

YES!

Youth,
Education,
& Society

Results on School Policies and Programs
Overview of Key Findings

2009

A Study Supported by the Robert Wood Johnson Foundation

YOUTH, EDUCATION, AND SOCIETY
RESULTS ON SCHOOL POLICIES AND PROGRAMS

Overview of Key Findings, 2009

by

**Lloyd D. Johnston
Patrick M. O'Malley
Jerald G. Bachman
John E. Schulenberg**

**The University of Michigan
Institute for Social Research**

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Contents

Acknowledgments	ii
Executive Summary	v
What School Factors Were Associated With Fewer ATOD Problems?	v
How Common Was School Drug Testing of Students?	v
Physical Education in Schools: What Were Schools Doing?	v
What Were the Most Common Nutritional Policies and Practices in Schools?	v
Project Description	1
The Purpose of the Project	1
A Description of the Questionnaire	1
A Description of Participating Schools	1
Alcohol, Tobacco, and Other Drug Use: Challenges in Today’s Schools	2
Ratings of School Problems	2
Comparison of Public and Private Schools	3
Comparison of Middle and High Schools	3
Meeting the Challenge of ATOD Use in Schools	4
Barriers to Implementing Substance Abuse Prevention Programs	4
School Factors Related to ATOD Problems	4
1. School Services	4
2. Professional Care Providers	5
3. Racial Composition	5
4. Staff Smoking	5
5. School Uniforms	5
6. Parental Involvement	5
Resources Available to Address ATOD Problems	6
Counseling Staff and Services	6
School Programs and Services	7
Tobacco Cessation Services	7
ATOD Prevention Programs	7
School Drug-Testing Policies and Procedures	8
ATOD Summary	8
Student Participation in Physical Education	10
Promoting Physical Activity and Fitness	10
Physical Education Summary	10
Food and Nutrition Policies and Programs in Schools	11
School Meal Planning	11
School Lunch Options	11
Vending Machines, Snack Bars/Carts, School Store	12
Food Vending Provided by a Company	12

Food and Beverage Vending Decisions and Profits..... 13

Exclusive Beverage Contracts 15

Efforts to Improve Student Nutrition 16

School Wellness Policies 17

Effectiveness of School Wellness Policies 18

Food and Nutrition Summary 18

Conclusions..... 19

Executive Summary

Today's school administrators face multiple challenges, from raising accountability and achievement standards to creating safe, drug-free learning environments and, more recently, to attending to the growing problem of obesity among youth. This report provides key findings from the Youth, Education, and Society (YES) study of school policies concerning physical education (PE) and nutrition as well as alcohol, tobacco, and other drug (ATOD) prevention programs and school activities. The following are some of the highlights from the 2009 nationwide survey:

What School Factors Were Associated With Fewer ATOD Problems?

- Less staff smoking and more parental involvement were associated with fewer reported ATOD problems.
- Schools in which African-American students are in the majority showed lower than average ATOD use.

How Common Was School Drug Testing of Students?

- In 2009, about one in four schools (23%) tested some students for illicit drug use.
- Suspicion or cause was the most common reason for drug testing, followed by athletic team participation.

Physical Education in Schools: What Were Schools Doing?

- Half of all schools (50%) required PE for the surveyed grade (8, 10, or 12), but the percentage of schools that required PE varied considerably depending on grade level, with PE much less likely to be required in higher grades.
- About two of three schools (65%) reported that they give physical fitness tests to the students in their surveyed grade.

What Were the Most Common Nutritional Policies and Practices in Schools?

- Most schools (83%) participated in the USDA reimbursable National School Lunch Program, and half (50%) participated in the USDA-sponsored Team Nutrition program.
- High schools were more likely to have vending machines and school stores than middle schools.
- Middle schools were more likely than high schools to restrict access to soft drink vending machines.

Project Description

The Purpose of the Project

The School Policies and Programs Questionnaire was administered in a national sample of schools in order to collect information about how school policies and prevention programs affect young people's behavior and attitudes regarding alcohol, tobacco, and other drug (ATOD) use. Questions about school activities and policies regarding physical education (PE) and nutrition were added to the annual series of school surveys in 2003 and 2004, respectively. Ultimately, the goal of this project is to determine which policies and programs are most effective in reducing students' obesity levels and ATOD use and to inform policymakers and school administrators of the results.

A Description of the Questionnaire

The School Policies and Programs Questionnaire was mailed in the spring and summer of 2009. The project has collected information on ATOD since 1998, PE since 2003, and nutrition since 2004. The information presented in this report reflects responses to the 2009 survey. On some occasions, comparisons over the 12-year period are drawn for the ATOD data. The questionnaire asked about the following:

- General characteristics of the school, teaching staff, and students
- Resources available to students in the school and local community
- PE programs
- School nutrition policies and programs
- School policies and practices regarding alcohol, tobacco, and other drug use
- Types of ATOD prevention programs taught in the school (and/or its feeder schools)

A Description of Participating Schools

A total of 164 secondary schools across the nation participated in the YES study in 2009, reflecting a response rate of 83%. The schools selected to be surveyed came from a national sample of schools cycling out of the Monitoring the Future (MTF) student survey after two years of participation (i.e., in 2008 and 2009). At each grade (8, 10, and 12), an independent sample of schools was invited to participate in the MTF study. They were drawn originally with probability proportionate to estimated school size. The 2009 YES survey of school administrators contained:

- 141 public and 23 private schools
- 53 junior high/middle schools and 111 high schools
- 36 schools from the Northeast region, 38 schools from the Midwest, 56 schools from the South, and 34 schools from the West

The primary respondents to the questionnaire were school principals (63%), followed by counselors, teachers, and other school administrators. In most cases, however, the primary respondents at schools relied on additional school staff—most often the director of food services—to help gather information to complete the questionnaire.

Alcohol, Tobacco, and Other Drug Use: Challenges in Today’s Schools

Ratings of School Problems

We asked respondents to rate the severity of various problems in their school on a scale of 1 (“not a problem”) to 5 (“a serious problem”).

