

RESEARCH ARTICLE

School Wellness Policies: Perceptions, Barriers, and Needs Among School Leaders and Wellness Advocates*

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ABSTRACT

BACKGROUND: School wellness policies are a key component to the prevention of adolescent obesity. This national research study sought to understand the wellness environment in school districts across the country and to identify challenges districts face and needs they have in order to effectively implement, monitor, and evaluate school wellness policies. The study determined (1) perceptions, barriers, and opportunities regarding the development, implementation, and monitoring/evaluation of school wellness policies among school board members, state school boards association leaders, state public health nutrition directors, and school wellness advocates; (2) the readiness and capacity of survey groups to address nutrition and physical activity policies; (3) the extent to which survey groups collaborate; and (4) the acceptability of wellness tools.

METHODS: In 2006, over 2900 individuals participated in online surveys, focus groups, and key informant interviews. School board members represented 1296 school districts across the nation.

RESULTS: School board members expressed the highest level of confidence among all survey groups that their district has the capacity to develop, implement, and monitor/evaluate the wellness policy. The disparities among groups are most notable with regard to perceptions of district capacity to monitor/evaluate the policy. School board members are interested in school wellness policy tools and trainings.

CONCLUSIONS: There is an opportunity for state school boards associations, state public health nutrition directors, and school wellness advocates to build their own capacity to provide training and resources to districts on wellness issues, particularly physical education/activity, school-based wellness initiatives, and strategies for implementing and monitoring/evaluating wellness policies.

Keywords: child and adolescent health; nutrition and diet; physical fitness and sport; chronic diseases; policy.

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This national research project was designed to build upon the California School Boards Association (CSBA) and California Project LEAN's (Leaders Encouraging Activity and Nutrition) (CPL) prior work and collaborative model to learn about the school nutrition and physical activity environment across the United States and what school boards and districts need to move forward with developing, implementing, and monitoring/evaluating their local wellness policies. The research was gathered from 4 audiences: (1) school board members nationwide; (2) state school boards association leaders in 50 states and the District of Columbia; (3) school wellness advocates who are Action for Healthy Kids (AFHK) coalition members; and (4) state public health nutrition directors.

Studies have provided evidence that poor nutrition and limited physical activity among today's children and youth can negatively impact their physical, social, and emotional health, as well as their school attendance, learning, and achievement.¹⁻³ In addition, childhood overweight and obesity put children and youth at risk for chronic diseases in adulthood.⁴ Schools play a critical role in feeding students, providing opportunities for physical activity, and contributing to lifetime health habits. Therefore, implementation and evaluation of school nutrition and physical activity policies play a key role in childhood overweight and obesity prevention.

Congress recognizes that schools play a critical role in promoting student health, preventing childhood obesity, and combating problems associated with poor nutrition and physical inactivity. To formalize and encourage this role, Congress passed legislation in 2004 requiring all school districts participating in federal nutrition programs to develop a wellness policy starting in 2006 to 2007.⁵ The policy must include:

1. Nutrition guidelines for all foods available on campus during the day.
2. Goals for nutrition education, physical activity, and other school-based activities.
3. Assurance that the district's guidelines for reimbursable school meals not be less restrictive than federal regulations.
4. A plan for measuring the implementation of wellness policies, including the designation of staff responsible for policy implementation.

Many national leaders have played an integral part in improving the school environment by providing resources and technical assistance, including AFHK, United States Department of Agriculture, the National

Alliance for Nutrition and Activity, National Association of State Boards Education, the Centers for Disease Control and Prevention, and the Institute of Medicine.

School board members are elected to provide direction, oversight, and accountability for school wellness policy development, implementation, monitoring, and evaluation. Their role is critical to maintaining momentum and producing effective outcomes throughout the policy cycle. As such, they are essential stakeholders who need to be engaged to ensure that the full impact of wellness policies on student health and achievement are realized.

CSBA and CPL have a history of working together through their Successful Students Through Food and Fitness Policies campaign to increase the adoption and implementation of school nutrition and physical activity policies in California.⁶ The strength and role of each organization were pivotal to the success of their efforts. State school boards' associations are seen as credible providers of policy expertise, whereas local and state health departments are seen as content experts on wellness-related issues. The campaign employed an intervention strategy that included policy tools and trainings, community mobilization, and marketing and communication strategies and materials.⁷ An important outcome of their work was the publication, *Student Wellness: A Healthy Food and Physical Activity Policy Resource Guide*⁸ for school board members and administrators.

