

School Wellness Policy: Readiness of Principals to Implement Changes



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National Food Service Management Institute The University of Mississippi

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The purpose of NFSMI is to improve the operation of Child Nutrition Programs through research, education and training, and information dissemination. The Administrative Offices and Divisions of Technology Transfer and Education and Training are located in Oxford. The Division of Applied Research is located at The University of Southern Mississippi in Hattiesburg.

MISSION

The mission of the NFSMI is to provide information and services that promote the continuous improvement of Child Nutrition Programs.

VISION

The vision of the NFSMI is to be the leader in providing education, research, and resources to promote excellence in Child Nutrition Programs.

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**SCHOOL WELLNESS POLICY:
READINESS OF PRINCIPALS TO IMPLEMENT CHANGE**

EXECUTIVE SUMMARY

The prevalence of overweight children and youth in the United States has reached epidemic proportions. Current data indicate 31.0% of children aged 6 to 19 are at risk of overweight, while 16.0% are classified as overweight (Hedley, Ogden, Johnson, Carroll, Curtin, and Flegal, 2004). In an attempt to combat the problem of overweight children, the Child Nutrition and WIC Reauthorization Act was passed in 2004 (Pub. L. No. 108-265, § 204). The legislation requires that all Local Education Agencies (LEA) establish a wellness policy for schools operating under their jurisdiction and that the implementation occur no later than the first day of the 2006 school year.

Wellness policies should promote student health with the intent of reducing the occurrence of childhood obesity. This is accomplished through implementing nutrition education, physical activity, and extra-curricular school-related activity promoting student wellness. Also, all foods served and sold on school campuses should follow healthful nutrition guidelines. Procedures for reimbursable school meals should not be less restrictive than established regulations. Local Education Agencies (LEA) should establish procedures to measure implementation of the policy and appoint an individual to oversee the implementation of and adherence to the policy. Finally, each LEA should form a committee consisting of parents, students, teachers, school foodservice personnel, the school board, school administrators, and the

public to develop the school wellness policy. However, there is no funding available for the LEA to implement these goals, and the law does not specify any reprimand for failure to follow the law.

Principals are the key players in the implementation of a school wellness policy. However, principals may be unaware of the legislation or the factors related to implementation of the policy. Prior to mandated 2006 implementation of the wellness policy, principals' readiness to implement the legislation, understanding of their knowledge of the policy and barriers related to implementation of the policy should be assessed.

Since the transtheoretical model encompasses readiness to change, knowledge, self-efficacy, and decisional balance, it may be the most effective theory in determining a principal's readiness to implement the wellness policy. Early work with the model identified five stages to account for the various levels of readiness to change: precontemplation (no intention to change the behavior), contemplation (the problem behavior has been identified), preparation (development of plans to address the problem), action (plans are put into action), and maintenance (the change is sustained for longer periods of time). Therefore, the purpose of this research was to determine principals' readiness to implement the local wellness policy using stages of change transtheoretical model.

In Phase I of the research, four individuals who represented four states and three areas of child nutrition (Director of Food Services, Child Nutrition Program Coordinator, and Nutrition Education Area Manager) were interviewed by telephone to gain their perspective on the perceived benefits and barriers of implementing a wellness policy as well as factors that would make it difficult for a principal to implement a wellness policy in his/her school. Based on the

information identified via the telephone interviews, a survey was developed. This survey was distributed nationally to principals representing all aged students.

The survey consisted of six primary areas: knowledge of the policy, assessment of the principals' intent to implement the wellness policy, decisional balance (pros and cons) related to implementation of the policy, level of self-efficacy in overcoming barriers when implementing the policy, demographics, and a qualitative section that allowed respondents to describe how they were informed of the policy and list their major concerns regarding the implementation of the policy. Prior to assessing knowledge, decisional balance, and self-efficacy, the principals' readiness to implement Public Law 108-265 was assessed using a staging algorithm. The algorithm used a series of yes/no questions, ultimately leading to the placement of the individual in a stage of readiness to implement the wellness policy. In addition, demographic information was gathered, and principals were given the opportunity to describe how they learned about the legislation and their major concerns regarding implementation of the policy.

Knowledge of the components of the wellness policy was assessed using 11 questions. Decisional balance was evaluated using a total of 10 questions (five benefits and five barriers). The principals' confidence in overcoming obstacles related to implementation was assessed using a Likert-type scale.

A copy of the initial questionnaire was sent to three child nutrition professionals and four role incumbents to provide input on the wording and clarity of the instrument. In addition, two NFSMI researchers evaluated the instrument for wording and appropriateness to the audience. The final questionnaire was sent to 3235 principals throughout the United States, covering the seven USDA regions and student age groups. A total of 692 questionnaires were returned for a response rate of 21%. Of the 692 that were returned, 562 were used in the final data analysis.

Descriptive statistics included means, standard deviations, and frequencies of total responses. MANOVA was used to determine if the stage of readiness to change was related to knowledge, decisional balance, or self efficacy. Cross Tabulations were used to compare demographic characteristics against stage of readiness to implement the policy. The participants were asked to describe how they were informed about the wellness policy and to describe their major concerns regarding the implementation of the policy. These qualitative data were summarized and tabulated to look for themes within the data.

Nearly 19% of the respondents indicated they had never heard of the legislation requiring the implementation of a wellness policy. Of those that had heard of the policy, 6 were in contemplation (0.9%), while 21.9 % were in maintenance, as relating to the transtheoretical model. The majority of the school principals indicated they were preparing to implement the policy (45%).

Principals were most knowledgeable about the inclusion of a physical education component in the curriculum ($4.3 \pm .9$) and preventing the sale of carbonated beverages in the vending machines ($4.0 \pm .9$). Of the five questions that pertained to the benefits of implementing a wellness policy, the principals most strongly believed that a wellness policy would help improve the health of the students (3.6 ± 1.0). However, they did not believe attendance would increase as a result of implementation of the wellness policy (2.5 ± 1.1). The principals perceived loss of revenue from vending as the most negative aspect of the policy (3.4 ± 1.3). On the other hand, they did not feel that participation in the lunch program would decrease (2.3 ± 1.0) or that teachers would have difficulty providing rewards in the classroom (2.2 ± 1.1). Overall, the principals felt most confident that they could still implement the policy even if students were upset about the removal of vending machines (3.4 ± 1.3). Incorporation of physical activity into

the curriculum and the current use of physical education in many schools, continuation of activity did not appear to be an area of concern for the principals.

The qualitative data indicated most principals had heard of the legislation through meetings (e.g. principal's meetings, administrative meetings, district meetings, conferences). They also learned of the policy through Food Service Directors, superintendents, and the State Department of Education. The top four concerns of the principals in implementing the wellness policy included: loss of revenue through vending, lack of policy support from parents, lack of funding to implement the program, and changing the type of foods offered in the cafeteria.

It was encouraging to see that only 6% of the principals who knew of the wellness policy have no intentions to implement the policy. However, the fact that nearly 20% of the respondents indicated that they had never heard of the survey should be addressed. This is especially concerning because the survey was sent to the principals less than six months prior to the mandated implementation date.

A problem area for most principals is the thought of disallowing vending from their school, potentially decreasing revenue. This study illustrated that this was seen as the greatest barrier to the implementation of the wellness policy by the principals who participated in the research. In this vein, it is not surprising that the principals were most knowledgeable about this portion of the legislation. These facts combined with the low perceived benefits and low knowledge of the legislation indicates a need for educating principals on the policy and components associated with the policy.

INTRODUCTION

The prevalence of overweight among children and youth in the United States has reached epidemic proportions. Since 1980, obesity rates have doubled among children and tripled among adolescents. Of children aged 6-11 years, 15% (approximately nine million) are considered overweight. Measured height and weight data from the 2001-2002 National Health and Nutrition Examination Survey (NHANES) indicate 31.0% of children aged 6 to 19 were at risk of overweight, while 16.0% were classified as overweight (Hedley, Ogden, Johnson, Carroll, Curtin, and Flegal, 2004).

In an attempt to combat the problem of overweight children, the Child Nutrition and WIC Reauthorization Act was passed in 2004 (Pub. L. No. 108-265, § 204). The legislation requires that all schools operating under the Local Educational Agency (LEA) develop and implement a wellness policy by the beginning of the school year in 2006. A recent study on healthy school nutrition environments indicated that only 53% of the respondents felt a healthy school nutrition environment was a priority (Rainville, Choi, and Brown, 2003). Not only do increasing rates of overweight and obesity threaten the future health of youth, but it may also affect their learning capacity, productivity and academic success (School Nutrition Association [SNA], 2005).

Goals for wellness policies should include nutrition education, physical activity, and extra-curricular school-related activity promoting student wellness. All foods served and sold on campus should follow the nutrition guidelines that promote student health with the intent of reducing childhood obesity. Policies should assure that reimbursable school meals will be in compliance with the Child Nutrition Act and Richard B. Russell National School Lunch Act. Districts should establish procedures to measure implementation of the policy and appoint an individual to oversee the implementation of and adherence to the policy. Finally, each local

educational agency (LEA) should form a committee consisting of parents, students, teachers, school foodservice personnel, the school board, school administrators, and the public to develop the school wellness policy. To date, there is no funding available for local educational agencies to implement these goals. In addition, the law does not specify any reprimand for failure to follow the law.

Principals are the key players in the implementation of a school wellness policy. At the school level, they are often viewed as the gatekeeper to the actions occurring at the school site. However, principals may be unaware of the legislation or the factors related to implementation of the policy. In a study by French, Story, and Fulkerson (2002), researchers found that only 32% of principals had a policy related to nutrition and food in their schools. Even fewer had policies related to the sale of food in vending machines (17.8%) or the sale of food at school stores (28.3%). Due to the low rates of policy implementation at schools, it is questionable if principals are ready for the mandated wellness policy.

Prior to mandated 2006 implementation of the wellness policy, it is important to assess the principals' readiness to implement the legislation and gain an understanding of their knowledge of the policy and barriers related to implementation of the policy. Since the transtheoretical model encompasses readiness to change, knowledge, self-efficacy, and decisional balance, it may be the most effective theory in determining a principal's readiness to implement the wellness policy.

