- composition of the local School Health Team;
- steps and strategies used;
- activities conducted;
- challenges encountered;
- successes achieved;
- critical resources;
- successful team characteristics;
- evaluation methods; and
- recommendations for success.

Each of the districts took an individualized approach to the policy development process. Some districts were not able to present the policies for board of education adoption during the pilot time frame. At the conclusion of the pilot project, some policies were still in draft form, pending approval during the 2005-06 school year.

Note: The February 2006 publication of the *Action Guide for School Nutrition and Physical Activity Policies* included the original School Wellness Policy developed by each pilot district. These policies are not included in the April 2009 revision because they varied greatly in the comprehensiveness and strength of the areas addressed and did not contain all of the “model” language suggested in this guide. Additionally, state laws passed since the original development of the Action Guide have rendered some of the pilots’ original policy language obsolete.

* District Reference Group (DRG) is a classification system in which districts that have public school students with similar socioeconomic status and need are grouped together. DRGs are based on the following seven variables: income, education, occupation, family structure, poverty, home language and district enrollment. Charter schools, Connecticut Technical High Schools and regional educational service centers are not given DRGs. For additional information, see http://www.csde.state.ct.us/public/cedar/databulletins/db_drg_06_2006.pdf.

FARMINGTON PUBLIC SCHOOLS

School District Profile

School District: Farmington Public Schools	Grades: K-12	Enrollment: 4,400
Number of Schools: 7	District Reference Group (DRG): B	
Team Leader: Ed Manfredi, K-12 Health and Physical Education Department Chair	Phone: 860-673-2514 ext. 1421	E-mail: manfredie@fpsct.org
Address: Farmington High School 10 Monteith Drive Farmington, CT 06032	Website: http://www.fpsct.org	

School Health Team in Place before Pilot Project: No

School Health Team Members:

School principal, school nurse, school food service director, parent representative, health and physical education coordinator, health educator, physical education teacher, family and consumer sciences teacher and dietitian

Other People Who Should Have Been Included on the School Health Team:

Elementary classroom teachers and school social worker

Policy Adoption:

The final policy draft will be reviewed for board adoption during the 2005-06 school year.

Number of Times School Health Team Met: 8 **Length of Each Meeting:** 1.5 hours

Continuation of School Health Team after Pilot Completion:

The School Health Team will broaden its focus to include policy implementation as well as promotion and communication throughout the school district. The team will also move beyond nutrition and physical activity to other issues that affect student health and achievement.

Process for Identifying and Prioritizing Program Improvement Needs:

We used the *School Health Index* to get an initial sense of where we stood and to create the context for our discussions. We then used team member input and information gathering to prioritize our actions for policy development.

Steps Used for Policy Development and Adoption:

1. Developed the School Health Team.
2. Used the *School Health Index* (SHI) to identify areas of focus.
3. Expanded the team to include additional members for more representative input.
4. Reviewed the results of the SHI modules with the expanded team and brainstormed strategies.
5. Appointed a small subcommittee to draft initial policy statements using model language from existing resources (e.g., *Fit, Healthy and Ready to Learn* and Rhode Island's *School District Nutrition & Physical Activity Model Policy Language*).
6. Shared initial draft with team and made changes based on group feedback.
7. Brought draft policy to administration for review.
8. Planned for policy adoption during the 2005-06 school year.

FARMINGTON PUBLIC SCHOOLS

Challenges to the Policy Development Process:

- Time to meet as a group.
- Getting representation on the School Health Team from all the key people in the district.

Successes with the Policy Development Process:

- Increased awareness of nutrition and physical activity issues and possible alternatives to past practices.
- Increased communication and coordination among school staff members from different disciplines, which provides a foundation to continue our efforts.
- Increased coordination of district efforts around student health and learning.

Critical Resources Needed to Ensure Success with Policy Development:

- Getting the right people involved in the School Health Team.
- Materials to guide the work and time, e.g., policy development resources and model language.
- Administrative support.

Characteristics Important to an Effective, Productive and Successful School Health Team:

- Keep a solid focus on your priorities.
- Work hard to get everyone you want to the table.
- Use time wisely by keeping meeting agendas focused and on track.

Activities Conducted as a Result of Work on the School Nutrition Policies Project:

- Developed a high school parent newsletter that focuses the School Health Team's work and provides resources and information to support parents.
- Developed a staff wellness project based on a 10,000 steps program. Participants were given a pedometer and invited to take part in our "Walk Across America" program.
- Developed a nutrition PowerPoint presentation for PTO meetings.
- Supported a Grade 7 *World of Wellness Day* and a high school program for *Stress Free Connecticut Academic Performance Test (CAPT)*.
- Developed and implemented numerous curriculum revisions and program offerings within the context of wellness and school health. For example, health and physical education are combined into a full-year wellness course in Grades 9 and 10, with a focus on health literacy and physical activity promotion. For Grades 11 and 12, we have created semester-long electives (e.g., Personal Wellness, Social Dance and Strength and Conditioning) to better meet students' needs for increased autonomy and choice. We have also revised and enhanced the health program at the middle school with an introduction to the concepts of wellness.

Strategies for Promoting Adoption and Districtwide Support of the Policies:

- Parent newsletter.
- Information on the back of the school menu.
- Meetings with the board, the District Leadership Council and school staff members to provide implementation strategies and alternatives to previous practices.
- Distribution of a staff packet with essential information on policy implementation strategies and resources, e.g., alternatives to food as a reward, importance of recess, and physical activity guidelines.
- Districtwide "kickoff" event for families when policies are adopted, followed by support events at each local school.

FARMINGTON PUBLIC SCHOOLS

Strategies for District Implementation of the Policies:

- The School Health Team will work with local school leadership through the District Leadership Council.

Methods for Evaluating Success of District Implementation of the Policies:

- Evaluation measures for physical activity will include parent surveys on students' physical activity and collecting pre- and post-assessment data on student recess logs (e.g., how much time is spent being active versus inactive time due to lack of play, make-up work, disciplinary action and instrumentals).
- Additional evaluation measures for nutrition and other policy areas will be determined after the policy has been adopted by the board of education.

Recommendations for Success with the Policy Development Process:

- Ensure that the School Health Team has good representation and includes all of the right people.
- Enlist the help of those individuals who can champion your efforts at the local school level.
- Communicate regularly with all schools regarding policy issues, e.g., problems, practices and solutions.
- Focus on policy implementation (e.g., developing resources and strategies for school-level implementation), not just the development of the policy document.

