2004 SCHOOL BOARD MEMBER SURVEY RESULTS: Nutrition and Physical Activity

for

The Examination of Communication Factors Affecting Policymakers

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EXECUTIVE SUMMARY

Project and Process Overview

The overall purpose of this project is to better understand California school board members and the factors that influence their policy decision-making. This study is the second study of school board members, the first conducted in 2001. The first study looked ***only*** at nutrition-related school policies; whereas, this second study conducted in 2004 looked at both nutrition and physical activity-related school policies. The study was undertaken through collaboration between California Project LEAN (Leaders Encouraging Activity and Nutrition) [CPL], California School Boards Association (CSBA), 10 California communities, and the University of South Florida (USF), College of Public Health. All members formed the Community Research Collaborative and have a strong history of conducting community-based health communications research.

The overall objectives of this project are to:

- Review and document successful prevention program models that have used policy strategies to impact population-based behavior change, especially in the area of nutrition;
- Identify the economic and policy issues associated with fast food sales on high school campuses;
- Determine which policymakers have the most influence and are the most likely to make policy changes in the school community; and
- Determine the health communication strategies that have the most potential to influence policymakers to enact school policies that support healthy eating for low-income teens.

Research Overview

Purpose

A literature review, key informant interviews and information from a solicitation survey contributed to the development of the original 41-item survey (McCormack Brown, K.R., Akintobi, T.H., Pitt, S., Berends, V., McDermott, R.J., Agron, P., & Purcell, A. , 2004; McCormack Brown, K.R., & Pitt, S. , 2001; McCormack Brown, K.R., Henry, T., & Pitt, S. , 2001). This survey, administered in Spring 2004, was conducted to not only gain an insight into school board members and their beliefs about nutrition and physical activity-related school health practices, but also to be used by an independent evaluator to identify if school board

members changed their policy decision making practices following a social marketing campaign entitled "*Successful Students Through Healthy Food Policies: Act Now for Academic Excellence*" (go to: http://www.californiaprojectlean.org for a copy of the of Healthy Food Policy Resource Guide).

Methodology

Using the 2001 survey, a draft survey was developed that contained both nutrition and physical activity-related issues. The Community Research Collaborative believed timing was right in California to also assess physical activity-related policies among school board members. The final survey consisted of 84 questions. The format of the questions varied according to subject matter. Some domains employed Likert-type items, closed options responses, or "select from the following." A panel of national experts as well as Collaborative partners reviewed the survey and made comments and suggestions. When content decisions were concluded, the survey was re-formatted into a booklet-style survey.

Research Findings

This section summarizes the factors associated with nutrition and physical activity-related policy decision-making among school board members. Two hundred and ten school board members responded for a 26% response rate. Of the 210 returned surveys, 208 were used for data analysis due to some surveys having too few responses. The research findings are presented showing the 2004 results in both frequencies and percentages (Appendix B). When appropriate a comparison is made between 2001 and 2004 survey results (Appendix C). Data analysis also included determination of statistical significance between the 2001 survey responses and the 2004 survey responses.

School Board Members

*School Board Member Characteristics: Nutrition**

- ✓ Four out of ten (41%) reported having a nutrition-related policy in their school district. (compared to 33% in 2001)
- ✓ The majority (70%) believed school board policies supporting good nutrition on school campuses can contribute to the reduction of student cancer and heart disease risks in the future. (compared to 63% in 2001)
- ✓ A majority (62%) believed school board policies supporting good nutrition on school campuses could reduce the number overweight and obese students. (as compared to 66% in 2001)
- ✓ Almost two-thirds (65%) believed their school district fostered healthy eating behaviors among students, but could do more.
- ✓ One in five reported (22%) that the school board had rejected a soda contract offer within the last three years.
- ✓ One in 10 reported (12%) that the school board decided to terminate a soda contact
- ✓ One in five reported (21%) that the school board decided to NOT renew a soda contract within the last three years.

School Board Member Characteristics: Physical Activity

- ✓ One-third (31%) reported having a physical activity-related policy in their school district.
- ✓ The majority believed school board policies supporting physical activity on school campuses can contribute to the reduction of student cancer (50%), diabetes (68%) and heart disease (71%) risks in the future.
- ✓ Three-fourths (75%) believed that school board policies requiring physical activity on a daily basis can contribute to the reduction of overweight or obese students.
- ✓ One in four school board members (26%) believed their school district is doing all it can to foster healthy physical activity behaviors among students.

Factors that Influence School Nutrition-Related Policy Decision-Making

- ✓ Mandate from the state and demonstration of a link between nutrition and academic performance were the two factors noted that would most likely make school health issues such as nutrition and physical activity more of a priority in the school district.

Professional Development and Training

- ✓ Two thirds (69%) believed they were *very* or *somewhat effective* in influencing nutrition-related school health policies. (compared to 64% in 2001)
- ✓ Almost half (45%) believed themselves to be adequately prepared to develop sound nutrition-related policies, and monitor, review and revise nutrition-related policies (43%). (compared to 42.5% and 45% respectively in 2001)
- ✓ One half of the school board members (50.5%) would like to receive training on nutrition-related school health issues. (compared to 64% in 2001)
- ✓ Less than 1 in 5 (15%) had attended a CSBA training in nutrition and/or physical activity school policies.
- ✓ One in four (23%) was aware of the California publication, *Successful Students through Healthy Food Policies: Act Now for Academic Excellence: Healthy food Policy resource Guide*.
- ✓ Less than one third (30%) felt adequately prepared to develop sound physical activity-related policies within their school district.
- ✓ A majority (56%) would like to receive training on physical activity-related school health issues.

A Majority (over 50%) Supported

- ✓ Providing healthy food options
- ✓ Establishing minimum nutritional standards for fast foods sold in school
- ✓ At least 50% of the foods and beverages sold in vending machines meet national nutritional guidelines
- ✓ Limiting and monitoring food and soda ads in schools
- ✓ Requiring that vending machines have at least as many slots for healthy beverages as for less healthy beverages
- ✓ Requiring physical education at all grade levels
- ✓ Banning fast food sales in elementary schools
- ✓ Banning food and soda advertisements in schools
- ✓ Placing soda vending machines in locations not heavily trafficked
- ✓ Going beyond the current state requirements that students in grades 1-6 shall have 200 minutes of physical education each 10 school days

A Majority (over 50%) Did NOT Support

- ✓ Banning a la carte food sales (cannot be sold)
- ✓ Banning fast food sales (cannot be sold)
- ✓ Banning carbonated beverages in high schools
- ✓ Manipulating vending machine prices so that unhealthy foods cost more than healthy foods

* When possible comparisons are made to 2001 school board member survey data

OVERVIEW OF PROJECT

Today's youth are at risk for cancer in adulthood due to many factors -- one of which is the rise in adolescent obesity. Although the youth obesity epidemic is a multi-faceted issue (Institute of Medicine, 2004a), what and where children eat are central. California schools play a significant role in feeding California's children and thus, contribute to the acquisition of lifetime dietary habits. Many of the foods adolescents eat at school are high in fat, sugar, sodium and calories, and low in fiber. These types of foods are sold in part because they are popular and thus, create a sales profit. School fast food sales, in particular, generate revenue for food service operations with shrinking budgets. Some schools allow advertising on campus, including brand names on facilities and equipment, and sponsorship of school events in exchange for funding to support not only school food service operations but also salaries of physical education teachers and sports programs. These policy practices can contribute to inadequate diet and the acquisition of poor dietary habits.

The purpose of this project is to better understand California school board members and the factors that influence their policy decision-making. The study was undertaken through collaboration between California Project LEAN (Leaders Encouraging Activity and Nutrition) (CPL), California School Boards Association (CSBA), 10 California communities, and the University of South Florida (USF), College of Public Health. All members formed the Community Research Collaborative and have a strong history of conducting community-based health communications research.

The overall objectives of this project are to:

- Review and document successful prevention program models that have used policy strategies to impact population-based behavior change, especially in the area of nutrition.
- Identify the economic and policy issues associated with fast food sales on high school campuses.
- Determine which policymakers have the most influence and are the most likely to make policy changes in the school community.
- Determine the health communication strategies that have the most potential to influence policymakers to enact school policies that support healthy eating for low-income teens.

The broad, long-term goals of the project include developing a social marketing campaign that increases nutrition-related issues being placed school board agendas, with the intent to change school policies that influence school-age children's eating habits, which in turn

affects their propensity for cancer. To develop this campaign it was important to (a) determine policymakers' attitudes, perceptions and motivations related to the enactment of policies that support healthy eating in high schools; and (b) identify mitigating barriers to the adoption of school policies that support healthy eating.

To date, formative research for this initiative has involved an in-depth literature review (McCormack Brown & Pitt, 2001), key informant interviews (McCormack Brown, Henry, & Pitt, 2001), a brief solicitation survey, and a survey of both school board members and superintendents regarding their behaviors, beliefs about nutrition-related school health policies, and factors that influence their nutrition-related school health decision making (McCormack Brown, Akintobi, Pitt, Berends, McDermott, Agron, & Purcell, 2004). The results from both the qualitative and quantitative formative research guided the development of a social marketing plan, including health communication strategies (McCormack Brown, Lindenberger, & Berends, 2002). The social marketing plan and concept testing (Calvo, McCormack Brown, & Lindenberger, 2003) led to the development of "*Successful Students Through Healthy Food Policies: Act Now for Academic Excellence*."

Successful Students Through Healthy Food Policies
Act Now For Academic Achievement

RESEARCH METHODOLOGY

The development of the 84-item 2004 survey was based on the original 41-item survey conducted in 2001. The 2001 survey was one component of the overall project's formative research to develop a social marketing campaign and to obtain baseline data. The 2004 survey instrument was modified from the original survey to reflect updated questions from the original survey and to incorporate questions on physical activity. Similar to the original sampling strategy, the survey was administered to a stratified (by school and district) random sample of (807) school board members in California. This follow-up survey was conducted to gain insight into the school board members' beliefs about nutrition and physical activity-related school health policy practices since the launch of a campaign to increase their awareness of these policies and practices.

The school board member survey and the protocol to implement the survey, were approved by the University of South Florida's Institutional Review Board (IRB # 99.333) (Appendix A).

SURVEY DEVELOPMENT

A draft of the survey was developed after reviewing the original 41-item survey and the literature on school board members and physical-activity related issues. The survey underwent review by an expert panel comprised of five individuals involved at the national level in nutrition, physical activity, school health issues, school boards, academia, and/or survey development. Additionally, California Project LEAN regional coordinators and state staff reviewed the survey for content validity (McDermott & Sarvela, 1999; McKenzie, Wood, Kotecki, Clark & Brey, 1999). The survey was revised according to suggestions made by the panel, and sent out for a second review by the panel. While some questions were discarded, others were added to achieve the objectives of the study.

The final survey consisted of 84 questions (Appendix B). The format of the questions varied according to subject matter. Some domains employed Likert-type items, closed options responses, or "select from the following." When content decisions were concluded, the survey was re-formatted into a booklet-style survey. One page included definitions to assist respondents with terms used in the survey (e.g., branded foods).

SAMPLING DESCRIPTION

California has 404 school districts with high schools. The approximate population of school board members in these districts is 1,978. The University of South Florida researchers randomly selected two school board members from each of the 404 California school districts with a high school in the district for a total of 807 school board members (one district had only one school board member). School board members were assigned numbers to assist in identifying those who returned the survey. The assigned numbers were recorded on the back cover of the survey.

DATA COLLECTION

The questionnaire was administered using a modified version of the Total Design Method (Dillman, 2000; 1978). The Total Design Method is based on a series of contacts with potential respondents strategically designed to maximize the quality and quantity of responses. The mailed survey was accompanied by a cover letter on CSBA letterhead and signed by both the executive director of CSBA and the program chief of CPL, and a self-addressed, stamped envelope (SASE) (Appendix D). The letter briefly explained the purpose of the survey, stated that the survey is confidential and voluntary, provided the approval number from the University of South Florida Institutional Review Board (IRB), and informed them of the length of time required to complete the survey.

During the initial mailing, all school board members received a postcard that made them aware of the forthcoming survey. One week after the initial mailing, all school board members received the survey and cover letter. Two weeks later, school board members received a reminder/thank you postcard requesting them to complete the survey if they had not yet done so, and thanking them if they had already completed the survey. Four weeks following the initial mailing, a revised signed cover letter, replacement survey, and a replacement SASE were sent to those who had not yet responded. Five weeks following the initial mailing, a reminder postcard was sent to those who had not yet responded.

DATA ANALYSIS

The mailed survey was administered using a cross-sectional study design. Data coding and entry were facilitated by SPSS 12.0. Descriptive statistics were calculated for all

variables for school board members. To test the hypothesis that school board members surveyed in 2004 improved their concept of nutrition practices and policies since 2001, independent samples t-test analyses were performed on select variables. In cases where the assumption of homogeneity of variance was violated, a non parametric analogue, the Mann-Whitney *U* test was performed. Mann-Whitney U test is a non-parametric alternative to the Student's t test. This statistical test is used to determine if there are differences between two independent samples, in this case school board members from 2001 and school board members from 2004. Only statistically significant results are reported.

RESULTS

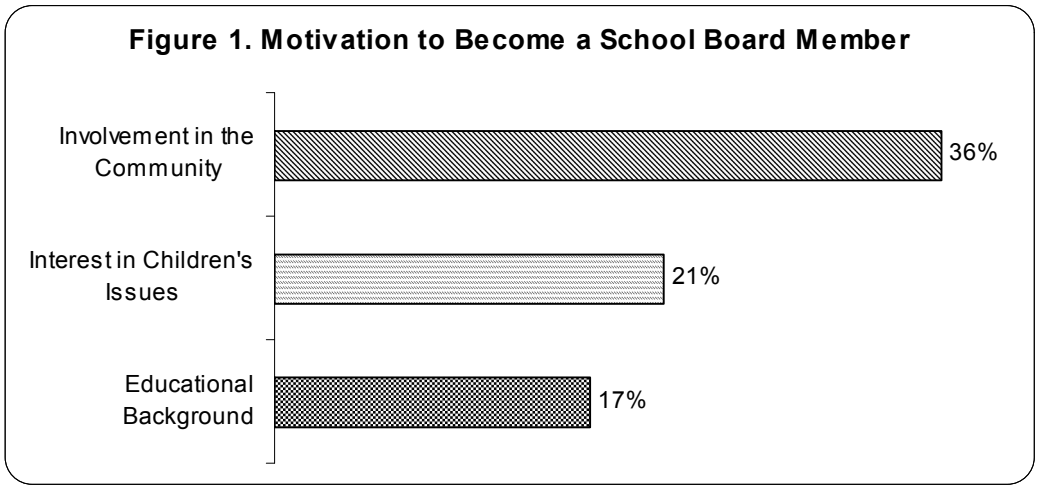
School board member results are reported in two appendices. Percentages and frequencies for the school board members surveyed in 2004 are reported in Appendix B. Appendix C is a comparison of 2001 and 2004 school board member overall survey results, with notation of those variables that were statistically significant.

2004 SCHOOL BOARD MEMBER RESEARCH RESULTS

Of the 807 school board surveys, 3 were undeliverable, resulting in a usable sample of 804. Among the deliverable surveys, 210 were returned for a response rate of 26 percent. Of the 210 returned surveys, only 208 were used for data analysis due to some surveys having too few responses. This response is lower than the response rate from the 2001 survey; however, actual survey respondents were higher in 2004 than 2001. In 2001, 404 school board surveys were mailed, five were undeliverable, resulting in a usable sample of 399. Among deliverable surveys, 181 were returned for a response rate of 46 percent.