CSBA and CPL commissioned research to learn the target audiences' views of:

1. Perceptions of the federal school wellness policy mandate and perceived ability of school districts to effectively develop, implement, monitor, and evaluate their policies.
2. Perceived barriers school districts face in achieving school wellness goals.
3. The readiness and capacity of state school boards associations, school wellness advocates, and state public health nutrition directors to support school districts in improving school wellness.
4. Training and technical assistance needs and opportunities that exist.
5. The greatest opportunities exist to support positive changes in the school wellness policy process.

METHODS

Research methods included surveys and focus groups with members of the target audience groups, as well as key informant interviews with

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superintendents, school district stakeholders, and a state-level collaboration implementing school wellness policies.

Subjects

School board members comprised the largest study group. School board members are locally elected public officials, entrusted with governing a community's public schools. The survey sample list was composed of members of the National School Boards Association (NSBA) National Affiliate Program. This program includes roughly 15% of all public school districts, which enroll 50% of all public school students in the country. The districts range in size from very small (125 students) to very large (among the largest of the urban districts). The program has a balanced mix of urban/suburban/rural districts and reflects socioeconomic and racial/ethnic diversity. The survey was fielded to 9665 school board members in 1817 school districts, producing a response rate of 24%, or 2350 respondents, who represented 1296, or 71%, of the school districts that received the survey. Responses were received from board members in all 50 states.

In addition, 37 board members participated in 3 focus groups at the NSBA national convention in Chicago, Illinois, and the Arizona State School Boards Association Western Regional Conference in Tempe, Arizona. Participants represented 27 school districts in 17 states that included a mix of school board officers and members from small to large districts (<1000 to 100,000 students) in rural, suburban, and urban locales. The focus group participants and the populations in the districts they serve reflected racial/ethnic and socioeconomic diversity in keeping with national averages.

State school boards associations, which are member-driven organizations that support school board members, superintendents, and senior administrative staff in their complex leadership role, comprised the second target audience. Respondents included individuals involved in policy such as association executive directors and presidents (46%), policy/government services directors (26%), communications directors (13%), and attorneys, trainers, and other association staff (15%), representing 94% (48) of the 51 state associations targeted.

In addition, 10 policy/government services directors from 9 state school boards associations participated in 2 focus groups at the American Association of State Policy Services conference in Gettysburg, Pennsylvania. Additionally, facilitated roundtable discussions were conducted with approximately 50 conference attendees from diverse states.

School wellness advocates from AFHK coalitions and state public health nutrition directors comprised the third and fourth target audiences.

AFHK is a nonprofit organization to improve children's nutrition and levels of physical activity by focusing on changes in schools. AFHK has 51 state teams with a network of thousands of volunteers. The survey was fielded to 4225 team members, yielding 527 respondents from 50 states and the District of Columbia for a response rate of 12%. AFHK survey respondents included primarily health/nutrition professionals (33%), educators and school administrators (25%), state agency professionals (9%), and parents (7%), with the remainder representing a mix of students and professionals from business/industry, higher education, and community and nonprofit organizations.

State public health nutrition directors reside in state health departments and provide leadership on food and nutrition policy, programs, and services. The survey was sent to members of the Association of State and Territorial Public Health Nutrition Directors in 46 states and yielded 24 responses representing 23 states, for a response rate of 52% of the individuals and 50% of the states.

To gain deeper insights into school wellness policy implementation, key informant interviews were conducted with stakeholders from school districts and one state collaborative that has made progress in developing, implementing, and evaluating school wellness practices and policies. They were selected for their diverse geographic location, as well as the number and type of students served.

Instruments

Four related but separate online surveys targeted each of the audiences described above. The measuring instruments were designed collaboratively by CPL, CSBA, and MMS Education, organizations with demonstrated capabilities in school wellness research, and technical assistance. Each survey included 16 to 25 questions—mostly closed ended with 3 to 6 open-ended questions. Applicable questions were consistent across surveys to allow for comparison of responses by target audience group. Prior to launching the surveys, the instruments were reviewed with members of the target audience to ensure question clarity and reliability. Two screening questions on each survey and the focus group screening questionnaire filtered out respondents who were not at all familiar with or had no involvement with the federal school wellness policy mandate within their district or state. Depending on the target audience, 0% to 7% of respondents did not meet the minimum criteria for completing the survey.