FRANKLIN ELEMENTARY SCHOOL

School District Profile

School District: Franklin Elementary School	Grades: K-12	Enrollment: 236
Number of Schools: 1	District Reference Group (DRG): E	
Team Leader: Jenny Spellman	Phone: 860-642-7063	
Address: School Nurse Franklin Elementary School 206 Pond Road Franklin, CT 06254	E-mail: jspellman@franklin.k12.ct.us	Website: Unavailable

School Health Team in Place before Pilot Project: No

School Health Team Members:

School board member, school principal, school nurse, school food service, parent representative and health and physical education coordinator

Other People Who Should Have Been Included on the School Health Team:

Parent Teacher Organization

Policy Adoption:

The nutrition and health policy was adopted in December 2004 but has since been revised and will be presented again for adoption in January 2006. The physical activity policy is also scheduled for consideration in January 2006.

Number of Times School Health Team Met: 10 **Length of Each Meeting:** ½ to 3 hours

Continuation of School Health Team after Pilot Completion:

Future plans for the School Health Team include 1) exercise room and equipment; 2) endorse policies already in effect; 3) continue to review policies (School Wellness Policy, incorporate student component); 4) review guidelines for nutrition/physical education curriculum; 5) implement School Policy Handbook; and 6) continue to collaborate with PTO and community.

Process for Identifying and Prioritizing Program Improvement Needs:

The *School Health Index* modules were used to identify needs. The School Health Team prioritized needs based on resources and feasibility.

Steps Used for Policy Development and Adoption:

1. Identified needs.
2. Reviewed old and current policies.
3. Obtained sample policies from Connecticut Association of Boards of Education (CABE).
4. Team chose most applicable policies and added new information.
5. Presented draft policies to board of education.
6. Board of education approved policies.

FRANKLIN ELEMENTARY SCHOOL

Challenges to the Policy Development Process:

- Implementing healthier cafeteria choices without negatively affecting the food service budget.

Successes with the Policy Development Process:

- The policy development process ran smoothly due in large part to dedicated team members.
- We felt a great sense of accomplishment in meeting all deadlines and completing and adopting our policies. It was satisfying to see the team progress toward our goals.
- We feel our greatest success is increased awareness of the need for policy development (and the changes that are associated with it) within our school and community.

Critical Resources Needed to Ensure Success with Policy Development:

- Critical resources include helpful materials (e.g., *School Health Index*; *Fit, Healthy and Ready to Learn*; SDE's *Healthy Fundraising* and *Alternatives to Food as Reward* handouts; and CAFE sample policies), dedicated team members, and support of the staff and administration.
- We felt that parent/guardian contribution and support is one of the most critical resources because they will be enforcing the healthy lifestyle ideas taught in school. We find that parents continue to pack "junk food" and soda in students' lunches.

Characteristics Important to an Effective, Productive and Successful School Health Team:

- Members who are dedicated to the initiative.
- Members who work well together.
- Representation from a variety of specialties.
- Regularly scheduled meetings.

Activities Conducted as a Result of Work on the School Nutrition Policies Project:

- Policies for healthy eating (including fundraising policy) and physical activity approved by board of education.
- School Wellness Policy is almost complete – we need to add student component.
- Conducted *Food Play* assembly in June 2005 for students, staff and parents (www.foodplay.com/).
- Informational brochures on healthy eating and physical activity on display in school.
- School Health Team attended workshops throughout the pilot project.
- *Healthy Fundraising* and *Alternatives to Food as Reward* handouts provided to staff members and community.
- *Health Education Assessment Project* (HEAP) training conducted for staff in August 2005.
- Developed School Health Policy handout to educate school staff members.
- Planned and promoted fitness room for the 2005-06 school year.
- Promoting recess before lunch and working on implementation in the 2005-06 school year.

Strategies for Promoting Adoption and Districtwide Support of the Policies:

- We have been promoting awareness through the school newsletter, information in teachers' mailboxes, bulletin boards, pamphlets, staff health handbook, *Food Play* assembly and school newspaper.
- We plan to continue these communication strategies, as well as involve students and parents in questionnaires regarding lunch menu choices.
- We are also planning an in-service day for all staff members in 2005-06.

FRANKLIN ELEMENTARY SCHOOL

Strategies for District Implementation of the Policies:

- Staff members will be informed as policies are adopted.
- A staff handbook of health and nutrition policies will be available for staff review and sign-off.

Methods for Evaluating Success of District Implementation of the Policies:

- Assess whether lunches brought from home are healthier.
- Assess participation in School Lunch Program.
- Follow up with teachers on success with alternatives to food as a reward and healthy alternatives for fundraisers.
- Review questionnaire that will be sent home to students and parents.

Recommendations for Success with the Policy Development Process:

- Plan consistent meeting schedules (regular meetings).
- Stick to goals and time frames for meeting them.
- Promote communication between team members, school staff members and the community.
- Ensure that team members are committed to the team's purpose and goals.
- Have a parent on the team to spread the word to other parents.
- Involve a board member or any person who is knowledgeable about policy development.

KILLINGLY PUBLIC SCHOOLS

School District Profile

School District: Killingly Public Schools	Grades: K-12	Enrollment: 3,556
Number of Schools: 5	District Reference Group (DRG): G	
Team Leader: Sandra Maynard Nurse Supervisor	Phone: 860-779-6755	E-mail: smaynard@killinglyschoools.org
Address: Killingly Central School 60 Soap Street Dayville, CT 06241	Website: http://www.killingly.k12.ct.us	

School Health Team in Place before Pilot Project: No

School Health Team Members:

School principal, school nurse, social worker, health and physical education coordinator, health educator, physical education teacher and math teacher

Other People Who Should Have Been Included on the School Health Team

Food service director

Policy Adoption:

We were unable to complete the policy development process during the pilot time frame. The policy will be brought to the board once all assessment surveys are completed and policy language is finalized.

Number of Times School Health Team Met: 10 **Length of Each Meeting:** 1½ hours

Continuation of School Health Team After Pilot Completion:

The School Health Team will continue to work on policy development as time allows to complete the process.

Process for Identifying and Prioritizing Program Improvement Needs:

We used the *School Health Index* (SHI) to identify areas of strengths and weaknesses.

