Purpose
To provide the King County Board of Health School Obesity Prevention Committee with current information on the wellness policies that have been developed and passed by the 19 school districts, and the successes and challenges associated with their implementation, so that the Committee will be able to make informed recommendations for action to the Board of Health.

Wellness Policies in King County
In 2004 the Child Nutrition and WIC Reauthorization Act required all school districts with a federally funded school meals program develop and implement wellness policies by the start of the 2006-2007 school year. Policies are required to include:
- Goals for nutrition education and physical activity
- Guidelines for reimbursable meals that are not less restrictive than the USDA guidelines
- Nutritional guidelines for all foods available on school campus
- A plan for measuring implementation
- Community involvement in the development of the wellness policy

Wellness Policy Evaluation
Current wellness policies for the 19 school districts in King County were evaluated using the School Wellness Policy Evaluation Tool, a nationally standardized method of assessment. The tool was used to determine the comprehensiveness and strength of school policies. Comprehensiveness reflects the number of policy items addressed. Strength reflects policy items stated with specific and directive language. For example, stating a policy as a “requirement” rather than a “goal” qualifies it as a strong statement.

Key findings:
- All district policies scored higher on comprehensiveness compared to strength.
- District policies were stronger on the topic of nutrition education and evaluation, and less strong on the topics of USDA Standards and Competitive Foods.

Washington State Senate Bill 5093
Policies for competitive foods were compared to goals of WA State Senate Bill 5093, which became law in 2007. Section 5 establishes goals for specific nutrition standards for all foods available in schools, minutes of physical activity, certification of health and fitness instructors and the development of school health advisory committees.
- The policies in 8 districts set standards that met the bill’s goals for total fat and sugar, 7 districts met the goal for calories, 6 for saturated fat, 4 for milk fat content, 3 for milk portion size, and 1 for additive-free water. None of the districts set standards that meet the bill’s goals for sodium or milk sugar content.

2004 Policy Evaluation Compared to Current Findings
In 2004, the University of Washington Center for Public Health Nutrition and Public Health-Seattle & King County administered a written or web-based survey to King County school district representatives to assess the existing nutrition and physical activity policies.

Since 2004:
- The number of school districts with policies prohibiting or discouraging the sale of foods of minimal nutritional value in student stores, vending machines, and a la carte has increased.
- More school districts have physical education policies in compliance with the guidelines outlined in the Washington State Essential Academic Learning Requirements.

Key Informant Interviews
Major findings:
- Wellness policies are viewed as unfunded mandates, and they may not be made a priority.
- Nutrition education and especially physical education requirements are difficult to meet because meeting academic requirements takes priority.
- Influencing changes in student health behavior at school is difficult when the outside environment or parental support does not reinforce these changes.
- There is a general lack of knowledge about Washington State Senate Bill 5093.
- Many districts are implementing innovative programs to improve school wellness through fairs, organized physical activities, assemblies, and partnerships with community organizations.
- 9 of 17 superintendents or their representatives report the district does not have an active school wellness committee.
- 14 districts currently have a beverage bottler contract giving companies exclusive rights to vending machines in schools, though restrictions on what is offered have increased since 2004.
- 10 of 15 health curriculum representatives report implementing physical activity policies at least “somewhat.” All representatives report implementing nutrition education policies at least “somewhat.” (Category options included “not at all,” “somewhat,” and “fully”).
- School board members from 11 districts were questioned about policy evaluation. Seven of the 11 currently evaluate policies and procedures at least “somewhat.”

Key Informants’ Recommendations for the Board of Health
Respondents provided nearly 100 specific recommendations. In general they focused on the following themes:
- Partner with school districts and offer assistance in adapting to new regulations.
- Provide guidance for districts to obtain funding and material resources.
- Promote leadership at the district and principal level in order to increase effectiveness of the policies.
- Spread knowledge about the policies and their benefits to King County parents.
- Provide tools for monitoring and evaluating successes and failures.
- Facilitate communication between districts so they may share information on effective strategies.

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