The transtheoretical model is a mixture of several theories that attempts to explain changes in habits through the use of an idea identified as stages of change. The model states that an individual changes a behavior when going through a series of stages, with the ultimate result being maintenance of the change (Glanz, Lewis, and Rimer, 1997). Early work with the model

identified five stages needed to account for the various levels of readiness to change:

precontemplation (no intention to change the behavior), contemplation (the problem behavior has been identified), preparation (development of plans to address the problem), action (plans are put into action), and maintenance (the change is sustained for longer periods of time) (Basler, 1995; Prochaska, 1992).

In addition to the identification of the five stages, the staging model contains three core constructs: decisional balance, self-efficacy, and processes of change (Glanz et al., 1997). For the purpose of this research, decisional balance and self-efficacy were used to gain a better understanding of those factors impacting principals' readiness to implement a wellness policy. Decisional balance is the ability of an individual to weigh the pros (benefits) and cons (barriers) related to changing a particular behavior. Typically, barriers are higher for those in the lower, non-action stages, while those in the action stages are more aware of the benefits related to the behavior change (Greene, Rossi, Rossi, Velicer, Fava, and Prochaska, 1999).

Self-efficacy is identified by confidence that a person feels about performing an activity, including the ability to overcome any barriers to that activity. It is proposed that self-efficacy is the most important predictor of behavior change. Those individuals with high levels of self-efficacy tend to be in the higher, more active stages, while those in precontemplation, contemplation, and preparation tend to have significantly lower levels of self-efficacy (Glanz and Rimer, 1997; Greene, 1999; Ounpuu, 1999).

Although not listed as one of the core constructs of the theoretical model, it is well recognized that knowledge is an important component of change. In order to change, one must have, at a minimum, a basic knowledge of the components related to behavior change.

Knowledge of a particular behavior can be used to help predict stage of readiness to change (Popa, 2005).

The local wellness policy is being imposed on schools who may have limited knowledge of the legislation or may not have the resources needed to implement the policy. Traditionally, the theory of planned behavior has been used to determine an individual's intention to change a behavior. Recent research indicates that intention to perform a specific behavior can significantly predict an individual's stage of readiness to change (Armitage, 2006). Therefore, the purpose of this research was to determine principals' intention to implement the local wellness policy using stages of change.

Research Objectives

- To assess the prevalence of principals who are actively participating in the process of developing a wellness policy.
- To identify the attitude and readiness for change of elementary, middle/junior high, and high school principals toward the development of a local wellness policy.
- To identify principals' knowledge of the wellness policy, perceived barriers and benefits related to implementation of the policy, and level of self-efficacy as it related to implementation of the wellness policy.

METHOD

Research Plan

The purpose of this research was to identify principals' readiness to implement the mandated local wellness policy. In addition, principals' knowledge of the policy, perceived benefits and barriers related to implementation of the policy, and confidence in their ability to implement the policy also was assessed. A concept paper was developed outlining the purpose, research objectives, methodology, project timetable, and outcomes of the study (Appendix A). The initial phase of the research included four phone calls to members of a Wellness Expert Panel. These individuals were used to assess benefits and barriers related to policy implementation. Using the information gathered from the telephone calls, a pilot survey was developed. The instrument was evaluated for content and face validity. Based on comments received, a final survey was developed and distributed nationally to 3235 principals, representing elementary, middle/junior high, and high school.

Phase I

Telephone Interviews

In the initial part of the research, four individuals, who were previously identified as experts on the wellness policy, were contacted via telephone. The four individuals represented four states and three areas of child nutrition: one Child Nutrition Program Coordinator, two Food Service Directors, and one Nutrition Education Area Manager. Two additional individuals were called, but contact was never established. All of the expert panel members were asked the same questions, and a copy of the telephone interview questions can be found in Appendix B. Based on the objectives outlined in the concept paper and the need to validate the stages of change algorithm, questions focused on the perceived benefits and barriers of implementing a wellness

policy as well as those factors that would make it difficult for a principal to implement a wellness policy in his/her school.

Phase II

Survey Development

After the benefits and barriers were identified through the telephone interviews, the information was added to the survey. The survey consisted of six primary areas: knowledge of the policy, readiness to implement the policy staging algorithm, decisional balance (pros and cons) related to implementation of the policy, level of self-efficacy in overcoming barriers when implementing the policy, demographics, and a qualitative section that allowed respondents to describe how they were informed of the policy and list their major concerns regarding the implementation of the policy.

The first question asked the principal if he/she had ever heard of Public Law 108-265, requiring implementation of a wellness policy. If the answer was no, he/she was asked to return the survey. If the answer was yes, he/she was asked to proceed with the survey. The staging algorithm consisted of a YES/NO question where the participant was asked if he/she had implemented a wellness policy. If the answer was YES, they were asked how long ago the policy was implemented. If the answer was NO, they were asked about their intention to implement a wellness policy. The staging algorithm was adopted from a previously validated algorithm used by Popa (2005).

Knowledge of the components of the wellness policy was assessed using 11 questions. A five-point Likert-type scale was used to assess if the principal had a great deal of knowledge (5) or no knowledge (1) of each aspect of the policy. Decisional balance was evaluated using a total of 10 questions (five benefits and five barriers). Principals also rated these on a five-point Likert-

type scale. The principals' confidence in overcoming obstacles related to implementation was assessed using a Likert-type scale, where principals were Extremely Confident (5) or Not at All Confident (1) they could overcome the barriers. A copy of the initial questionnaire was sent to three child nutrition professionals, and four role incumbents to provide input on the working and clarity of the instrument. In addition, two NFSMI researchers evaluated the instrument for wording and appropriateness to the audience. Two of the three child nutrition professionals responded, with both indicating that there were questions that should be removed from the instrument, but neither indicated the questions that should be removed. A copy of the survey evaluation form is found in Appendix C.

Questionnaire Distribution

The final questionnaire was sent to 3235 principals throughout the United States, representing the seven USDA regions. The sample of principals was obtained through Market Data Retrieval, using criteria set by the researchers. An equal number of principals was selected from elementary, middle/junior high, and high school. In addition, the seven USDA regions were equally represented in the sampling. Each packet contained a cover letter and a postage-paid return envelope. The cover letter informed the principals of the purpose of the study, asked for their participation, assured them of the confidentiality of their responses, and provided researchers' contact information for questions and concerns. No identifying codes were placed on the questionnaires, thus preserving the anonymity of all respondents. Participants were given approximately three weeks to return the survey. No follow-up letters were sent. A copy of the cover letter is found in Appendix D and a copy of the final survey is in Appendix E.

Informed Consent

The protocol for the study were reviewed and approved by the Human Subjects Protection Review Committee (HSPRC) of The University of Southern Mississippi.

Data Analysis

Surveys were analyzed using the statistical package SPSS Version 12.0 for Windows. Descriptive statistics included means, standard deviations, and frequencies of total responses. MANOVA was used to determine if the stage of readiness to change was related to knowledge, decisional balance, or self efficacy. Cross Tabulations were used to compare demographic characteristics against stage of readiness to implement the policy. Qualitative descriptions of how principals were informed about the wellness policy and their major concerns regarding the implementation of the policy were summarized and tabulated to look for themes within the data.

RESULTS AND DISCUSSION

Telephone Interviews

The telephone interviews were conducted using the same set of questions for all four wellness experts. The five predominant benefits identified in the telephone interviews included the following: improved health of the students, improved academic performance, enhanced nutrition education of teachers and coaches, improved attendance of the students, and a healthy menu that food service staff will be proud to offer. The five barriers most frequently mentioned included the following: increased cost to the school, reduced revenue from vending, increased training of foodservice staff, difficulty in providing rewards in the classroom, and decreased participation in the school lunch program. Nine obstacles were consistently mentioned with regard to implementation of the wellness policy: resistance by teachers because of lack of time to include nutrition in lesson plans, parents being displeased about not being able to bring high calorie/high fat snacks, lack of funding to implement the policy, loss of money from vending, difficulty in providing physical activity in the schedule, principals being perceived as the “bad guy” for implementing the policy, lack of understanding by the foodservice staff on the requirements of the policy, students being displeased with the removal of vending, and lack of support from administration to implement the wellness policy.

Questionnaire

Demographics

Questionnaires were mailed to 3235 principals across the United States. A total of 692 questionnaires were returned for a response rate of 21%, representing all USDA regions. Of the 692 that were returned, 562 were used in the final data analysis, as 130 of the survey respondents indicated that they had never heard of the Public Law 108-265; therefore, they only answered the

first question on the survey. The majority of the respondents were principals (90%), with the remaining being assistant principals or other administrators within the school. Most schools were located in rural areas (42.3%). Most principals who responded were from high schools (38.3%) and had a student body population less than 500 (47.8%). A complete description of all demographics is provided in Table 1. Cross-tabulations were used to determine the relationship between stage of readiness to implement the wellness policy and selected demographic variables. Principals in the mountain plains were most likely to be in the preparation stage (25.9%), while the southeast was in the action stage (20.3%), and the southwest was in the maintenance stage (30.0%). High schools were more likely to be in preparation (40.2%) and action (48%), while middle/junior high schools were most likely to be in maintenance (39.3%).

Table 1

Demographic Characteristics of Principals

Characteristic	Frequency^a	%
Job Title		
Principal	505	89.9
Assistant Principal	25	4.4
Other	32	5.7
USDA Region		
Western (AK, AZ, CA, GU, HI, ID, NV, OR, NV)	60	10.7
Mountain Plains (CO, IA, KS, MO, MT, ND, NE, SD, UT, WY)	110	19.6
Midwest (IL, IN, MI, MN, OH, WI)	87	15.5
Northeast (CT, MA, ME, NH, NY, RI, VT)	55	9.8
Mid-Atlantic (DC, DE, MD, NJ, PA, PR, VA, VI, WV)	63	11.2
Southeast (AL, FL, GA, KY, MS, NC, SC, TN)	93	16.5
Southwest (AR, LA, NM, OK, TX)	94	16.7
Location of the School		
Rural	293	42.3
Suburban	173	25.0
Urban	89	12.9
Type of School		
Elementary	158	29.9
Middle/Junior High	168	31.8
High School	202	38.3

^aTotal n varies based on responses for each question

(table continues)

Table 1 (*continued*)

<i>Demographic Characteristics of Principals</i>		
Characteristic	Frequency^a	%
Number of Students in the School		
Less than 500	266	47.8
500-999	190	34.1
1000-1500	68	12.2
Greater than 1500	33	5.9
Number of Students in the School District		
Less than 2799	230	42.0
2800-9999	171	31.2
10,000-29,999	85	15.5
Greater than 30,000	62	11.3

^aTotal n varies based on responses for each question

Awareness of PL 108-265 and Stage of Readiness to Change

One hundred thirty (18.8%) of the respondents indicated they had never heard of the legislation requiring the implementation of a wellness policy. These individuals were classified as being within the precontemplation stage. Of those that had heard of the policy, 6 were in contemplation (0.9%), while 21.9 % were in maintenance. The majority of the school principals indicated they were preparing to implement the policy (45%). Table 2 summarizes the principals' stage of readiness to implement the wellness policy.