Steps Used for Policy Development and Adoption:

1. Using the eight SHI module questionnaires, we identified the areas that were rated “2” (partially in place).
2. Each area was reviewed to see why it was rated “2” and what was missing that kept it from being a “3” (fully in place).
3. Once all “2” areas were examined, the committee requested staff feedback on how to implement the missing parts of the components.
4. The committee developed questionnaires for parents, staff members and students. Data from the questionnaires will be used to identify the district deficits in physical activity and nutrition.

KILLINGLY PUBLIC SCHOOLS

Challenges to the Policy Development Process:

- Ongoing problems with regular meeting attendance by team members.
- Lack of interest and participation from some team members who were critical to the policy development process.
- Other priorities for administrative attention and support due to new building project and accreditation issues.

Successes with the Policy Development Process:

- We formed a School Health Team for the first time in our town.
- We evaluated our schools through the *School Health Index*.

Critical Resources Needed to Ensure Success with Policy Development:

- Time to conduct surveys, collect and analyze data, and conduct staff meetings to develop and finalize policy language.
- If team needs to be reimbursed for meeting times outside of school hours, money is needed.

Characteristics Important to an Effective, Productive and Successful School Health Team:

- A full working committee representing the entire school community.

Activities Conducted as a Result of Work on the School Nutrition Policies Project:

- Compiled assessment surveys for students, parents and school staff members.
- Instituted Project ACES – *All Children Exercise Simultaneously* (<http://www.projectaces.com/>).
- Participated in *Connecticut at PLAY! Promoting Lifestyle Activity for Youth*.
- Encouraged heightened awareness of health, nutrition and physical activity through a variety of programs, including running clubs at school, a morning exercise program, healthy snack alternatives, a hand-washing program, and a grant that supported an after-school program.

Strategies for Promoting Adoption and Districtwide Support of the Policies:

- We will continue to involve staff members, students and parents, and communicate with the board of education.

Strategies for District Implementation of the Policies:

- Implementation strategies will be determined upon completion of the policies.

Methods for Evaluating Success of District Implementation of the Policies:

- We plan to integrate our teacher and student surveys with our technology department. Student surveys will eventually be part of a lesson in the computer labs that will allow for greater use and tabulation of data.
- Specific evaluation measures and processes will be identified when the policies are completed.

Recommendations for Success with the Policy Development Process:

- Enlist cooperation and support from administrators to ensure that there is sufficient staff time to complete the work.
- Go slowly.

MILFORD PUBLIC SCHOOLS

School District Profile

School District: Milford Public Schools	Grades: K-12	Enrollment: 7,616
Number of Schools: 14	District Reference Group (DRG): D	
Team Leader: Eileen Faustich Food Service Director	Phone: (203) 783-3490	E-mail: efaustich@milforded.org
Address: Food Service Department Milford Public Schools 70 West River Street Milford, CT 06460	Website: http://www.milforded.org	

School Health Team in Place before Pilot Project: No

School Health Team Members:

School principal, school food service, school nurse, parent representative, health educator, physical education teacher and local health department representative

Other People Who Should Have Been Included on the School Health Team:

We would expand the group to include school-based staff members.

Policy Adoption:

The policy was approved by the superintendent on December 16, 2005.

Number of Times School Health Team Met: 8 **Length of Each Meeting:** 1.5 hours

Continuation of School Health Team after Pilot Completion:

The School Health Team will continue. Future plans include working on a three-year action plan for continued policy implementation and evaluation.

Process for Identifying and Prioritizing Program Improvement Needs:

We used the *School Health Index* (Centers for Disease Control and Prevention).

Steps Used for Policy Development and Adoption:

1. Completed the *School Health Index*.
2. Prioritized the areas of improvement through group discussion.
3. Reviewed sample policies for language consideration, e.g., *Fit, Healthy and Ready to Learn* and Rhode Island's *School District Nutrition & Physical Activity Model Policy Language*.
4. Developed an action plan for policy development.
5. Wrote the draft policy. Each team member took his or her area of expertise and drafted language, and we involved school administration for guidance as needed.
6. Discussed and revised draft policy language during several team meetings.
7. Submitted final draft to superintendent for review and approval.
8. Continue to meet as a committee to promote school-based and district policies.

MILFORD PUBLIC SCHOOLS

Challenges to the Policy Development Process:

- Scheduling meetings was challenging, but we agreed on a common meeting date (once per month) so it became a routine monthly meeting.

Successes with the Policy Development Process:

- Collaboration between different school departments, such as teachers, food service and nurse. Getting the School Health Team together was the best part of the pilot. It was beneficial to have everyone on the same team.
- Provided the momentum for school staff members to coordinate with each other on additional activities within the school district.
- Provided good public relations and communication within the school community regarding nutrition and physical activity programs.

Critical Resources Needed to Ensure Success with Policy Development:

- Time was the most critical issue. We found that money was not as much of an issue as time.

Characteristics Important to an Effective, Productive and Successful School Health Team:

- Get everyone's input.
- Prioritize your actions and just get started. The process is as important as the final draft.

Activities Conducted as a Result of Work on the School Nutrition Policies Project:

- Breakfast implemented in half the Milford schools.
- Conducted health fair for students.
- Provided nutrition information to parents at orientation.
- Developed parent brochure to promote the policies.
- Pedometer program for elementary grade levels.
- Pedometer program for staff wellness at West Shore Middle School.

Strategies for Promoting Adoption and Districtwide Support of the Policies:

- We will promote the policies in numerous publications throughout the school district, including district and school newsletter, a separate policy brochure, PTA meetings, board meetings and community forums.

Strategies for District Implementation of the Policies:

- The policies will be implemented by making a standing health and wellness committee. We have general board approval, but the superintendent is charged with carrying out the specifics.
- Our committee will make recommendations each year to implement and develop continued efforts to move toward a healthier community.

Methods for Evaluating Success of District Implementation of the Policies:

- The policies were approved by the superintendent in December 2005. We were waiting for final approval before determining the specific evaluation methods for policy implementation.
- We are thinking about requiring an annual report from the schools to show the number of activities and procedures implemented to track their progress.

MILFORD PUBLIC SCHOOLS

Recommendations for Success with the Policy Development Process:

- Make the commitment to the process.
- Involve the central office and school staff.
- Assign a specific “to do” list for each meeting to keep the agenda on track and make productive use of time.
- Gain administrative support. Enlist a few key leaders and make it simple.