The Percentage and Average Ratings on School Problems

Type of Problem	Not a Problem		Somewhat of a Problem		A Serious Problem	Average Rating (1–5)
	1	2	3	4	5	
Academic underachievement	10%	21%	38%	24%	7%	3.0
Student disrespect of teachers	24%	34%	27%	10%	4%	2.3
Alcohol, tobacco, & other drug use	23%	42%	26%	7%	2%	2.1
Gang activity	59%	26%	8%	5%	2%	1.7
School violence	52%	34%	12%	1%	1%	1.6
Racial tension among students	57%	34%	6%	3%	0%	1.5

Of the six types of problems, respondents reported that academic underachievement, student disrespect of teachers, and ATOD use by students were the most serious problems in their schools. In eight of the twelve years of the survey, the ATOD problem ranked second only to academic underachievement.

In 2009, respondents were asked to rate separately the severity of the alcohol, tobacco, and illicit drug use problems that their school faced:

- Percent of schools that reported **alcohol** use was at least somewhat of a problem: 38%
- Percent of schools that reported **illicit drug** use was at least somewhat of a problem: 37%
- Percent of schools that reported **tobacco** use was at least somewhat of a problem: 32%

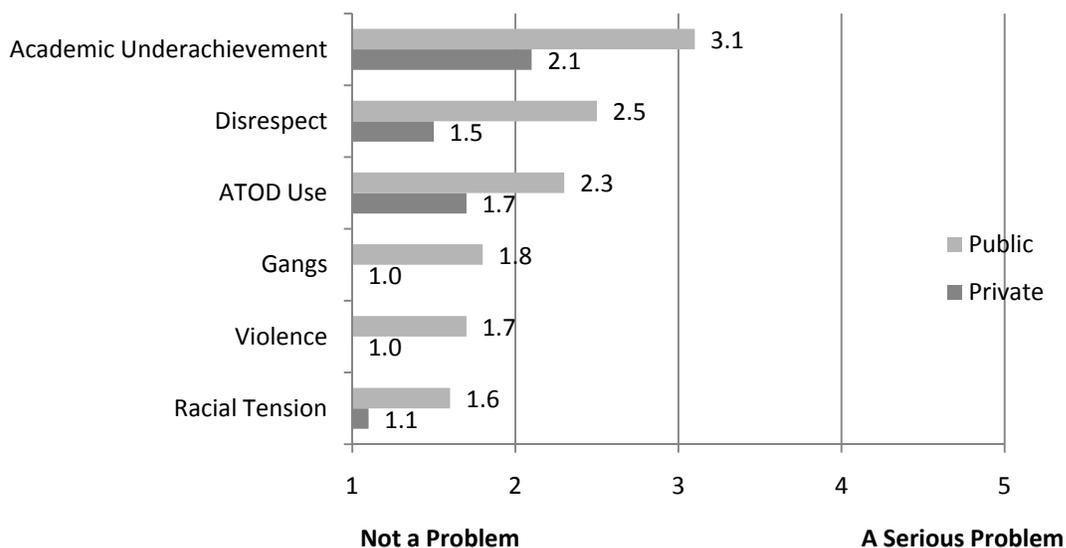
According to administrators’ ratings, alcohol use was the most serious ATOD problem in private schools, while illicit drug use was the most serious problem in public schools.

Gang activity, school violence, and racial tension among students were not considered a serious problem in most schools.

Comparison of Public and Private Schools

In the figure below, we compare the average rating of each problem for public and private schools. Administrators in public schools reported **significantly more** challenges than administrators in private schools for all problems listed.

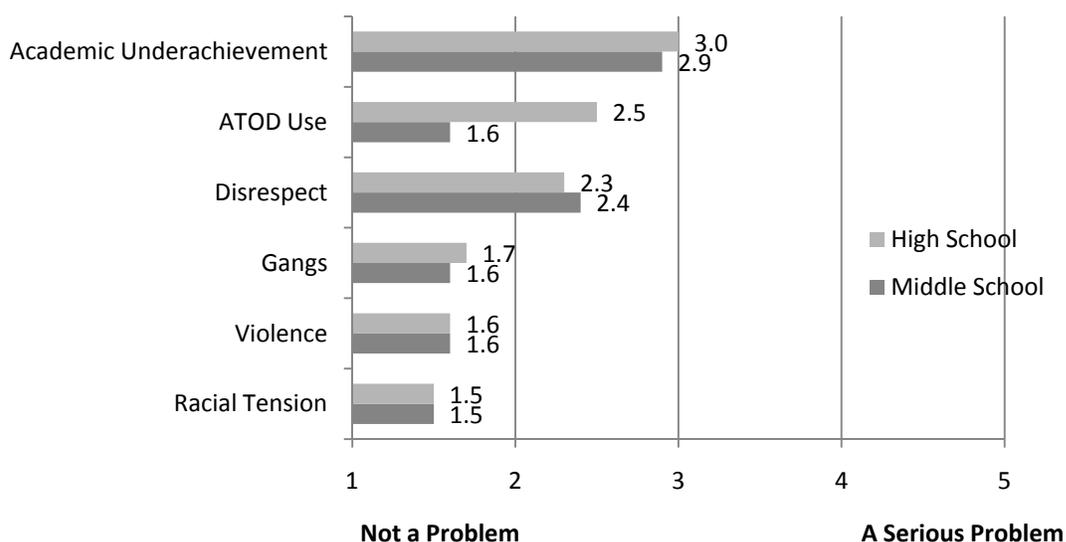
Average Rating on Various School Problems for Public and Private Secondary Schools



Comparison of Middle and High Schools

We also compare how administrators in middle schools and high schools rated each of these problems. The only problem that differed **significantly** between middle and high schools was reported ATOD use—respondents from high schools rated this as a more serious problem than did respondents from middle schools.

Average Rating on Various School Problems for High Schools and Middle Schools



Meeting the Challenge of ATOD Use in Schools

Barriers to Implementing Substance Abuse Prevention Programs

In the 2009 questionnaire, we asked respondents about potential barriers to implementing ATOD prevention programs in their schools. The table below shows the percentages of respondents that identified the following as important barriers to implementing prevention curricula:

Important Barrier	Percent of Schools
Competing demands for teaching other subject areas	70%
Lack of time for teacher training	54%
Lack of money/resources for teacher training	52%
Lack of money/resources for purchasing instructional materials	45%
Lack of adequate instructional materials	20%
Substance use prevention not a high priority for teachers	18%
Inability to identify an effective program	18%
Substance use prevention not a high priority for school or district administrators	17%
Resistance from parents for teaching substance use prevention	5%

Respondents reported that competing demands and lack of time and resources were the most important barriers to teaching drug use prevention in schools. These results held true across public, private, middle, and high schools.