DEMOGRAPHICS

Among the 210 returned school board member surveys, 208 were analyzed. Of those who provided their age, the mean age range was 56 years and over. The mean number of years in service as a school board member was 2 years. Among participants who reported their gender, 55 percent were female and 42 percent were male. The majority of the school board members reported themselves White (79%), while 9 percent described themselves as Hispanic. Seventy-six percent of respondents reported themselves non-Hispanic. Slightly over one-third (36%) of the respondents became a school board member to be involved in their community (Figure 1) (Question 76). Most respondents consider their nutrition habits to be healthy (89%) and 67 percent perform 30 minutes of sustained physical activity on three or more days a week (Question 83 and Question 84).



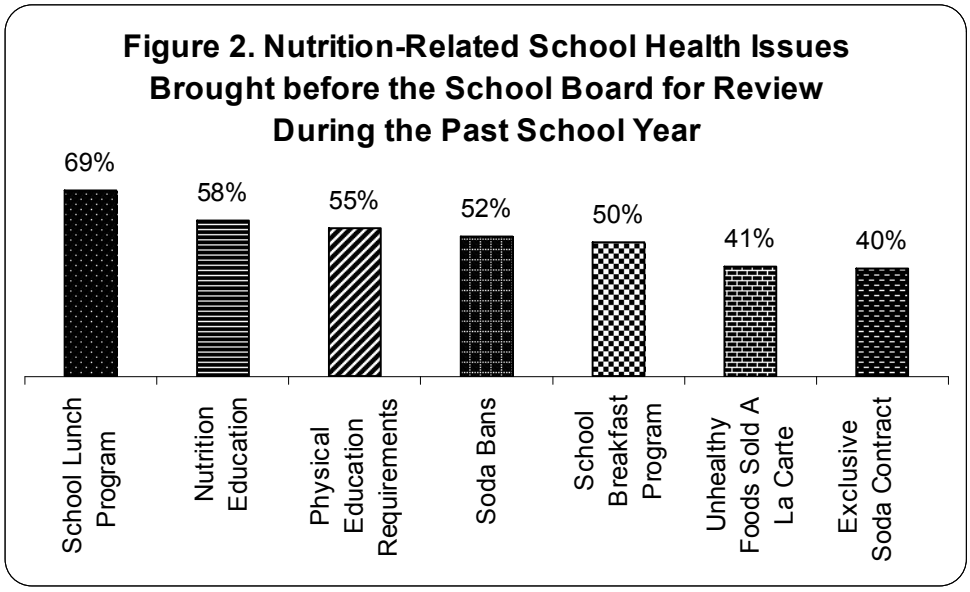
SCHOOL DISTRICT SUPPORT

School board members agreed that their district offers on-going professional development for school board members (66%) (Question 8). Similarly, school board members agreed that their districts encouraged on-going professional development (80%) and financially supported on-going professional development for school board members (75%) (Question 9-10).

Fifteen percent of respondents reported having attended a CSBA training on nutrition and/or physical activity policies (Question 80). Of those that attended CSBA trainings, 13 percent attended the nutrition policy training at the 2003 CSBA Conference in San Diego and 14 percent attended the nutrition policy training at the 2002 CSBA Conference in San Francisco. Additionally, 15 percent of respondents reported receiving a copy of the *Successful Students Through Healthy Food Policies: Act Now for Academic Excellence: Healthy Food Policy Resource Guide* (Question 81).

SCHOOL HEALTH DISTRICT POLICY

When asked "During the 2003-2004 academic year, have any of the following school health issues been brought before the school board for review?" (Question 2), over half of those surveyed indicated school lunch program (69%), nutrition education (58%), physical education requirements (55%), and soda bans (52%) had been reviewed by the school board. Branded foods, exclusive soda contracts, junk food bans, school breakfast program, unhealthy foods sold a la carte, and unhealthy foods sold as fundraisers were less frequently cited by school board members (Figure 2).



SCHOOL BOARD MEMBER OPINIONS

More than three quarters of school board members support a variety of practices in their school district including providing healthy food options (96%), meeting current state physical education requirements (92%), establishing minimum nutritional standards for fast foods sold in schools (82%), having at least 50 percent of the foods and beverages sold in vending machines meet national nutritional guidelines (81%), limiting and monitoring food and soda advertisements in school (80%), and requiring that vending machines have at least as many slots for healthy beverages as for less healthy beverages (78%) (Question 3).

When these results were compared with the 2001 survey results, statistically significant differences were found for several practices including banning fast food sales (Mann-Whitney U (n_1=168; n_2=196) = 13804.00, p =.001), banning a la carte food sales (Mann-Whitney U (n_1=166; n_2=194) = 14030.00, p =.001), banning fast food sales in elementary school (Mann-Whitney U (n_1=166; n_2=185) = 12660.00, p =.001), and banning a la carte food sales in elementary schools (Mann-Whitney U (n_1=166; n_2=182) = 12175.00, p =.000). Each of these practices were supported more in 2004 by school board members than they were in 2001 (see Appendix D, question 3).

PROMOTING SCHOOL HEALTH ISSUES

According to school board members, the factors that would ***most likely*** make school health issues such as nutrition and physical activity more of a priority in their school district included the demonstration of a link between health and academic performance (53%), knowledge of health status of students in their district (31%), and local community attention on a health issue (27%) (Question 4).

When considering school health issues like nutrition and physical activity, school board members ranked the following as the most important types of information (Question 6) (Table 1). There were no statistically significant differences between 2001 and 2004 with regards to this question and responses.

Table 1. *Very Important* Types of Information When Considering School Health Issues		
Information Type	**Percentage who Reported *Very Important***	
	2004	2001
Practical Benefit to Students	79%	73%
Demonstration of a Link between Nutrition and Academic Performance	79%	74%
Demonstration of a Link between Physical Activity and Academic Performance	76%	
Demonstration of a Link between Physical Activity and Classroom Behavior	75%	
Demonstration of a Link between Nutrition and Improved Attendance	72%	72%
Demonstration of a Link between Physical Activity and Improved Attendance	69%	
Support of Parents and Parent Organizations	67%	72%
Adolescent Health Statistics	67%	
Mandate from the State	64%	47%
Support of Students or Student Groups	59%	
Support of Community Members or Community Organizations	54%	55%
Advice from a Health Expert	52%	75%
Background Literature/Research Performed by School or School Board Staff or Community Expert	46%	51%
Statement from a Health-Related Professional Organization	33%	
Statement from an Education-Related Professional Organization	27%	

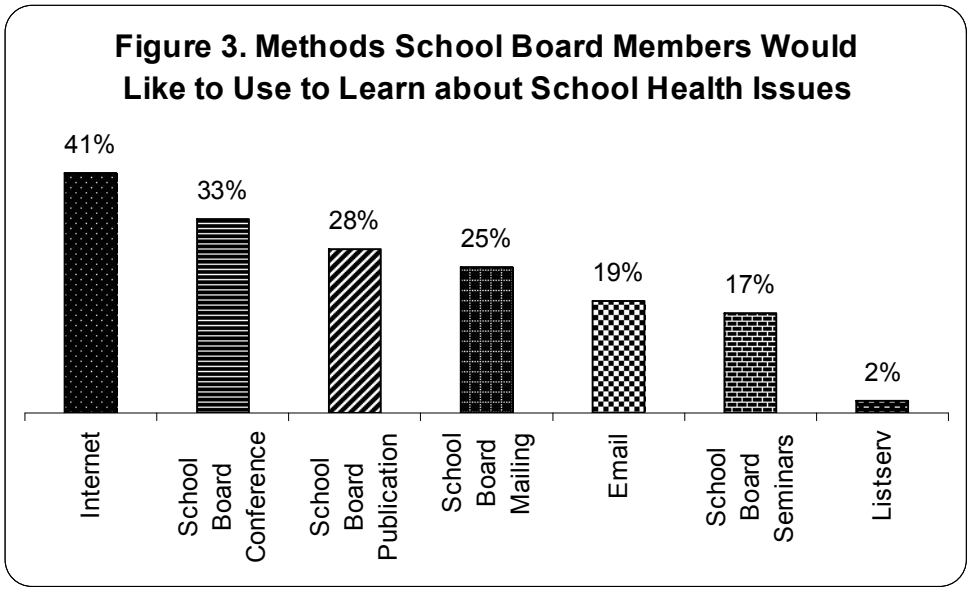
Note: shaded boxes indicate data not collected in 2001

PLACEMENT OF INFORMATION

School board members were asked to consider the five resources they access most often for school health issues (Question 5). The most often cited were:

- California School Board Association ⎫ tied for first
- School Health Staff ⎭
- Health Professional
- School Food Service Personnel
- California Department of Education
- School Physical Education Personnel
- Internet
- Local Newspaper

When asked the two methods they would like to use to learn more about school health issues like nutrition and physical activity, school board members indicated the Internet (41%), school board conference (33%), school board publication (28%), school board mailing (25%), email (19%), school board seminars (17%), and listserve (2%) (Question 7) (Figure 3).



NUTRITION-RELATED SCHOOL DISTRICT POLICY

Nearly half (41%) of the school board members surveyed reported having a nutrition-related policy in their school district (Question 29). However, thirty-nine percent were not sure if they had a nutrition-related policy in their school district.

PROMOTING NUTRITION-RELATED SCHOOL HEALTH ISSUES

Influential Groups/Organizations/Individuals/Issues

School board members were asked to indicate how influential different groups, individuals, or issues were when making nutrition-related school health decisions (Question 12). Budget considerations were considered *Very Influential* by 62 percent of school board members (Table 2).

When these results were compared with the 2001 survey results, statistically significant differences were found for several influential issues/individuals/groups with respect to nutrition-related school health decision making. A Mann Whitney U test was performed which showed a statistically significant difference among California School Boards Association Recommendation (Mann-Whitney U (n_1=162; n_2=202) = 13884.00, p =.004) and food service staff opinions (Mann-Whitney U (n_1=164; n_2=202) = 13879.00, p =.002). Independent samples t-tests also revealed statistically significant differences, over a three year period, with respect to budget considerations [t(366) = 2.0676; p=.039)], California Department of Education Recommendation [t(365) = 3.506; p=.001)], and school board staff opinions [t(354) = 2.240; p=.026)]. Budget considerations, school board staff opinions, and recommendations from the California Department of Education and California School Boards Association were found to be more influential in 2004 than in 2001. In 2001, food service staff opinions were deemed more influential by school board members than in 2004.

Table 2. *Very Influential* Issues, Groups or Individuals with Respect to Nutrition-Related School Health Decision Making		
Issue/Group/Individual	**Percentage who Reported *Very Influential***	
	2004	2001
Budget Considerations*	62%	49%
Superintendent Opinions	54%	52%
Food Service Staff Opinions*	48%	63%
School Principal Opinions	47%	37%
School Board Staff Opinions*	42%	.6%
Parent or Parent Organization Opinions	37%	
Student/Student Organization Opinions	36%	45%
California Department of Health Services Recommendation	30%	30%
Community Member or Community Organization Opinions	29%	35%
California Department of Education Recommendation*	23%	12%
California School Boards Association Recommendation*	13%	9%
Local Media	5%	3%

* statistically significant

According to school board members surveyed, the top five factors that influence a student's eating behaviors at school *A Lot* are: student preference (72%), peer influence (71%), cultural or home influence (60%), cafeteria environment (53%), and fast food options available (53%) (Question 13) (Table 3).

Table 3. How Much Do You Think Each of the Following Factors Influence a Student's Eating Behaviors at School		
Issue/Group/Individual	**Percentage who Reported *A Lot***	
	2004	2001
Student Preference	72%	70%
Peer Influence	71%	64%
Cultural or Home Influence*	60%	31%
Cafeteria Environment	53%	50%
Fast Food Options Available	53%	50%
A La Carte Food Option Available	50%	49%
Ability to Pay*	46%	28%
Branded Foods Available*	39%	25%
Food and Soda Advertising Outside of School	36%	31%
Length of Time for Meals*	34%	26%
Food and Soda Advertising In School	21%	15%
Meal Times	19%	10%
Nutrition Education*	17%	8%

* statistically significant

When these results were compared with the 2001 survey results on the factors that influence a student's eating behaviors at school, statistically significant differences were found for the following factors: ability to pay (Mann-Whitney U (n_1=171; n_2=200) = 13887.00, p =.001), branded food available (Mann-Whitney U (n_1=161; n_2=199) = 14169.50, p =.042), length

of time for meals (Mann-Whitney U (n_1=171; n_2=201) = 15249.00, p =.042), nutrition education in schools (Mann-Whitney U (n_1=170; n_2=201) = 13712.00, p =.000), and cultural and home influence [t(366) = 5.160; p=.000)]. School board members found these factors to be more influential on a student's eating behavior in 2004 than in 2001.

Important Factors in Addressing Nutrition-Related School Health Issues

School board members were given a list of different factors and asked, "According to your experience, how significant is each of the following factors in addressing nutrition-related school health issues?" (Question 14). Student food preferences were considered *Very Significant* by 61 percent of school board members followed by the impact of the food program on a budget (48%) (Table 4).

When these results were compared with the 2001 survey results, statistically significant differences were found with the following factors that school board members *considered very significant* when addressing nutrition-related school health issues: apathy among parents [t(352) = 2.050; p=.041)]; cultural issues [t(357) = 4.564; p=.000)]; impact of food program on budget [t(356) = 2.132; p=.034)]; and, personal/family health issue [t(346) = 2.432; p=.016)]. This means that apathy among parents, cultural issues, impact of food program on budget, and personal/family health issues were more significant to school board members in 2004 than in 2001.

Table 4. *Very Significant* Issues, Groups or Individuals Considered When Addressing Nutrition-Related School Health Issues		
Issue/Group/Individual	**Percentage who Reported *Very Significant***	
	2004	2001
Student Food Preferences	61%	47%
Impact of Food Program on Budget*	48%	37%
Nutrition is Not Considered a Priority	43%	36%
Adequacy of Food Service Facilities	42%	37%
Apathy Among Parents*	42%	35%
Cultural Issues*	42%	24%
Active Community Mobilization	38%	37%
Parents are Uninformed about Health Issues	37%	33%
Personal or Family Health*	33%	22%
Pressure from State Leaders to Focus on Other Matters	33%	29%
Complicated Reimbursement Application	29%	35%
Lack of School Nurses	26%	20%
Lack of Nutritionist or Dietician	25%	26%
Lack of Food Service Coordinator	24%	24%
Appropriate of Policy Education Among Parents	20%	
Lack of Qualified Teachers	18%	15%

* statistically significant

School board members were given a list of different groups and/or individuals and were asked, "In your district, a nutrition-related school health issue is likely to be brought to the attention of the school board by?" (Question 11). See Table 5 for responses.

Table 5. How Likely is a Nutrition-Related School Health Issue Brought to the Attention of the School Board by One of the Following Individuals/Groups?