Table 2

<i>Principals' Stage of Readiness to Change</i>		
Stage	Frequency^a	%
Precontemplation	125	19.4
Contemplation	6	0.9
Preparation	290	41.9
Action	81	12.6
Maintenance	141	20.4

^aTotal n varies based on responses for each question

It is interesting to note that only one-fifth of the principals who participated in the study had heard of the legislation requiring the implementation of the local wellness policy. This is

unsettling, as the research was conducted only six months prior to the mandated implementation date. However, the small number of participants in the contemplation stage should be seen as a positive sign. Of those principals who knew of the policy the vast majority of them, almost 99%, were either making plans to implement the policy or had already implemented the policy. These findings are in stark contrast to those of French et al. (2002), who found only 32% of principals reporting a nutrition policy in their schools.

Knowledge, Decisional Balance and Self-Efficacy and the Relationship to Stages of Change

Means and standard deviations were used to describe knowledge, decisional balance, and self-efficacy (1 being the lowest score and 5 being the highest score for each section). When asked about their knowledge regarding the various components of the wellness policy, principals were most knowledgeable about the inclusion of a physical education component in the curriculum ($4.3 \pm .9$) and preventing the sale of carbonated beverages in the vending machines ($4.0 \pm .9$). The question that indicated the lowest level of knowledge was the avoidance of using brand names on vending contracts (2.5 ± 1.2). However, this is not a component of the wellness policy, and it is not surprising that principals did not show a high level of knowledge regarding this topic.

Of the five questions that pertained to the benefits of implementing a wellness policy, the principals most strongly believed that a wellness policy would help improve the health of the students (3.6 ± 1.0). However, they did not believe attendance would increase as a result of implementation of the wellness policy (2.5 ± 1.1). It is interesting to note that the average rating for any of the questions was only slightly over neutral, without any strong agreement to any of the benefits listed. One possible explanation for the low perceived benefits may be the use of

school foodservice professionals instead of principals when designing the instrument; therefore, the benefits mentioned by those in foodservice may not have been in line with what would be perceived as benefits for principals.

The principals perceived loss of revenue from vending as the most negative aspect of the policy (3.4 ± 1.3). On the other hand, they did not feel that participation in the lunch program would decrease (2.3 ± 1.0) or that teachers would have difficulty providing rewards in the classroom (2.2 ± 1.1). Like the benefits, the highest perceived barrier to implementation of the policy was only slightly above neutral, which could be perceived a positive indicator for the implementation of the wellness policy.

The principals were asked how confident they felt when faced with a variety of obstacles when trying to implement the wellness policy. The principals felt most confident that they could still implement the policy even if students were upset about the removal of vending machines (3.4 ± 1.3). This is not a surprising result, as they also felt that the loss of money from vending was the biggest barrier to implementing the wellness policy. They also felt confident they could rearrange schedules to allow for physical activity (3.3 ± 1.2). Since the principals indicated a high level of knowledge on the incorporation of physical activity into the curriculum and the current use of physical education in many schools, continuation of activity does not appear to be an area of concern for the principals. However, they were less confident that they could implement the policy if they did not have the support of superintendents and other school board officials in implementing the policy (2.7 ± 1.2). Table 3 contains a summary of the principals' knowledge, perceived pros and cons, and self-efficacy.

Table 3

Mean Knowledge, Decisional Balance, and Self Efficacy Scores

Question	Mean	SD
How much do you KNOW ABOUT each of the following areas required as part of the implementation of a school wellness policy?^a		
Including a physical education requirement in the curriculum	4.3	0.9
Preventing the sale of high fat/high sugar foods for fundraising activities by students, teachers, or parent groups	4.0	0.9
Including nutrition education in the curriculum	3.9	0.9
Removal of high fat/high sugar items from vending machines	3.9	0.9
Preventing the sale of high fat/high sugar items at school stores and/or snack bars	3.8	1.1
Preventing the sale of high fat/high sugar foods for fundraising activities by students, teachers, or parent groups	3.7	1.0
Regulating the type of food that can be served or sold by the school meals program	3.6	0.9
Developing committees and teams in the school or school district to focus on school wellness	3.6	1.0
Appointing individuals to be operationally responsible to ensure the school wellness policy is met	3.3	1.1
Regulating the teachers' use of food or food coupons to reward students	3.2	1.2
When working with soft drink/soda companies, I do not think that you should use a brand name on contracts	2.5	1.2
For each of the following, how ACCURATE are each of the following statements?^b		
Implementing a school wellness policy will help improve the health of the students	3.6	1.0
Academic performance will improve with the implementation of a school wellness policy	3.4	1.0
School foodservice staff will be able to offer a healthy menu they are proud to serve if a school wellness policy is implemented	3.4	1.0
Teachers and coaches will be better educated on nutrition if a school wellness policy is implemented	3.3	1.0
Students' attendance will increase as a result of implementing a wellness policy	2.5	1.1
Having a school wellness policy will reduce the amount of money made from vending machines	3.4	1.3
School foodservice staff will need to learn new cooking methods if a school wellness policy is implemented	3.0	1.2
Having a school wellness policy will cost too much for a school to implement	2.5	0.9
Participation in the school lunch program will decrease if a school wellness policy is implemented	2.3	1.0
Teachers will have difficulty providing rewards in the classroom if high fat/high calorie snacks are banned	2.2	1.1

^a1=Nothing, 5=A Great Deal

^b1=Not at All, 5=Very Much

^c1=Not at All Confident, 5=Extremely Confident

(table continues)

Table 3 (*continued*)*Mean Knowledge, Decisional Balance, and Self Efficacy Scores*

Question	Mean	SD
How CONFIDENT are you that you could implement a school wellness policy at your school when^c		
Students are upset about the removal of vending machines	3.4	1.3
You rearrange school schedules to allow for physical activity	3.3	1.2
You lose money from vending and “school stores”	3.2	1.3
Teachers resist implementation of the policy because they do not have the time to add any additional information to their lesson plans	3.2	1.1
Parents are upset about not being able to bring snacks for birthday parties and other activities	3.1	1.2
You are perceived as the “bad guy” by faculty, students, and parents when the school wellness policy is adopted	3.0	1.3
Federal funding has not been allocated for implementation of a school wellness policy	3.0	1.2
The foodservice staff does not understand how to implement a school wellness policy	2.9	1.2
Superintendents and other school board officials do not provide adequate support to implement a school wellness policy	2.7	1.2

^a1=Nothing, 5=A Great Deal^b1=Not at All, 5=Very Much^c1=Not at All Confident, 5=Extremely Confident

MANOVA was performed to determine if the stage of readiness to implement the wellness policy differed based on knowledge, perceived benefits, perceived barriers, or level of self-efficacy. The multivariate model was found to be significant ($F(12, 1512) = 4.97, p < .001$). Results indicated that those with higher levels of knowledge were in higher stages ($F(3, 505) = 9.95, p < .001$). When post hoc analysis was performed, it was found that knowledge of the wellness policy was greater in principals who reported action and maintenance than those in the preparation group ($p < .001$). It only stands to reason that those in the higher action stages would have higher levels of knowledge. First, in order to implement the policy, administrators would need to know the components of the legislation. Second, in order for an individual to adopt a

change, knowledge of the requirements for the change and the mechanisms involved in making the change are necessary (Glanz and Ericksen, 1998).

Regarding perceived benefits, those in the higher action stages perceived greater benefits related to the implementation of the wellness policy ($F(3, 505) = 9.84, p < .001$). The principals in contemplation had significantly lower perceived benefits than those in preparation, action, or maintenance ($p < .05$). Those in preparation had significantly lower perceived benefits than those in action and maintenance ($p < .05$). The relationship between perceived benefits and action is well documented in previous stages of change literature (Greene, 1999; Herrick, 1997; McDonell, 1998; Prochaska, 1994).

Although not significant, it is interesting to note that self-efficacy was highest in the preparation and action groups, and perceived barriers to implementation of the policy was highest in the preparation and action groups. Precontemplators were not included in this analysis, as these were the participants who only answered the first question, and left the remainder of the questions blank. A summary of the mean knowledge, perceived benefits, perceived barriers, and self-efficacy scores based on stage are summarized in Table 4.