NORWALK PUBLIC SCHOOLS

School District Profile

School District: Norwalk Public Schools

Grades: K-12

Enrollment: 10,835

Number of Schools: 19

District Reference Group (DRG): H

Team Leader: Leah H. Turner, RN, MSN

Phone: (203) 854-4128

Address: Coordinator of School Health
Services, Central Office
Norwalk Public Schools
125 East Avenue
Norwalk, CT 06852

E-mail: leaht@norwalkpublicschools.net

Website: <http://www.norwalkpublicschools.net>

School Health Team in Place before Pilot Project: No

School Health Team Members: School board member, school nurse, school food service, parent representative, health educator, physical education teacher, local health department representative and chef

Other People Who Should Have Been Included on the School Health Team:

Administrator in charge of physical education and health curriculums and elementary school principal

Policy Adoption:

The policies were adopted by the board of education on May 3, 2005.

Number of Times School Health Team Met: 9

Length of Each Meeting: 1¼-1½ hours

Continuation of School Health Team after Pilot Completion:

The superintendent has not requested that the School Health Team continue.

Process for Identifying and Prioritizing Program Improvement Needs:

1. The committee used the *School Health Index* in the six pilot schools to identify the needs of the district. We also conducted a vending machine survey to gather baseline data on the number of machines and the types of foods that were currently offered.
2. The committee went through the publication *Fit, Healthy and Ready to Learn*. We specifically used the *Physical Activity* and *Healthy Eating* chapters page-by-page.
3. We discussed the applicability to our district and used it as a template.
4. We were practical, focusing on items that didn't increase costs; for example, recess before lunch, integrating health and nutrition into the current curriculum and preserving current levels of physical education.

NORWALK PUBLIC SCHOOLS

Steps Used for Policy Development and Adoption:

1. The committee developed draft policies.
2. The draft policies were presented to the Policy Committee of the board of education. The team leader (TL) and the school health coordinator (SHC) clarified specific clauses and answered questions.
3. The TL and/or SHC met with high school, middle school and elementary school principals and the superintendent to gain their support.
4. The TL and SHC went before the board of education twice. The first time the final draft was on the agenda for report and discussion. The second time (a month later) the policies were voted on and adopted.

Challenges to the Policy Development Process:

- Gaining global awareness of district staff members who needed to be asked for input to draft successful policies.
- Learning the timing of the board of education's work schedule.
- Identifying resistance among key players and learning how to change challenges into opportunities.
- Lack of a professional nutrition resource person within the district.

Successes with the Policy Development Process:

- Adoption of proposed policies by the board of education.
- Enrolling nine schools as Team Nutrition Schools (<http://teamn nutrition.usda.gov/team.html>).
- Receiving valuable input from committee members and becoming a working committee.
- Establishing new relationships between school health and the board of education and the PTO Council.

Critical Resources Needed to Ensure Success with Policy Development:

- Team members committed to the project.
- A district that supports the necessity for change.
- Funding for travel, resources and staff time.
- PowerPoint presentations with current student health and achievement statistics as tools for educating parents and administrators.

Characteristics Important to an Effective, Productive and Successful School Health Team:

- Committee members who are interested in changing policy.
- Members who are committed, passionate and willing to work toward a common goal.
- Having a consistent time and place to meet.

Activities Conducted as a Result of Work on the School Nutrition Policies Project:

- Conducted a districtwide Body Mass Index (BMI) study of kindergarten and sixth-grade students to ascertain obesity levels.
- Obtained pedometer grant to buy 150 pedometers for students.
- Increased PTO involvement, including presentations to PTO Council, distribution of handouts on fundraising and healthy celebrations, and showing excerpts of "SuperSize Me" film.
- Interviewed by news media and publicized the policies in local newspapers.

NORWALK PUBLIC SCHOOLS

- Presented healthy eating information to English as a second language (ESL) parents.
- Presented at statewide forum on obesity.
- Attended *Health Education Assessment Program* (HEAP) training.
- Presented policy development process and results in a poster presentation at the National Association of School Nurses annual conference in Washington, D.C. (June 2005). Received poster presentation award for the category of “Policy Change.”

Strategies for Promoting Adoption and Districtwide Support of the Policies:

- Meetings with school staff members, board of education and parents.
- Mailings and newsletters for parents.
- Staff e-mails and newsletter.
- School district Web site.
- Newspaper articles to promote awareness to the community.
- Topic-related posters purchased and distributed to all schools in the district.

Strategies for District Implementation of the Policies:

- The new policies are included in the school district Policies and Procedures Manual and implemented by administrators.
- Distributed booklet *Promoting Healthy Eating & Physical Activity* to school administration, PTO Council, school nurses and central office administration.

Methods for Evaluating Success of District Implementation of the Policies:

- A majority of elementary schools have successfully implemented recess before lunch.
- The contents of vending machines have only nutritious choices.
- A majority of schools have established school-based committees to set nutritional standards for school-sponsored events.
- Curriculum supervisors state that nutrition, health and physical education revisions have been completed.
- The PTOs or principals state that their schools have adopted healthy celebrations, healthy fundraising and/or healthy rewards practices.
- The food service achieves gold or silver status from the U.S. Department of Agriculture’s HealthierUS School Challenge (<http://www.fns.usda.gov/tn/HealthierUS/index.html>).
- Food is offered as a reward less often.
- Physical activity is not used as a punishment.

Recommendations for Success with the Policy Development Process:

- Find people you can work with.
- Set realistic goals.
- Gain an understanding of the local process for policy development.
- Foster a supportive environment at the board level and at the school level.

PUTNAM PUBLIC SCHOOLS

School District Profile

School District: Putnam Public Schools	Grades: K-12	Enrollment: 1,258
Number of Schools: 3	District Reference Group (DRG): G	
Team Leader: Margo Marvin Superintendent	Phone: 860-963-6900	E-mail: marvinm@putnam.k12.ct.us
Address: Putnam Public Schools 126 Church Street Putnam, CT 06260	Website: http://www.putnam.k12.ct.us	

School Health Team in Place before Pilot Project: Yes

School Health Team Members:

Superintendent, school board member, school principal, school nurse, school food service, parent representative, physical education teacher, family and consumer sciences teacher, special education teacher, community group representative and Family Resource Center staff

Other People Who Should Have Been Included on the School Health Team:

High school student council representative, after-school and summer program representative and health teacher

Policy Adoption:

The draft policy is currently being revised and will be presented to the board for adoption during the 2005-06 school year.