Additional research instruments included discussion guides for focus groups and key informant interviews. Survey instruments were reviewed for content validity by CSBA and CPL staff and several randomly selected members of school board in California. NSBA and AFHK provided valuable input.

Procedure

A personalized e-mail message was sent to a target list identified by the key partner organizations inviting participation in the final survey, followed by 2 additional e-mails to nonrespondents within 7 to 10 days of the previous e-mail attempt. Surveys remained “live” online for 3 to 4 weeks. Programming software defended against multiple responses from 1 respondent.

Focus group participants were recruited prior to and during the conferences at which they were held (see p. 529). Sessions were facilitated by a trained focus group moderator and audio-taped with verbatim transcripts developed. Participants received a \$100 gift card for their participation.

One-on-one, in-depth phone interviews were conducted with 3 to 4 stakeholders per site who

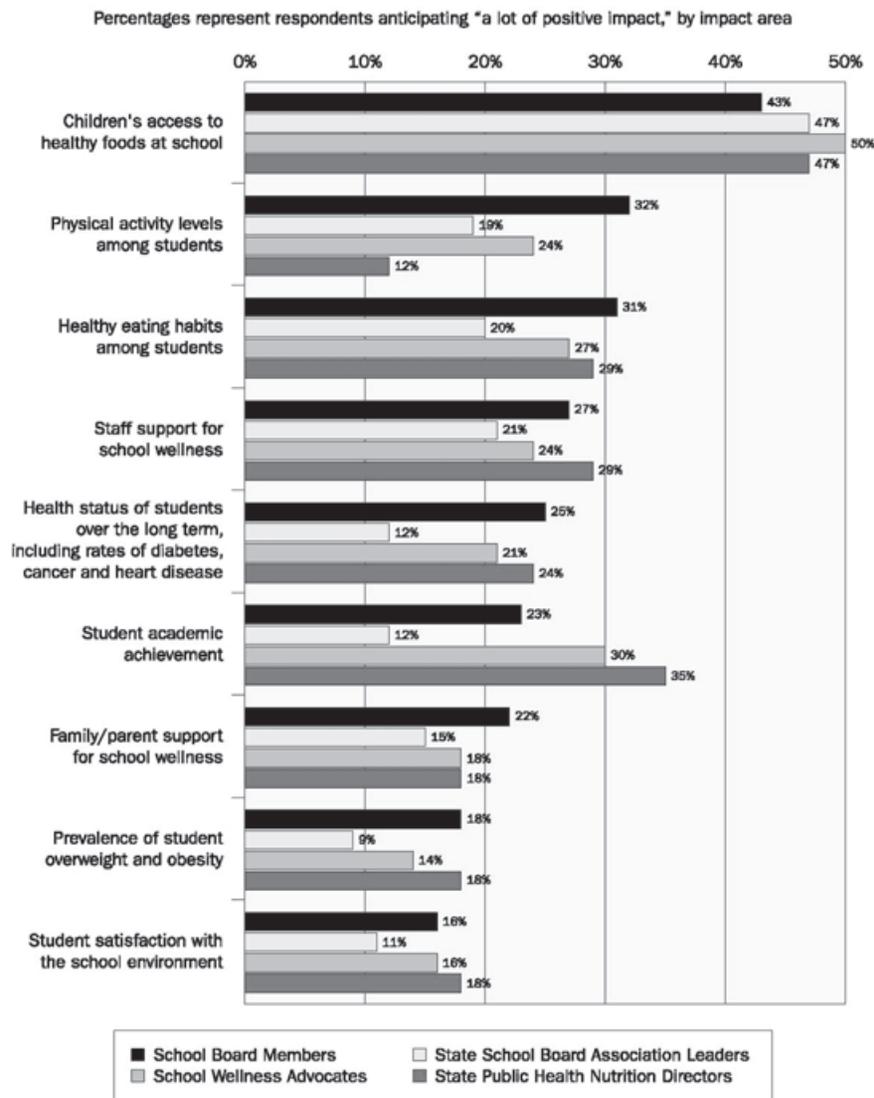
could provide insight about school wellness policy implementation at the district or state level. Detailed notes were compiled for each interview in addition to a summary of findings for each site.

