



# Insight

A Publication for Child Nutrition Professionals from the National Food Service Management Institute – Spring 2007

## School Principals are Key to Implementing a Local Wellness Policy

**O** The prevalence of overweight children and youth in the United States has reached epidemic proportions. Current information indicates 31.0% of children aged 6 to 19 are at risk of becoming overweight, while 16.0% are classified as overweight. In an attempt to combat the problem of overweight children, the Child Nutrition and WIC

**V** Reauthorization Act was passed in 2004. The legislation requires that all Local Education Agencies (LEAs) 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. School 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, extra-curricular school-related activity promoting overall student wellness, and taking into

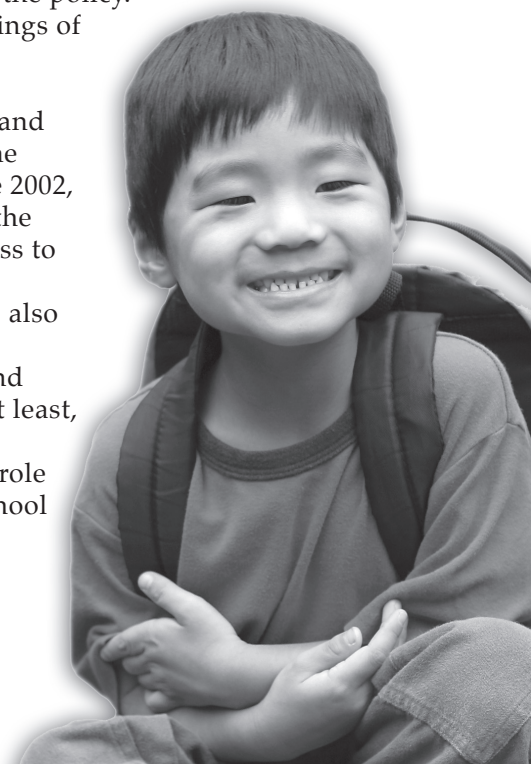
consideration that all foods served and sold on school campuses follow healthful nutrition guidelines that meet or exceed regulations established by the U.S. Department of Agriculture for those LEAs participating in the National School Lunch Program.

Principals are 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, some principals may be uninformed about school wellness policies in general – perhaps they are unaware of the legislation or unclear on the factors related to implementation of the policy. They also may be reluctant to pursue this effort due to their perceived lack of content knowledge related to wellness for school age children. 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%).

Because school principals play a pivotal role in the success of implementing a school wellness policy, researchers at the National Food Service Management Institute (NFSMI), Applied Research Division conducted an in-depth study to determine principals' intention to implement the local wellness policy.

Using survey methodology, NFSMI researchers consulted principals directly to identify their readiness to implement the mandated local wellness policy, as well as evaluate their knowledge of the policy, perceived benefits and barriers related to implementation of the policy, and confidence in their ability to implement the policy. Not only do the findings of this research show significant strides in principal awareness and implementation of the wellness policy since 2002, but they also reveal the principals' willingness to proceed with implementation, and also their desire for more learning resources and training. Last but not least, this study serves to re-affirm the critical role principals play in school wellness policy implementation.



## OBJECTIVES

### The objectives of this study were to:

- Assess the prevalence of principals who are actively participating in the process of developing a wellness policy,
- Identify the attitude and readiness for change of elementary, middle/junior high, and high school principals toward the development of a local wellness policy, and
- Identify principals' knowledge of the wellness policy, perceived barriers and benefits related to implementation of the policy, and confidence in their ability to implement the wellness policy.

## METHODS

### Phase I - Telephone Interviews

During Phase I, four experts on the wellness policy were contacted via telephone and asked to serve on an expert panel to aid researchers in developing content for the study's survey questions. 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. All of the expert panel members were asked questions which 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 and Questionnaire Research

The information gathered from the telephone interviews was incorporated into a survey questionnaire. A copy of the initial questionnaire was sent to three child nutrition professionals and four school principals to provide input on the format, readability, and clarity of the questionnaire. 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, 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 randomly selected from elementary, middle/junior high, and high school. In addition, the seven USDA regions were equally represented in the sampling. 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.

## RESULTS AND DISCUSSION

### Telephone Interviews

Five predominant benefits to wellness policy

### SIX PRIMARY SURVEY AREAS ADDRESSED:

1. Knowledge of the Public Law requiring the wellness policy
2. Knowledge of the components of the policy
3. Pros and cons related to implementation of the policy
4. Level of confidence in policy implementation
5. Demographics
6. Open-ended statements

implementation were identified in the telephone interviews: 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. Conversely, five predominant barriers were identified: 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. Other obstacles were consistently mentioned, such as a concern of lack of understanding by the foodservice staff on the requirements of the policy, difficulty in providing physical activity in the schedule, and principals being perceived as the "bad guy" for implementing the policy.

## QUESTIONNAIRE

### Demographics

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%).

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

One hundred thirty (18.8%), roughly one-fifth of the principals who participated in the study, indicated they did not know about legislation requiring the implementation of the local wellness policy. However, 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 an earlier 2002 study where 32% of principals reported having a nutrition policy in their school.

### Knowledge

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 and preventing the sale of carbonated beverages in the vending machines.

### Perceived Benefits

Of the 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. However, they did not believe attendance would increase as a result of implementation of the wellness policy.

### Perceived Barriers

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

### Level of Confidence

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. 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. 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.

### Open-Ended Comments Results

The last section of the questionnaire asked respondents to describe two issues related to the wellness policy:

- how the principal was informed of the wellness policy and
- 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.