Number of Times School Health Team Met: 12 **Length of Each Meeting:** 1 hour

Continuation of School Health Team after Pilot Completion:

The School Health Team will continue to meet monthly to finalize the policy and plan additional implementation activities.

Process for Identifying and Prioritizing Program Improvement Needs:

We used the *School Health Index*.

Steps Used for Policy Development and Adoption:

1. Identified areas for improvement using the *School Health Index*.
2. Reviewed sample policy language using existing resources.
3. Drafted policy language.
4. Reviewed and revised draft policy language with committee input.
5. Submitted draft policy to superintendent and district administrative team for review and input.
6. Revised draft based on input from superintendent and administrative team.
7. Provided revised draft to board attorney for review.
8. Submitted draft policy to board policy subcommittee. The policy subcommittee will review the revised policy during the 2005-06 school year, and submit to board for approval.

PUTNAM PUBLIC SCHOOLS

Challenges to the Policy Development Process:

- Irregular attendance at School Health Team meetings.
- Involving all appropriate staff members in the policy development process.

Successes with the Policy Development Process:

- Changes in cafeteria menu.
- Conducted Putnam Family Resource Center activities centered around 5 A Day.
- Changes in Family Resource Center parent education curriculum to include primary prevention through nutrition and physical exercise.
- Increased awareness among staff members regarding the importance of nutrition and physical activity.
- Added Health and Safety Goal to Putnam's Strategic Plan.

Critical Resources Needed to Ensure Success with Policy Development:

- Input from Connecticut Association of Boards of Education (CABE) and board counsel.
- Support of administration.
- Staff cooperation.

Characteristics Important to an Effective, Productive and Successful School Health Team:

- Education of committee members regarding policy issues, student health needs and current problems, solutions and resources.
- Committee members with enthusiasm, commitment and broad representation.

Activities Conducted as a Result of Work on the School Nutrition Policies Project:

- Conducted Family Fun Day with nutrition/activity theme.
- Conducted taste testing of new and healthy foods in the cafeteria.
- Provided open house reception with new menu samples and healthy snack handouts.
- Worked on revising physical education curriculum and health curriculum.
- Conducted Putnam Kids Get Healthy Day.
- Formed a partnership with United Natural Foods Inc. and school food service for healthier food options.
- Presented plan to PTO and the school staff.

Strategies for Promoting Adoption and Districtwide Support of the Policies:

- Communication to staff members, students, parents and board of education via e-mail, Web site and local radio station.

Strategies for District Implementation of the Policies:

- Implementation has already begun for many of the policy components. After the board has adopted the policies, the district will continue to communicate with school staff members regarding specific implementation strategies and resources.

Methods for Evaluating Success of District Implementation of the Policies:

- Specific evaluation methods will be determined when the policies have been adopted by the board of education.

PUTNAM PUBLIC SCHOOLS

Recommendations for Success with the Policy Development Process:

- Keep goals simple and attainable.
- Solicit support of administrators.
- Involve someone with policy development experience early in the process.
- Start with those things that can change without much approval or disruption; for example, menu changes that include fresh fruit, dark greens, whole grains and low-fat milk.
- Educate staff members and parents, expand awareness and provide for ongoing evaluation.
- Celebrate each success and communicate successes to the school community.

REGIONAL SCHOOL DISTRICT 10

School District Profile

School District: Regional School District 10	Grades: K-12	Enrollment: 2,800
Number of Schools: 4	District Reference Group (DRG): C	
Team Leader: Phyllis Jones, K-12 Health and Physical Education Coordinator	Phone: 860-673-0423	E-mail: jonesp@region10ct.org
Address: Lewis Mills High School 26 Lyon Road Burlington, CT 06013	Website: http://www.region10ct.org	

School Health Team in Place before Pilot Project:

Yes, but the team did not address nutrition or physical activity issues.

School Health Team Members:

Curriculum director, school nurse, school food service, parent representative, health and physical education coordinator, health teacher, physical education teacher and representative from the American Cancer Society

Other People Who Should Have Been Included on the School Health Team:

We could have included someone from the guidance, social work, school psychologist area. We have asked an elementary school psychologist to join our School Health Team.

Policy Adoption:

The policies were adopted by the board of education on March 14, 2005.

Number of Times School Health Team Met: 8 **Length of Each Meeting:** 30-45 minutes

Continuation of School Health Team after Pilot Completion:

The School Health Team will meet two or three times per year to strategize methods of promoting the new policy.

Process for Identifying and Prioritizing Program Improvement Needs:

We looked at the state guidelines, upcoming state policy changes, the Connecticut frameworks in health and physical education, and the *School Health Index*.

Steps Used for Policy Development and Adoption:

1. Existing model drafts were used to write a draft policy. We used a draft that was provided at one of our policy workshops, along with another policy for its language. NASPE's *Appropriate Practices in Physical Education*, Connecticut state standards in health and physical education, and the *School Health Index* were also used as references.
2. The draft policy was distributed to the team. We spent two meetings revising the draft policy.
3. The revised draft policy was submitted to the superintendent.
4. The superintendent distributed it to school principals and school district attorneys for review and editing.
5. The revised policy was brought to the board of education for approval.

REGIONAL SCHOOL DISTRICT 10

Challenges to the Policy Development Process:

- We had few challenges due to the commitment by the board of education and the school staff.
- Our next challenge will be educating staff members and parents about healthy choices for snacks and celebrations.

Successes with the Policy Development Process:

- We held our meetings at 6:45 am. Because of the early hour, our meetings were very organized and focused. We had an agenda distributed beforehand and a specific amount of time allotted for our meetings, due to teaching responsibilities. This kept us focused and on-task, making our meetings productive.
- We started our policy development work with an existing policy and then made revisions. Revisions at each stage were made and distributed before each meeting to allow participants to read and make suggestions before the next meeting.
- We increased our district's awareness of school lunch and its importance. Our lunch program is now offering a wider selection of healthy food choices.