Issue/Group/Individual	Percentage who Reported *Very Likely or Likely*
Mandate from State	74%
Food Service Personnel	68%
School Board Member	63%
Parent or Parent Organization	61%
School Administrators	61%
Community Member or Community Organization	58%
California School Board Association	45%
Student or Student Organization	37%

When asked, "Has a parent or parent organization ever approached you about a nutrition-related issue affecting schools or school-aged children?" 52 percent of respondents said *Yes*. When the results for this particular question were compared with the baseline survey results, statistically significant differences were found (Mann-Whitney U (n_1=172; n_2=195) = 13951.50, p =.001)

DISTRICT SUPPORT FOR HEALTHY EATING

When asked, "Do you believe your school district is fostering healthy eating behaviors among students?" 82 percent of respondents said *Yes*. However, of those who responded *Yes*, 65% felt that the school district could do more (Question 16). Overall, school board members are confident that school board policies supporting good nutrition on school campuses can

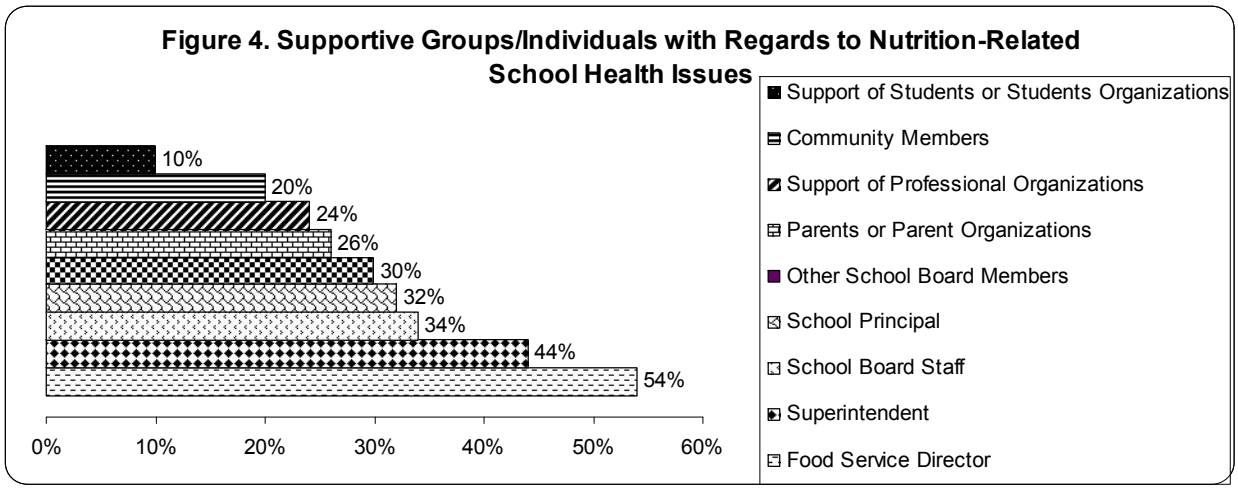
contribute to the reduction of cancer, diabetes, and heart disease in the future (70%) (Question 17). Similarly, school board members reported that school board policies supporting good nutrition on school campuses can help reduce the number of overweight or obese students (62%) and contribute to improved academic performance among children and youth (77%) (Question 18-19).

Decisions Regarding Soda Contracts

In the last three years, 22 percent of school board members responded *Yes*, when asked whether the school board decided to reject any soda contract offers and 21 percent of school board members said that their school board decided **not** to renew any soda contracts (Question 20 and 22). In addition, over the same time period 13 percent of respondents reported *Yes* when asked whether their school board decided to terminate any soda contracts (Question 21).

SUPPORT FOR NUTRITION-RELATED SCHOOL HEALTH ISSUES

Food service directors were considered to be *Very Supportive* by school board members (54%) with regards to nutrition-related school health issues (Question 23) (Figure 4). One in four school board members (25%) believed that student organizations were *Not Supportive*.



When these results were compared with the 2001 survey results regarding how supportive groups or individuals had been with regards to nutrition related school health issues, statistically significant differences were found for other school board members (Mann-Whitney U (n_1=163;

n_2=190) = 13190.00, p =.007), parents or parent organizations (Mann-Whitney U (n_1=162; n_2=192) = 13438.00, p =.011), and support of students or student organizations (Mann-Whitney U (n_1=159; n_2=190) = 8788.00, p =.000). All three groups were viewed as being more supportive in 2001, than in 2004.

PROFESSIONAL DEVELOPMENT AND TRAINING: NUTRITION ISSUES

School board members reported the need for training on nutrition-related school health issues (Question 28). Nearly half of school board members responding felt adequately prepared to develop or adopt sound nutrition-related policies in their school district (45%) and 43 percent also felt adequately prepared to monitor, review and revise nutrition-related policies to ensure their effectiveness (Question 26-27).

Sixty-nine percent of school board members felt effective in influencing nutrition-related school health decisions/policies (Question 25). Almost one-third of school board members reported the community being active regarding nutrition-related school health issues by attending school board meetings and contacting school board members regarding meetings (29%) (Question 24). When results for this particular question were compared with the 2001 survey results, statistically significant differences were found (Mann-Whitney U (n_1=166; n_2=194) = 8378.00, p =.000). This result suggests that school members believe community members are more active now in nutrition-related school health issues, than they were in 2001.

AWARENESS OF CALIFORNIA NUTRITION POLICY

Fifty-six percent of school board members were aware that in 2003, the San Francisco Unified School District passed a resolution to improve the nutritional quality of foods served on the school campus and phase out the sale of soda and unhealthy foods by the beginning of 2003-2004 school year (Question 31). Approximately the same number of school board members were also aware that in 2002-2003, the Los Angeles School District (LAUSD) voted to ban all soft drinks from all schools in the district (58%) (Question 34). Furthermore, nearly eighty percent of respondents felt that similar resolutions would be influential in their district (Question

32 & 35). Nearly fifty percent of respondents reported that they would support similar resolutions in their district (Question 33 & 36).

More than half of the school board members surveyed reported that they were aware of the California Superintendent's Challenge, initiated by the State Superintendent of Public Instruction, Jack O'Connell in 2003 (62%) (Question 37). Seventy-four percent of respondents believed the challenge was *somewhat influential* or *very influential* with regards to promoting school health issues, like nutrition and physical activity in their school district (Question 38).

One in four school board members (23%) were aware of the existence of the California publication, *Successful Students Through Healthy Food Choices: Act Now for Academic Excellence: Healthy Food Policy Resource Guide* (Question 41). Of those who were aware of the guide, 25 percent believed the publication provided relevant information with regards to promoting school health issues, like nutrition and physical activity (Question 42).

Seventy-five percent of respondents reported not being aware of the *Building Healthy Academic Communities* publication (Question 43). However, of the 16% who were aware of the publication, all believed this publication provides relevant information with regards to promoting school health issues, like nutrition and physical activity (Question 44). This publication is non-existent, this could explain the overwhelming majority who were not aware of it

Ninety-one percent of school board members surveyed had not attended the CSBA nutrition policy development workshop, *Aligning Policies for Student Health and Achievement* (Question 49). Similarly, 91 percent had never visited the children's health section on nutrition and physical activity at CSBA's website (Question 51).

PROMOTING PHYSICAL ACTIVITY-RELATED SCHOOL HEALTH ISSUES

Influential Issues/Groups/Individuals

According to school board members surveyed, a student's physical activity behaviors at school is influenced *A Lot* by peer influence (70%), student preference (67%), the availability of physical education coaches/support staff (60%), the availability of after school physical activity programs (58%), self-consciousness of physical appearance (56%) (Question 53) (Table 6).

Table 6. Issues, Groups or Individuals Considered to Influence a Student's Physical Activity Behaviors at School A Lot	
Issue/Group/Individual	**Percentage who Reported *A Lot***
Peer Influence	70%
Student Preference	67%
Availability of Physical Education Coaches/Support Staff	60%
Availability of After School Physical Activity Programs	58%
Self-Consciousness of Physical Appearance	56%
Lack of Physical Education	51%
Availability of Physical Activity Equipment	47%
Skill Level	47%
Availability of Open Spaces for Physical Activity Programs	45%
Length of Time for Actual Physical Activity during P.E. Class	44%
Length of Time for Recess at the Elementary Level	43%
Allocation of Funds to physical Education Department	37%
Ability to Pay Fees	26%

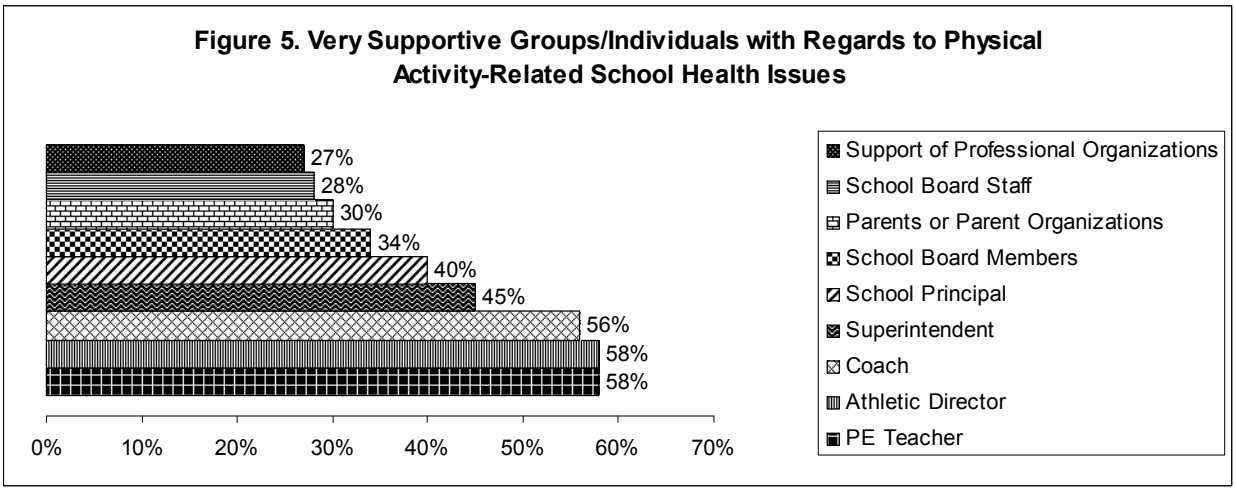
School board members were also asked to indicate how influential different groups, individuals, or issues were when making physical activity-related school health decision (Question 55). Budget considerations were considered *Very Influential* by 70 percent of school board members followed by academic requirements (60%) (Table 7).

Table 7. *Very Influential* Issues, Groups or Individuals with Respect to Physical Activity-Related School Health Decision Making	
Issue/Group/Individual	**Percentage who Reported *Very Influential***
Budget Considerations	70%
Academic Requirements	60%
Superintendent Opinions	52%
School Principal Opinions	43%
Parent or Parent Organization Opinions	39%
School Board Staff Opinions	37%
Standardized Academic Testing	34%
Community Member or Community Organization Opinions	31%
Student or Student Organization Opinions	30%
California Department of Education Recommendation	22%
California School Boards Association Recommendation	11%
Local Media	9%

Qualified physical education teachers (66%) and funding (64%) were deemed *Very Significant* factors when addressing physical activity-related school health issues by school board members (Question 56 & 57).

Support for Physical Activity-Related School Health Issues

When asked to rate how supportive groups of people have been with regards to physical activity-related health issues, school board members selected physical education teachers (58%), athletic director (58%), and coach (56%) (Question 54) (Figure 5).



District Support for Physical Activity

School board members felt confident that school board policies supporting physical activity on school campuses can contribute to the reduction of a student's heart disease risk (71%), diabetes risk (68%), and cancer risk (50%) in the future (Question 58, 60-61). Similarly, school board members believed that these policies can also contribute to the reduction of overweight or obese students (76%) and the improved academic performance among children and youth (Question 59). Twenty-six percent of school board members believed their school district was doing all it could to foster healthy physical activity behaviors among students (Question 62). Respondents (42%) also reported that a parent or parent organization had approached them about a physical-activity related issue (Question 63).

When asked whether they had a physical activity-related policy in their school district, 32 percent reported *Yes* (Question 68). Respondents also reported that the last time their physical education (PE) curriculum was evaluated was over a year ago (33%) (Question 70).

PROFESSIONAL DEVELOPMENT AND TRAINING: PHYSICAL ACTIVITY ISSUES

Sixty-five percent of school board members reported being either somewhat active or active about physical activity-related school health issues (Question 65). Less than one-third of those who responded to the survey felt adequately prepared to develop sound physical activity-related policies within their school district (30%) (Question 66). Fifty-six percent of school

board members reported needing more training on physical activity-related school health issues (Question 67).

SUMMARY

Today's school environment is complex. Despite the complexity and the economic challenges schools face, they are critical in promoting healthful eating and physical activity behaviors. School nutrition and physical activity-related policies require decision makers, such as school board members to be aware of all the factors that influence healthful eating and physical activity behaviors in school. It is also important to understand how school board members make decisions and what influences their decision making process with regards to nutrition and physical activity-related school policies. Little information is known with regards to this process, despite the important role school board members play in developing school policies and ultimately changing the school environment. This follow-up survey provides insight into how a strategic, innovative intervention that used social marketing principles can change not only the opinions and beliefs of school board members with regards to nutrition-related school policies, but their actual practices.

School board members are motivated by being involved in the community and are interested in children's issues. These motivating factors were consistent among school board members from 2001 to 2004. Knowing what motivates a community member to become involved with the school board is important for local and state health and education professionals, as these personal attributes can be used in developing training materials and/or in communicating to school board members.

In the 2003-04 school year, school board members reported with greater frequency that exclusive soda contracts and nutrition education issues were brought before the school board for review than in 2000-01. School board members' opinions revealed support for policies supporting healthy food choices for students as well as physical education requirements in the school. Practices supported by school board members were banning a la carte food sales, banning a la carte food sales in elementary schools, banning fast food sales, and banning fast food sales in elementary schools with the number of school board members supporting each of

these practices greater in 2004 than in 2001. School board members also supported going beyond state requirements for physical education particularly at the elementary level.

School board members noted that being able to link nutrition and physical activity with academic performance, and improved attendance, and physical activity with classroom behavior were important when considering school health issues. To date the relationship between increased physical activity and enhanced academic performance is inconclusive, despite a few studies noting the relationship between higher academic performance with greater physical activity (Institute of Medicine, 2005). Knowing the importance of such factors when making school health policy decisions, it is critical for health and education professionals to stay current with research to be able to provide such information to school board members when it becomes available.

Results from both the 2001 and 2004 surveys, indicate that the California School Boards Association (CSBA) is an organization school board members look to for sources of information via the Internet and publications as well as training opportunities at conferences. In making school policy decisions school board members revealed that budget considerations, school board staff opinions, and recommendations from the California Department of Education (CDE) and California School Boards Association were more influential in 2004 than in 2001. Budget considerations are always challenging, however, knowing that CDE and CSBA and school board staff opinions influence school board member's decisions, it seems logical for these three groups to be consistent with the messages they convey to school board members regarding nutrition and physical activity-related school policies.

Overall, school board members believe school board policies that support good nutrition and physical activity can contribute to the reduction of cancer, diabetes, and heart disease among students in the future, and can contribute to the reduction of overweight and obese students today. This is despite the fact that only 26% believed their school district was doing all it could to foster healthy physical activity among students, while 65% believed their district was fostering healthy eating behaviors but could do more.

This information coupled with the reported need for training in both nutrition and physical activity-related school health issues and that only 23% were aware of the existence of the *Successful Students Through Healthy Food Choices: Act Now for Academic Excellence: Healthy Food Policy Resource Guide* indicates that although significant progress has been made

in California with such legislative actions as Senate Bill 677 (banning the sale of soft drinks in elementary, middle and junior high public schools effective July 1, 2004) and considerable school district level activity there is still need for training and professional development among school board members with regards to nutrition and physical activity-related school health issues especially considering the turnover rate of school board members.

