



Rhode Island School Nutrition Environment Evaluation: Vending and a La Carte Food Policies

Rhode Island Department of Education ♦ Centers for Disease Control and Prevention
ETR Associates - Education • Training • Research

Phase II Executive Summary

Background

Since 2001, RIDE has provided all 36 Rhode Island school districts with technical assistance in the development and promotion of policies to enhance the school nutrition environment. Districts have been encouraged to create and implement comprehensive wellness policies that include components to increase the nutritional value of vending machine and a la carte food offerings as well as promoting nutritious choices in other areas where food is used or sold. These district level wellness committees focusing on nutrition and physical activities were created prior to any state or federal legislation. In addition to state efforts, the federal Child Nutrition and WIC Reauthorization Act of 2004 has required all school districts that participate in federal child nutrition programs across the nation to develop local wellness policies to address childhood obesity. The Act required participating districts to develop local wellness policies by the start of the 2006-2007 school year.

In 2004, the Rhode Island Department of Education (RIDE), the Centers for Disease Control and Prevention (CDC), and ETR Associates partnered to assess Rhode Island school districts' progress in implementing policies or directives to enhance the school nutrition environment, particularly the vending and a la carte food environments. The Rhode Island Healthy School Environment Study involved two phases. In Phase I, interviews were conducted with 72 district level administrators from 31 of Rhode Island's 36 school districts in fall 2004. In Phase II case studies were conducted with 11 schools from six districts during April-September 2005.

Case study participants reported on their awareness of the specifics of district and school-level nutrition policies; how these policies were implemented, including barriers and supports; and the perceived impact of policies implemented. These data were collected through:

- Focus groups with students (n=11 groups) and teachers (n=11 groups)
- Interviews with principals (n=11) and with food service representatives (district level managers of the contracted food service company) (n=6)
- Interviews with elected district school committee members (n=6) and with Parent-Teacher Organization (PTO) presidents (n=6)
- Observations of the school nutrition environment (n=11)
- District level revenue data for vending and a la carte sales (n=4)

The results of the study demonstrate how districts have been able to move forward to create policies and to improve the nutrition environments in schools in advance of federal mandates. The experiences and lessons learned by these early adopter districts can help guide districts across the country in the early stages of wellness policy development and implementation.



Lessons Learned from Rhode Island's State-Mandated Wellness Policy Development Process: Improving the Nutrition Environment

Policy Development

- ❖ By fall 2005, three of the six case study districts already had written nutrition policies, approved by the local school committee.
- ❖ Nutrition policy development and implementation was facilitated in all districts by the existence of one or more committees in place to address nutrition issues.
- ❖ School level involvement of students and teachers early in the policy development process was associated with increased awareness and acceptance of policies. In contrast, a lack of understanding of the rationale for and compromises involved in policy development led to some students and teachers resenting or questioning changes to the nutrition environment.

Policy Implementation

- ❖ Many changes were made gradually to a la carte and vending choices during the process of policy adoption. Frequently, changes were made over the summer to make the transition less abrupt. Other changes were implemented in advance of official policy change so that changes were made in stages, allowing students and staff to become accustomed to the idea that changes were on-going.
- ❖ Changes were less likely to affect food choices not controlled by the contracted food service company (fundraising, school stores, and classroom incentives). Fundraising activities and school stores have typically involved school personnel and others such as boosters, who have been exempt from school guidelines. Exceptions were often made for activities that helped earn funds for school activities. Teachers and principals reported that most principals ask teachers to implement policies in their classrooms that support district or school policies, however there is often limited monitoring at the classroom-level.

Policy Impact

- ❖ Compared with schools without nutrition policies in place, schools with approved nutrition policies had greater numbers of items meeting the state guidelines for healthier snacks available in the a la carte and vending machines.
- ❖ Although all schools were engaged in the process of making changes to the food environment, there was still an abundance of unhealthy food options available to students from multiple sources throughout the day.
- ❖ Changes in vending food options have had a mixed impact on revenue, depending on school and district. Across districts, changes varied where some caused an increase in revenue, some had no change in revenue, others had a dip and then stabilization of revenue, and some had a decrease in revenue.