School Factors Related to ATOD Problems

We asked respondents about many school resources and practices, and examined whether any of these resources and practices were **related** to school ATOD problems. Note that the relationships are associations, which do not prove causation. When looking at all 12 years of survey data, we found the following associations:

1. School Services

We found a positive relationship between reported ATOD problems and the total number of counseling and prevention services available. (The full list of school services is illustrated in the upper figure on page 6.) Schools that reported **more ATOD problems** offered **more counseling and prevention services**. The services in some schools may have exposed existing problems or may have been established in reaction to drug use or other student problems.

2. Professional Care Providers

Respondents were asked to indicate which professional care providers were employed in their school. (The full list of care providers is illustrated in the lower figure on page 6.) The ratio of professional, full-time care providers to students is related to the severity of the ATOD problem in schools, although it is not a very strong relationship. The **more care providers**, the **higher** the reported ATOD problem in schools, suggesting that more care providers were made available in schools with the most pressing need.

3. Racial Composition

There was a strong relationship between racial composition and reported ATOD problems in all types of schools. Schools that had **more African-American students** were **much less** likely to report problems with student ATOD use than schools with primarily White students. This relationship is consistent with findings from the Monitoring the Future study that African-American students have lower rates of smoking, drinking, and drug use on average than White students.¹

We also found that **poorer race relations** were strongly correlated with **higher** reported ATOD problems in all types of schools.

4. Staff Smoking

We asked respondents if there was a location in their school or on school grounds where staff members are permitted to smoke, and what percentage of staff smoke regularly. When all 12 years of data were combined, we found that private schools were more likely than public schools to allow staff smoking at school. In private schools where staff members were permitted to smoke on school property, respondents were more likely to report student ATOD problems than in private schools where staff members were not permitted to smoke. There were no differences in public schools.

Public schools that had a **higher percentage of staff who smoked regularly** reported **greater** tobacco use problems among students. So, it appears that smoking by faculty and staff may have a modeling effect on students with regard to smoking.

5. School Uniforms

Respondents were asked if students in the school were required to wear specific school uniforms. In 2009, about one in five schools (21%) required school uniforms (16% of public schools and 57% of private schools). Middle schools were more likely (30%) than high schools (17%) to require uniforms. We found that schools that required school uniforms reported a significantly lower ATOD problem than schools that did not.

6. Parental Involvement

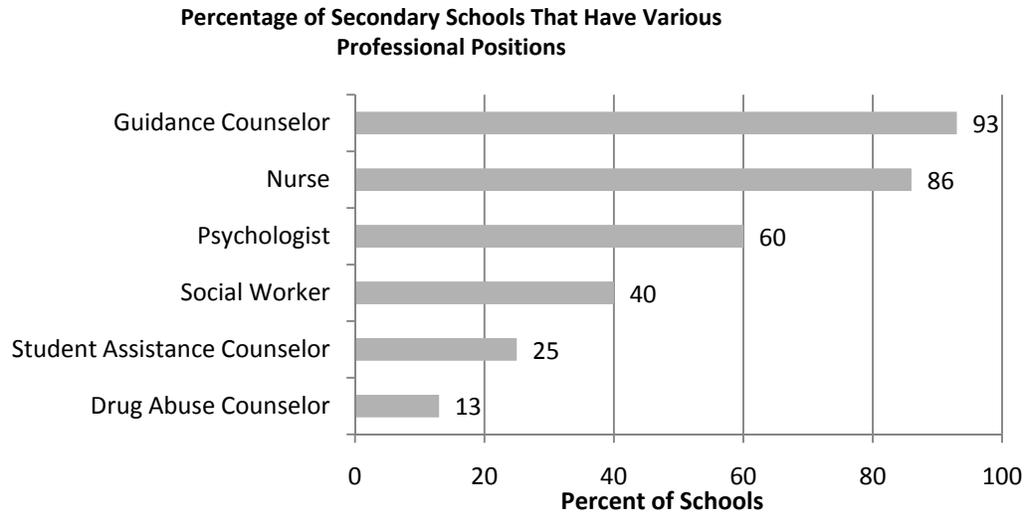
We found that **greater parental involvement** in schools was significantly related to **lower** reported tobacco and illicit drug use problems among students across all 12 years of our study. This relationship was particularly significant for middle and public schools.

¹ Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2009). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2008* (NIH Publication No. 09-7401). Bethesda, MD: National Institute on Drug Abuse.

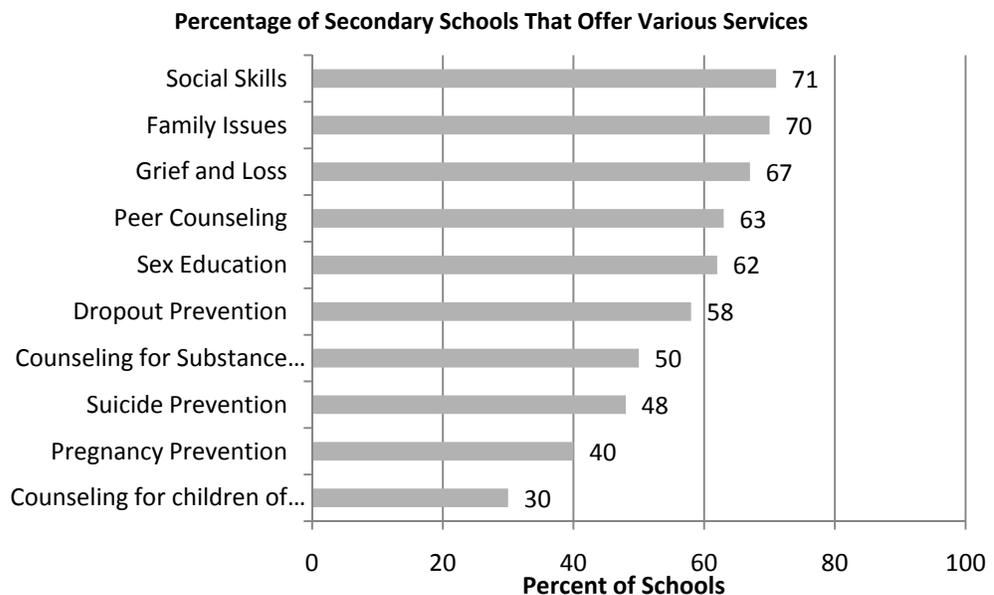
Resources Available to Address ATOD Problems

Counseling Staff and Services

The questionnaire included an item asking which **health care providers** and **other professionals** were available to students. While only 13% of schools said they had a drug abuse counselor, 50% of schools reported offering counseling to students who are substance abusers. Where there was no drug abuse counselor, this type of counseling was carried out by the school guidance counselor, other staff members, or outside counseling services.