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APPENDIX A

Institutional Review Board Approval

UNIVERSITY OF
SOUTH FLORIDA

EXEMPTION CERTIFICATION

MEMO: Kelli McCormack Brown, Ph.D.
Department of Community & Family Health
MDC 56
FROM: Institutional Review Board, PGS/mlr
SUBJECT: Exemption Certification for Protocol No. **99333**
DATE: April 15, 2004

Oil November 21, 2000, it was determined that your project entitled, **"Examination of Communication Factors Affecting Policymakers,"** meets federal criteria to qualify as all exempt study.

On March 29, 2004, you requested the following change(s):

Addition of Seraphine Pitt, M.P.H. as the Co-PI.
Addition of Lizbeth Reyes, B.S., CITES.
Increase projected length of study to 12/31/04.
Increase the number of subjects to 1304.
Add a follow-up survey.

These changes have been noted in the file and do not impact the eligibility for exemption. The study continues to have Exempt Certification. Please remember that any grants connected to this project must be submitted to the Institutional Review Board for review.

Because the study has been certified as exempt, you will not be required to complete continuation or final review reports. However, it is your responsibility to notify the IRB prior to making any changes to the study. Please note that changes made to an exempt protocol may disqualify it from exempt status and mav require an expedited or full review.

All research, regardless of the type of IRB review received, must be conducted in a manner that is consistent with the ethical principles of your profession and the federal guidelines for the protection of human subjects. As principal investigator, it is your responsibility to ensure subjects' rights and welfare are protected during the execution of this study.

Tile Division of Research Compliance will hold your exemption application for five years. At least 90 days before the end of the fifth year, you will be notified that your file will be closed. If your project is still ongoing, you will need to contact the Division of Research Compliance upon receipt of that letter and follow the instructions for completing a new exemption application. It is, therefore, important that you keep your address current with the Division of Research Compliance. If you have any questions, please contact the Division of Research Compliance "IRB Administrative Offices" at 813-974-9343.

PC: Seraphine Pitt, Co-Principal Investigator, Community & Family Health

OFFICE OF RESEARCH e DivisION OF RESEARCH COMPLIANCE
INSTITUTIONAL REVIEw BOARDS, FWA No. 00001669
University of South Florida o 12901 Bruce B. Downs Blvd., MDC035 * Tampa, FL 33612-4799
(813) 974-5638 e FAX (813) 974-5618

APPENDIX B

2004 School Board Member Overall Survey Results:

Frequency & Percentages

1. During the 2003-04 academic year, indicate at how many school board meetings each of the following issues was discussed.

	Very Frequently (6 or more times) % (N)	Frequently (4-5 times) % (N)	Sometimes (1-3 times) % (N)	Never % (N)	Non Response % (N)
Academic Standards	66.3 (138)	25.5 (53)	6.3 (13)	.5 (1)	1.4 (3)
Changing Demographics	18.8 (39)	32.7 (68)	38.9 (81)	8.2 (17)	1.4 (3)
Childhood Obesity	2.9 (6)	12.5 (26)	55.8 (116)	26.9 (56)	1.9 (4)
Construction/Facility/Space	71.6 (149)	19.7 (41)	7.2 (15)	0	1.4 (3)
Curricular Issues	54.8 (114)	34.1 (71)	7.2 (15)	1.0 (2)	2.9 (6)
Food Sales Outside of School Food Programs (i.e., a la carte, food fundraising)	2.9 (6)	15.4 (32)	61.1 (127)	18.8 (39)	1.9 (4)
Funding Adequacy	76.9 (160)	16.3 (34)	5.3 (11)	0	1.4 (3)
Health of Students	7.2 (15)	31.7 (66)	49.0 (102)	9.6 (20)	2.4 (5)
Physical Education Requirements	2.4 (5)	14.9 (31)	59.1 (123)	22.1 (46)	1.4 (3)
Pre or After School Programs	13.9 (29)	35.6 (74)	42.8 (89)	6.3 (13)	1.4 (3)
Safety (i.e. security, violence)	27.9 (58)	41.8 (87)	27.4 (57)	1.0 (2)	1.9 (4)
School Food Programs (i.e. breakfast and lunch programs)	4.3 (9)	33.7 (70)	51.9 (108)	8.7 (18)	1.4 (3)
Other	4.3 (9)	1.0 (2)	1.9 (4)	7.2 (15)	92.8 (193)

2. During the past school year, have any of the following nutrition-related school health issues been brought before the school board for review?

	Yes % (N)	No % (N)	Not Sure % (N)	Non Response % (N)
Branded Foods Contract	25.5 (53)	62.5 (130)	10.1 (21)	1.9 (4)
Exclusive Soda Contract	40.4 (84)	52.4 (109)	5.8 (12)	1.4 (3)
Junk Food Bans	39.4 (82)	53.4 (111)	5.3 (11)	1.9 (4)
Nutrition Education	58.2 (121)	31.7 (66)	6.7 (14)	3.4 (7)
Physical Education Requirements	55.3 (115)	38.9 (81)	4.3 (9)	1.4 (3)
School Breakfast Program	49.5 (103)	40.4 (84)	8.2 (17)	1.9 (4)
School Lunch Program	69.2 (144)	24.5 (51)	4.8 (10)	1.4 (3)
Soda Bans	52.4 (109)	40.9 (85)	4.8 (10)	1.9 (4)
Unhealthy Foods Sold A La Carte	40.9 (85)	49.0 (102)	7.2 (15)	2.9 (6)
Unhealthy Food Sold as Fundraisers	38.5 (80)	54.3 (113)	5.8 (12)	1.4 (3)
Other	2.4 (5)	.5 (1)	.5 (1)	96.6 (201)

3. Which one(s) of the following practices do you support in your school district?			
	Yes % (N)	**No % (N)**	**Non Response % (N)**
At least 50% of the Foods and Beverages Sold in Vending Machines Meet National Nutritional Guidelines	81.3 (169)	13.0 (27)	5.8 (12)
Banning A La Carte Food Sales (cannot be sold)	22.1 (46)	71.2 (148)	6.7 (14)
Banning A La Carte Food Sales in Elementary Schools	48.1 (100)	39.4 (82)	12.5 (26)
Banning Carbonated Beverages in High Schools	41.3 (86)	54.3 (113)	4.3 (9)
Banning Fast Food Sales (cannot be sold)	36.5 (76)	57.7 (120)	5.8 (12)
Banning Fast Food Sales in Elementary Schools	64.9 (135)	24.0 (50)	11.1 (23)
Banning Food and Soda Advertisements In School	57.2 (119)	37.5 (78)	5.3 (11)
Establishing Minimum Nutritional Standards for Fast Foods Sold in School	81.7 (170)	13.0 (27)	5.3 (11)
Limiting and Monitoring Food and Soda Advertisements in School	80.3 (167)	15.9 (33)	3.8 (8)
Going Beyond the Current State Requirements that Students in Grades 1-6 shall have 200 Minutes of Physical Education Each 10 School Days	52.4 (109)	36.5 (76)	11.1 (23)
Going Beyond the Current State Requirements that Students in Grades 7-12 Shall have 400 Minutes of Physical Education Each 10 School Days	49.0 (102)	44.7 (93)	6.3 (13)
Manipulating Vending Machine Prices so that Unhealthy Foods Cost More and Healthy Foods Cost Less	41.8 (87)	51.0 (106)	7.2 (15)
Requiring that Vending Machines have at Least as Many Slots for Healthy Beverages as for Less Healthy Beverages	78.4 (163)	16.3 (34)	5.3 (11)
Requiring Physical Education at All Grade Levels	74.5 (155)	20.2 (42)	5.3 (11)
Providing Healthy Food Options (i.e. fruits, vegetables, low fat milk)	95.7 (199)	1.4 (3)	2.9 (6)
Soda Vending Machine Locations Not in Heavily Trafficked Areas	52.4 (109)	38.5 (80)	9.1 (19)

4. In your opinion, what TWO factors would most likely make school health issues such as nutrition and physical activity more of a priority in your school district? (Check Two Only)*

	%
California School Boards Association Recommendation	8.2
Demonstration of a Link between Nutrition and Academic Performance	52.9
Knowledge of Health Status of Students	30.8
Local Community Attention on a Nutrition Issue	27.4
Mandate by the State	51.9
National Attention on a Health Issue (i.e., obesity, diabetes)	6.8
News Media Spotlight	2.4
Request by a Parent/Parent Organization	17.8
Other_____	6.3

* As participants were not asked to rank responses, percentages of responses are reported only.

5. When considering nutrition-related school health issues, what FIVE resources do you most often access for information? (Check Five Only)*

	%
California School Boards Association	44.8
California Department of Education	38
California Department of Health Services	25
California Project LEAN/Food on the Run Staff	14.5
Health Professional (i.e. physician, nurse)	40.4
Healthy Food Policy Resource Guide	15.4
Internet	27.9
Local Newspaper	20.6
National Newspaper (i.e. USA Today, New York Times)	11.2
Professional Journals	20.6
Popular Magazines/Journals (i.e. Self Magazine, Men's Health)	5.3
Professional Organizations (i.e. CSBA, ACSA)	27
Regional Newspaper (i.e. LA Times, Sacramento Bee, San Francisco Chronicle)	17.3
School Health Staff (i.e. nurse, health educator)	44.7
School Board Publications	20.3
School Food Service Personnel (i.e. nutritionist)	39.5
School Physical Education Personnel (i.e., PE teachers, coaches)	36.5
Other	10.1

* As participants were not asked to rank responses, percentage of responses are reported only.

6. In addition to the resources you access most often (Question 5), how important are the following types of information when considering a school health issue about nutrition and physical activity?

	Very Important % (N)	Somewhat Important % (N)	Not Important % (N)	Non Response % (N)
Adolescent Health Statistics	66.8 (139)	27.9 (58)	1.0 (2)	4.3 (9)
Advice from Health Expert	51.9 (108)	41.8 (87)	1.9 (4)	4.3 (9)
Background Literature/ Research Performed by School or School Board Staff or Community Expert	45.7 (95)	43.3 (90)	5.3 (11)	5.8 (12)
Demonstration of a Link between Nutrition and Academic Performance	78.8 (164)	17.3 (36)	.5 (1)	3.4 (7)
Demonstration of a Link between Nutrition and Improved Attendance	72.1 (150)	21.2 (44)	2.4 (5)	4.3 (9)
Demonstration of a Link between Physical Activity and Academic Performance	76.4 (159)	17.8 (37)	1.9 (4)	3.8 (8)
Demonstration of a Link between Physical Activity and Improved Attendance	68.6 (143)	22.6 (47)	3.8 (8)	4.8 (10)
Demonstration of a Link between Physical Activity and Classroom Behavior	74.5 (155)	18.8 (39)	2.4 (5)	4.3 (9)
Mandate from the State	64.4 (134)	26.0 (54)	5.8 (12)	3.8 (8)
Practical Benefit to Students	79.3 (165)	18.3 (38)	97.6 (203)	2.4 (5)
Support of Community Members/Community Organizations	53.8 (112)	40.4 (84)	1.9 (4)	3.8 (8)
Support of Parents/ Parent Organizations	67.3 (140)	27.9 (58)	1.0 (2)	3.8 (8)
Support of Students or Student Groups	59.1 (123)	35.6 (74)	1.9 (4)	3.4 (7)
Statement from Health-Related Professional Organization	33.2 (69)	55.8 (116)	7.2 (15)	3.8 (8)
Statement from an Education-Related Professional Organization	27.4 (57)	58.2 (2)	11.1 (23)	3.4 (7)

7. What TWO methods would you like to use to learn about school health issues like nutrition and physical activity? (Check Two Only)*	
	%
Email	19.3
Internet (i.e. web page with nutrition-related information for school board members)	41.3
Listserv	2.4
School Board Conference	33.2
School Board Publications	28.4
School Board Seminars	17.3
School Board Mailings	25.0
Professional Education or School Health Journals	17.3
Other	3.3

* As participants were not asked to rank responses, percentages of responses are reported only.

8. Does your district offer on-going professional development for school board members? (Check One Only)	
	% (N)
Yes, on a continuing basis	65.9 (137)
Yes, but only when a new member joins the school board	13.0 (27)
No	17.8 (37)
Non Response	3.4 (7)

	Yes % (N)	**No % (N)**	**Not Sure % (N)**	**Non Response % (N)**
9. Does your district offer on-going professional development for school board members? (Check One Only)	79.8 (166)	11.1 (23)	6.3 (13)	2.9 (6)
10. Does your district financially support on-going professional development for school board members? (Check One Only)	74.5 (155)	15.4 (32)	6.3 (13)	3.8 (8)

11. In your district, a nutrition-related school health issue is likely to be brought to the attention of the school board by:					
	Very Likely % (N)	**Likely % (N)**	**Somewhat Likely % (N)**	**Not Likely % (N)**	**Non Response % (N)**
California School Boards Association	13.5 (28)	31.3 (65)	31.7 (66)	17.8 (37)	5.8 (12)
Community Member/Community Organization	27.4 (57)	30.3 (63)	26.4 (55)	12.5 (26)	3.4 (7)
Food Service Personnel	33.2 (69)	34.6 (72)	15.9 (33)	12.0 (25)	4.3 (9)
Mandate from State	50.0 (104)	23.6 (49)	17.3 (36)	2.9 (6)	6.3 (13)
Parent/Parent Organization	25.0 (52)	36.1 (75)	25.5 (53)	6.7 (14)	6.7 (14)
School Administrators (i.e. Principal, Superintendent)	28.8 (60)	31.7 (66)	25.5 (53)	10.1 (21)	3.8 (8)
School Board Member	33.7 (70)	29.3 (61)	26.4 (55)	7.2 (15)	3.4 (7)
Student/Student Organization	14.4 (30)	22.6 (47)	33.7 (70)	24.0 (50)	5.3 (11)

12. How influential is each of the following in your nutrition-related school health issue decision making?

	Very Influential % (N)	Somewhat Influential % (N)	Not Influential % (N)	Non Response % (N)
Budget Considerations	62.0 (129)	29.3 (61)	6.3 (13)	2.4 (5)
California School Boards Association Recommendation	13.0 (27)	64.4 (134)	19.7 (41)	2.9 (6)
California Department of Education Recommendation	23.1 (48)	62.5 (130)	11.5 (24)	2.9 (6)
California Department of Health Services Recommendation	29.8 (62)	55.8 (116)	11.5 (24)	2.9 (6)
Community Member/Community Organization Opinions	29.3 (61)	62.5 (130)	5.3 (11)	2.9 (6)
Food Service Staff Opinions	48.6 (101)	41.3 (86)	7.2 (15)	2.9 (6)
Local Media	5.3 (11)	55.8 (116)	35.6 (74)	3.4 (7)
Parent/Parent Organization Opinions	37.5 (78)	53.4 (111)	5.8 (12)	3.4 (7)
School Board Staff Opinions	42.3 (88)	45.7 (95)	8.7 (18)	3.4 (7)
School Principal Opinions	47.6 (99)	45.7 (95)	4.3 (9)	2.4 (5)
Student/Student Organization Opinions	36.1 (75)	52.4 (109)	9.1 (19)	2.4 (5)
Superintendent Opinions	54.3 (113)	39.4 (82)	3.4 (7)	2.9 (6)

13. How much do you think each of the following factors influence a student's eating behaviors at school?

	A Lot % (N)	Some % (N)	A Little % (N)	None % (N)	Non Response % (N)
Ability to Pay	45.7 (95)	34.1 (71)	12.0 (25)	4.3 (9)	3.8 (8)
A La Carte Food Options Available	49.5 (103)	36.5 (76)	6.7 (14)	1.9 (4)	5.3 (11)
Branded Food Available	38.9 (81)	38.9 (81)	11.1 (23)	6.7 (14)	4.3 (9)
Cafeteria Environment (i.e., crowded facilities, long lunch lines)	53.4 (111)	27.9 (58)	10.6 (22)	3.8 (8)	4.3 (9)
Cultural or Home Influence	60.1 (125)	27.9 (58)	6.3 (13)	1.9 (4)	3.8 (8)
Fast Food Options Available	52.9 (110)	32.7 (68)	6.3 (13)	3.4 (7)	4.8 (10)
Food and Soda Advertising in School	21.2 (44)	28.4 (59)	31.7 (66)	13.9 (29)	4.8 (10)
Food and Soda Advertising Outside of School	36.1 (75)	33.2 (69)	19.2 (40)	7.2 (15)	4.3 (9)
Length of Time For Meals	34.1 (71)	43.8 (91)	15.4 (32)	3.4 (7)	3.4 (7)
Meal Times	18.8 (39)	48.6 (101)	21.2 (44)	7.7 (16)	3.8 (8)
Nutrition Education In School	16.8 (35)	42.3 (88)	32.2 (67)	5.3 (11)	3.4 (7)
Peer Influence	71.2 (148)	20.2 (42)	3.8 (8)	1.4 (3)	3.4 (7)
Student Preference	72.1 (150)	23.1 (48)	1.0 (2)	0	3.8 (8)

14. According to your experience, how significant is each of the following factors when addressing nutrition-related school health issues?