RESULTS

Perception of School Wellness Policy Mandate

There is a prevailing belief among all target audiences that school wellness policies will positively impact school districts. A strong majority (averaging 75%) of respondents across *all* groups expect that school districts will experience “some” or “a lot” of positive impact in each of the impact areas measured by the surveys. However, the differences among groups are more pronounced when responses of “a lot of positive impact” are isolated as shown in Figure 1.

Figure 1. Degree to Which School Wellness Policies Will Positively Impact Districts/States



Note: School board members answered on behalf of their district; all others answered on behalf of their state.

Based on survey results, the most positive impacts are expected to be on *children's access to healthy foods at schools* (43% to 50% of each group anticipating "a lot" of positive impact) and *healthy eating habits among students* (20% to 31%), followed by *physical activity levels among students* (12% to 32%) and *school staff's support for school wellness* (21% to 29%). State public health nutrition directors (35%) and wellness advocates (30%) are more optimistic than school board members (23%) or state school boards association leaders (12%) about the positive impact of the policy on *student academic achievement*, although school board members are twice as likely as their state association leaders to believe this. Board members are aligned with wellness advocates and state public health nutrition directors in terms of the *health impacts* they expect as a result of the policy: a positive change in the

rate of student overweight and obesity (18%, 14%, and 18% for board members, wellness advocates, and state public health nutrition directors, respectively) and improved health status of students over the long-term including rates of diabetes, cancer, and heart disease (25%, 21%, and 24%).

Only a minority of board members (16% to 32%) anticipate negative financial impacts from any aspect of their policy to date (Figure 2). Most respondents expect the financial impact will be neutral, and some (7% to 12%) expect that the policy actually will have a positive financial impact.

Confidence in Getting the Job Done

School board members are confident about the work their districts are doing relative to the school wellness policy mandate. As shown in Figure 3, nearly half

Figure 2. School Board Members' Perception: How Components of the School Wellness Policy Will Impact District Finances

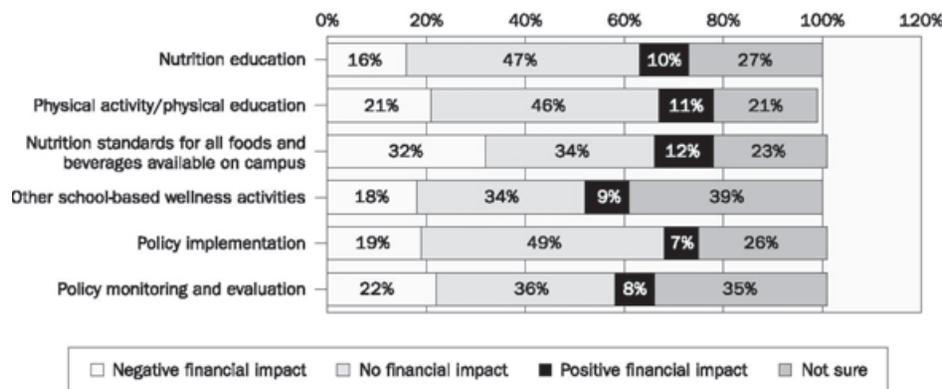
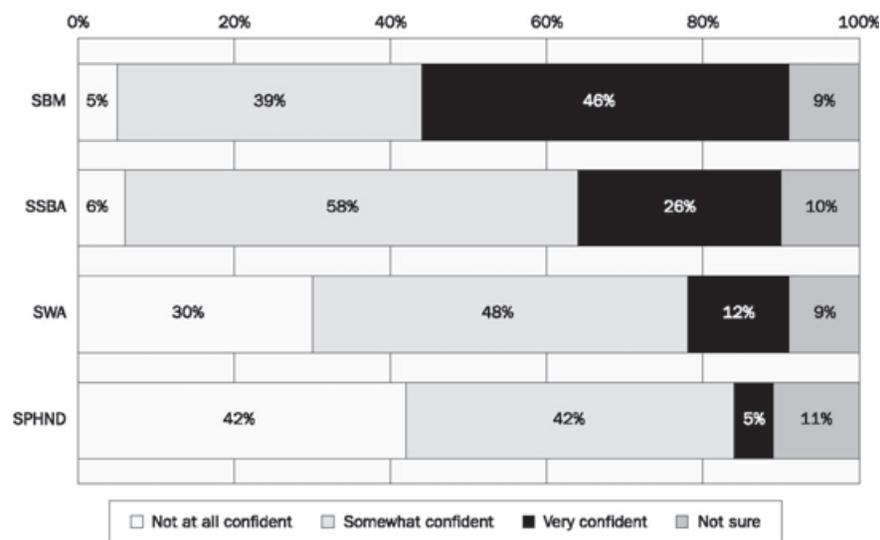