Critical Resources Needed to Ensure Success with Policy Development:

- Administrative support – without it, the process can't work.
- A strong commitment from the team. Our team's cooperation and input was fantastic.
- Money is also a factor because healthy food costs more.

Characteristics Important to an Effective, Productive and Successful School Health Team:

- Keep the size of the team workable, e.g., eight to 10 members. We thought our team of eight members was a good size.
- Make sure the team is committed to a wellness philosophy and providing a healthier lifestyle for students.

Activities Conducted as a Result of Work on the School Nutrition Policies Project:

- Promotional activities are ongoing, and we plan on continued work using our district goal.
- We have scheduled monthly informational e-mails to our faculty and parents containing a brief introduction with one or two attachments. The attachments include the *Healthy Celebrations* and *Alternatives to Food as Rewards* handouts along with other informational notices. Our plan is to keep the information short, focused and ongoing throughout the year.

Strategies for Promoting Adoption and Districtwide Support of the Policies:

- Meetings at district in-service days.
- Article for the district's newsletter that contains the same information and attachment notice that is going out monthly by e-mail. A hard copy is sent in each building or district's newsletter.
- Monthly e-mails with informational attachments to keep faculty and parents focused on the new policy.

Strategies for District Implementation of the Policies:

- We conduct promotional activities with the School Health Team serving as consultants for each building. Each month, the School Health Team member e-mails two implementation strategies to school staff members. These strategies are from the State Department of Education handouts *Alternatives to Food as Reward*, *Healthy Celebrations* and *Healthy Fundraising*.
- Information was provided to parents through a parent newsletter.
- Policy implementation is discussed and promoted along with the other district goals.

REGIONAL SCHOOL DISTRICT 10

Methods for Evaluating Success of District Implementation of the Policies:

- Staff and school feedback.
- Student work.
- Teacher observations.
- School lunch assessments.

Recommendations for Success with the Policy Development Process:

- Make sure you have administrative support and involvement.
- Start with a model draft policy and work from that.
- Keep your school health team to eight to 10 members.
- Plan each meeting with an agenda, distribute it and stick to it.

RIDGEFIELD PUBLIC SCHOOLS

School District Profile

School District: Ridgefield Public Schools	Grades: PK-12	Enrollment: 5,626
Number of Schools: 9	District Reference Group (DRG): A	
Team Leader: Barbara Lohse Health Educator	Phone: (203) 438-3744	E-mail: blohse@ridgefield.org
Address: East Ridge Middle School 10 East Ridge Ridgefield, CT 06877	Website: http://www.ridgefieldpublicschools.org	

School Health Team in Place before Pilot Project: No

School Health Team Members:

School principal, school food service, parent representative, health educator, physical education teacher and family and consumer sciences teacher

Other People Who Should Have Been Included on the School Health Team: None

Policy Adoption:

The policies are still being revised and will be brought to board of education by June 2006.

Number of Times School Health Team Met: 10 **Length of Each Meeting:** 1 hour

Continuation of School Health Team after Pilot Completion:

The School Health Team will include new members and will work on completion of the School Wellness Policy.

Process for Identifying and Prioritizing Program Improvement Needs:

Areas for improvement were identified based on the School Health Team’s knowledge of current school programs and practices. Our areas of focus included cafeteria food selections and incorporating nutrition into the curriculum.

Steps Used for Policy Development and Adoption:

1. Evaluated current inequities and district needs related to nutrition and physical activity, and determined key areas for improvement.
2. Used existing resources to draft policy language, including *Fit, Healthy and Ready to Learn* (NASBE), *School District Nutrition & Physical Activity Model Policy Language* (Rhode Island) and sample policies from other school districts.
3. Provided draft policy language to administration. Revisions were suggested and School Health Team was requested to focus on developing policy language for two key areas, educator/curriculum and cafeteria.
4. Developed two policy subcommittees (curriculum and cafeteria) that will continue to work on policy language for review in January 2006.
5. Will provide policy draft to school district attorney for review in February 2006.
6. Draft back to committees in March 2006 for final revisions.
7. Bring policy to board for approval by June 2006.

REGIONAL SCHOOL DISTRICT 10

Challenges to the Policy Development Process:

- Complete district support would better promote our efforts and help gain more momentum for school-level support of policies, particularly in the areas of classroom parties, socials and PTA fundraisers.
- We could not incorporate our health goals (wellness, nutrition and physical activity) with our academic school goals.

Successes with the Policy Development Process:

- Curriculum writing to include nutrition in Grades 6-8.
- Curriculum writing in physical education that incorporates best practice standards.
- Better communication about our plans and goals to school and community.
- We worked hard to keep the school-to-home link well connected because this is vital to our success.

Critical Resources Needed to Ensure Success with Policy Development:

- Staff.
- Time to meet and get the work done.
- Funding, if implementation of a policy will cost money.

Characteristics Important to an Effective, Productive and Successful School Health Team:

- Be proactive and not reactive.
- Be persistent and committed.
- Get to the parent population – they are your best advocates.

Activities Conducted as a Result of Work on the School Nutrition Policies Project:

- Held two presentations for faculty and students by Dr. David Katz, Yale University.
- Held meetings and presentations for parents.
- Created new nutrition curriculum.
- Formed a permanent school health committee.
- Conducted Staff Wellness Day, followed up with continuous programs for staff members.
- Appearance on local television show to promote health, nutrition and physical activities.
- Received good publicity in local newspaper (four times during the 2004-05 school year) and in the *Danbury News Times* about what we are doing in our schools to promote health, wellness and physical activity.
- Conducted nutritious food sampling for students using outside vendors during National Nutrition Month (March 2005).

Strategies for Promoting Adoption and Districtwide Support of the Policies:

- PTA newsletter.
- Local television show, *Ridgefield: Now We're Talking*.
- Parent forums on nutrition and physical activity.
- Presentations at PTA meetings to promote Team Nutrition and how parents can help build a healthier school community.

RIDGEFIELD PUBLIC SCHOOLS

Strategies for District Implementation of the Policies:

- Many of our implementation strategies will be determined once the policy has been adopted. Our vision is that it will start in the cafeteria by offering healthier choices for our students and removing those products that are less healthy. Then we would like to see a change in the way classroom parties and socials provide snacks, because unhealthy foods and beverages are prevalent.
- We plan to focus on the connection between nutrition and academic performance because our district's goals are tied to academic performance. Providing concrete evidence that supports a link between academic performance and nutrition will be a priority.
- We will also be working on getting the support of parents and administration because their support is a key factor in policy implementation.