## CONCLUSION

Data from this survey indicate 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 claimed 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. This percentage indicates a critical need for more effective methods of publicizing the required wellness policy.

A problem area for most principals is the thought of restricted vending potentially decreasing revenue. This study illustrated that principals found this to be the primary barrier to implementation of the wellness policy, and many principals in the qualitative area of the survey cited loss of revenue as having an impact upon extra curricular activities, scholarships, and field trips.

### PRINCIPAL'S TOP FOUR CONCERNS OF WELLNESS POLICY IMPLEMENTATION

1. Loss of revenue through vending
2. Lack of support from parents
3. Lack of funding
4. Changing the type of foods offered at school



## Top Five Responses Within Each Survey Section

**How much do you KNOW ABOUT each of the following areas required as part of the implementation of a school wellness policy? <sup>a</sup>**

- Including a physical education requirement in the curriculum (4.3)
- Preventing the sale of high fat/high sugar foods for fundraising activities by students, teachers, or parent groups (4.0)
- Including nutrition education in the curriculum (3.9)
- Removal of high fat/high sugar items from vending machines (3.9)
- Preventing the sale of high fat/high sugar items at school stores and/or snack bars (3.8)

<sup>a</sup>1=Nothing, 5=Great Deal

**For each of the following, how ACCURATE are each of the following statements? <sup>b</sup>**

- Implementing a school wellness policy will help improve the health of the students (3.6)
- Academic performance will improve with the implementation of a school wellness policy (3.4)
- School foodservice staff will be able to offer a healthy menu they are proud of (3.4)
- Having a school wellness policy will reduce the amount of money made from vending machines (3.4)
- Teachers and coaches will be better educated on nutrition if a school wellness policy is implemented (3.3)

<sup>b</sup>1=Not At All, 5=Very Much

**How CONFIDENT are you that you could implement a school wellness policy at your school when: <sup>c</sup>**

- Students are upset about the removal of vending machines (3.4)
- You rearrange school schedules to allow for physical activity (3.3)
- You lose money from vending and "school stores" (3.2)
- Teachers resist implementation of the policy because they do not have the time to add any additional information to their lesson plans (3.2)
- Parents are upset about not being able to bring snacks for birthday parties and other activities (3.1)

<sup>c</sup>1=Not At All Confident, 5=Extremely Confident



Elementary schools had the highest percentage of principals who reported being in the pre-action stages of implementing a policy. 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.

The results of this survey stress even more the importance of the role school principals play in wellness policy implementation. As gatekeepers to their schools, the active support of a principal is vital to the success of any policy. Results are encouraging - not only has principal awareness and support of the wellness policy drastically increased since 2002, but also principals now express a desire for more wellness policy training materials for themselves and for their staff.

## **PRACTICAL USE OF THIS INFORMATION**

- With one-fifth of the principals reporting no knowledge of the wellness policy, the first priority should be to provide education on the policy. School nutrition directors can play a big role in this effort. In doing so, principals will become more aware of the wellness policy legislation and, more importantly, the implications of the policy for the students, faculty, and staff.
- Principals are key players to the success of developing and implementing a local school wellness policy. School nutrition directors provide a wealth of information to assist the principal and the wellness policy team in this effort.
- Principals and local wellness policy team members should work together to address the policy and implementation strategies, to effectively incorporate physical activity, nutrition education, and other school-based activities that are designed to promote student wellness.
- Principals are encouraged to work with school nutrition directors, teachers, and

parents when making decisions regarding classroom activities and vending.

- School nutrition directors can play a contributing role in supplying information on healthful vending and classroom snacks to reduced the principals' perceived barriers in these areas.
- Principals could benefit from resources to assist in overcoming 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. Principals are advised to work with the local wellness policy team in finding other ways to generate revenue than through the sale of these items.
- School nutrition directors need to reassure principals that efforts are being made to provide healthy meals that meet USDA regulations.
- Principals, school nutrition directors, and other wellness policy team members are encouraged to seek current research and training materials provided by NFSMI and USDA Team Nutrition Web sites. Additional research studies/ projects on wellness policy and implementation issues are currently in progress and will be available in the near future on both Web sites.



## For More Information

Child Nutrition and WIC Reauthorization Act of 2004, 42 U.S.C. § 1751 (2004).

Food Research and Action Center. (2005). *Highlights of the Child Nutrition and WIC Reauthorization Act of 2004*. Retrieved December 11, 2006 from [http://www.frac.org/html/federal\\_food\\_programs/cnreauthor/cnrc\\_highlights.htm](http://www.frac.org/html/federal_food_programs/cnreauthor/cnrc_highlights.htm)

French, S.A, Story, M., & Fulkerson, J.A. (2002). School food policies and practices: A state-wide survey of secondary school principals. *Journal of the American Dietetic Association*, 102, 1785-1789.

Hedley, A.A., Ogden, C.L., Johnson, C.L., Carroll, M.D., Curtin, L.R., Flegal, K.M. (2004). Prevalence of overweight and obesity among US children, adolescents, and adults, 1999-2002. *Journal of the American Medical Association*, 291, 2847-2850.

Molaison, E.F. & Carr, D. H. (2006). *School Wellness Policy: Readiness of Principals to Implement Changes*. University, MS: National Food Service Management Institute.

## Useful Web Sites

**United States Department of Agriculture Food and Nutrition Service** <http://www.fns.usda.gov/fns/default.htm>

**School Nutrition Association** <http://www.schoolnutrition.org>

**National Food Service Management Institute** <http://www.nfsmi.org>



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