Figure 3. Confidence that School Wellness Policy Review and Development Process Reflects Best Practices



SBM = School Board Members
 SSBA = State School Boards Association Leaders
 SWA = School Wellness Advocates
 SPHND = State Public Health Nutrition Directors

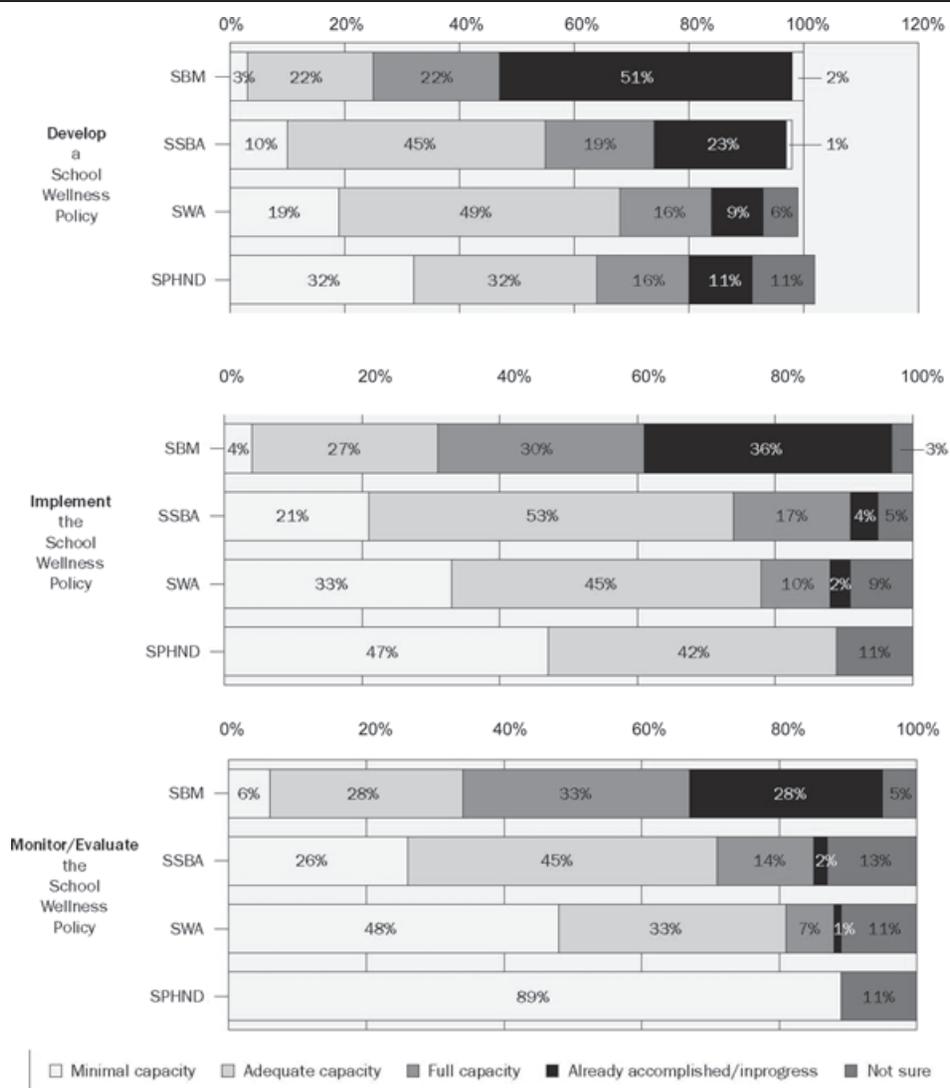
Note: School board members answered on behalf of their district; all others answered on behalf of "the majority of districts in the state."