We also asked whether specific **counseling and prevention services** were offered to students. The majority of schools offered each of the services listed, with the exceptions of suicide prevention, pregnancy prevention, and counseling for the children of substance abusers.



School Programs and Services

We found that schools in our sample had a variety of ways to deal with their ATOD problems. Responses included the following:

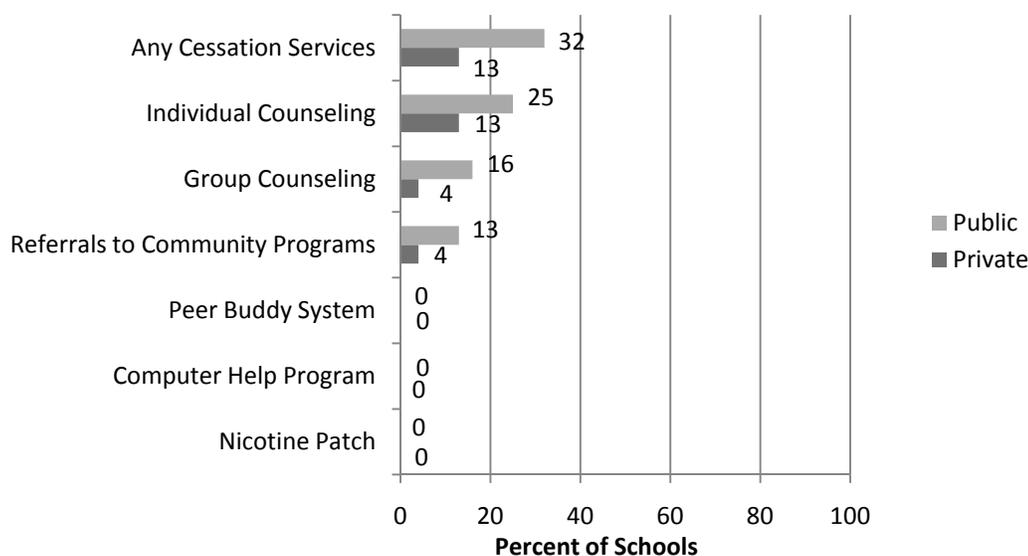
- Personalized ATOD intervention counseling services offered in the school and referrals to services outside the school
- School-sponsored extracurricular activities and groups to divert students from drug use
- Community-sponsored groups and activities
- Commercially and locally developed prevention programs taught in the classroom on a regular basis to all or most students

Some of these measures and their relation to other school issues are described next.

Tobacco Cessation Services

We asked respondents about the specific types of tobacco cessation services available to students. Although the majority of schools surveyed in 2009 offered no services, public schools were more likely to offer some kind of tobacco cessation service to their students than private schools. The graph below illustrates the percentage of schools that offered each service.

Tobacco Cessation Services Offered in Public and Private Secondary Schools



ATOD Prevention Programs

Commercially and locally developed prevention programs were taught in the classroom on a regular basis to all or most students. Many schools used locally- or state-developed curriculum materials in teaching ATOD prevention to their students rather than packaged, commercially sold programs.

- Most schools (71%) taught ATOD prevention programs in health education classes.

- Less than half of schools (43%) also taught ATOD prevention programs in regular classes other than health education.
- About one fifth of schools (22%) reported teaching additional ATOD prevention programs aside from those taught in regular classes.

The Drug Abuse Resistance Education program (D.A.R.E.) was the most popular commercial ATOD prevention program taught in schools. Less than half of 2009 schools (41%) reported that their students were taught the D.A.R.E. program, but that percentage has been on the decline since 2002 when the majority of schools (62%) reported that their students were taught D.A.R.E.

School Drug-Testing Policies and Procedures

Drug testing of students is still not a common practice in U.S. schools. In 2009, only 23% (37 schools) of the surveyed secondary schools said that they tested any students for illicit drug use. The table below shows the percentage of schools that tested particular student groups. (Some schools tested more than one group of students.) Testing students based on suspicion or cause was the most common reason for drug testing, followed by testing students on an athletic team.

Groups Tested	Percent of Schools
Students based on suspicion or cause	12%
Students on an athletic team	11%
Students in other extracurricular activities	10%
Students on school probation	4%
Students who volunteered for testing	2%
Students randomly selected from among all students	1%
All students	0%

In 2009, nineteen schools (12%) reported using **at least one method** for carrying out **random** drug tests on student athletes, students in extracurricular activities, student drivers, or a sample of all students. Most of these schools used urine tests (18 schools), none used a hair test, none used an oral swab, but one school used a breathalyzer. Two schools (1%) reported testing student athletes for anabolic steroids.

ATOD Summary

While academic underachievement was the most highly rated problem facing schools, administrators in our study still identified ATOD prevention as an important issue. Respondents also indicated that there are critical barriers to implementing effective ATOD prevention programs in schools, most importantly competing demands and lack of time and resources. These results held true across public, private, middle, and high schools.

School factors correlated with more ATOD problems include more school services and professional care providers, staff smoking, and poorer race relations. Factors correlated with fewer ATOD problems include greater parental involvement, and greater percentages of African-American students. Obviously, these relationships may not all reflect a causal association.

Most schools used locally or state-developed curriculum materials in teaching ATOD prevention to their students rather than packaged, commercially sold programs. In some cases, elements of various commercial programs were combined with locally developed programs. Usually ATOD prevention was taught in health education classes. Less than half (41%) of schools in 2009 reported their students were taught D.A.R.E., and, as previously mentioned, that percentage has been on the decline since 2002.

In this year's survey, 23% of schools tested some students for illicit drug use. While some schools tested more than one group of students, school administrators reported that suspicion or cause was the most common reason for drug testing, followed by athletic team participation. Very few schools (1%) reported testing for anabolic steroids. Results from the Monitoring the Future study have shown that steroid use among secondary school students has fallen appreciably in recent years without testing.