Table 4

Means and Standard Errors for Knowledge, Perceived Benefits, Perceived Barriers, and Self Efficacy[§]

Variable	Mean	SE
Knowledge		
Contemplation	38.2 ^{a, b}	3.4
Preparation	37.6 ^{a, b}	0.5
Action	40.9 ^a	0.9
Maintenance	42.0 ^a	0.7

[§]Total Possible Scores for Knowledge (55), Perceived Benefits (25), Perceived Barriers (25), and Self-Efficacy (50)

^{a, b, c}Items with different superscripts are significantly different at the $p < .05$ level
(table continues)

Table 4 (*continued*)*Means and Standard Errors for Knowledge, Perceived Benefits, Perceived Barriers, and Self Efficacy[§]*

Variable	Mean	SE
Perceived Benefits		
Contemplation	10.8 ^a	1.6
Preparation	15.4 ^b	0.2
Action	16.4 ^c	0.5
Maintenance	17.2 ^c	0.3
Perceived Barriers		
Contemplation	12.5	1.4
Preparation	13.4	0.2
Action	13.6	0.4
Maintenance	12.9	0.3
Self-Efficacy		
Contemplation	24.7	2.7
Preparation	27.7	0.4
Action	25.8	0.8
Maintenance	27.8	0.6

[§]Total Possible Scores for Knowledge (55), Perceived Benefits (25), Perceived Barriers (25), and Self-Efficacy (50)

^{a, b, c}Items with different superscripts are significantly different at the $p < .05$ level

Qualitative Results

The last section of the questionnaire asked respondents to describe two issues related to the wellness policy: 1) how the principal was informed of the wellness policy and 2) the principal's major concerns regarding the implementation of the wellness policy. Most respondents had heard of the legislation through meetings (e.g. principal's meetings, administrative meetings, district meetings, conferences). They also learned of the policy through Food Service Directors, superintendents, and the State Department of Education. The top four concerns of the principals in implementing the wellness policy included loss of revenue through vending, lack of support from parents when trying to implement the policy, lack of funding to implement the program, and changing the type of foods offered in the cafeteria. These results are similar to the qualitative results. A summary of the qualitative data is provided in Appendix F.

CONCLUSIONS AND RECOMMENDATIONS

Limitations to the Research Study

The initial telephone calls only included individuals involved in school foodservice, and they were speaking on behalf of the principals as well as others that might be involved in the implementation of the wellness policy. In order to develop a questionnaire that accurately captures the attitudes of the principals, principals should have been included in the first round of telephone interviews.

A primary limitation of the data was the first question on the survey. Rather than having the principals return the survey if they had never heard of PL 108-265, they should have continued on with the survey. This would have allowed the researchers to analyze the descriptive characteristics of this group. In addition, the researchers could only assume that those that had never heard of the legislation were in the precontemplation group. It would have enhanced the validity of the staging algorithm if these individuals had self-classified themselves into this stage.

Research Study Conclusion

It was encouraging to see that only 6% of the principals who knew of the wellness policy did not have any intentions to implement the policy. This number indicates that the vast majority of those principals who knew of the legislation were either making plans to implement the policy or already had a policy in place. However, the fact that nearly 20% of the respondents indicated that they had never heard of the survey should be addressed. This is especially concerning because the survey was sent to the principals less than six months prior to the mandated implementation date. Therefore, it should be obvious to policy makers and state child nutrition and education officials that publicizing the required wellness policy should be a priority.

A problem area for most principals is the thought of disallowing vending from their school, potentially decreasing revenue. This study illustrated that principals found this to be the biggest barrier to implementation of the wellness policy. In this vein, it is not surprising that the principals were most knowledgeable about this portion of the legislation.

The researchers were disheartened by the fact that the principals did not have a strong perception of the benefits of the policy as it related to the children (e.g. health of the students, academic performance). When planning for the survey, the researchers believed that the benefits of the implementation of the wellness policy would far outweigh the barriers. One possible reason for this is that the principals were not included in the initial telephone interviews. In using principals, rather than foodservice directors/educators, the principals may have listed other benefits, and the survey would have captured a more accurate picture of the principals' perspective on this issue.

Elementary schools had the highest percentage of principals who reported being in the pre-action stages (precontemplation, contemplation, and preparation). Since this is the age group that will be most affected by the implementation of the policy, they are in need of the greatest amount of support from state and federal child nutrition officials. However, it is encouraging to note that high schools already made progress toward implementing a wellness policy, with approximately 40% of the principals in these schools reporting the implementation of a wellness policy for at least six months.

Education and Training Implications

- With one-fifth of the principals reporting no knowledge of the wellness policy, the first priority should be to provide education on the policy. First, principals need to learn of the legislation of the policy and, more importantly, the implications of the policy for the students, faculty, and staff. These principals who are unaware of the policy will need education on the additional physical activity component that must be worked into the curriculum. In addition, the principals will need to make decisions on how to integrate nutrition education in the classroom and provide support to the teachers and parents when high calorie, high fat snacks are banned from the classroom. Information on ways to implement vending with healthful food and beverage options would assist principals in addressing this perceived barrier.
- Principals need resources to help them overcome the perceived barriers and obstacles related to the implementation of the local wellness policy. The loss of revenue from vending and from the sale of high calorie, high fat foods for fund raisers must be one of the first issues addressed. They will need help in finding other ways to generate revenue than through the sale of these items.
- Since this policy will have a direct impact on parents of school aged children, education efforts need to be focused on this group, as well. Parents will not only need to understand the components of the policy (especially banning high calorie, high fat snacks), but they also need education on wellness and physical activity in the home. Parents would also benefit from information addressing ways to support the school wellness policy, as well as establish a wellness environment at home. Implementation of the policy is only as good as the continuation of the practices from school to home.

- Although most SNDs currently work with foodservice staff to provide healthy meals that meet USDA regulations, more training needs to be done in this area. Principals are concerned about the staff's ability to prepare these items; therefore, they need to be made aware of any efforts made in this area.

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Appendix A

Research Concept Paper

**National Food Service Management Institute
Applied Research Division
Concept Paper #1**

NFSMI Strategic Issue 1 – The growing demand for a nutrition and wellness policy in the school setting to address nutritional needs of children, including obesity, is creating a demand to provide information and guidance related to the impact of diet quality on health and well being.

Project Title: Readiness for Change Survey of School Principals

Project Start Date and Duration: June – May 2006

Target Audience/Clientele: School principals nationwide

Deliverable: A report on the survey and manuscript submitted to an appropriate journal.

Project Summary: Conduct a survey of school principals nationwide to determine their attitude toward and readiness to implement a wellness policy. If principles are not involved with the development of the wellness policy, they will be asked to have the responsible person complete the survey. The Transtheoretical Model (TTM) or Stages of Change Model will be used as the foundation of the survey.

Background Information/Statement of Problem/Study Purpose

The prevalence of overweight among children and youth in the United States has reached epidemic proportions. Since 1980, obesity rates have doubled among children and tripled among adolescents. Of children aged 6-11 years, 15% (approximately 9 million) are considered overweight. Measured height and weight data from the 1999-2000 National Health and Nutrition Examination Survey (NHANES) indicate the prevalence of overweight among 12-19 year olds to be 15.5% compared to a prevalence of 10.5% for this age group in the 1988-1994 NHANES survey. Additionally, the overweight prevalence among 6-11 year olds and 2-5 year olds was 15.3% and 10.4% respectively for the 1999-2000 NHANES. All three age groups of children experienced prevalence increases of approximately 3-5% between the two survey periods.

Because children spend 1/3 -1/2 of the day in the school environment, it is important that they are exposed to a healthful nutrition environment at school. The Child Nutrition and WIC Reauthorization Act of 2004 required that schools have a wellness policy by 2006. Each individual school will be required to develop such a plan.

Principals are key players in the implementation of a school wellness policy. Data from the NFSMI Healthy School Nutrition Environment Survey conducted in 2003 indicated that only 53% of respondents felt a healthy school nutrition environment was a priority (Rainville, Choi, and Brown, 2003). Of the schools represented by the 1,222 participants, 57% had a

school board policy for vending contracts; 71% had vending machines for students, 24% had school stores that sold candy, snacks, and soft drinks; and 60% reported using food as rewards. These data indicate in general schools do not have healthy nutrition environments and many changes would be needed to implement effective local wellness policies.

The Transtheoretical Model (Prochaska, DiClemente, and Norcross, 1992) has been used to conceptualize the process of intentional behavior change. The model is a cycle of distinct cognitive markers that describe five unique Stages of Change. The five stages are as follows.

- **Precontemplation** is the stage at which there is no intention to change behavior in the foreseeable future. Many individuals in this stage are unaware of problems or that there is a need for change.
- **Contemplation** is the stage in which individuals have identified a problem. In this stage, they are deciding whether or not there is a need to take action to correct the problem. Do the pro and cons of change outweigh the pro and cons of maintaining present behavioral pattern?
- **Preparation** is a stage entered into once the individual decides there is a need to take action. Specific plans of action are developed in this stage as the individual chooses among alternative potential solutions.
- **Action** is the stage in which individuals put their plans into action and change their behavioral patterns.
- **Maintenance** is the stage in which people work to prevent relapse and consolidate the gains attained during action.

Transition among stages results from experiential and behavioral processes that individuals experience called the *Processes of Change*. Each stage is characterized by a cost benefit analysis of engaging in a particular behavior.

This model has been proven effective for identifying the stage an individual is in before successful change intervention was designed and applied. It has been used in areas such as smoking, diet, physical activity, alcohol and substance abuse, eating disorders, and panic disorders (Booth, Macaskill, Owen, Oldenburg, Marcus, and Bauman, 1993; DiClemente, Carbonari, and Velasquez, 1992; DiClemente, Prochaska, and Gibertini, 1985; DiClemente, Carbonari, Montgomery, and Huges, 1994; Werch, DiClemente, 1994;). It was also used in one study to support organizational change (Prochaska, 1998).

Developing an appropriate intervention increases the probability of having a successful change in behavior. For this study, knowing the attitude toward and readiness for change of developing a wellness policy for principals or responsible persons nationwide would provide valuable information for federal, state, and local school administrators as they try to meet guidelines set forth in Section 204 of the 2004 Child Nutrition and WIC Reauthorization and implement wellness policies in all schools by 2006.

I. Research Objectives

Identify the attitude and readiness for change of elementary, middle/junior high, and high school principals toward the development of a local wellness policy if they are actively participating in the process.

If the principle has delegated the responsibility for the development of a local wellness policy, identify who has been given the responsibility and their attitude and readiness for change toward the development of a local wellness policy.

III. Methodology

1. Talk to one local (within 1-2 hr drive) elementary, middle/junior high, and high school principal about their knowledge of the requirement for a local wellness policy. (Possible locations, Mobile, AL; Covington, LA; and Hattiesburg, MS)
2. Conduct a literature review of the use of the Transtheoretical Model for assessing readiness toward change.
3. Develop the survey and letter to principals.
4. Purchase mailing labels for 2700 school principals nationwide (900 elementary, 900 middle/junior high, 900 high school).
5. Submit USM IRB.
6. Submit survey for EIAC review.
7. Pilot test the survey with 50 elementary, 50, middle/junior high, and 50 high school principals.
8. Follow-up two weeks after mailing with post card to all not responding.
9. Analyze the data and process used.
10. Revise survey and methodology if needed.
11. Mail the survey to 850 elementary, 850 middle/junior high, and 850 high school principals.
12. Mail reminder post card two weeks after initial mailing for those not responding.
13. Analyze data.
14. Write a report and manuscript.