(46%) of the board members are “very confident” and 39% are “somewhat confident” that their policy review and development process reflects best practices; only 5% are “not at all confident.” By stark contrast, state public health nutrition directors and wellness advocates are much less confident about school districts’ practices in developing a school wellness policy. Among state public health nutrition directors, only 5% are “very confident,” 42% are “somewhat confident,” and 42% are “not at all confident” that the majority of school districts in the state follow best practices in this area. Similarly, only 12% of wellness advocates are “very confident,” 48% “somewhat confident,” and 30% “not at all confident.” State school boards association leaders are in the middle: 26% are “very

confident” and more than half (58%) of respondents are “somewhat confident” that the majority of districts in the state are following best practices in the policy development process, while only 6% are “not at all confident.”

An even greater gap exists between the school board members and the state association leaders, wellness advocates, and state public health nutrition directors in terms of their perceptions of districts’ *capacity* to develop, implement, and evaluate their school wellness policy. Again, school board members report a much higher level of confidence in their districts’ capacity—and, indeed, their progress to date—than the other groups perceive (Figure 4). The gap widens dramatically with each successive policy phase to the

Figure 4. Perception of School District Capacity



SBM = School Board Members SWA = School Wellness Advocates SSBA = State School Boards Association Leaders SPHND = State Public Health Nutrition Directors

Note: School board members answered on behalf of their district; all others answered on behalf of “the majority of districts in the state.”

extent that none of the state public health nutrition directors and few of the wellness advocates (7%) and state association leaders (14%) feel that school districts have “full capacity” to monitor and evaluate their school wellness policy.

Challenges and Barriers

Adequate funding is the number one barrier to effective school wellness policy development, implementation, and monitoring cited in surveys and focus groups with school board members and state school boards association leaders. On a scale of 1 to 5, where 1 = Not a Challenge and 5 = Major Challenge, adequate funding was rated 4.4 by state association leaders and 3.4 by school board members. It also was the most prevalent response to an open-ended question about districts’ “single biggest need” in fully complying with the wellness mandate. Comments centered around 3 money-related themes. A minority of respondents talked about “unfunded mandates” from the federal government. Another group of respondents talked about funding for additional staff (physical education instructor, wellness director, nurse, nutritionist, health instructor) and facilities to carry out their district’s wellness plan. Yet another theme was the challenge of lost funding or increased costs as a result of healthier vending, improving food options generally, and fund-raising policies.

Competing priorities/lack of time, the second most significant barrier, was rated by school board members and state association leaders as a barrier nearly as significant as adequate funding (ratings of 4.2 and 3.4 for state association leaders and board members, respectively). In their write-in comments and in focus groups, board members explain that “lack of time” is the result of competition from other priorities and mandates, teacher contract restrictions, and not enough time in curriculum for health, nutrition, and physical education.

The third most significant barrier, cited by board members and state association leaders, is the need to educate and gain the support of key nonstaff stakeholders, including support from students (3.5 and 3.1 for state association leaders and school board members, respectively), parents (3.3 and 2.9), and the community (3.1 and 2.6). By contrast, in both groups’ views, it is much *less* challenging to gain the support of school district staff and administrators.

Having adequate tools to support those who are responsible for policy development (rated 3.1 by state association leaders and 2.8 by school board members) and those responsible for implementation or compliance (3.4 and 2.6) ranks as the fourth major barrier.

Training Needs and Opportunities

School board members express interest in a wide range of training topics. On a scale of 1 to 5, where 1 = Not at All Valuable and 5 = Very Valuable, the topics

that were rated slightly more valuable than others are mobilizing parent/caregiver support and involvement (3.8); mobilizing student support and involvement (3.8); exploring revenue-generating alternatives to the sale of unhealthy foods and beverages (3.8); and increasing understanding of the link between good nutrition, physical activity, and student achievement (3.8). Board members also see value (ratings of 3.2 or higher) in training or technical assistance on topics related to developing, implementing, and monitoring/evaluating their wellness policy; communicating the policy and building partnerships; providing staff development and support; setting nutrition and physical education standards; and maintaining a school health council or school wellness committee.

State school board association leaders and state public health nutrition directors are interested in—but only marginally equipped to provide—technical assistance to school districts on wellness-related topics. More than half of the association leaders are interested in but have limited or no capacity to provide technical assistance on a large number of topics. In fact, they express capacity to train in only 1 area: developing a school wellness policy. By comparison, a greater percentage of state public health nutrition directors (over a third) already are providing technical assistance to districts on topics that include policy development, nutrition education, nutrition standards, and the link between nutrition, activity, and achievement. However, over three fourths express interest but limited or no capacity to provide training on policy monitoring and evaluation.