Student Participation in Physical Education

In 2009, school administrators were asked about student participation in physical education (PE) classes at the survey target level in their school—8th, 10th, or 12th grade. School administrators were asked whether their school required PE, what percentage of students took PE, how many days per week the students had PE class, the normal length of PE classes, and what percentage of boys and girls were involved in interscholastic/varsity sports or intramural sports/physical activity clubs. Below are the average or proportional responses for each of the questions on PE **for the total sample of schools:**

- Percent of schools that required PE in the target grade: 50%
- Percent of schools that required PE to be taken in some grade in their school: 98%
- Average percent of students who took PE: 65%
- Average number of days of PE class per week: 4 days
- Normal length of PE class: 56 minutes
- Average percent of boys in interscholastic/varsity sports: 37%
- Average percent of girls in interscholastic/varsity sports: 31%
- Average percent of boys in intramural sports or physical activity clubs: 18%
- Average percent of girls in intramural sports or physical activity clubs: 15%

Overall, 50% of schools required PE for the target grade, but the percentage decreased sharply at higher grade levels. Nearly all schools required PE to be taken in some grade in their school.

Promoting Physical Activity and Fitness

In 2009, about one quarter (28%) of schools reported that significant activities were underway to promote physical activity among students. These efforts were often part of a comprehensive school wellness policy that was being implemented to promote a lifetime of good health.

About two of three schools (65%) reported that they gave **physical fitness tests** to students in their sample grade. About one in three schools (37%) measured students' **body mass index (BMI)**. A majority of schools that gave fitness tests and measured BMI provided the results to parents or guardians.

Middle schools were more likely to report significant activities underway in their schools to promote physical activity, to require PE, and to give physical fitness tests than were high schools in the study. Middle schools were also more likely to provide the results of the BMI tests and physical fitness tests to parents or guardians.

Physical Education Summary

Half of schools (50%) required PE for the target grade; this percentage decreased sharply at higher grade levels. Two of three sample schools reported that they gave physical fitness tests, and one in three reported that they measured students' BMI. About one quarter (28%) of sample schools reported that significant activities were underway to promote physical activity among students.

Food and Nutrition Policies and Programs in Schools

In 2009, school administrators were asked a number of questions about school food and nutrition programs in their school. Food service managers were the primary respondents for this section of the questionnaire. The following are some of the interesting findings to emerge:

School Meal Planning

In 2009 all schools reported offering lunch to students, while most (80%) offered breakfast. At lunch time, à la carte items were available in eight of ten schools (80%); high schools were slightly more likely to offer à la carte items than middle schools.

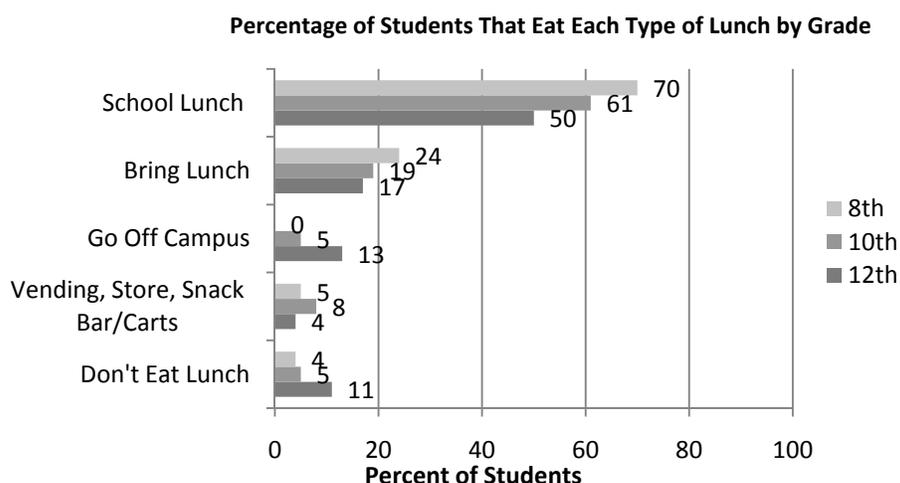
Most schools (83%) participated in the USDA reimbursable National School Lunch Program, and one half (50%) participated in the USDA-sponsored Team Nutrition program. Most schools (72%) reported that food service menu decisions were made at the district level, while 27% reported that their school was involved in the decision making, and 9% reported that external contractors were involved.

School Lunch Options

School administrators were asked what percentage of students in their target grade—8th, 10th, or 12th—ate lunch offered by the school, brought their lunch, went off campus to buy lunch, did not eat, or ate food from vending machines, a school store, or snack bars/carts. Here are the average responses for all schools in the sample:

- Percent of students who ate the school lunch (including à la carte): 61%
- Percent of students who brought their own lunch: 20%
- Percent of students who did not eat lunch: 7%
- Percent of students who went off campus to buy lunch: 5%
- Percent of students who bought lunch from vending machines, store, or snack bar/carts: 5%

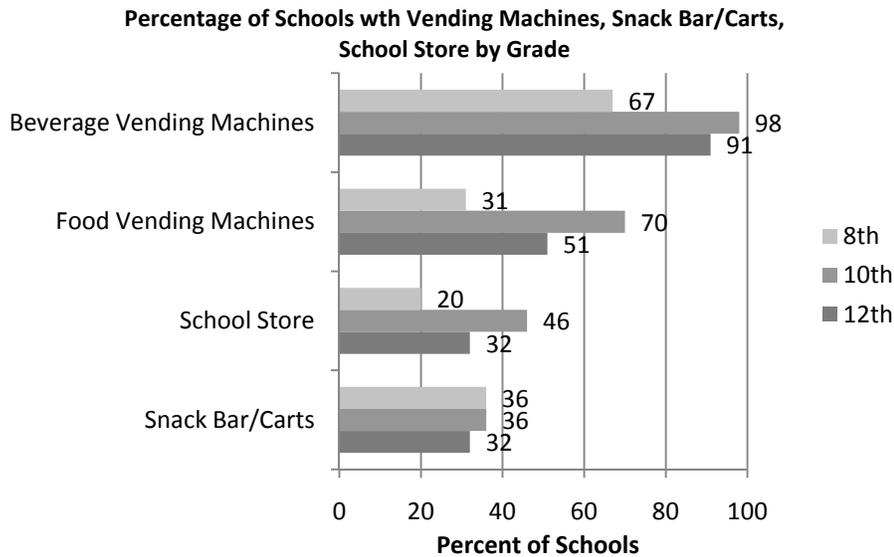
High school students were more likely than middle school students to go off campus to buy lunch, or not eat, while middle school students were more likely to eat the school lunch or bring a lunch.