IV. Timeline

April	Conduct review of literature.
June-August	Develop the survey and purchase addresses. Submit survey for approval of USM IRB and EIAC.
September-October	Mail surveys and gather data.
November-December	Analyze data and write report and manuscript

V. Evaluation Plan

This study is a descriptive study. Recommended statistical analysis guidelines for the TTM model will be followed.

The return rates of the survey will be assessed.

VI. Detailed Budget

Travel to three school districts

Contract with consultant for survey development

Purchase of 2700 addresses

Survey printing, mailing, and follow-up for pilot

Survey printing, mailing, and follow-up

Appendix B

Telephone Interview Questionnaire

Telephone Interview Questions

Wellness Expert Panel

Introduction

Introduction of self and reading of the oral presentation

Transition

As I ask you the following questions, I want you to answer each of them as completely as possible. Although you are not a school principal, I will ask you some questions where you have to answer the questions based on experiences working within the school system to develop wellness policies. At the end of the questions, I welcome any additional comments that you may have. Are you ready to begin?

Questions

1. At what phase are you in the development of a local wellness policy?
2. If you have completed developing the wellness policy, would you like to participate in the development of a case study?
3. What type of support are you receiving from your superintendent in developing a wellness policy?
4. What do you feel will be the biggest benefits in implementing a school wellness policy from the point of view of
 - a. Superintendents
 - b. Principals
 - c. Faculty
 - d. School Food Service staff
 - e. Students
 - f. Parents/family members
5. What do you feel will be the biggest barriers in implementing a school wellness policy from the point of view of
 - a. Superintendents
 - b. Principals
 - c. Faculty
 - d. School Food Service staff
 - e. Students
 - f. Parents/family members
6. What are some of the most difficult issues that a school principal will face when attempting to implement a wellness policy?

Thank you for your time. Please do not hesitate to contact me if you have questions or additional comments.

Appendix C

Survey Evaluation Form

Readiness for Change Survey of School Principals

Survey Evaluation Form

Thank you for volunteering your time to assist us in the development of this survey. We want to be sure that the cover letters and survey are clear and easy to respond to before beginning our research project. Please assist us by answering the following questions. Revisions will be made based on your suggestions.

Cover Letter	YES	NO	Recommendations for Improvement
Did the cover letter clearly indicate what the purpose of the research is? If not, suggest improvement.			
Did the cover letter clearly indicate what is expected of the sponsor? If not, suggest improvements.			
Survey	YES	NO	Recommendations for Improvement
Were the directions for completing each part of the survey clear? If not, suggest improvement.			
Were the statements written clearly? If not, suggest improvement.			
Was the terminology appropriate for school principals or other school officials? If not, suggest improvement.			
Were there statements in the survey that you would exclude from the questionnaire? If yes, indicate the statement(s) that you would exclude.			
Were there any other statements that you would include in the survey? If yes, indicate the statement(s) that you would include.			
Were the response categories understandable? If not, suggest improvements.			

How long did it take you to complete the questionnaire? _____ Minutes

In the space below or on the back, please indicate any additional suggestions for improvement of the questionnaire

Thank you for your assistance!

APPENDIX D

Cover Letter

February 10, 2006

Dear School Principal:

The National Food Service Management Institute (NFSMI) is a national center that conducts applied research and provides information and services that promote the continuous improvement of Child Nutrition Programs. Recently *Section 204 of the Public Law 108-265* was enacted, requiring each local education agency (LEA) or school district participating in the National School Lunch Program and/or School Breakfast Program to develop a local wellness policy that promotes the health of students.

As part of the implementation of this policy the Applied Research Division of NFSMI is conducting a research study that assesses principals' readiness to implement a wellness policy in their schools. We realize this is a busy time of year; however, your participation is vital to this study's success. The results of this study will assist us in identifying obstacles to implementing a school wellness policy and potential solutions for addressing the obstacles. Due to the anonymous nature of the study, there are no identifying codes that link your responses to you. We solicit open and honest answers. We also ask that you respond based on your professional position and experiences with the implementation of a wellness policy at your school.

In this packet, you will find a survey questionnaire and a large self-addressed postage-paid envelope. The questionnaire is to be completed by you, and should take no longer than 10 minutes of your time. Please return the completed survey questionnaire in the envelope provided on or before ***Friday, March 3, 2006***.

If you have questions, please do not hesitate to contact us by email at Elaine.Molaison@usm.edu or Deborah.Carr@usm.edu or by telephone at 1-800-321-3054.

Sincerely,

Elaine Fontenot Molaison, PhD, RD
Researcher

Deborah H. Carr, PhD, RD
Director, Applied Research

Enclosure

This project has been reviewed by the Human Subjects Protection Review Committee at The University of Southern Mississippi, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research subject should be directed to the chair of the Institutional Review Board, The University of Southern Mississippi, Box 5147, Hattiesburg, MS 39406, (601) 266-6820.

Appendix E

Finalized Questionnaire



Survey of Principals' Readiness to Change

Completely fill in the circle of your answer. Use a #2 pencil.

Correct ●●●

Use No. 2 Pencil Only

Incorrect ⊗ ⊙ ⊕

The Local Wellness Policy requirement is established by Section 204 of the Public Law 108-265, the Child Nutrition and WIC Reauthorization Act of 2004. It requires each local education agency (LEA) or school district participating in the National School Lunch Program and/or School Breakfast Program to develop a local wellness policy that promotes the health of students and addresses the growing problem of childhood obesity.

Are you aware of Public Law 108-265 requiring schools to implement a local wellness policy?

- ☐ YES, please continue with the survey. ☐ NO, please stop here. Return survey....Thank you for your time.

Have you implemented a wellness policy for your school?

- ☐ Yes ☐ No

If Yes

- ☐ We implemented a wellness policy MORE THAN 6 MONTHS AGO
☐ We implemented a wellness policy, but it was implemented LESS THAN 6 MONTHS AGO

If No, do you intend to implement a wellness policy in your school?

- ☐ Yes, definitely by July 2006 ☐ Yes, maybe ☐ No, probably not ☐ No, definitely not

Based on your knowledge of the school wellness policy, please rate how much you know about each of the following from 5 (A GREAT DEAL) to 1 (NOTHING)

How much do you KNOW ABOUT each of the following areas required as part of the implementation of a school wellness policy?	A Great Deal	A Lot	Some	Not Very Much	Nothing
1. Preventing the sale of high fat/high sugar foods for fundraising activities by students, teachers, or parent groups	(5)	(4)	(3)	(2)	(1)
2. Preventing the sale of carbonated beverages in the vending machines	(5)	(4)	(3)	(2)	(1)
3. Regulating the type of food that can be served or sold by the school meals program	(5)	(4)	(3)	(2)	(1)
4. Regulating teachers' use of food or food coupons to reward students	(5)	(4)	(3)	(2)	(1)
5. Removal of high fat/high sugar foods from vending machines	(5)	(4)	(3)	(2)	(1)
6. Appointing individuals to be operationally responsible to ensure the school wellness policy is met	(5)	(4)	(3)	(2)	(1)
7. Preventing the sale of high fat/high sugar items at school stores and/or snack bars	(5)	(4)	(3)	(2)	(1)
8. When working with soft drink/soda companies, I do not think that you should use a brand name on contracts	(5)	(4)	(3)	(2)	(1)
9. Developing committees and teams in the school or school district to focus on school wellness	(5)	(4)	(3)	(2)	(1)
10. Including a physical education requirement in the curriculum	(5)	(4)	(3)	(2)	(1)
11. Including nutrition education in the curriculum	(5)	(4)	(3)	(2)	(1)

Based on your opinion, please RATE each of the following statements from 5 (VERY MUCH) to 1 (NOT AT ALL)

For each of the following, how ACCURATE are each of the following statements?	Very Much				Not At All
1. Implementing a school wellness policy will help improve the health of the students	(5)	(4)	(3)	(2)	(1)
2. Academic performance will improve with the implementation of a school wellness policy	(5)	(4)	(3)	(2)	(1)
3. Having a school wellness policy will cost too much for a school to implement	(5)	(4)	(3)	(2)	(1)
4. Teachers and coaches will be better educated on nutrition if a school wellness policy is implemented	(5)	(4)	(3)	(2)	(1)
5. Having a school wellness policy will reduce the amount of money made from vending machines	(5)	(4)	(3)	(2)	(1)
6. School foodservice staff will need to learn new cooking methods if a school wellness policy is implemented	(5)	(4)	(3)	(2)	(1)

School Wellness Policy: Readiness of Principals to Implement Changes

	Very Much				Not At All
7. Teachers will have difficulty providing rewards in the classroom if high calorie/high fat snacks are banned	⑤	④	③	②	①
8. Students' attendance will increase as a result of implementing a school wellness policy	⑤	④	③	②	①
9. School foodservice staff will be able to offer a healthy menu they are proud to serve if a school wellness policy is implemented	⑤	④	③	②	①
0. Participation in the school lunch program will decrease if a school wellness policy is implemented	⑤	④	③	②	①

Based on your opinion, please **RATE** each of the following questions from 5 (EXTREMELY CONFIDENT) to 1 (NOT AT ALL CONFIDENT)

	Extremely Confident				Not At All Confident
1. How CONFIDENT are you that you could implement a school wellness policy at your school when...	⑤	④	③	②	①
1. Teachers resist implementation of the policy because they do not have the time to add any additional information to their lesson plans	⑤	④	③	②	①
2. Parents are upset about not being able to bring snacks for birthday parties and other activities	⑤	④	③	②	①
3. Federal funding has not been allocated for implementation of a school wellness policy	⑤	④	③	②	①
4. You lose money from vending and "school stores"	⑤	④	③	②	①
5. You rearrange school schedules to allow for physical activity	⑤	④	③	②	①
6. You are perceived as a "bad guy" by faculty, students, and parents when the school wellness policy is adopted	⑤	④	③	②	①
7. The foodservice staff does not understand how to implement a school wellness policy	⑤	④	③	②	①
8. Students are upset about the removal of vending machines	⑤	④	③	②	①
9. Superintendents and other school board officials do not provide adequate support to implement a school wellness policy	⑤	④	③	②	①

What is your current job title?