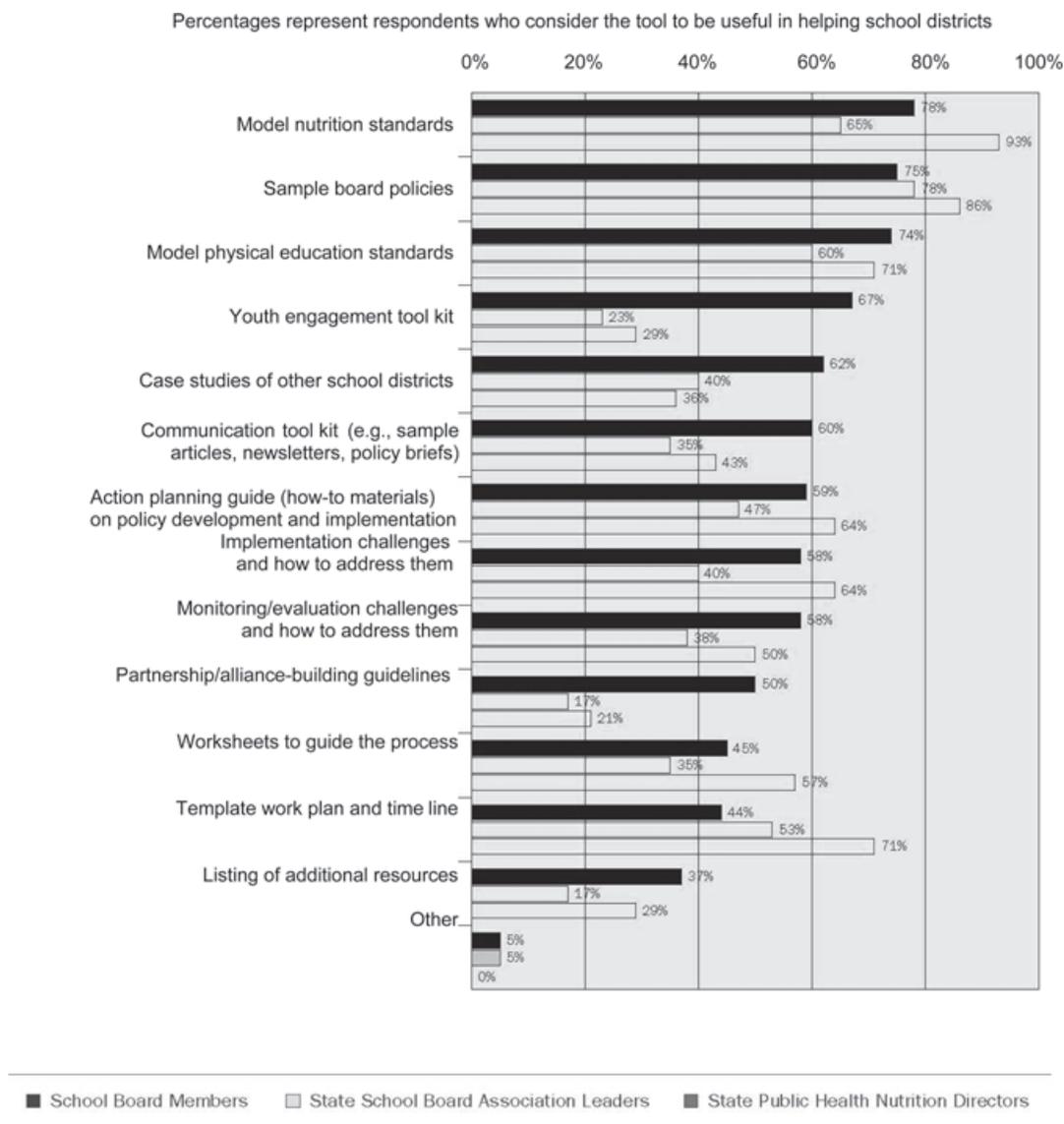
The views of school board members differ from state school board association leaders and state public health nutrition directors when it comes to wellness policy-related tools that are most useful for districts. Although all 3 groups agree that sample board policies, model nutrition standards, and model physical education standards are of primary value, board members are significantly more interested in case studies, communications tools for engaging key audiences, and guidelines for building partnerships and alliances. Both board members and state public health nutrition directors are more interested than state association leaders in policy development, implementation, and evaluation tools (Figure 5).