	Very Significant % (N)	Somewhat Significant % (N)	Not Significant % (N)	Non Response % (N)
Active Community Mobilization	38.0 (79)	45.2 (94)	11.5 (24)	5.3 (11)
Apathy Among Parents	41.8 (87)	43.3 (90)	10.1 (21)	4.8 (10)
Appropriate of Policy Education Among Parent	20.2 (42)	52.4 (109)	14.9 (31)	12.5 (26)
Complicated Reimbursement Application (i.e., school breakfast and lunch program)	28.8 (60)	47.6 (99)	18.8 (39)	4.8 (10)
Cultural Issues	41.8 (87)	44.7 (93)	9.1 (19)	4.3 (9)
Impact of Food Program on Budget	47.6 (99)	38.0 (79)	9.6 (20)	4.8 (10)
Adequacy of Food Service Facilities (i.e., satellite food preparation)	42.3 (88)	38.9 (81)	13.9 (29)	4.8 (10)
Lack of Food Service Coordinator	24.0 (50)	30.8 (64)	40.9 (85)	4.3 (9)
Lack of Nutritionist or Dietitian	24.5 (51)	32.7 (68)	38.5 (80)	4.3 (9)
Lack of Qualified Teachers	18.3 (38)	36.5 (76)	40.4 (84)	4.8 (10)
Lack of School Nurse	25.5 (53)	35.1 (73)	34.6 (72)	4.8 (10)
Nutrition is Not Considered a Priority	43.3 (90)	38.0 (79)	12.5 (26)	6.3 (13)
Parents are Uninformed about Health Issues	36.5 (76)	45.7 (95)	12.5 (26)	5.3 (11)
Personal or Family Health Issue	32.7 (68)	50.0 (104)	9.6 (20)	7.7 (16)
Pressure from State Leaders to Focus on Other Matters	32.7 (68)	38.5 (80)	23.1 (48)	5.8 (12)
Student Food Preferences	61.1 (127)	30.8 (64)	3.4 (7)	4.8 (10)

	Yes % (N)	No % (N)	Not Sure % (N)	Non Response % (N)
15. Has a parent/parent organization ever approached you about a nutrition-related issue?	51.9 (108)	38.9 (81)	2.9 (6)	6.3 (13)

16. Do you believe your school district is fostering healthy eating behaviors among students?	
	% (N)
Yes, we are doing all we can	16.8 (35)
Yes, but we can do more	64.9 (135)
No	12.0 (25)
Not Sure	2.4 (5)
Non Response	3.8 (8)

	Yes % (N)	No % (N)	Not Sure % (N)	Non Response % (N)
17. Do you think that school board policies supporting good nutrition on school campuses can contribute to the reduction of cancer, diabetes, and heart disease risks in the future?	69.7 (145)	9.1 (19)	16.8 (35)	4.3 (9)
18. Do you think that school board policies supporting good nutrition on school campuses can contribute to improved academic performance among children and youth?	77.4 (161)	3.8 (8)	14.9 (31)	3.8 (8)
19. Do you think that school board policies supporting good nutrition choices on school campuses can help reduce the number of overweight or obese students?	61.5 (128)	20.2 (42)	14.4 (30)	4.8 (10)
20. In the last three years, has the school board decided to reject any soda contract offers?	22.1 (46)	48.1 (100)	25.0 (52)	5.3 (11)
21. In the last three years, has the school board decided to terminate any soda contracts?	12.5 (26)	56.3 (117)	26.0 (54)	5.8 (12)
22. In the last three years, has the school board decided not to renew any soda contracts?	21.2 (44)	46.6 (97)	26.4 (55)	10.1 (21)

23. During your tenure as a school board member, how supportive do you believe each of the following people, groups, or organizations have been with regards to nutrition-related school health issues (i.e. addressing nutrition-related issues despite competing priorities – academic standards, adequate funding, etc.)?

	Very Supportive % (N)	Somewhat Supportive % (N)	Not Supportive % (N)	Don't Know % (N)	Non Response % (N)
Community Members	19.7 (41)	46.6 (97)	14.9 (31)	8.7 (18)	10.1 (21)
Food Service Director	53.8 (112)	27.4 (57)	4.8 (10)	5.3 (11)	8.7 (18)
Parents or Parent Organization	26.4 (55)	50.0 (104)	10.6 (22)	5.3 (11)	7.7 (16)
School Board Staff	34.1 (71)	44.2 (92)	7.2 (15)	5.3 (11)	9.1 (19)
School Principal	31.7 (66)	46.6 (97)	7.7 (16)	5.8 (12)	8.2 (17)
Superintendent	43.8 (91)	37.0 (77)	7.7 (16)	3.8 (8)	7.7 (16)
Support of Professional Organizations (i.e. CSBA, ACSA)	24.0 (50)	46.2 (96)	10.1 (21)	11.1 (23)	8.7 (18)
Support of Students or Student Organizations	9.6 (20)	47.1 (98)	24.5 (51)	10.1 (21)	8.7 (18)
Other School Board Members	29.8 (62)	44.7 (93)	12.0 (25)	4.8 (10)	8.7 (18)
Other	.5 (1)	0	1.4 (3)	1.0 (2)	97.1 (202)

	Active % (N)	Somewhat Active % (N)	Not Active % (N)	Non Response % (N)
24. How active are people in your community about nutrition-related school health issues (i.e. attending school board meetings, contacting school board members regarding school issues)?	28.8 (60)	45.2 (94)	19.2 (40)	6.7 (14)

	Very Effective % (N)	Somewhat Effective % (N)	Not Effective at all % (N)	Have Not had the Opportunity % (N)	Non Response % (N)
25. How effective are you in influencing nutrition-related school health decisions/policies?	17.3 (36)	51.4 (107)	8.2 (17)	16.3 (34)	6.7 (14)

	Yes % (N)	No % (N)	Not Sure % (N)	Non Response % (N)
26. Do you feel adequately prepared to develop sound nutrition-related policies within your school district?	44.7 (93)	30.3 (63)	17.8 (37)	7.2 (15)
27. Do you feel adequately prepared to monitor, review and revise nutrition-related policies to ensure their effectiveness?	43.3 (90)	32.7 (68)	17.3 (36)	6.7 (14)
28. Would you like to receive training on nutrition-related school health issues?	50.5 (105)	24.5 (51)	21.2 (44)	3.8 (8)
29. Do you have a nutrition-related policy in your school district?	40.9 (85)	15.4 (32)	39.4 (82)	4.3 (9)

	Yes % (N)	No % (N)	Somewhat % (N)	Non Response % (N)
31. During your tenure as a school board member, were you aware that in 2003, the San Francisco Unified School District passed a resolution to improve the nutritional quality of foods served on the school campus and phase out the *sale of soda* and unhealthy foods by the beginning of the 2003-2004 school year?	56.3 (117)	32.2 (67)	8.7 (18)	2.9 (6)
	Very Influential % (N)	**Somewhat Influential % (N)**	**Not Influential at All % (N)**	**Non Response % (N)**
32. In your opinion, how influential could a resolution like this be in your district?	30.8 (64)	48.1 (100)	15.4 (32)	5.8 (12)
	Yes % (N)	**No % (N)**	**Not Sure % (N)**	**Non Response % (N)**
33. Would you support similar resolutions in your district?	47.6 (99)	17.3 (36)	31.3 (65)	3.8 (8)

	Yes % (N)	No % (N)	Somewhat % (N)	Non Response % (N)
34. During your tenure as a school board member, were you aware that in 2002-2003, the Los Angeles Unified School District (LAUSD) voted to ban all soft drinks from all schools in the district?	57.7 (120)	28.4 (59)	10.1 (21)	3.8 (8)
35. In your opinion, how influential could a policy like this be, in your district?	31.7 (66)	48.1 (100)	14.9 (31)	5.3 (11)
36. Would you support a similar policy in your district?	42.8 (89)	20.7 (43)	31.3 (65)	5.3 (11)

	Yes % (N)	No % (N)	Somewhat % (N)	Non Response % (N)
37. Are you aware that in 2003, the State Superintendent of Public Instruction, Jack O'Connell, initiated the *California Superintendent's Challenge*, a challenge to all school districts to improve student health through the development and implementation of healthy eating, physical activity, and/or nutrition education policies?	61.5 (128)	24.0 (50)	9.6 (20)	4.8 (10)
	Very Influential % (N)	**Somewhat Influential % (N)**	**Not Influential at All % (N)**	**Non Response % (N)**
38. In your opinion, how influential is this challenge with regards to promoting school health issues, like nutrition and physical activity in your school district?	15.4 (32)	58.2 (121)	22.1 (46)	4.3 (9)
	Yes % (N)	**No % (N)**	**Not Sure % (N)**	**Non Response % (N)**
39. Did your school district apply for the *Superintendent's Challenge?*	2.9 (6)	26.0 (54)	66.8 (139)	4.3 (9)
40. Did you support your district's participation in this challenge?	16.3 (34)	13.5 (28)	44.7 (93)	25.5 (53)

	Yes % (N)	No, go to question # 43 % (N)	Somewhat % (N)	Non Response % (N)
41. Are you aware of the existence of the California publication, *Successful Students Through Healthy Food Policies: Act Now for Academic Excellence: Healthy Food Policy Resource Guide*, jointly developed by the California School Boards Association and California Project LEAN, to educate school board members on the critical link between academic achievement, nutrition, and health, and provide tools and sample policies to support a healthy school environment?	23.1 (48)	66.8 (139)	7.2 (15)	2.9 (6)
	Yes % (N)	**No % (N)**	**Not Sure % (N)**	**Non Response % (N)**
42. In your opinion, could this publication provide you with relevant information with regards to promoting school health issues, like nutrition and physical activity?	25.0 (52)	1.4 (3)	4.8 (10)	68.8 (143)
	Yes % (N)	**No, go to question # 45 % (N)**	**Somewhat % (N)**	**Non Response % (N)**
43. Are you aware of the existence of the California publication, *Building Healthy Academic Communities*, jointly developed by the California School Boards Association and California Project LEAN, to educate school board members on the critical link between academic achievement, nutrition, and health, and provide tools and sample policies to support a healthy school environment?	16.3 (34)	74.5 (155)	5.8 (12)	3.4 (7)
	Yes % (N)	**No % (N)**	**Not Sure % (N)**	**Non Response % (N)**
44. In your opinion, does this publication provide you with relevant information with regards to promoting school health issues, like nutrition and physical activity?	15.9 (33)	.5 (1)	6.3 (13)	77.4 (161)

	Yes % (N)	No, go to question # 47 % (N)	Somewhat % (N)	Non Response % (N)
45. Are you aware of the advertisements, which ran in CSBA's magazine, *Schools,* about the *Successful Students Through Healthy Foods Policies, Act Now for Academic Excellence* campaign?	35.6 (74)	54.3 (113)	7.2 (15)	2.9 (6)
	Yes % (N)	**No % (N)**	**Not Sure % (N)**	**Non Response % (N)**
46. Did these advertisements increase your awareness of the importance of school nutrition policies?	25.0 (52)	9.1 (19)	8.2 (17)	57.7 (120)
	Yes % (N)	**No, go to question # 49 % (N)**	**Somewhat % (N)**	**Non Response % (N)**
47. Are you aware of the articles that ran in CSBA's magazine, *Schools,* about school nutrition policies?	42.8 (89)	44.2 (92)	8.2 (17)	4.8 (10)
	Yes % (N)	**No % (N)**	**Not Sure % (N)**	**Non Response % (N)**
48. In your opinion, did these articles provide you with relevant information regarding promoting school health issues, like nutrition and physical activity?	36.1 (75)	4.3 (9)	8.2 (17)	51.4 (107)

	Yes % (N)	No , go to question #51 % (N)	Non Response % (N)
49. Have you attended the CSBA nutrition policy development workshop entitled *Aligning Policies for Student Health and Achievement?*	3.8 (8)	91.3 (190)	4.8 (10)

	Yes % (N)	No % (N)	Not Sure % (N)	Non Response % (N)
50. Did this workshop provide you with relevant information regarding promoting school health issues, like nutrition and physical activity?	3.4 (8)	0	1.9 (4)	94.7 (197)

	Yes % (N)	No , go to question #53 % (N)	Non Response % (N)
51. Have you visited the children's health section on nutrition and physical activity at CSBA's website?	3.4 (7)	91.3 (190)	5.3 (11)

	Yes % (N)	No % (N)	Not Sure % (N)	Non Response % (N)
52. Did this website provide you with relevant information regarding promoting school health issues, like nutrition and physical activity?	2.4 (5)	1.0 (2)	.5 (1)	96.2 (200)

53. How much do you think each of the following factors *influence* a student's physical activity behaviors *at school*?

	A Lot % (N)	Some % (N)	A Little % (N)	None % (N)	Non Response % (N)
Ability to Pay	26.4 (55)	31.3 (65)	18.8 (39)	19.7 (41)	3.8 (8)
Allocation of Funds to Physical Education Department	37.0 (77)	37.0 (77)	16.3 (34)	6.7 (14)	2.9 (6)
Availability of After School Physical Activity Programs (intramurals, athletics, club sports)	57.7 (120)	27.4 (57)	7.7 (16)	4.3 (9)	2.9 (6)
Availability of Physical Education Coaches/Support Staff	59.6 (124)	24.0 (50)	7.2 (15)	6.3 (13)	2.9 (6)
Availability of Open Space for Physical Activity Programs	45.2 (94)	31.7 (66)	7.2 (15)	13.0 (27)	2.9 (6)
Availability of Physical Activity Equipment	47.1 (98)	33.7 (70)	9.1 (19)	7.2 (15)	2.9 (6)
Lack of P.E. (Physical Education) Classes	51.0 (106)	21.6 (45)	10.6 (22)	13.9 (29)	2.9 (6)
Length of Time for Actual Physical Activity during P.E. class	43.8 (91)	32.7 (68)	10.1 (21)	10.6 (22)	2.9 (6)
Length of Time for Recess at the Elementary Level	43.3 (90)	41.8 (87)	5.3 (11)	2.9 (6)	6.7 (14)
Peer Influence	70.2 (146)	22.1 (46)	4.3 (9)	.5 (1)	2.9 (6)
Student Preference	67.3 (140)	26.4 (55)	2.9 (6)	0	3.4 (7)
Self-Consciousness of Physical Ability	57.2 (119)	37.5 (78)	2.4 (5)	.5 (1)	2.4 (5)
Self-Consciousness of Physical Appearance	56.3 (117)	37.0 (77)	4.3 (9)	0	2.4 (5)

54. During your tenure as a school board member, how supportive do you believe each of the following people, groups, or organizations have been with regards to physical activity-related school health issues?