☐ Principal

☐ Assistant Principal

☐ Other

In what USDA region do you work?

☐ Western - AK, AZ, CA, GU, HI, ID, NV, OR, WA

☐ Mountain Plains - CO, IA, KS, MO, MT, ND, NE, SD, UT, WY

☐ Midwest - IL, IN, MI, MN, OH, WI

☐ Northeast - CT, MA, ME, NH, NY, RI, VT

☐ Northeast - CT, MA, ME, NH, NY, RI, VT

☐ Mid-Atlantic - DC, DE, MD, NJ, PA, PR, VA, VI, WV

☐ Southeast - AL, FL, GA, KY, MS, NC, SC, TN

☐ Southwest - AR, LA, NM, OK, TX

Which best describes the location of your school?

☐ Rural

☐ Suburban

☐ Urban

Which classification best describes your school?

☐ Elementary

☐ Middle/junior high

☐ High school

How many students are enrolled in the school where you currently work?

☐ Less than 500

☐ 501-999

☐ 1000-1500

☐ Greater than 1500

How many students are enrolled in the school district where you currently work?

☐ Less than 2799

☐ 2800-9,999

☐ 10,000-29,999

☐ Greater than 30,000

Please describe how you were informed about implementing a school wellness policy.

Please describe your major concerns regarding the implementation of a school wellness policy

National Food Service Management Institute

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Appendix F

Survey of Principals' Readiness to Change
Open Ended Qualitative Comments Categorized by Theme

Open Ended Qualitative Comments Categorized by Theme

These qualitative comments are raw data from the open-ended question section of the “Survey of Principals’ Readiness to Change.” The statements were evaluated and comments of similar topic were grouped by theme. Below, the data are sorted by theme, listed in no particular order, beneath the survey question.

QUESTION I - "Please describe your major concerns regarding the implementation of a school wellness policy"

A. Loss of revenue from vending machine sales and fundraisers

- Vending dollars - students will go elsewhere to buy products anyway
- Loss of income - how do we replace? How will concessions survive?
- Loss of Coke dollars to pay for field trips
- Vending machines... athletic concessions... loss of revenue from concessions, etc.
- We will lose about \$4,000 a year from vending machine sales while McDonalds still gets richer.
- Loss of revenue from vending
- Loss of funds from outside of the school budget. Public funds are not enough. Money for special use is always required
- It will hurt schools financially.
- We will lose money.
- ... significant loss of vending machine and fund raising dollars for activities
- Loss of funds through food sales
- Loss of funding for activities and athletes
- Concession sales at ball games
- Fundraisers that sell chocolate products
- Loss of revenue which supports co-curricular activities
- I think there will be a major fall in the money making with the sales in snacks/drinks.
- Replacing revenue to student organizations
- May lose vending sales permanently
- Lost funding for scholarships from school store
- Loss of money which supports A&B and Athletics
- Fundraising efforts through vending machines

B. Administration burdened with additional responsibilities and lack of time

- Scheduling
- Lack of time
- Cost and time management
- Implementation of individual teachers
- My major concern is that we are under so much pressure from the state and federal levels to improve in so many ways that we cannot find time to implement. We keep adding but we take nothing away!
- More to implement in an overcrowded schedule
- This is the responsibility of the home. We do not need something else required of our school systems.
- One more thing for teachers to have to do.
- We cannot be all to all. More regulations, more programs - What about academic priorities - What is a school's primary role?
- Another federal mandate with unsure funding - More expectations put on schools. We're letting parents off the hook.
- Another responsibility to be assumed by school
- We are being asked to focus on too many things as it is.
- I do not think it is wise to implement a school wellness policy. I think federal guidelines have already gone too far. Due to NCLB we have NO time for these types of programs. Plus, I am sure that it will not be funded.
- Extra work for teachers and myself
- Just another societal problem absorbed by the educational curriculum
- As usual, a mandated unfunded school problem instead of dealing with families and parents
- Dealing with student entrepreneurs who will create small business enterprises that administration will have to discourage
- Another demand without support
- Who will stop them from bringing it into their lockers?
- Time in curriculum that is already overloaded - especially with emphasis on teaching testing standards and AP
- How much time will it require away from regular class instruction
- That it is just more paperwork for the school system. Healthy eating should begin at home. Most schools in NM have required PE classes K-12.
- We have too much to do as it is. Adding another "POLICY" will only decrease the effectiveness of other and all initiatives.
- Another way school is becoming the parent
- More paperwork

C. Parental Responsibility and Support

- Won't do any good - it is up to the PARENTS!!
- We're letting parents off the hook.
- A lot of this begins at home. We can't expect schools to do everything for the students. We can change some of our policies to conform to new regulations but can't do it all.
- Students bring lunches with high calorie, unhealthy foods to school. Parents should monitor their children's eating and exercise habits!
- I think the idea sounds good, but the problem is what is eaten at home, not school. School cafeteria food is a very poor example of a nutritious meal.
- As usual, a mandated unfunded school problem instead of dealing with families and parents.
- The school is not the primary care giver.
- How do we address wellness outside of the building where behavior is learned and modeled?
- Doesn't change what parents eat at home or pack for their kids
- Parents had the biggest problem with our policy because we have a no party policy and they don't think it is fair.
- Trying to take over even more responsibility from parents. Kids aren't getting fat at school - it is what they do after school that makes a difference.
- I think the idea sounds good, but the problem is what is eaten at home, not school.
- Not being able to have special treats to celebrate events at school, parent dissatisfaction
- Who will stop them from bringing it into their lockers?
- Students, parents and teachers making the adjustment
- Lack of control outside of school time
- Students may bring any foods from home. What do they eat at home?
- We can't regulate the home - we'll spend lots of money - add another bureaucratic layer and the results will be negligible!
- Students bringing unhealthy snacks and drinks to school
- How will we integrate a parent/home component - without follow through improvements may be difficult?
- Schools have been given the responsibility to educate parents about their personal lifestyle choices. This is faulty thinking and is doomed to failure.
- This is the responsibility of the home. We do not need something else required of our school systems.
- I feel that we are implementing a policy that is not the actual problem of less active children. We are once again controlling at the school level and parents are not required to make choices.
- Parental component and support will be our biggest issue.
- To keep a campus closed the meals must be good tasting and filling. If not, parents and students will push to open campus - Then they can eat at McDonalds.
- Will we see any follow up in the home?
- The resistance of the students and in some cases parents
- Children and parent dissatisfaction
- Healthy eating should begin at home.
- What happens at home is more influential than what happens at school.

- Community support - This means parents, community members and the Board of Trustees
- Many of the reasons specified here will not change home behaviors or make any lasting difference with the adults.
- The greatest concern is having parent involvement to the point of consistency or follows up at home.
- I do worry that there will be extreme parents who will not allow students to make a choice.
- Students are going to eat what they want and parents can send inappropriate food to school.

D. Bringing food from off-campus

- Students bring lunches with high calorie, unhealthy foods to school.
- Students who bring their lunch can bring anything they like.
- Dealing with student entrepreneurs who will create small business enterprises that administration will have to discourage
- Who will stop them from bringing it into their lockers?
- Students still bring the foods they like from home
- Students bringing unhealthy snacks and drinks to school
- Vending dollars, students will go elsewhere to buy products anyway
- I have personally banned "junk food" and "junk beverages" from the schools vending machine prior to this wellness mandate. The result: students bring these items from home and can't be stopped. This won't work!

E. No Concerns - Approves of program

- I do not have any concerns. It is a great program for everyone.
- Healthier children are better learners. Learning good eating habits easily leads to good nutrition for a lifetime.
- No real concern but I was very frustrated using the software to apply for funds in the NV Healthy Schools Grant.
- I think it is a wonderful idea. Children need to eat healthy.
- None. We have not had soft drink or candy vending machines since 1983. There is no snack bar, store, or competing activity.
- It is about time we all implement a health service for students and staff
- I don't have any concerns. It is the law. We will implement the best of our ability.
- I have no concerns. We have been very successful.
- None. I think we should have done this years ago.
- Our school feels that wellness is essential to promote an increase in student achievement and staff moral.
- No concerns provided it is communicated to parents and students, enforced consistently, and is supported by district officials.
- I think it is necessary and should be introduced in our school. We do not have vending machines and we have a healthy vegetarian lunch. No meat or chocolate products No soft drinks.
- Already implemented – we continue to strengthen

F. Negative Reactions from Parents and the Community

- Parental disgruntlement - student outrage
- Support from parents and students
- Parent resistance, especially when it comes to birthdays or other special events
- Community support
- Getting everyone on board
- Staffing - money - convincing public
- The pressure from media/outside world

G. Quality and Variety of Foods Served in the Cafeteria

- Too much transfat in the food that this policy is forcing. Sugar is natural - transfat isn't. Until the transfat is removed, nothing will change!
- Hot lunch selections must be improved and funded
- Foods served in cafeteria do not seem to follow wellness policy. Serving portions are not enough to feed kids. Not enough fresh fruits and vegetables.
- I worry that food service companies will find ways around actually providing healthy foods.
- I constantly receive complaints that this healthy food is tasteless or bland.
- I do see a need for reduction of fat and sugar, just not total absence of it.
- Our current school lunches are totally prepackaged and sugar filled. However, our school dietician is touted as a wonderful asset to the district due to her ability to keep down cost.
- School cafeteria food is a very poor example of a nutritious meal.
- The poor quality of food served makes students not want to eat healthier meals.
- Changing the way we offer food choices. The food service requirements need to be closely looked at.
- Consistency; quality and preparation of cafeteria foods
- Students are able to purchase extras that are high fat/sugar.
- Concerned about the lack of water with meals and the prevalent use of milk. I am concerned about the false presumption that juice is a healthy alternative to soda. The amount of simple carbohydrates on school menus.
- To keep a campus closed the meals must be good tasting and filling. If not, parents and students will push to open campus - Then they can eat at McDonalds.
- 1 - foodservice is run by a company trying to make money 2 - 3/4 of district office administrators are obese or overweight!
- Snacks are already limited so I'm anxious to see how changes will be made in our school lunch service.
- Federal commodities provided to schools are not always nutritious
- Changing cafeteria choices with so much government subsidies given in high fat, high calories
- Food rations are small
- Having fresh, different foods each day for teens to try