Vending Machines, Snack Bars/Carts, School Store

Vending machines selling beverages were available in five of six schools (84%), and vending machines selling food or snacks were available in about half (49%). Less than half (40%) of high schools and 13% of middle schools reported selling regular soft drinks from one of these venues in 2009.

When school responses were compared by their survey target grade, we found that high schools were more likely to have vending machines and school stores than were middle schools.

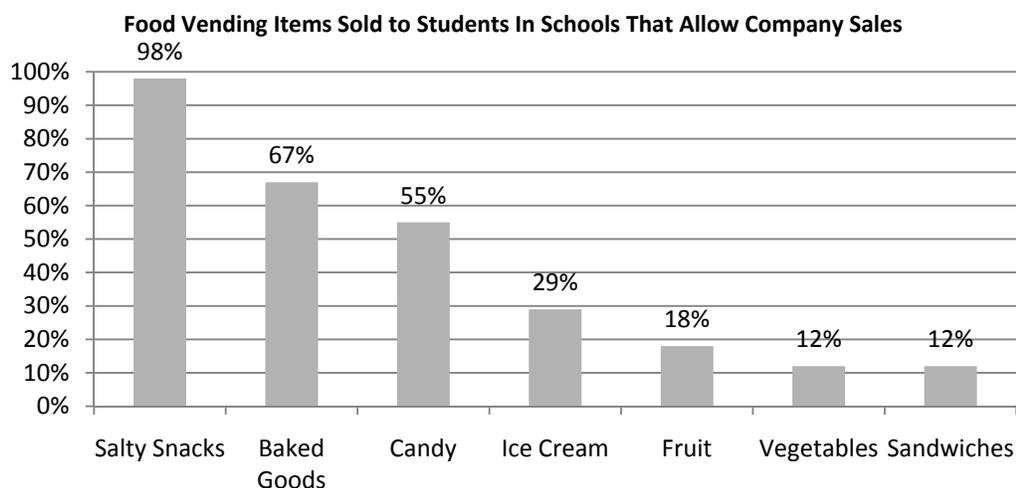


During the school day, middle schools were more likely to restrict access to their soft drink vending machines than were high schools.

Food Vending Provided by a Company

Since 2006, fewer schools have reported having food vending machines for students. In 2006 about two of three schools (63%) had food vending machines, but by 2009 that percentage had declined to one of two (49%). Among schools with food vending machines in 2009, most schools (81%) allowed a vending company or soft drink bottler to sell food items in their student vending machines.

We asked the schools that **allowed a company to sell items** in their food vending machines what specific items were offered. The following food items (in order of frequency) were offered to students: salty snack items (chips, Fritos, crackers, pretzels, etc.), sweet baked goods (cookies, cakes, etc.), candy, ice cream or frozen yogurt, fruit, vegetables, and sandwiches.



Administrators in schools that allowed companies to sell food items in student vending machines were also asked who provided the specific items for sale—a soft drink bottler, a vending company, or the school itself. Overall, vending companies (rather than soft drink bottlers or the school itself) were most often responsible for providing the items that were available in food vending machines. This was especially true for the less-healthy snack items offered in food vending machines in 2009:

- When some kind of salty snack item(s) (chips, Fritos, crackers, pretzels, etc.) was offered, 75% of schools reported that it was provided by vending companies.
- When candy was offered, 81% of schools reported that it was provided by vending companies.
- When some kind(s) of sweet baked good (cookies, cakes, or other sweet baked goods) was offered, 75% of schools reported that it was provided by vending companies.

But for more healthy items, which were not as common in student vending machines, administrators reported that the school itself was most likely providing these items for vending sale, rather than the vending companies.

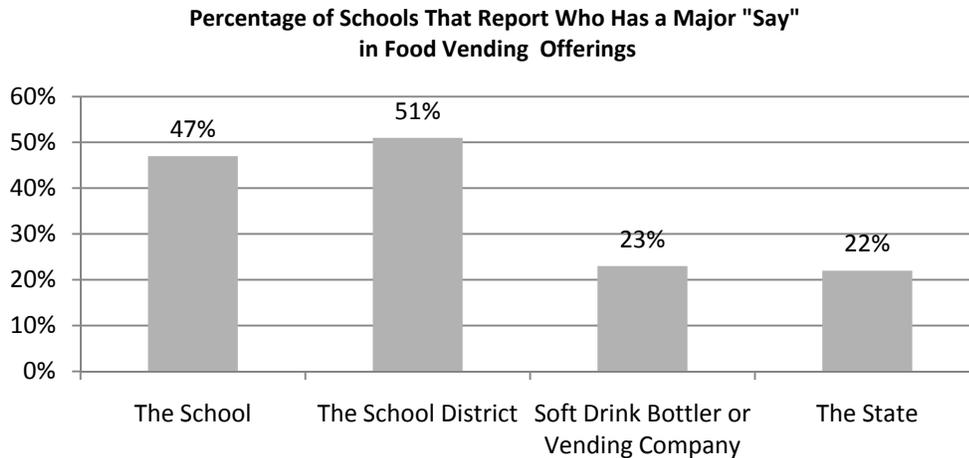
- When vegetables were offered, all eight schools reported that the school provided them.
- When sandwiches were offered, seven of eight schools reported that the school provided them.
- When fruits were offered, nine of twelve schools reported that the school provided them.

Thus, schools seemed to be more interested in providing healthier foods in student vending machines, while vending companies usually provided the less-healthy snacks.

Food and Beverage Vending Decisions and Profits

School administrators were also asked to report the profit their school made when a company was allowed to sell food items in student vending machines. In 2009, schools reported that they made on average (median) \$1,000 in profits from food vending machine sales to students. This compares to the average (median) of \$1,500 in profits that schools reported in profits from exclusive beverage contracts. (A median average is used here, because some schools reported that they made \$0 from vending and others reported quite high profits from food vending sales to students). We also asked

school administrators about decisions involving what food items were offered in student vending machines. For those schools that offered food vending to students, we specifically asked who had a major “say” in what was offered in these machines. Many administrators chose more than one category:

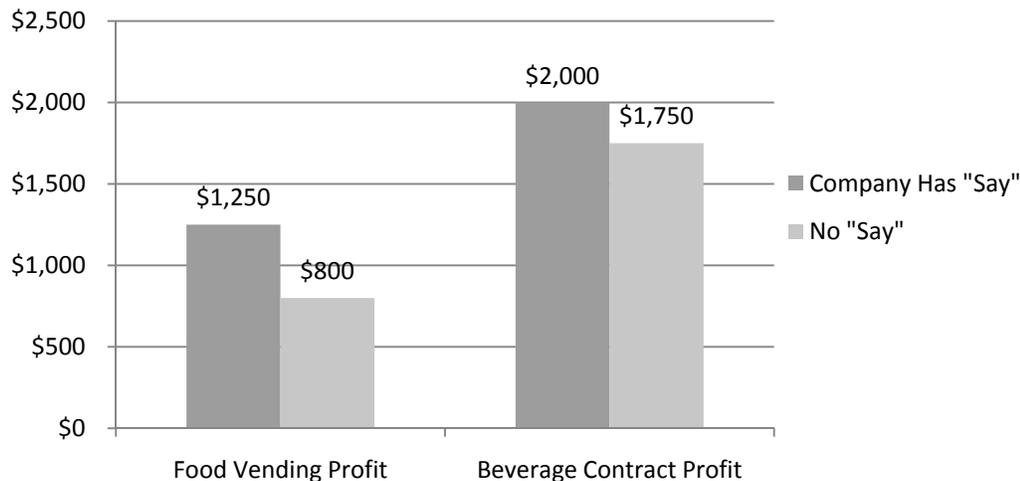


Eleven percent of respondents reported some other specific answer such as a wellness committee or other group within the school or district.

The soft drink bottler or vending company was ranked behind the district and the school itself in having a major say about the food items offered in vending machines. Administrators were also asked a similar question about who had a major say in deciding what beverages were offered in student vending machines. In the case of schools that had exclusive beverage contracts, only 19% of administrators reported that the soft drink bottler or other vending company had a major say in deciding what beverage items were offered in student vending machines at their school. This may reflect the fact that soft drink beverage vending has come under scrutiny by parents and schools recently.

When a soft drink bottler or vending company had a major say in what items were offered in vending machines, it appears that this affected the amount of profit that the school reported for these food and beverage sales in vending machines. The figure below illustrates the median profits reported by schools that reported that a company had a major say in beverage or food vending offerings, respectively, compared with those schools that did not report that a company had a major say.

Median School Profits for Food Vending and Beverage Contract Sales When Company Has a Major "Say" in Offerings



Exclusive Beverage Contracts

School administrators were asked whether their school or district had an exclusive contract with a beverage supplier (such as Coca-Cola, PepsiCo, or Cadbury Schweppes) to sell soft drinks and other beverages to students. In 2009, the majority (64%) reported that their school or district had such a contract. The percentage of schools with exclusive contracts has been on the decline since 2004, when 75% of schools reported such a contract.

- In 2009, nearly a third of schools (32%) reported that the exclusive contract was an agreement between the company and their school only, 44% reported that it was a district-only contract, while 24% reported that the agreement was made with both their school and district.
- Public schools (71%) were more likely than private schools (26%) to have an exclusive contract with a beverage supplier.
- High schools (69%) were more likely than middle schools (55%) to have an exclusive contract with a beverage supplier.

Administrators were also asked specifics about the terms and incentives of these beverage contracts that encouraged schools and districts to sell more beverages. In 2009 these terms and incentives were common. Of the districts having such contracts:

- 77% reported that their school or district received a specified percentage of beverage sales receipts
- 39% reported that their school or district received incentives, such as cash awards or donations of equipment, supplies, or other donations, once total beverage sales receipts exceed a specified amount
- 9% of schools allowed the beverage supplier to advertise (beyond on the vending machine itself) in their school building, school grounds, or school buses

How effective were these terms and incentives in increasing sales of beverages to students and increasing school profits? In 2009, on average schools reported \$1,500 (median) annual profit from these soft drink contracts, which ranged from \$0 reported profit to as much as \$55,000. In 2009, the contract terms and incentives designed to increase sales did seem to work:

- Schools that received cash and equipment incentives when beverage sales exceeded a specified amount reported an average \$2,000 (median) from beverage sales, compared to \$1,200 for schools without these incentives.
- Schools that received a specified percentage of the beverage sales receipts reported an average \$1,500 (median) from beverage sales, compared to \$1000 for schools without this incentive.
- Schools that allowed the beverage supplier to advertise (beyond the vending machine itself) in their school reported an average \$2,000 (median) from beverage sales, compared to \$1,500 for schools without advertising.

The advantage in beverage sales and profits due to these terms and incentives has been a consistent finding across all five years of data from this study, although the disparities seem to be gradually declining, as the overall reported school profits from beverage contracts has declined each year since 2004 (from an average of \$6,000 [median] in 2004 to \$1,500 in 2009).

Efforts to Improve Student Nutrition

With rising concerns about student nutrition and obesity, many schools in recent years have attempted to make changes in their school lunch program and policies regarding food sales. School administrators were asked if any significant activities were currently underway at their school or district to promote healthier eating and drinking practices among students. One in three (34%) schools reported efforts currently underway to improve student nutrition and health on campus.

- Most (71%) reported the establishment of a school wellness policy or program in their school or district to promote a lifetime of good health.
- Schools also reported that changes were being made to their nutrition guidelines. As a result, more nutritious foods such as fruits and vegetables were being offered to students at lunch and in vending machines, while less nutritious foods such as soft drinks, candy, and fried foods were being eliminated, or restrictions were being placed on their availability.
- Schools also reported added nutrition and wellness education through PE, health class, or after-school classes.
- A few schools mentioned that healthy eating promotions and nutrition teams or clubs were being started on campus.

Based on responses to other questions in the survey, these efforts appear to be making important changes to the foods offered in schools nationwide. Compared to data from 2004–2006, data from recent years of the survey confirm that schools are offering fewer unhealthy items in vending machines, school stores, snack bars/carts, and as à la carte lunch options.