	Very Supportive % (N)	Somewhat Supportive % (N)	Not Supportive % (N)	Don't Know % (N)	Non Response % (N)
Athletic Director	57.7 (120)	23.6 (49)	4.8 (10)	9.1 (19)	4.8 (10)
Coach	55.8 (116)	28.4 (59)	3.4 (7)	8.7 (18)	3.8 (8)
Community Members	24.0 (50)	54.3 (113)	8.2 (17)	9.6 (20)	3.8 (8)
Other School Board Members	33.7 (70)	46.2 (96)	7.2 (15)	8.7 (18)	4.3 (9)
Parents or Parent Organization	29.8 (62)	44.2 (92)	9.1 (19)	13.0 (27)	3.8 (8)
PE Teacher	58.2 (121)	26.9 (56)	2.9 (6)	8.2 (17)	3.8 (8)
School Board Staff	27.9 (58)	46.2 (96)	3.8 (8)	13.9 (29)	8.2 (17)
School Principal	39.9 (83)	43.8 (91)	3.8 (8)	9.1 (19)	3.4 (7)
Superintendent	45.2 (94)	42.3 (88)	2.9 (6)	6.3 (13)	3.4 (7)
Support of Professional Organizations (i.e. CSBA, ACSA)	27.4 (57)	46.2 (96)	5.8 (12)	16.8 (35)	3.8 (8)
Support of Students or Student Organizations	23.6 (49)	47.1 (98)	10.6 (22)	14.4 (30)	4.3 (9)
Other	1.0 (2)	1.0 (2)	1.0 (2)	.5 (1)	96.6 (201)

55. How influential is each of the following in your physical activity-related school health issue decision making?

	Very Influential % (N)	Somewhat Influential % (N)	Not Influential % (N)	Non Response % (N)
Academic Requirements	60.1 (125)	28.4 (59)	6.7 (14)	4.8 (10)
Budget Considerations	69.7 (145)	20.7 (43)	5.8 (12)	3.8 (8)
California School Boards Association Recommendation	11.1 (23)	60.1 (125)	23.1 (48)	5.8 (12)
California Department of Education Recommendation	22.1 (46)	54.3 (113)	17.3 (36)	6.3 (13)
Community Member/Community Organization Opinions	30.8 (64)	58.2 (121)	6.3 (13)	4.8 (10)
Local Media	9.1 (19)	51.4 (107)	34.6 (72)	4.8 (10)
Parent/Parent Organization Opinions	39.4 (82)	50.0 (104)	4.8 (10)	5.8 (12)
School Board Staff Opinions	37.0 (77)	44.7 (93)	10.6 (22)	7.7 (16)
School Principal Opinions	43.3 (90)	48.6 (101)	2.4 (5)	5.8 (12)
Standardized Academic Testing	34.1 (71)	39.9 (83)	20.7 (43)	5.3 (11)
Student/Student Organization Opinions	29.8 (62)	56.3 (117)	8.2 (17)	5.8 (12)
Superintendent Opinions	52.4 (109)	39.9 (83)	2.4 (5)	5.3 (11)

56. According to your experience, how significant is each of the following factors when addressing physical activity-related school health issues?

	Very Significant % (N)	Somewhat Significant % (N)	Not Significant % (N)	Non Response % (N)
Active Community Mobilization	40.4 (84)	42.8 (89)	11.1 (23)	5.8 (12)
Apathy Among Parents	47.1 (98)	40.4 (84)	6.7 (14)	5.8 (12)
Cultural Issues	31.3 (65)	49.5 (103)	13.5 (28)	5.8 (12)
Funding	63.5 (132)	27.4 (57)	3.8 (8)	5.3 (11)
Adequacy of Facilities (i.e., gymnasium)	40.4 (84)	39.9 (83)	14.4 (30)	5.3 (11)
Qualified Athletic Coordinator	40.9 (85)	41.8 (87)	11.5 (24)	5.8 (12)
Appropriate Policy Education Among Parents	32.7 (68)	47.6 (99)	14.4 (30)	5.3 (11)

57. According to your experience, how significant is each of the following factors when addressing physical activity-related school health issues?

	Very Significant % (N)	Somewhat Significant % (N)	Not Significant % (N)	Non Response % (N)
Qualified PE Teachers	65.9 (137)	24.0 (50)	5.3 (11)	4.8 (10)
Qualified School Nurse	38.0 (79)	39.4 (82)	16.8 (35)	5.8 (12)
Physical Education is Not Considered a Priority	47.1 (98)	36.5 (76)	9.1 (19)	7.2 (15)
Parents are Informed about Health Issues	40.9 (85)	46.2 (96)	6.3 (13)	6.7 (14)
Personal or Family Health Issue	38.5 (80)	49.0 (102)	5.3 (11)	7.2 (15)
Pressure from State Leaders to Focus on Other Matters	38.0 (79)	40.4 (84)	16.3 (34)	5.3 (11)
Student Food Preferences	45.2 (94)	41.3 (86)	7.7 (16)	5.8 (12)

	Yes % (N)	No % (N)	Not Sure % (N)	Non Response % (N)
58. Do you think that school board policies supporting physical activity on school campuses can contribute to the reduction of a student's heart disease risks in the future?	70.7 (147)	5.8 (12)	20.2 (42)	3.4 (7)
59. Do you think that school board policies requiring physical activity on a daily basis on school campuses can contribute to the reduction of overweight or obese students?	75.5 (157)	5.8 (12)	15.4 (32)	3.4 (7)
60. Do you think that school board policies requiring physical activity on school campuses can contribute to the reduction of a student's diabetes risk in the future?	68.3 (142)	5.8 (12)	22.6 (47)	3.4 (7)
61. Do you think that school board policies requiring physical activity on school campuses can contribute to the reduction of cancer risk in the future?	50.0 (104)	7.2 (15)	39.4 (82)	3.4 (7)
62. Do you believe your school district is doing all it can to foster healthy physical activity behaviors among students?	26.0 (54)	56.7 (118)	14.9 (31)	2.4 (5)
63. Do you think that school board policies requiring physical activity on school campuses can contribute to improved academic performance among children and youth?	75.5 (157)	1.9 (4)	19.7 (41)	2.9 (6)
64. Has a parent or parent organization ever approached you about a physical activity-related issue?	42.3 (88)	51.4 (107)	3.8 (8)	2.4 (5)

	Active % (N)	Somewhat active % (N)	Not Active % (N)	Non Response % (N)
65. How active are you about physical activity-related school health issues (i.e., putting items on the agenda, contacting other school board members, speaking at meetings)?	15.9 (33)	49.0 (102)	31.7 (66)	3.4 (7)

	Yes % (N)	No % (N)	Somewhat % (N)	Non Response % (N)
66. Do you feel *adequately prepared* to develop sound physical activity-related policies within your school district?	30.0 (63)	27.4 (57)	39.4 (82)	2.9 (6)

	Yes % (N)	No % (N)	Non Response % (N)
67. Would you like to receive training on physical activity-related school health issues?	55.8 (116)	39.4 (82)	4.8 (10)

	Yes % (N)	No % (N)	Not Sure % (N)	Non Response % (N)
68. Do you have a physical activity-related policy in your school district?	31.7 (66)	15.4 (32)	48.6 (101)	4.3 (9)

70. When was the last time your physical education (PE) curriculum was evaluated?	
	% (N)
Within last six months	9.1 (19)
Between six months and one year	12.5 (26)
Over a year	33.2 (69)
Not Sure	42.3 (88)
Non Response	2.9 (6)

72. Age:	
	% (N)
25 years or under	2.9 (6)
26-35 years	17.8 (37)
36-45 years	33.7 (70)
46-55 years	43.3 (90)
56 years and over	2.4 (5)
Non Response	2.4 (5)

73. Gender:	
	% (N)
Female	55.3 (115)
Male	42.3 (88)
Non Response	2.4 (5)

74. Which of the following best describes your ethnicity? (Check All that Apply)	
	% (N)
White	79.3 (165)
Black or African American	1.4 (3)
American Indian/Native American	2.4 (5)
Asian	2.9 (6)
Asian/Pacific Island	1.0 (2)
Other {please specify}	6.3 (13)
Non Response	6.7 (14)

75. Do you consider yourself:	
	% (N)
Hispanic	9.1 (19)
Non-Hispanic	76.0 (158)
Non Response	14.9 (31)

76. What has most motivated you to become a school board member? (Check Only One)	
	% (N)
Educational Background	17.3 (36)
Involvement in the Community	36.1 (75)
Interest in Children's Issues	20.7 (43)
Interest in School District Finances	4.8 (10)
My Children Attend School in the District	9.6 (20)
Other	6.3 (13)
Non Response	5.3 (11)

77. Would you consider your district to be?	
	% (N)
Rural	36.5 (76)
Suburban	45.2 (94)
Urban	11.5 (24)
Non Response	6.7 (14)

78. What is the average daily attendance of your school district?	
	% (N)
Under 1,000	12.0 (25)
1,001-3,000	15.9 (33)
3,001-5,000	12.5 (26)
5,001-10,000	20.7 (43)
10,001-20,000	20.2 (42)
20,001 or more	14.4 (30)
Non Response	4.3 (9)

	Yes % (N)	**No % (N)**	**Non Response % (N)**
79. Does your district only contain high schools?	17.8 (37)	78.4 (163)	3.8 (8)
80. Have you attended a CSBA training on nutrition and/or physical activity policies?	15.4 (32)	80.3 (167)	4.3 (9)

81. If yes to Question 80, which training did you attend? (Check All that Apply)*	
	%
2002 CSBA Conference, San Francisco	13.5
2003 CSBA Conference, San Diego	12.5
2003 Workshop on *Aligning Policies for Student Health and Achievement* in Visalia, Downey or Sacramento	1.5

* As participants were not asked to rank responses, percentages of responses are reported only.

	Yes % (N)	**No % (N)**	**Not Sure % (N)**	**Non Response % (N)**
82. Have you received a copy of the *Successful Students Through Healthy Food Policies: Act Now for Academic Excellence: Healthy Food Policy Resource Guide*?	15.4 (32)	41.3 (86)	38.5 (80)	4.8 (10)

	Definitely Yes % (N)	Mostly Yes % (N)	Mostly No % (N)	Definitely No % (N)	Non Response % (N)
83. For a "typical" week, do you consider your own nutrition habits to be healthy?	23.1 (48)	66.3 (138)	6.3 (13)	0	4.3 (9)

84. How many days in a typical week do you have 30 minutes of sustained physical activity?	
	% (N)
0 days	7.7 (16)
1 day	5.8 (12)
2 days	13.9 (29)
3 days	21.2 (44)
4 days	16.8 (35)
5 days	13.5 (28)
6 days	7.2 (15)
7 days	8.7 (18)
Non Response	5.3 (11)

APPENDIX C

Comparison of 2001 and 2004 School Board Member Overall Survey Results: Frequency & Percentages

1. During the 2003-04 academic year, indicate at how many school board meetings each of the following issues was discussed.

	School Board 2001					School Board 2004				
	Very Frequently (6 or more times) % (N)	**Frequently (4-5 times) % (N)**	**Sometimes (1-3 times) % (N)**	**Never % (N)**	**Non Response % (N)**	**Very Frequently (6 or more times) % (N)**	**Frequently (4-5 times) % (N)**	**Sometimes (1-3 times) % (N)**	**Never % (N)**	**Non Response % (N)**
Academic Standards	72.4 (126)	20.1 (35)	4.6 (8)	0	2.9 (5)	66.3 (138)	25.5 (53)	6.3 (13)	.5 (1)	1.4 (3)
Changing Demographics	21.3 (37)	27.6 (48)	40.2 (70)	6.9 (12)	4.0 (7)	18.8 (39)	32.7 (68)	38.9 (81)	8.2 (17)	1.4 (3)
Childhood Obesity						2.9 (6)	12.5 (26)	55.8 (116)	26.9 (56)	1.9 (4)
Construction/Facility/Space	69.0 (120)	23.6 (41)	5.2 (9)	0	2.3 (4)	71.6 (149)	19.7 (41)	7.2 (15)	0	1.4 (3)
Curricular Issues	62.1 (108)	25.9 (45)	8.6 (15)	0	3.4 (6)	54.8 (114)	34.1 (71)	7.2 (15)	1.0 (2)	2.9 (6)
Food Sales Outside of School Food Programs (i.e., a la carte, food fundraising)						2.9 (6)	15.4 (32)	61.1 (127)	18.8 (39)	1.9 (4)
Funding Adequacy	59.8 (104)	19.5 (34)	14.4 (25)	2.3 (4)	4.0 (7)	76.9 (160)	16.3 (34)	5.3 (11)	0	1.4 (3)
Health of Students	5.7 (10)	27.6 (48)	52.3 (91)	8.6 (15)	5.7 (10)	7.2 (15)	31.7 (66)	49.0 (102)	9.6 (20)	2.4 (5)
Physical Education Requirements						2.4 (5)	14.9 (31)	59.1 (123)	22.1 (46)	1.4 (3)

1. During the 2003-04 academic year, indicate at how many school board meetings each of the following issues was discussed. (continued)

	School Board 2001					School Board 2004				
	Very Frequently (6 or more times) % (N)	**Frequently (4-5 times) % (N)**	**Sometimes (1-3 times) % (N)**	**Never % (N)**	**Non Response % (N)**	**Very Frequently (6 or more times) % (N)**	**Frequently (4-5 times) % (N)**	**Sometimes (1-3 times) % (N)**	**Never % (N)**	**Non Response % (N)**
Pre or After School Programs						13.9 (29)	35.6 (74)	42.8 (89)	6.3 (13)	1.4 (3)
Safety (i.e. security, violence)	30.5 (53)	36.8 (64)	28.7 (50)	96.0 (167)	4.0 (7)	27.9 (58)	41.8 (87)	27.4 (57)	1.0 (2)	1.9 (4)
School Food Programs (i.e. breakfast and lunch programs)	8.0 (14)	19.0 (33)	59.8 (104)	10.9 (19)	2.3 (4)	4.3 (9)	33.7 (70)	51.9 (108)	8.7 (18)	1.4 (3)
Other	2.3 (4)	1.7 (3)	2.9 (5)	.6(1)	92.5 (161)	4.3 (9)	1.0 (2)	1.9 (4)	7.2 (15)	92.8 (193)

2. During the past school year, have any of the following nutrition-related school health issues been brought before the school board for review?