H. Lack of Funding to Implement Program - Drop in Cafeteria Food Sales Due to Program

- Funding for higher priced fresh fruits and vegetables and the food industry catching up with requirements set forth by government
- Financial loss as a result of implementation
- My major concerns are the overall cost of implementation and significant loss of vending machine and fund raising dollars for activities.
- Food sales in cafeteria going down
- Lack of funding; lack of resources including personnel, time and facilities
- Will the government help to support financially the program or policies we put in place?
- Lack of funding all around
- Lack of students eating school lunch, which effects the number of cafeteria staff we have
- Cost and change in student habits
- It will hurt schools financially.
- I am sure that it will not be funded.
- Lack of participation in school lunches.
- Training of staff and funding the initiatives
- Funding for P.E. daily in a large school district

I. Time Management - Lack of time, Additional Scheduling Demands

- Cost and time management
- Timeline, funding, professional development. If this is such a high priority, why is it being done "on the cheap"?
- Regulatory accountability and demands on time
- More to implement in an overcrowded schedule
- Instructional time lost
- The extra time and communication necessary to educate and achieve consensus for all stakeholders
- That it may prove largely ineffectual and it will add another mandate to overloaded schedules and teachers
- Due to NCLB we have NO time for these types of programs.
- Too much time is required to comply with the law. The intent of the law is good. The time-consuming paperwork is oppressive.
- This is a change that will take time to do. It will be done over 10 - 12 years of teaching and influence by families, students, teachers and companies.
- Adding physical activity to an already full academic day
- Scope of policy - can we actually do it? Time (already not enough to do what we do)
- Time: so many things important to students and so little time to adequately address them
- Finding time besides physical education classes and food services changes.

J. The Right and Responsibility of the Student to Choose

- Students at high school age should already be able to decide what they want to eat. No restrictions.
- The effect on the current choices that students may exercise
- Still being able to give high school kids choices because that is what they will see in the real world when they graduate

- We let them drive - but they cannot be trusted to eat correctly. How do I explain this to a student who is in the army?
- I don't want to see our students have no choice. I do see a need for reduction of fat and sugar, just not total absence of it.
- I think in our area it is going too far. Students need to learn to make good choices, but if they have no choice often our students will choose to eat nothing. Cookies and ice cream are not all bad.
- Student choice at the senior high level
- Limitations on "choice"
- I really don't have any. I do worry that there will be extreme parents who will not allow students to make a choice.

K. Students Not Supporting the Program - Not Buying Food or Not Eating at All

- Students love high fat and high sugar foods. It is hard to compete with this.
- Lack of students eating school lunch,
- No one will care - That is students will opt not to eat anything.
- The main concern is that the students may not purchase the lunches.
- Students will not eat the food. It will be wasted and thrown away. Most people will probably bring in their own lunches.
- With so many students choosing not to eat at all, we are having more parents bring fast food to them.
- ... if they have no choice often our students will choose to eat nothing.
- Poor quality of food served makes students not want to eat healthier meals
- Students are addicted to high fat food and drinks.
- Waste of time. Students will not eat at school. They will go home even hungrier and gorge on fatty foods. Schools have become the "scapegoat" for obesity. We are victims of our own success as a society.
- Students are going to eat what they want and parents can send inappropriate food to school.

L. Issues with Implementation

- Putting together a committee; follow through
- If you make it too specific it may cost too much to implement
- The enforcement of the board approved policy within our district
- That it can be implemented properly
- This policy involves a nationwide change in behaviors. I'm not sure as a nation we can begin changing decades of horrible eating policies.
- Willingness and ability to implement
- Having the school community buy into its implementation
- Implementation of the policy in addition to current teaching requirements.
- Scope of policy - can we actually do it?
- Just the logistics of incorporating and creating it
- Dealing with non-compliance
- It is perceived as a "top-down" policy - being poorly implemented

- Food service implementation
- Strategic planning and finding the time to implement the plan.
- We can't regulate the home - we'll spend lots of money - add another bureaucratic layer and the results will be negligible!
- Not enough support from state agencies that direct the academics/food service/health sections to move together
- I'm concerned about this happening all at once. This should be a gradual process.
- It will be challenging to move out of the health class.
- Actual supervision of the policy once adopted.
- That we are able to get the support needed from the school district.
- Enforcing the ridiculous plan

M. Changing Tradition

- Change of any kind is difficult.
- Change in student habits
- Students, parents and teachers making the adjustment
- Communicating a compelling reason for all of the changes that will come about as a result of implementation
- Resistance to change
- My only concern is how much acceptance there will be with changes made.
- Change is always hard - old habits/customs/traditions are hard to break

N. Special Treats/Parties for Students

- Parent resistance, especially when it comes to birthdays or other special events
- Classroom parties being done in a healthful manner
- Not being able to have special treats to celebrate events at school
- Teachers not being able to reward kids w/ candy and regulating birthday treats
- Parents not being allowed to provide cupcakes for students' birthdays
- Elementary parents in regard to birthdays

O. Educating People about Wellness Program

- Need complete understanding and guidance of policy implementation
- Clear instruction being provided
- Communication and education
- Proper training and notification of all staff
- Re-educating teachers to promote healthy choices!
- Does not educate parents on need of change
- Training for staff in each area

P. Miscellaneous

- Who is responsible for developing? I have bigger battles to fight.
- More rules regulations and monitoring. That's all we do. Report - report - report
- Once again, the public schools are being drawn upon to cure the ills of our society. Is this really being dealt with at the national level through the likes of the FDA? What about advertising that targets youth to entice them to eat junk? Our time and funds can go somewhere else, where it will have a significant impact.
- Change over from Coke to waters/sports drinks was biggest problem. Everyone was happy to stop selling candy.
- I'll have to see it to believe it. Sorry no more time. Must now focus on fixing other social ills. Also, would like to work on assessments.
- Conflicting with state law requiring certain vending options for state agencies (we are a school within an agency.)
- We are a residential program - snacks in the dorm a problem.
- Will it bring a change?
- 1st draft of school board policy which was distributed statewide is already under revision at state level.
- The intent is very good but the result will not be very valid. We have gone overboard.
- This is so all encompassing. I don't ever know where to be concerned.
- I don't know total implications.
- Keeping balance and not swinging to a viewpoint that is not too extreme
- That it may go "too" far
- Lawmakers pass laws and then cut funding to implement the laws they pass.
- I do not know about the physical education and nutritional educational program
- I have a Master's degree in Physical Education. I do fear PE will be a watered down version just to say we have it.
- Major changes will have to be mandated by the school board.
- Economic impacts. How much information will be lost due to a lack of reinforcement at home, driving students off campus during the lunch period, how to implement nutrition plus physical education at all grade levels.
- How many items must be included in the wellness policy?
- Follow through, consistency between schools - It's a small town!
- Resistance from food services
- Consistency, cost, staff/community buy-in
- It has lots of different parts and no one in the school has time to really oversee it.
- Curriculum is controlled at the state level. That is where you need to focus your efforts.
- It is not consistent from one school to the next
- Public perception and reaction
- It is great in theory, but the students will simply bring from home. This policy will reduce the profits in our food service and for our schools to run on. I do not house vending machines for food, only drinks at this time.
- Consistency between buildings
- Having enough physical education teachers
- Providing snacks for students who stay for extra curricular activities after school and on weekends

- Lack of follow through
- Foodservice staff buy-in!
- Personnel to implement full time Physical Education at all elementary schools with health classes
- Must be a school wide effort including faculty, students, staff, and community
- Physical education is not a high priority.
- We are a site for another school district and do not have a hot lunch program of our own. We do not have vending machines, etc.
- No real concerns. My biggest concern is what you will do with this information. Some of the questions did not seem to make sense.
- You are putting too much faith in a policy that counters what society believes is okay to do – I think you are overstating what this policy can and should do.
- Cost of providing snacks after school if not in a vending machine is a problem. Wellness is not jut about nutrition and fats and high sugar foods.
- Another special interest being pushed upon a captive audience.
- Resources, can you keep vending but add different selections.
- Too restrictive – no common sense or middle ground for co-curricular events, classroom parties – government is trying to force a lifestyle when too much influence is outside of the school day – schools are the wrong target!
- Students first complained but now feeling how good the food is

QUESTION II - "Please describe how you were informed about implementing a school wellness policy."

A. Already had a program

- We have for the last 27 years - We educated parents, children. (Staff was always on board w/ goals.)
- The last district I was in implemented one and now our district is implementing one
- We implemented a wellness policy 3 years ago which addresses curriculum, foodservice, and employee health
- We had a school wellness program for over 10 years in my district
- We have a wellness committee that has begun evaluating our school district
- We have a committee that has worked on this all year
- Health and safety committee acts as our wellness policy makers
- Meeting with our wellness committee
- Our district had a wellness policy for many years
- The Texas Department of Agriculture already implemented this program in our state.
- The food wellness program was introduced in the cafeteria during the 04/05 school year. The central office made each principal PEP plan school nutrition.

B. Law/Legislature/Federal

- Through the Federal Lunch program.
- Law/Board policy
- State law
- State mandate
- State statute
- Through public law 108-265. PANA
- District implementation - state law
- Told we were required to per law
- Laws requiring change
- Through reformation from our state and federal government. Also through our superintendent and food service manager.

C. District

- District directives
- District initiative
- District staff
- Through our district committee that is working on the policy
- District office - regarding food guidelines
- District committee was formed to explore and recommend policy to the school board
- District implementation - state law
- Our district information - attending school food policies program from the state department
- The district followed the guideline for the Texas Agriculture Secretary (Combs) for food of minimum nutritional value

- Our district level health and nutrition offices notified us of the changes. We started in Aug. implementing them throughout the building
- The superintendent is currently working on a district wellness policy. Our school policy will result from the district policy.
- District is working on a policy.
- The school district currently has a district committee that is working on recommendations for the 2006-2007 year. A couple of articles have been in the local newspapers.