Methods for Evaluating Success of District Implementation of the Policies:

- Each school will be forming a Wellness Committee, and each school will design and implement programs based on the district policies.
- Each school will conduct a self-evaluation. They will monitor practices and programs and survey staff members, students and parents to see if their expectations were met.

Recommendations for Success with the Policy Development Process:

- Include administration and parents on the School Health Team. They are critical to making the process work effectively.
- Provide continued communication between home and school to share information and give updates on the team's progress.
- Work closely with the food service director when determining policies that relate to the school food service program and what foods and beverages should be served in the cafeteria.

SALEM SCHOOL

School District Profile

School District: Salem School	Grades: PK-8	Enrollment: 547
Number of Schools: 1	District Reference Group (DRG): C	
Team Leader: Barbara Bashelor, Health and Physical Education Teacher	Phone: 860-859-0267 ext. 3122	E-mail: bbashelor@salem.cen.ct.gov
Address: Salem School 200 Hartford Road Salem, CT 06420	Website: http://www.salemschools.org	

School Health Team in Place before Pilot Project: No

School Health Team Members:

School principal, school nurse, school food service, parent representative, health educator and physical education teacher

Other People Who Should Have Been Included on the School Health Team:

School board member (policy committee) and elementary classroom teacher

Policy Adoption:

The policies will be piloted in rough draft form during the first half of the 2005-06 school year. They will then be critiqued by members of the newly formed Salem School Health Council and offered to the board of education for review and adoption as part of the Salem School Wellness Policy.

Number of Times School Health Team Met: 23 **Length of Each Meeting:** 1 hour

Continuation of School Health Team after Pilot Completion:

Future plans include a team expansion that will encompass all eight components of the Coordinated School Health Model and satisfy the membership requirements necessary for the development of the 2006 USDA School Wellness Policy.

Process for Identifying and Prioritizing Program Improvement Needs:

We identified our areas of need by completing the CDC *School Health Index* as a team. We then used the sample policies from *Fit, Healthy and Ready to Learn* (NASBE) to prioritize those needs. As a group, we also spent many hours brainstorming ideas regarding current nutrition and physical activity practices at our school and how we could make a difference.

Steps Used for Policy Development and Adoption:

1. Identified Salem School's greatest areas of need by completing the CDC *School Health Index*.
2. Developed a rough draft using the sample policies addressing nutrition and physical activity in *Fit, Healthy and Ready to Learn* (NASBE).
3. Presented our timeline and plans to the board to raise awareness (November 2004). The presentation included PowerPoint, open discussion and a handout on the timeline for policy development at Salem School.
4. Presented the policy development information at a meeting of the Parent Teacher Organization (PTO) to raise awareness and ask for support (January 2005).
5. Presented overview and objectives to the middle school and elementary school staffs (January 2005). At both PTO and faculty meetings we used the Penn State and Pennsylvania Department of Education video *Preventing Childhood Overweight and Obesity: Parents Can Make a Difference*, which addresses community and school involvement in improving student wellness (<http://nutrition.hhdev.psu.edu/projectpa/html/parentManual/2006/index.html>).
6. Team leader presented the superintendent with a rough draft of the policy (April 2005). The team leader met with the superintendent two weeks later to discuss and critique the rough draft.
7. Distributed the policy rough draft to the faculty before the May 2005 faculty meeting and asked for suggestions. The draft was then discussed at the faculty meeting one week later. It was decided that the policy would be piloted in the first half of the 2005-06 school year.
8. Presented at the May 2005 PTO meeting to ask for its support when planning next year's fundraisers by using healthy alternatives for school fundraising.

Challenges to the Policy Development Process:

- Initially we were unclear about the development of policy and about the difference between school policy and board policy. We continued to ask questions at the pilot support workshops and our understanding increased.
- We found the start date of the pilot difficult with summer arriving shortly after we had just begun the task.
- An administrator's input is critical when developing policy. The administrator's schedule should be a priority when planning regular meeting dates and times.

Successes with the Policy Development Process:

- Development of a School Health Team.
- Development of a draft policy.
- Dedicated and supportive team and team leader.
- Increased awareness level at Salem School and in the community about the importance of student wellness.
- Increase in the amount of middle school physical education.
- Increase in health education to include fifth-grade taught by a specialist.
- Positive feedback and support from Salem School superintendent.

SALEM SCHOOL

Critical Resources Needed to Ensure Success with Policy Development:

In priority order: 1) time; 2) staff commitment; 3) policy development resources and materials; and 4) funding.

Characteristics Important to an Effective, Productive and Successful School Health Team:

- Committed and focused members
- Clear agendas for each meeting
- Setting goals, objectives and a timeline
- Convenient meeting times

Activities Conducted as a Result of Work on the School Nutrition Policies Project:

- Held Open House. Invited nutritionist to speak with parents and invited food services to promote healthy lunch choices. Also included a representative from the Salem Recreation Committee to promote activity in the community.
- Presentation to board to raise awareness about student wellness and the development of the policy.
- Two presentations to PTO to 1) increase awareness and discuss our policy objectives and 2) ask for support for healthy fundraising in the 2005-06 school year.
- Two meetings with Salem School faculty to 1) increase awareness and discuss our policy/grant objectives and 2) review and discuss draft policy.
- Faculty member offered to teach cardio-kickboxing to staff members to increase employee wellness.
- The inclusion of Project ACES – *All Children Exercise Simultaneously* (<http://www.lensaunders.com/aces/aces.html>) as a Salem School annual event (began May 2004).
- Made healthy changes in the cafeteria a la carte offerings to include nutritionally dense snack choices and reduced-fat items.
- Introduced more whole-grain bread in sandwich selections.
- Added nutrition tips to monthly menus.
- Increased middle school physical education time in the 2005-06 school schedule.
- Increased health education to include fifth-grade health taught by a specialist in the 2005-06 school schedule.
- Purchased 25 pedometers for staff use.
- Staff members designed indoor walking routes with mileage for winter walking/jogging.
- Offered yoga classes after school to staff members.
- Made scheduling changes in 2005-06 to allow for a full 30-minute lunch period for students in Grades 1-5.
- Made scheduling changes in 2005-06 to include a 20-minute recess before lunch in Grades 2-5.
- Principal and health teacher met with classroom parents (fall 2005) requesting support and offering ideas for healthy alternatives to classroom celebrations.