	School Board 2001				School Board 2004			
	Yes % (N)	No % (N)	Not Sure % (N)	Non Response % (N)	Yes % (N)	No % (N)	Not Sure % (N)	Non Response % (N)
Branded Foods Contract	16.1 (28)	74.7 (130)	4.6 (8)	4.6 (8)	25.5 (53)	62.5 (130)	10.1 (21)	1.9 (4)
Exclusive Soda Contract	28.2 (49)	64.4 (112)	4.0 (7)	3.4 (6)	40.4 (84)	52.4 (109)	5.8 (12)	1.4 (3)
Junk Food Bans					39.4 (82)	53.4 (111)	5.3 (11)	1.9 (4)
Nutrition Education	22.4 (39)	67.2 (117)	6.3 (11)	4.0 (7)	58.2 (121)	31.7 (66)	6.7 (14)	3.4 (7)
Physical Education Requirements					55.3 (115)	38.9 (81)	4.3 (9)	1.4 (3)
School Breakfast Program	43.1 (75)	51.7 (90)	2.9 (5)	2.3 (4)	49.5 (103)	40.4 (84)	8.2 (17)	1.9 (4)
School Lunch Program	53.4 (93)	42.5 (74)	2.3 (4)	1.7 (3)	69.2 (144)	24.5 (51)	4.8 (10)	1.4 (3)
Soda Bans					52.4 (109)	40.9 (85)	4.8 (10)	1.9 (4)
Unhealthy Foods Sold A La Carte					40.9 (85)	49.0 (102)	7.2 (15)	2.9 (6)
Unhealthy Food Sold as Fundraisers					38.5 (80)	54.3 (113)	5.8 (12)	1.4 (3)
Other					2.4 (5)	.5 (1)	.5 (1)	96.6 (201)

3. Which one(s) of the following practices do you support in your school district?

	School Board 2001			School Board 2004		
	Yes % (N)	**No % (N)**	**Non Response % (N)**	**Yes % (N)**	**No % (N)**	**Non Response % (N)**
At least 50% of the Foods and Beverages Sold in Vending Machines Meet National Nutritional Guidelines				81.3 (169)	13.0 (27)	5.8 (12)
Banning A La Carte Food Sales (cannot be sold)*	**10.3 (8)**	**85.1 (148)**	**4.6 (8)**	**22.1 (46)**	**71.2 (148)**	**6.7 (14)**
Banning A La Carte Food Sales in Elementary Schools*	**33.9 (59)**	**61.5 (107)**	**4.6 (8)**	**48.1 (100)**	**39.4 (82)**	**12.5 (26)**
Banning Carbonated Beverages in High Schools				41.3 (86)	54.3 (113)	4.3 (9)
Banning Fast Food Sales (cannot be sold)*	**21.8 (38)**	**74.7 (130)**	**3.4 (6)**	**36.5 (76)**	**57.7 (120)**	**5.8 (12)**
Banning Fast Food Sales in Elementary Schools*	**52.9 (92)**	**42.5 (74)**	**4.6 (8)**	**64.9 (135)**	**24.0 (50)**	**11.1 (23)**
Banning Food and Soda Advertisements In School				57.2 (119)	37.5 (78)	5.3 (11)
Establishing Minimum Nutritional Standards for Fast Foods Sold in School	87.9 (153)	9.2 (16)	2.9 (5)	81.7 (170)	13.0 (27)	5.3 (11)

***Items in bold represent statistically significant differences between pre and post survey.**

3. Which one(s) of the following practices do you support in your school district? (continued)

	School Board 2001			School Board 2004		
	Yes % (N)	**No % (N)**	**Non Response % (N)**	**Yes % (N)**	**No % (N)**	**Non Response % (N)**
Limiting and Monitoring Food and Soda Advertisements in School	83.3 (145)	13.8 (24)	2.9 (5)	80.3 (167)	15.9 (33)	3.8 (8)
Going Beyond the Current State Requirements that Students in Grades 1-6 shall have 200 Minutes of Physical Education Each 10 School Days				52.4 (109)	36.5 (76)	11.1 (23)
Going Beyond the Current State Requirements that Students in Grades 7-12 Shall have 400 Minutes of Physical Education Each 10 School Days				49.0 (102)	44.7 (93)	6.3 (13)
Manipulating Vending Machine Prices so that Unhealthy Foods Cost More and Healthy Foods Cost Less	38.5 (67)	58.6 (102)	2.9 (5)	41.8 (87)	51.0 (106)	7.2 (15)

3. Which one(s) of the following practices do you support in your school district? (continued)

	School Board 2001			School Board 2004		
	Yes % (N)	**No % (N)**	**Non Response % (N)**	**Yes % (N)**	**No % (N)**	**Non Response % (N)**
Requiring that Vending Machines have at Least as Many Slots for Healthy Beverages as for Less Healthy Beverages				78.4 (163)	16.3 (34)	5.3 (11)
Requiring Physical Education at All Grade Levels				74.5 (155)	20.2 (42)	5.3 (11)
Providing Healthy Food Options (i.e. fruits, vegetables, low fat milk)	96.6 (168)	1.7 (3)	1.7 (3)	95.7 (199)	1.4 (3)	2.9 (6)
Soda Vending Machine Locations Not in Heavily Trafficked Areas	57.5 (100)	37.4 (65)	5.2 (9)	52.4 (109)	38.5 (80)	9.1 (19)

6. In addition to the resources you access most often (Question 5), how important are the following types of information when considering a school health issue about nutrition and physical activity?

	School Board 2001				School Board 2004			
	Very Important % (N)	Somewhat Important % (N)	Not Important % (N)	Non Response % (N)	Very Important % (N)	Somewhat Important % (N)	Not Important % (N)	Non Response % (N)
Adolescent Health Statistics					66.8 (139)	27.9 (58)	1.0 (2)	4.3 (9)
Advice from Health Expert	75.3 (131)	19.5 (34)	.6 (1)	4.6 (8)	51.9 (108)	41.8 (87)	1.9 (4)	4.3 (9)
Background Literature/ Research Performed by School or School Board Staff or Community Expert	51.1 (89)	39.7 (69)	3.4 (6)	5.7 (10)	45.7 (95)	43.3 (90)	5.3 (11)	5.8 (12)
Demonstration of a Link between Nutrition and Academic Performance	73.6 (128)	19.0 (33)	2.9 (5)	4.6 (8)	78.8 (164)	17.3 (36)	.5 (1)	3.4 (7)
Demonstration of a Link between Nutrition and Improved Attendance	71.8 (125)	21.3 (37)	2.9 (5)	4.0 (7)	72.1 (150)	21.2 (44)	2.4 (5)	4.3 (9)
Demonstration of a Link between Physical Activity and Academic Performance					76.4 (159)	17.8 (37)	1.9 (4)	3.8 (8)
Demonstration of a Link between Physical Activity and Improved Attendance					68.6 (143)	22.6 (47)	3.8 (8)	4.8 (10)
Demonstration of a Link between Physical Activity and Classroom Behavior					74.5 (155)	18.8 (39)	2.4 (5)	4.3 (9)
Mandate from the State	46.6 (81)	36.2 (63)	10.9 (19)	6.3 (11)	64.4 (134)	26.0 (54)	5.8 (12)	3.8 (8)
Practical Benefit to Students	73.0 (127)	23.0 (40)	.6 (1)	3.4 (6)	79.3 (165)	18.3 (38)	97.6 (203)	2.4 (5)

6. In addition to the resources you access most often (Question 5), how important are the following types of information when considering a school health issue about nutrition and physical activity? (continued)

	School Board 2001				School Board 2004			
	Very Important % (N)	**Somewhat Important % (N)**	**Not Important % (N)**	**Non Response % (N)**	**Very Important % (N)**	**Somewhat Important % (N)**	**Not Important % (N)**	**Non Response % (N)**
Support of Community Members/Community Organizations	55.2 (96)	38.5 (67)	1.7 (3)	4.6 (8)	53.8 (112)	40.4 (84)	1.9 (4)	3.8 (8)
Support of Parents/ Parent Organizations	71.8 (125)	23.6 (41)	1.1 (2)	3.4 (6)	67.3 (140)	27.9 (58)	1.0 (2)	3.8 (8)
Support of Students or Student Groups					59.1 (123)	35.6 (74)	1.9 (4)	3.4 (7)
Statement from Health-Related Professional Organization					33.2 (69)	55.8 (116)	7.2 (15)	3.8 (8)
Statement from an Education-Related Professional Organization					27.4 (57)	58.2 (2)	11.1 (23)	3.4 (7)

7. What TWO methods would you like to use to learn about school health issues like nutrition and physical activity? (Check Two Only)		
	School Board 2001 (%)	**School Board 2004 (%)**
Email	16.8	19.3
Internet (i.e. web page with nutrition-related information for school board members)	32.7	41.3
Listserv	2.0	2.4
School Board Conference	15.8	33.2
School Board Publications	21.2	28.4
School Board Seminars	9.1	17.3
School Board Mailings		25.0
Professional Education or School Health Journals		17.3
Other	2.4	3.3

8. Does your district offer on-going professional development for school board members? (Check One Only)		
	School Board 2001 **% (N)**	**School Board 2004** **% (N)**
Yes, on a continuing basis	69.5 (121)	65.9 (137)
Yes, but only when a new member joins the school board	11.5 (20)	13.0 (27)
No	17.8 (31)	17.8 (37)
Non Response	1.1 (2)	3.4 (7)

12. How *influential* is each of the following in your nutrition-related school health issue decision making?

	School Board 2001				School Board 2004			
	Very Influential % (N)	Somewhat Influential % (N)	Not Influential % (N)	Non Response % (N)	Very Influential % (N)	Somewhat Influential % (N)	Not Influential % (N)	Non Response % (N)
Budget Considerations*	**48.9 (85)**	**38.5 (67)**	**7.5 (13)**	**5.2 (13)**	**62.0 (129)**	**29.3 (61)**	**6.3 (13)**	**2.4 (5)**
California School Boards Association Recommendation*	**9.2 (16)**	**51.7 (90)**	**32.2 (56)**	**6.9 (12)**	**13.0 (27)**	**64.4 (134)**	**19.7 (41)**	**2.9 (6)**
California Department of Education Recommendation	12.1 (21)	61.5 (107)	21.3 (37)	5.2 (9)	**23.1 (48)**	**62.5 (130)**	**11.5 (24)**	**2.9 (6)**
California Department of Health Services Recommendation	29.9 (52)	53.4 (93)	11.5 (20)	5.2 (9)	29.8 (62)	55.8 (116)	11.5 (24)	2.9 (6)
Community Member/Community Organization Opinions	34.5 (60)	55.7 (97)	4.6 (8)	5.2 (9)	29.3 (61)	62.5 (130)	5.3 (11)	2.9 (6)
Food Service Staff Opinions*	**62.6 (109)**	**26.4 (46)**	**5.2 (9)**	**5.7 (10)**	**48.6 (101)**	**41.3 (86)**	**7.2 (15)**	**2.9 (6)**

***Items in bold represent statistically significant differences between pre and post survey.**

12. How *influential* is each of the following in your nutrition-related school health issue decision making? (continued)

	School Board 2001				School Board 2004			
	Very Influential % (N)	**Somewhat Influential % (N)**	**Not Influential % (N)**	**Non Response % (N)**	**Very Influential % (N)**	**Somewhat Influential % (N)**	**Not Influential % (N)**	**Non Response % (N)**
Local Media	3.4 (6)	49.4 (86)	39.7 (69)	7.5 (13)	5.3 (11)	55.8 (116)	35.6 (74)	3.4 (7)
Parent/Parent Organization Opinions	40.8 (71)	50.6 (88)	3.4 (6)	5.2 (9)	37.5 (78)	53.4 (111)	5.8 (12)	3.4 (7)
School Board Staff Opinions*	**.6 (1)**	**27.6 (48)**	**49.4 (86)**	**10.9 (19)**	**42.3 (88)**	**45.7 (95)**	**8.7 (18)**	**3.4 (7)**
School Principal Opinions	37.4 (65)	51.7 (90)	5.2 (9)	5.7 (10)	47.6 (99)	45.7 (95)	4.3 (9)	2.4 (5)
Student/Student Organization Opinions	44.8 (78)	43.7 (76)	6.9 (12)	4.6 (8)	36.1 (75)	52.4 (109)	9.1 (19)	2.4 (5)
Superintendent Opinions	51.7 (90)	40.8 (71)	2.9 (5)	4.66 (8)	54.3 (113)	39.4 (82)	3.4 (7)	2.9 (6)

***Items in bold represent statistically significant differences between pre and post survey.**

13. How much do you think each of the following factors i*nfluence* a student's eating behaviors at school?

	School Board 2001					School Board 2004				
	A Lot % (N)	**Some % (N)**	**A Little % (N)**	**None % (N)**	**Non Response % (N)**	**A Lot % (N)**	**Some % (N)**	**A Little % (N)**	**None % (N)**	**Non Response % (N)**
Ability to Pay*	**28.2 (49)**	**45.4 (79)**	**18.4 (32)**	**6.3 (11)**	**1.7 (3)**	**45.7 (95)**	**34.1 (71)**	**12.0 (25)**	**4.3 (9)**	**3.8 (8)**
A La Carte Food Options Available	48.9 (85)	36.2 (63)	10.3 (18)	2.3 (4)	2.3 (4)	49.5 (103)	36.5 (76)	6.7 (14)	1.9 (4)	5.3 (11)
Branded Food Available*	**25.3 (44)**	**46.6 (81)**	**16.1 (28)**	**4.6 (8)**	**7.5 (13)**	**38.9 (81)**	**38.9 (81)**	**11.1 (23)**	**6.7 (14)**	**4.3 (9)**
Cafeteria Environment (i.e., crowded facilities, long lunch lines)*	**50.0 (87)**	**28.2 (49)**	**15.5 (27)**	**4.0 (7)**	**2.3 (4)**	**53.4 (111)**	**27.9 (58)**	**10.6 (22)**	**3.8 (8)**	**4.3 (9)**
Cultural or Home Influence*	**30.5 (53)**	**49.4 (86)**	**16.1 (28)**	**.6 (1)**	**3.4 (6)**	**60.1 (125)**	**27.9 (58)**	**6.3 (13)**	**1.9 (4)**	**3.8 (8)**
Fast Food Options Available	49.4 (86)	34.5 (60)	8.0 (14)	5.2 (9)	2.9 (5)	52.9 (110)	32.7 (68)	6.3 (13)	3.4 (7)	4.8 (10)
Food and Soda Advertising in School	14.9 (26)	29.3 (51)	32.8 (57)	20.1 (35)	2.9 (5)	21.2 (44)	28.4 (59)	31.7 (66)	13.9 (29)	4.8 (10)
Food and Soda Advertising Outside of School	31.0 (54)	32.2 (56)	27.6 (48)	6.9 (12)	2.3 (4)	36.1 (75)	33.2 (69)	19.2 (40)	7.2 (15)	4.3 (9)
Length of Time For Meals*	**23.6 (41)**	**51.1 (89)**	**21.3 (37)**	**2.3 (4)**	**1.7 (3)**	**34.1 (71)**	**43.8 (91)**	**15.4 (32)**	**3.4 (7)**	**3.4 (7)**

***Items in bold represent statistically significant differences between pre and post survey.**

13. How much do you think each of the following factors influence a student's eating behaviors at school? (continued)

	School Board 2001					School Board 2004				
	A Lot % (N)	**Some % (N)**	**A Little % (N)**	**None % (N)**	**Non Response % (N)**	**A Lot % (N)**	**Some % (N)**	**A Little % (N)**	**None % (N)**	**Non Response % (N)**
Meal Times	10.3 (18)	46.0 (80)	29.9 (52)	10.3 (18)	3.4 (6)	18.8 (39)	48.6 (101)	21.2 (44)	7.7 (16)	3.8 (8)
Nutrition Education In School*	**7.5 (13)**	**32.2 (56)**	**44.8 (78)**	**13.2 (23)**	**2.3 (4)**	**16.8 (35)**	**42.3 (88)**	**32.2 (67)**	**5.3 (11)**	**3.4 (7)**
Peer Influence	63.8 (111)	24.7 (43)	7.5 (13)	1.1 (2)	2.9 (5)	71.2 (148)	20.2 (42)	3.8 (8)	1.4 (3)	3.4 (7)
Student Preference	69.5 (121)	23.6 (41)	3.4 (6)	.6 (1)	2.9 (5)	72.1 (150)	23.1 (48)	1.0 (2)	0	3.8 (8)

***Items in bold represent statistically significant differences between pre and post survey.**

14. According to your experience, how significant is each of the following factors when addressing nutrition-related school health issues?