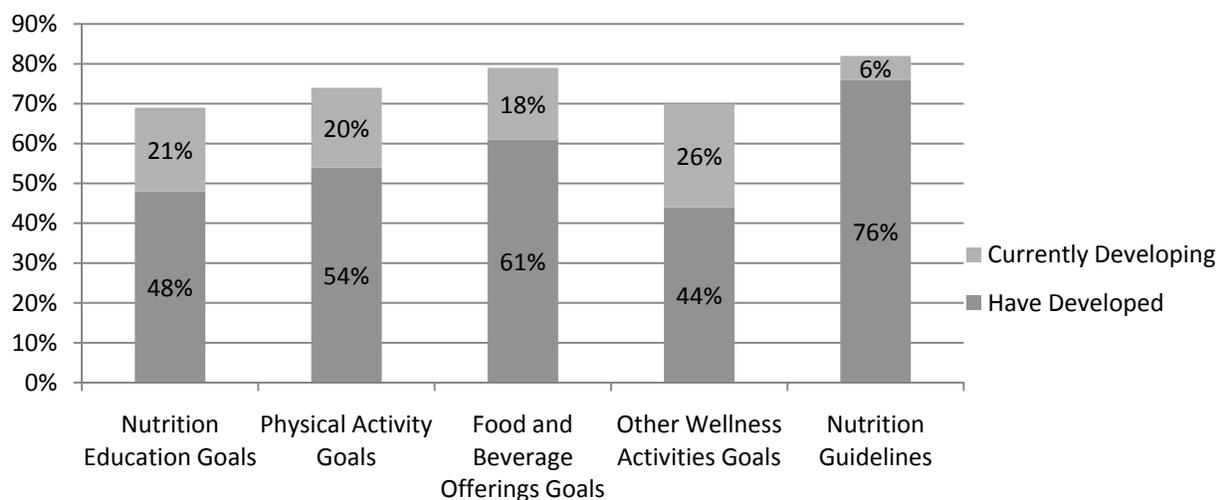
School Wellness Policies

In the National School Lunch Act of 2004, the U.S. Congress established a new requirement that school districts with a federally-funded school meals program develop and implement wellness policies that address nutrition and physical activity by the start of the 2006–2007 school year.

- In 2009, 76% of public schools reported that a school wellness policy had been **established**, although if we include schools in districts that were in the process of creating a school wellness policy then the percentage jumps to 89% of public schools.
- Public middle schools (76%) were as likely as high schools (76%) to report that a school wellness policy had been established by 2009.
- Less than half of private schools (39%) had established a wellness policy by 2009, although if we include private schools that said they were in the process of creating a school wellness policy then the percentage jumps to 71% of private schools.

Schools were also asked whether **explicit goals and guidelines** had been developed as part of the policy to promote student wellness through nutrition education, physical activity, or other school-based activities. In 2009, most public secondary schools had developed or were developing these goals and guidelines:

Percent of Public Secondary Schools Developing Explicit Wellness Policy Goals or Guidelines



School administrators were also asked to identify those who their school district or school involved in the development of their school wellness policy. The table below shows the percentages of public school respondents that identified each of the following policy participants:

School Wellness Policy Participants	Percent of Schools
School food personnel	80%
School administrators	73%
Teachers	69%
Parents	61%
Students	54%
School board members	45%
Other members of the public	24%
Other school personnel (mostly health-related staff)	17%

Effectiveness of School Wellness Policies

Earlier in the questionnaire, school administrators were asked about their opinion on efforts at their school and district to promote healthy nutrition and physical activity among students. In schools that had an established school wellness policy, administrators were significantly **more likely** to report that their school and school district were making a serious effort to promote healthy eating and drinking habits and to promote increased physical activity among students.

Most administrators reported that students in their survey target grade had received formal classroom instruction on nutrition and dietary behavior (85%) and physical activity, exercise, and health-related fitness (89%). Also, we noted that in schools that had an established wellness policy, administrators reported a significantly **higher** percentage of students receiving formal instruction in these areas. So it appears that established school wellness policies are having a positive influence on the school environment and efforts to promote student wellness.

Food and Nutrition Summary

Most schools participated in the USDA reimbursable National School Lunch Program, but only about half participated in the USDA-sponsored Team Nutrition program. Almost two thirds of students in secondary schools ate a school lunch, while about one in five brought their own lunch. Although many schools reported that they are attempting to improve the nutritional quality of foods offered to students, soft drinks and snack foods with a higher fat or calorie content were still widely available in vending machines and school stores, particularly in high schools. One in three schools reported significant efforts currently underway to improve student nutrition and health on campus.

Conclusions

As part of the No Child Left Behind Act of 2001, schools are required to meet the challenge of creating a safe, drug-free learning environment for all students. School administrators in our study identified alcohol, tobacco, and other drug (ATOD) use as an important issue, behind student disrespect of teachers and academic underachievement—the most frequently mentioned problem facing schools. Respondents also indicated that there are substantial barriers to implementing effective ATOD prevention programs in schools, with competing demands and lack of time and resources identified as the most important obstacles. These results hold true across public, private, middle, and high schools. School factors correlated with more ATOD problems include having more school services and professional care providers, staff smoking, and poorer race relations. Factors associated with fewer ATOD problems include greater parental involvement and greater percentages of African-American students. It is important to keep in mind that these relationships may not all reflect a causal association.

Given that providing a safe, drug-free environment is a priority in today's schools, administrators have multiple ways to deal with ATOD problems. Most schools use locally or state-developed curriculum materials in teaching ATOD prevention to their students rather than packaged, commercially sold programs. In some cases, elements of various commercial programs are combined with locally developed programs. ATOD prevention is usually taught in health education classes. In this year's survey, 23% of the schools conducted some type of drug testing. While some schools test more than one group of students, most testing of students is based on suspicion or cause, followed by athletic team membership. How effective drug testing is in curtailing student drug use remains an unanswered question.

In addition to concerns about students' academic achievement and ATOD use, school administrators and other school personnel are also examining school policies and practices that may contribute to reducing obesity among youth. Many school administrators report that their schools are making efforts to improve student nutrition and health on campus, often as part of a school or district wellness policy. The most common activity is making changes to the types of foods available to students at lunch and in vending machines by offering more nutritious foods, such as fruits and vegetables. Other activities include removing or restricting access to soft drinks and candy. Also, many schools reported that changes are being made to their health programs to emphasize healthier eating, the risks of obesity, and the need for more physical activity. Schools also report changes to physical education programs and added physical fitness activities before, during, and after school. Finally, some schools mention that healthy eating promotions and clubs are being started on campus.

The YES study intends to continue to track many of these policies and practices in U.S. secondary schools, and to conduct analyses aimed at determining their effects. We hope to provide school leaders with better information and guidance that will allow them to serve their students more effectively in preventing substance abuse, reducing overweight, and improving their health generally. Tobacco use and obesity are the two leading causes of preventable death and disease in this country, and schools have an important role to play in helping to combat these problems.



**Survey Research Center
Institute for Social Research
University of Michigan
P.O. Box 1248
Ann Arbor, MI 48106-1248**