Strategies for Promoting Adoption and Districtwide Support of the Policies:

Met with faculty and parents at two different faculty and PTO meetings during the 2005 school year. The draft policy will be piloted in the fall of 2005 and then be offered to the board in January with the intent that it is used to develop an overall student wellness policy.

Strategies for District Implementation of the Policies:

The policies will be piloted in fall 2005 and then offered for board approval in winter 2006. Implementation strategies will be developed based on our final School Wellness Policy.

Methods for Evaluating Success of District Implementation of the Policies:

- Survey teachers concerning the changes in classroom party menus and celebration alternatives.
- Survey teachers concerning the change in recess as punishment.
- Survey teachers and lunch aides concerning the success of recess before lunch.
- Survey the parent community about the changes made in school concerning wellness.

Recommendations for Success with the Policy Development Process:

- Find a committed team and team leader.
- Involve your food service organization.
- Meet with the board policy committee in your town to increase awareness about the creation of policy at the local level.
- Review existing resources on policy development.
- Use the *CDC School Health Index* to prioritize school needs.
- Get the word out to faculty and parents. Be visible at monthly meetings and discuss your ideas with people in the school community.
- Contact appropriate state staff members as needed for assistance with questions and concerns.

WINDHAM PUBLIC SCHOOLS

School District Profile

School District: Windham Public Schools	Grades: PK-12	Enrollment: 3,633
Number of Schools: 6	District Reference Group (DRG): I	
Team Leader: Shawn Grunwald School-Based Health Center Coordinator	Phone: 860-465-2465	E-mail: sgrunwald@wcmh.org
Address: Windham High/Middle School 355 High Street Willimantic, CT 06226	Website: http://www.windham.k12.ct.us	

School Health Team in Place before Pilot Project: No

School Health Team Members:

School board member, school nurse, school food service, parent representative, health educator, physical education teacher, family and consumer sciences teacher, community group representative, dietitian and school-based health center staff

Other People Who Should Have Been Included on the School Health Team:

Superintendent and school store adviser

Policy Adopted by Board of Education: The policy concepts were approved by the board of education in June 2005. Policy adoption will take place in the 2005-06 school year, after the board completes a review of all district policies.

Number of Times School Health Team Met: 8 **Length of Each Meeting:** ¾-3 hours

Continuation of School Health Team after Pilot Completion:

The School Health Team will continue as part of an overall school health advisory committee that is much broader in scope but will have a set agenda item dedicated to school nutrition and physical activity.

Process for Identifying and Prioritizing Program Improvement Needs:

We based program improvement needs on the results of the *School Health Index*, coupled with discussion with the various administrators and board of education members to determine how realistic it would be to actually change.

Steps Used for Policy Development and Adoption:

1. Conducted *School Health Index*.
2. Surveyed parents, students, principals and cafeteria managers.
3. Presented results to districtwide PTO and superintendent.
4. Assigned one person (team leader) to write draft policies. Shared draft policies with team, superintendent and assistant superintendent. Solicited and incorporated feedback.
5. Draft policies presented at Student Services Committee of board of education, which approved content.
6. Policies given to Policies Subcommittee for format change (administrator in charge approved content).
7. Format modified but no content changes made. Policies were sent to full board of education for adoption. Board approved policy concepts in June 2005.
8. Policy adoption will take place in the 2005-06 school year, after the board completes a review of all district policies.

Challenges to the Policy Development Process:

The biggest challenge was moving forward from the information-gathering stage to the actual policy writing stage. This was solved by assigning one person to write the policy draft and the group trusting that person to complete the task. Checks and balances were built in by allowing each team member to review and comment on the initial draft, and then review the final draft.

Successes with the Policy Development Process:

The biggest success was gathering different people from different schools and disciplines to work together on the tasks. We were also successful in connecting with the districtwide PTO to work together on student health and achievement goals.

Critical Resources Needed to Ensure Success with Policy Development:

Allocated staff time that is funded through this grant so staff members are not “donating” time to this project when they are already overcommitted on other things.

Characteristics Important to an Effective, Productive and Successful School Health Team:

- Build in social time so members can get to know one another (if they don't already) and build some camaraderie.
- Schedule sufficient time for meetings.
- Have a clear leader who is empowered and willing to set the agenda and do some extra work.

Activities Conducted as a Result of Work on the School Nutrition Policies Project:

- One of the team members developed a staff wellness program that included a walking program, BMI and weight monitoring, blood pressure checks and incentives for participation.
- Worked with a class adviser on piloting a healthy fundraiser. The fundraiser was successful and will be incorporated as a yearly event.
- Started a parent resource library via the districtwide PTO and a resource library for staff members via the Curriculum Office with materials procured through this project.
- The board of education is exploring incorporating Connecticut-grown foods into the cafeteria.
- The board of education is looking at scheduling recess before lunch in at least one of the elementary schools (K-4).

WINDHAM PUBLIC SCHOOLS

Strategies for Promoting Adoption and Districtwide Support of the Policies:

Throughout the whole process, the team leader sent out periodic informational memos to each building representative, principals, superintendent, assistant superintendents and department heads to keep them informed of the process, and to allow them to keep staff members updated and informed. Parents were informed through the districtwide PTO and PTO newsletters. Students will be informed in the same manner as every other board policy, through student handbooks.

Strategies for District Implementation of the Policies:

The relevant parts of the policies will be part of the school staff handbook and student handbook. One of the high school classes has made a commitment to doing at least one healthy fundraiser (citrus fruits). Information was distributed at a districtwide PTO meeting for inclusion in PTO newsletters.

Methods for Evaluating Success of District Implementation of the Policies:

We will monitor a variety of areas, such as the number of fundraisers done next year involving either nonfood items or healthy food choices; whether Connecticut-grown foods are instituted in the school lunch program; and whether at least one school has recess before lunch. The policies recommend but do not mandate these things so if they are done implementation will be considered successful.

Recommendations for Success with the Policy Development Process:

- Be realistic about what you hope to accomplish in a certain time frame and with local funding constraints. It is better to take on a small amount, be successful and build on your success to move on the next step than to set a large goal and not reach it.
- Choose your team members carefully. It is critical for success that team members are willing to work hard to get the job done.