	School Board 2001				School Board 2004			
	Very Significant % (N)	**Somewhat Significant % (N)**	**Not Significant % (N)**	**Non Response % (N)**	**Very Significant % (N)**	**Somewhat Significant % (N)**	**Not Significant % (N)**	**Non Response % (N)**
Active Community Mobilization	37.4 (65)	32.8 (57)	20.1 (35)	9.8 (17)	38.0 (79)	45.2 (94)	11.5 (24)	5.3 (11)
Apathy Among Parents*	**34.5 (60)**	**36.8 (64)**	**18.4 (32)**	**10.3 (18)**	**41.8 (87)**	**43.3 (90)**	**10.1 (21)**	**4.8 (10)**
Appropriate of Policy Education Among Parent*					20.2 (42)	52.4 (109)	14.9 (31)	12.5 (26)
Complicated Reimbursement Application (i.e., school breakfast and lunch program)	34.5 (60)	39.1 (68)	17.2 (30)	9.2 (16)	28.8 (60)	47.6 (99)	18.8 (39)	4.8 (10)
Cultural Issues*	**24.1 (42)**	**44.8 (78)**	**23.0 (40)**	**8.0 (14)**	**41.8 (87)**	**44.7 (93)**	**9.1 (19)**	**4.3 (9)**
Impact of Food Program on Budget*	**36.8 (64)**	**40.8 (71)**	**14.4 (25)**	**8.0 (14)**	**47.6 (99)**	**38.0 (79)**	**9.6 (20)**	**4.8 (10)**
Adequacy of Food Service Facilities (i.e., satellite food preparation)	36.8 (64)	29.9 (52)	24.7 (43)	8.6 (15)	42.3 (88)	38.9 (81)	13.9 (29)	4.8 (10)
Lack of Food Service Coordinator	24.1 (42)	18.4 (32)	47.1 (82)	10.3 (8)	24.0 (50)	30.8 (64)	40.9 (85)	4.3 (9)
Lack of Nutritionist or Dietitian	25.9 (45)	29.9 (52)	33.9 (59)	10.3 (18)	24.5 (51)	32.7 (68)	38.5 (80)	4.3 (9)
Lack of Qualified Teachers	14.9 (26)	33.3 (58)	43.1 (75)	8.6 (15)	18.3 (38)	36.5 (76)	40.4 (84)	4.8 (10)
Lack of School Nurse	19.5 (34)	33.9 (59)	38.5 (67)	8.0 (14)	25.5 (53)	35.1 (73)	34.6 (72)	4.8 (10)

***Items in bold represent statistically significant differences between pre and post survey.**

14. According to your experience, how significant is each of the following factors when addressing nutrition-related school health issues? (continued)

	School Board 2001				School Board 2004			
	Very Significant % (N)	**Somewhat Significant % (N)**	**Not Significant % (N)**	**Non Response % (N)**	**Very Significant % (N)**	**Somewhat Significant % (N)**	**Not Significant % (N)**	**Non Response % (N)**
Nutrition is Not Considered a Priority	35.6 (62)	40.8 (71)	15.5 (27)	8.0 (14)	43.3 (90)	38.0 (79)	12.5 (26)	6.3 (13)
Parents are Uninformed about Health Issues	33.3 (58)	42.0 (73)	16.1 (28)	8.6 (15)	36.5 (76)	45.7 (95)	12.5 (26)	5.3 (11)
Personal or Family Health Issue*	**22.4 (39)**	**52.3 (91)**	**14.9 (26)**	**10.3 (18)**	**32.7 (68)**	**50.0 (104)**	**9.6 (20)**	**7.7 (16)**
Pressure from State Leaders to Focus on Other Matters	28.7 (50)	35.6 (62)	26.4 (46)	9.2 (16)	32.7 (68)	38.5 (80)	23.1 (48)	5.8 (12)
Student Food Preferences	47.1 (82)	39.7 (69)	5.2 (9)	8.0 (14)	61.1 (127)	30.8 (64)	3.4 (7)	4.8 (10)

***Items in bold represent statistically significant differences between pre and post survey.**

	School Bard 2001				School Board 2004			
	Yes % (N)	**No % (N)**	**Not Sure % (N)**	**Non Response % (N)**	Yes % (N)	**No % (N)**	**Not Sure % (N)**	**Non Response % (N)**
15. Has a parent/parent organization ever approached you about a nutrition-related issue?	**36.2 (63)**	**62.6 (109)**		**1.1 (2)**	**51.9 (108)**	**38.9 (81)**	**2.9 (6)**	**6.3 (13)**
17. Do you think that school board policies supporting good nutrition on school campuses can contribute to the reduction of cancer, diabetes, and heart disease risks in the future?	62.6 (109)	35.6 (62)	.6 (1)	1.1 (2)	69.7 (145)	9.1 (19)	16.8 (35)	4.3 (9)
19. Do you think that school board policies supporting good nutrition choices on school campuses can help reduce the number of overweight or obese students?	66.1 (115)	16.1 (28)	16.7 (29)	1.1 (2)	61.5 (128)	20.2 (42)	14.4 (30)	4.8 (10)

***Items in bold represent statistically significant differences between pre and post survey.**

23. During your tenure as a school board member, how supportive do you believe each of the following people, groups, or organizations have been with regards to nutrition-related school health issues (i.e. addressing nutrition-related issues despite competing priorities – academic standards, adequate funding, etc.)?

	School Board 2001					School Board 2004				
	Very Supportive % (N)	Somewhat Supportive % (N)	Not Supportive % (N)	Don't Know % (N)	Non Response % (N)	Very Supportive % (N)	Somewhat Supportive % (N)	Not Supportive % (N)	Don't Know % (N)	Non Response % (N)
Community Members						19.7 (41)	46.6 (97)	14.9 (31)	8.7 (18)	10.1 (21)
Food Service Director	59.8 (104)	24.1 (42)	7.5 (13)		8.6 (15)	53.8 (112)	27.4 (57)	4.8 (10)	5.3 (11)	8.7 (18)
Parents or Parent Organization*	**28.2 (49)**	**57.5 (100)**	**7.5 (13)**		**6.9 (12)**	**26.4 (55)**	**50.0 (104)**	**10.6 (22)**	**5.3 (11)**	**7.7 (16)**
School Board Staff	25.3 (44)	48.9 (85)	10.3 (18)		15.5 (27)	34.1 (71)	44.2 (92)	7.2 (15)	5.3 (11)	9.1 (19)
School Principal	29.9 (52)	54.0 (94)	9.8 (17)		6.3 (11)	31.7 (66)	46.6 (97)	7.7 (16)	5.8 (12)	8.2 (17)
Superintendent	40.2 (70)	43.1 (75)	9.2 (16)		7.5 (13)	43.8 (91)	37.0 (77)	7.7 (16)	3.8 (8)	7.7 (16)
Support of Professional Organizations (i.e. CSBA, ACSA)	8.6 (15)	56.3 (98)	23.6 (41)		11.5 (2)	24.0 (50)	46.2 (96)	10.1 (21)	11.1 (23)	8.7 (18)

***Items in bold represent statistically significant differences between pre and post survey.**

23. During your tenure as a school board member, how supportive do you believe each of the following people, groups, or organizations have been with regards to nutrition-related school health issues (i.e. addressing nutrition-related issues despite competing priorities – academic standards, adequate funding, etc.)?

	School Board 2001					School Board 2004				
	Very Supportive % (N)	Somewhat Supportive % (N)	Not Supportive % (N)	Don't Know % (N)	Non Response % (N)	Very Supportive % (N)	Somewhat Supportive % (N)	Not Supportive % (N)	Don't Know % (N)	Non Response % (N)
Support of Students or Student Organizations*	**21..3 (37)**	**48.3 (84)**	**21.8 (38)**		**8.6 (15)**	**9.6 (20)**	**47.1 (98)**	**24.5 (51)**	**10.1 (21)**	**8.7 (18)**
Other School Board Members*	**33.3 (58)**	**50.0 (87)**	**10.3 (18)**		**6.3 (11)**	**29.8 (62)**	**44.7 (93)**	**12.0 (25)**	**4.8 (10)**	**8.7 (18)**
Other						.5 (1)	0	1.4 (3)	1.0 (2)	97.1 (202)

***Items in bold represent statistically significant differences between pre and post survey.**

	School Board 2001				School Board 2004			
	Active % (N)	Somewhat Active % (N)	Not Active % (N)	Non Response % (N)	Active % (N)	Somewhat Active % (N)	Not Active % (N)	Non Response % (N)
24. How active are people in your community about nutrition-related school health issues (i.e. attending school board meetings, contacting school board members regarding school issues)?*	**5.7 (10)**	**31.0 (54)**	**58.6 (102)**	**4.6 (8)**	**28.8 (60)**	**45.2 (94)**	**19.2 (40)**	**6.7 (14)**

***Items in bold represent statistically significant differences between pre and post survey.**

	School Board 2001					School Board 2004				
	Very Effective % (N)	Somewhat Effective % (N)	Not Effective at all % (N)	Have Not had the Opportunity % (N)	Non Response % (N)	Very Effective % (N)	Somewhat Effective % (N)	Not Effective at all % (N)	Have Not had the Opportunity % (N)	Non Response % (N)
25. How effective are you in influencing nutrition-related school health decisions/policies?	18.4 (32)	45.4 (79)	10.3 (18)	24.7 (43)	1.1 (2)	17.3 (36)	51.4 (107)	8.2 (17)	16.3 (34)	6.7 (14)

	School Board 2001				School Board 2004			
	Yes % (N)	**No % (N)**	**Not Sure % (N)**	**Non Response % (N)**	**Yes % (N)**	**No % (N)**	**Not Sure % (N)**	**Non Response % (N)**
26. Do you feel adequately prepared to develop sound nutrition-related policies within your school district?	42.5 (74)	55.7 (97)		1.7 (3)	44.7 (93)	30.3 (63)	17.8 (37)	7.2 (15)
27. Do you feel adequately prepared to monitor, review and revise nutrition-related policies to ensure their effectiveness?	44.8 (78)	53.4 (93)		1.7 (3)	43.3 (90)	32.7 (68)	17.3 (36)	6.7 (14)
28. Would you like to receive training on nutrition-related school health issues?	64.4 (112)	31.0 (54)		4.6 (8)	50.5 (105)	24.5 (51)	21.2 (44)	3.8 (8)
29. Do you have a nutrition-related policy in your school district?	33.3 (58)	17.2 (30)	44.8 (78)	4.6 (8)	40.9 (85)	15.4 (32)	39.4 (82)	4.3 (9)

72. Age:

	School Board Member 2001 % (N)	School Board Member 2004 % (N)
25 years or under	0	2.9 (6)
26-35 years	(4.6 (8)	17.8 (37)
36-45 years	22.4 (39)	33.7 (70)
46-55 years	37.4 (65)	43.3 (90)
56 years and over	35.1 (61)	2.4 (5)
Non Response	.6 (1)	2.4 (5)

73. Gender:

	School Board Member 2001 % (N)	School Board Member 2004 % (N)
Female	47.7 (83)	55.3 (115)
Male	51.7 (90)	42.3 (88)
Non Response	.6 (1)	2.4 (5)

74. Which of the following best describes your ethnicity? (Check All that Apply)

	School Board Member 2001 % (N)	School Board Member 2004 % (N)
White	75.3 (131)	79.3 (165)
Black or African American	2.9 (5)	1.4 (3)
American Indian/Native American	1.7 (3)	2.4 (5)
Asian		2.9 (6)
Asian/Pacific Island	.6 (1)	1.0 (2)
Other {please specify}	6.3 (11)	6.3 (13)
Non Response	4.6 (8)	6.7 (14)

75. Do you consider yourself:

	School Board Member 2001 % (N)	School Board Member 2004 % (N)
Hispanic	10.9 (19)	9.1 (19)
Non-Hispanic	81.0 (141)	76.0 (158)
Non Response	8.0 (14)	14.9 (31)

76. What has most motivated you to become a school board member? (Check Only One)		
	School Board Member 2001 % (N)	**School Board Member 2004 % (N)**
Educational Background	20.1 (35)	17.3 (36)
Involvement in the Community	34.5 (60)	36.1 (75)
Interest in Children's Issues	25.9 (45)	20.7 (43)
Interest in School District Finances	3.4 (6)	4.8 (10)
My Children Attend School in the District	10.9 (19)	9.6 (20)
Other	40. (7)	6.3 (13)
Non Response	1.1 (2)	5.3 (11)

APPENDIX D

Cover Letter & Postcard Information Sent to School Board Members

PRE-NOTICE POSTCARD

In one week you will receive a survey designed to better understand what education resources and tools can be provided to ensure schools have a healthy nutrition and physical activity environment. We would like to receive your input.

The survey is part of a joint effort between the California School Board Association, California Department of Health and Public Health Institute, and California Project Lean, to promote healthy eating and physical activity.

We encourage you to take an active role in ensuring the health of our children by completing the upcoming survey.

If you have questions, or would like additional information on this project, please contact Peggy Agron at (916) 327-3020 or Kelli McCormack Brown at 1-888-USF-COPH (873-2674).

LETTER SENT TO SCHOOL BOARD MEMBERS

April 2004

Dear School Board Member,

The California School Board Association, in a joint effort with the California Department of Health Services and the Public Health Institute, California Project LEAN (Leaders Encouraging Activity and Nutrition), is proud to promote healthy eating and physical activity.

Research shows that today's youth are at risk for heart disease, type 2 diabetes and cancer in adulthood due to many factors — one of which is the rise in adolescent obesity. Healthy eating patterns and adequate physical activity are essential for students to achieve their full academic potential, full physical and mental growth, and lifelong health and well-being.

As an outgrowth of its high school-based work, California Project LEAN was awarded a grant to conduct formative research with local policymakers, including school board members, superintendents and principals, to better understand what education, resources and tools can be provided to ensure schools have a healthy environment.

Your responses to the enclosed survey, along with other relevant research, will be used to assess the progress that has been made in helping school districts, communities and others address the role that schools continue to play in helping children develop good nutrition and physical activity habits.

Completing the survey is voluntary and will take less than 10 minutes of your time. Individualized responses will be completely confidential. Once compiled, the survey results and recommendations will be shared with school districts.

The University of South Florida has been contracted to assist in the development, analysis and reporting of this research. Please return the survey booklet to them in the enclosed self-addressed, stamped envelope. The University of South Florida's Institutional Review Board has approved this study (IRB# 99.333).

Educators and public health professionals realize that an appropriate diet and adequate physical activity can improve problem-solving, test scores and school attendance rates. We encourage you to take an active role in ensuring the health of our children by completing the enclosed survey. If you have questions, or would like additional information on this project, please contact Peggy Agron at (916) 552-9883, or myself at (916) 371-4691.

Sincerely,

Scott P. Plotkin
Executive Director
California School Boards Association

Peggy Agron
Program Chief
California Project LEAN

THANK YOU/REMINDER POSTCARD

Recently you received a survey to better understand what education resources and tools can be provided to ensure schools have a healthy nutrition and physical activity environment.
Unfortunately we have not received your completed survey.

The survey is part of a joint effort between the California School Board Association, California Department of Health and Public Health Institute, and California Project Lean, to promote healthy eating and physical activity.

Please call Kelli McCormack Brown at 1-888-USF-COPH (873-2674), University of South Florida and request another survey to be sent to you.