D. Central Office

- Central office advised the school
- Central administration - assistant supervisor
- Questionnaire from Central Administration
- Through the central office and State Department mailings
- Through central office staff – district nurse and committee.
- From our state legislation and central office.
- Central office level administrators presenting to the principals what information was available.

E. State

- State (Kansas) Department of Education Communications
- Through Ohio Department of Education
- State Department notification
- From the state of CA
- Texas Education Agency information letters
- State Department of Education
- State Department of Education and policy revision vendor workshop set in March 22
- State school board association and OPI
- Info from the KY Commissioner of Education and our Food Service Director
- I received information from WA state department of education
- Through the AZ Department of Education out of Phoenix, AZ
- State Board of Education mail out and superintendent passed local school policy
- Through reformation from our state and federal government. Also through our superintendent and food service manager.
- From the State of Nebraska Department of Education

F. Superintendent

- Through superintendent
- Superintendent and cafeteria supervisor
- Our superintendent has been working with the district on setting up a school wellness program
- Superintendent and school board
- Memo from superintendent
- Superintendent. Office of Public Instruction
- I was informed at a principal's meeting by our superintendent and food service director

- My superintendent told me about the law and he gave me some information. We had gotten a PE grant and incorporated the policy based on guidelines set forth by the federal government.
- Superintendent and various seminars
- Information sent from superintendent - wellness committee has been informed
- Assistant Superintendent asked me to participate on District "Wellness" committee to develop district policy, and then expand committee to include all major stake holders.
- Catholic schools' superintendent
- Superintendent and state superintendent
- Deputy superintendent, director of nutrition updates
- Literature, superintendent, food service
- State Board of Education mail out and superintendent passed local school policy
- Through reformation from our state and federal government. Also through our superintendent and food service manager.
- Food service director and superintendent informed me right after legislation was passed.

G. A Meeting or Workshop of Some Kind

- Administrative team meeting
- I was informed at a principal's meeting by our superintendent and food service director
- Reading the local paper. Covered at a parish principal's meeting
- The new law was discussed at our administrative staff meeting
- Policy distributed at principal's meeting
- Administrator meeting, state office contact
- District meetings, policy will district wide
- Discussions during administrative team meetings
- High school principal meeting - agenda item
- District principal's meeting
- Principals' meeting - nurse supervisor
- In an administrators meeting before the school year began by the Child Nutrition Program director
- I was notified by the school nurse liaison for the state of NH and attended a workshop on how to implement the committee and policy
- State Leadership Conference
- Director of Health Services provided information at a principals meeting. She has a committee of school stakeholders who have worked on this effort
- My district sent me to a 'Steps to a Healthier New York' training conference to prepare a council to develop a district wellness policy.
- Central office meeting
- Administrative workshop
- State sponsored workshops
- State meetings and mail
- Workshop at a regional service center
- District administration meetings, NAESP
- Leadership meetings at district level

- Board policy - BOE meeting
- BOS meeting: k-12 principal meetings
- I was informed at a SAU/district principal meeting and also by school nurse.
- At 3 meetings – Principals meeting, insurance meeting, board meeting
- Heard at workshop
- POE website, administrative meetings
- District administrators conference, Department of Elementary and Secondary Education (Missouri)
- Meetings last year. Online wellness policy information from Department of Education (Nevada.) School board discussions

H. School Nurse

- School nurse; District's Wellness Committee
- The school nurse approached me about forming a wellness committee to develop the policy; Also, articles online and in Educational Leadership
- I am working with our school nurse and wellness group on implementing a wellness policy
- State DPI, school nurse
- School nurse has informed wellness committee - mailing
- Principals' meeting - nurse supervisor
- We have a team studying guidelines and drafting a policy with input from teachers and parents. We were informed through the state via school nurse.
- I was notified by the school nurse liaison for the state of NH and attended a workshop on how to implement the committee and policy
- By the nurse and head of foodservice
- Letters for state department of education via school nurse
- I was informed at a SAU/district principal meeting and also by school nurse.
- School nurse and guidance counselor informed me of legislation soon after it was passed.

I. Serves on Wellness Committee

- I am on our committee
- Was put on the school wellness committee
- Member of the district committee that's putting together the wellness policy/procedures
- Our district has been communicating the changes and I have been selected to be on a committee
- I was told by superintendent I had to participate in the committee
- I was placed on a committee to study this topic
- Had been keeping up with the process and then was placed on committee by director of schools
- I am currently serving on the county wellness planning committee. We are currently implementing a wellness policy for each individual school for the 2006-2007 school year.
- I am on the committee to create the new policy
- I am a member of our district's wellness committee
- Assistant Superintendent asked me to participate on District "Wellness" committee to develop district policy, and then expand committee to include all major stake holders.

- Put on a committee, read sample policies and government suggestions.
- I was asked to sit on a committee to address the law. I researched the law. I have a wellness program at my school through a partnership with a hospital.

J. Food Service Director

- Food service director - it is a part of our curriculum
- I was informed at a principal's meeting by our superintendent and food service director
- Through our food service director
- District food service director
- Food service director
- Food service director/assistant superintendent
- By the nurse and head of foodservice
- Food service director educated us at administrative meetings
- The director of food services informed me about the wellness policy
- From our school business administrator and director of food services
- By country nutrition director
- The district's (school) cafeteria food service manager initially informed the principals.
- Through reformation from our state and federal government. Also through our superintendent and food service manager.
- Food service director and superintendent informed me right after legislation was passed.

K. Nutrition Service Staff

- Cafeteria staff, district wellness committee
- Superintendent and cafeteria supervisor
- Food service manager of our lunch room
- From cafeteria staff - director attended meetings
- Cafeteria manager
- Through food services and district meetings
- Administrative meetings, food service staff
- Our food service staff started this initiative
- Food services/ PE Teacher request
- Literature, superintendent, food service
- Food service personnel and district wellness committee

L. Other Principal(s)

- Middle school principal
- Middle school principal leads our committee

M. Physical Education / Health Teacher

- PE teacher attending a conference
- From my health teacher
- My physical education teacher who is now my health and wellness coordinator as well

N. Read about it and/or self educated

- The school nurse approached me about forming a wellness committee to develop the policy; Also, articles online and in Educational Leadership
- Internet newsletters
- Receive a copy of the law through e-mail and the regular mail
- I am aware of laws that are passed that affect my school by reading newsletters and school journals, magazines, and websites
- Mailings from the state department
- County and state literature
- Through the news media, publications, and professional reading
- Read about it through professional organization newsletter
- District e-mail regarding formation of district committee
- I was not informed from any certain entity. Journal reading has provided the most information
- Read about it in the newspaper
- Memo from State Department of Education
- District newsletter
- Alabama state department of education letter
- Knowledge gained from working with various programs that require snacks, breakfast and lunches
- Self informed
- The state administrative association included the info in its monthly newsletter and recurrent e-mails.
- State legislative website
- District policy is changing our attitudes about junk food and fundraisers. Also newspaper articles recently
- Informational letters from the state commissioner of education
- Superintendent memo
- Department of Education NSLB
- I received information from WA state department of education
- E-mail and written communication from DOE
- POE website, administrative meetings
- Newspaper coverage/minutes from our local wellness committee
- The superintendent is currently working on a district wellness policy. Our school policy will result from the district policy.
- The school district currently has a district committee that is working on recommendations for the 2006-2007 year. A couple of articles have been in the local newspapers.
- Personal reading of medical data findings concerning obesity and diabetes. Media attention on the subject. Flyers regarding law changes.
- Meetings last year. Online wellness policy information from Department of Education (Nevada.) School board discussions

O. District Wellness Committee

- Cafeteria staff, district wellness committee
- School nurse; District's Wellness Committee
- Central administration/wellness committee
- On the committee that is developing the policy
- The District Wellness Committee notified district personnel of this in the 04-05 school year
- Our district has an advisory counsel for wellness. We also are informed on foods of minimal nutritional value
- Speaker to our wellness team
- Food service personnel and district wellness committee

P. Miscellaneous

- I have not been informed except by this survey letter
- Our supervisor of health services
- Word of mouth rumors of things to come
- Penn links
- Food service at beginning of 2005-2006 school year
- Through discussions with central office administrators over the summer of 2005
- By one of our vendors - Pepsi Corp
- Get information from State Department and Food Service all the time! Food service now sucks. Food used to be county.
- I heard about other schools implementing breakfast in the classroom.
- Via a systemic circular
- Aware only that policy exists
- Our county has established a Healthy Children's Consortium, which is being led by a physician.
- Our school received a "Health is Academic" start up grant from MS Department of Education, and now we have implemented wellness programs and activities
- Through the University of Arizona Healthy Partners grant
- Our school has a coordinated school health council through a state grant
- PTA president
- I am confident that a plan is due but has not started on it yet.
- It was a directive given to administrative staff from the executive staff
- By my assistant superintendent and parent education network flyer
- Through SHAC and curriculum department.
- MISD school district personnel
- ROCES staff informed the district administrative team regarding the new law last year. (Spring 05.)
- Assistant director of schools gave each principal a copy of the school health index with directions to appoint a teacher to the system-wide committee.
- PANA; Principal in-service program
- Iowa association of school boards
- Archdiocese

- Ohio State University
- Local ROCES
- BOE policy plus regulations
- Administrative council
- The superintendent and board were directed by law to see it becomes part of policy by July. We feel it is very important to change how students eat. I personally have taken machines out of service.
- Media and school board info
- HIS coordinated health program
- By keeping informed with the Department (wellness)
- KSDE
- NFSMI letter to school principal
- This is my first notification
- We did it on our own without resources and direction. Our standards are higher than the state's.
- Director of curriculum established a committee and asked for volunteers. I didn't volunteer.
- Established Service Unit. Nebraska Association of Education of Elementary School Principals.
- By the local hospital
- I have not been informed but I would like to review the procedures and implementation process.
- MT office of Public Instruction, education sources
- IASA
- As part of our DF school program
- Through our district administrative team and our Healthy Maine Partnership Health Coordinator



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