Lessons Learned, Keys for Success

Key informant interviews yielded the following list of factors that contribute to success in effective school wellness policy implementation:

1. Long-term, top-level commitment to student health and wellness from administrators and the school board.
2. A wellness coordinator or another dedicated person or staff to guide wellness initiatives, along with

Figure 5. Usefulness of Wellness Policy-Related Tools



highly motivated, result-oriented staff charged with implementation.

3. Data-driven approach to decision making, communications, and program tracking.
4. A community environment that values wellness.
5. Cooperation and collaboration with state agencies, such as the departments of education, agriculture, and health.
6. State-level leadership and legislation that support and mandate positive change.

DISCUSSION

The research data show that when it comes to school wellness, school board members see their districts very differently than do state school boards association leaders, wellness advocates, and state public health

nutrition directors. One significant contrast is that school board members express relatively high levels of optimism that their own districts can effectively develop, implement, and monitor the policy. Whether or not that optimism reflects a self-efficacy bias, lack of knowledge about what's actually involved in effective implementation and evaluation, or a differing standard for what is "effective" policy implementation and evaluation, the difference in optimism remains stark. Importantly, such a difference provides opportunities for educating each audience about the others' perceptions as well as suggesting ways that each group can positively interact with each other. Further research is needed to clarify the sources of differing levels of optimism among school board members, state school boards association leaders, and wellness advocates and state public health nutrition directors.

With regard to potential impacts from the school wellness policy mandate, perhaps the most significant takeaway from the research data is that school board members, state school boards association leaders, wellness advocates, and state public health nutrition directors all expect the school wellness policy mandate to produce positive outcomes. This suggests that the focus now must be to leverage this endorsement to build support within the entire school community for the long task of effective policy implementation and evaluation. It must be made clear and compelling to all constituencies that without effective implementation and evaluation, the potential benefits of the policy will remain unrealized. Funding and time constraints represent important obstacles to the successful adoption, implementation, and evaluation of school wellness policies that will require systemic change in order to address. However, the other most critical barriers voiced by board members and state association leaders—gaining the support of key stakeholders and having adequate tools to support those responsible for implementation and evaluation—might be overcome through programmatic strategies and social marketing initiatives (eg, communications programs, tools, and resources) addressed to an audience already predisposed to believe in the potential positive impact that wellness policies can have.

State public health nutrition directors, and especially school board members and state school boards' association leaders, made abundantly clear that they are highly receptive to tools and training related to school wellness policies. However, the training needs of each group are different. Board members desire help on a broad range of topics, whereas state association leaders and state public health nutrition directors are primarily interested in policy implementation and evaluation topics and tools. All groups cite a fundamental need for, and interest in, model policies and nutrition/physical education standards, but school board members have a desire for tools that will help them communicate about this issue with key stakeholders in their community.

Given the comparatively low rating assigned to communication and awareness-building tools by state boards association leaders and state public health nutrition directors, this area represents a critical gap to bridge. The possibilities for bridging this gap—and providing support on other needed technical assistance fronts—are promising, as state association leaders and state public health nutrition directors have expressed interest in providing this assistance if they have the tools to do so.

Limitations

As with any research, limitations exist. First, there is the risk of bias among survey respondents

who self-selected to participate. It is possible that respondents were more interested in school wellness topics and issues than the general population they represent, although the authors found no trend of bias in the responses. Second, the qualitative investigation (focus groups and key informant interviews) was exploratory in nature. Because of the limited number of participants, the qualitative findings reported here should not be considered conclusive.

IMPLICATIONS FOR SCHOOLS

The survey identified fiscal concerns as the number one barrier to implementing school wellness policies. Because these data were collected, the economy has taken a sharp downward turn. It is important to recognize the impact this has on school decision makers forced with making very tough choices in these grim economic times. It is also important to note that school nutrition and physical activity programs are more critical than ever as more parents become unemployed and have fewer resources to provide healthy foods and enroll their children in fee-based physical activity programs. Congress will be reauthorizing the Child Nutrition Programs this year. This provides an opportunity, strengthen the quality of these programs, and increase the resources to support them.

Human Subjects Approval Statement

Institutional review board administrator at Public Health Institute determined this study to be exempt.

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