Factors that Contribute to and Hinder Wellness Policy Development: Improving the Nutrition Environment

Contributing Factors

- ☉ *Pace of change* – Gradual changes to the nutrition environment allow students and staff to adjust to changes and helps districts strike a balance between a variety of needs and demands.
- ☉ *Written policies* – Official written policies help clarify guidelines and standards.
- ☉ *Education* - Informing the staff, students, and parents both formally and informally about the benefits and rationale of the changing nutrition environment helped make the process easier, engaged stakeholders, and reduced resistance to change.
- ☉ *“360°” whole school participation* – Districts with supportive partnerships between the School Committee, teachers, students, parents and the nutrition committee were able to move forward more readily with wellness policy development. These partnerships included active involvement in meetings and on committees, clear and open methods of communication, opportunities for formal and informal networking, and a shared commitment to making changes to the school culture around wellness issues.
- ☉ *Work with food service providers* – Districts with a positive working relationship with the food service provider were able to make changes more easily.
- ☉ *Dedicated staff* - Districts and schools with a diverse group of dedicated stakeholders involved in changing the nutrition environment were able to move more easily through the stages of policy development.
- ☉ *District-level support* - Support from the district helps give the Wellness Committee authority to recommend changes and can encourage cooperation from the food service provider.

Hindering Factors

- ✎ *Lack of transparency around food contracts* - Lack of information about contracts and regulations appear to have discouraged some teachers, students, and staff from actively participating in the change process.
- ✎ *Financial limitations* - Budget constraints may have made it difficult for schools or groups to risk forgoing resources from vending machines if healthier products do not sell as well.
- ✎ *Balancing multiple priorities at district level* - Conflicting priorities at the district level may have impeded the progress of nutrition policy development.



- ✦ *Perceived lack of cooperation from food service providers* – Some vendors may not have had the financial means or the network of suppliers to provide more nutritious or alternative food items requested by schools.
- ✦ *Lack of communication* - Many students and teachers were not involved in decision making or informed in advance of changes to the nutrition environment. This lack of information created frustration and resentment.

Recommendations on Ways to Support Ongoing Implementation of Nutrition Components of Wellness Policies¹

School and District Level Support

- ❖ *Student access to healthy snacks and beverages* - Revise policies to allow students to have food and water or snack breaks throughout the day.
- ❖ *A la carte lines* - Limit the number of days pizza, cookies and fries are served and limit the number of these items one student is allowed to buy.
- ❖ *Lunch periods* - Schedule lunch periods to provide students with enough time to purchase and eat food and develop strategies to decrease wait times to encourage the selection of healthier food.
- ❖ *Vending machines* - Ensure that **all** vending machines operated by all providers on campus provide food and beverages of equal or comparable nutritional content in compliance with the established wellness policy.
- ❖ *Support teachers in the use of alternative incentives* - Provide examples and encourage teachers to use alternatives to candy and other less healthy food as classroom incentives.
- ❖ *Nutrition education* - Provide nutrition education to students on how to make healthy food choices and understand food labels and the nutritional content of food within the context of what is being offered in schools.
- ❖ *Professional development for teachers and staff* - Provide education to teachers and staff on nutrition and the guiding principles of wellness policy development.
- ❖ *Revenue from food items* - Address fundraising and nutrition with all school community members involved with food sales. Provide fundraising guidelines, healthier food options and alternative fundraising products to support school efforts to balance nutrition and revenue.
- ❖ *Create “whole-school” involvement* - Increase the visibility of wellness nutrition efforts through inclusion in strategic plans, marketing plans, parent-teacher organization activities, and publication of committee activities.



¹ Derived from interviews with students, teachers, food service directors, principals, school committee members, PTO presidents and other school nutrition advocates

State Departments of Education & Health Support

- ❖ *Promote positive impact of change* - Highlight the positive outcomes that have occurred in districts that have begun the implementation of nutrition policies. Ask principals to share their change strategies and positive changes they have observed with other principals and food service directors and providers.
- ❖ *Provide technical assistance* - Advise districts in contract negotiations with food service providers on key components for compliance with wellness policy implementation and other state and local mandates; encourage the inclusion of a mechanism to include school level input.
- ❖ *Provide resources and strategies* – Identify ways for districts to recuperate lost revenues from changes to the nutrition environment, if revenues are lost.
- ❖ *Provide recommendations/action items* – Describe a variety of effective ways to implement each component of wellness policies, including viable alternatives to existing approaches (e.g. sources of non-food fundraiser choices and healthier food and beverage options for snack bars, school stores, and sporting event concessions).

For More Information on Rhode Island Efforts to Improve the School Nutrition Environment

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