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EVALUATION OF SCHOOL WELLNESS POLICIES IMPLEMENTATION AS  
MEASURED BY THE ORGANIZATIONAL READINESS TO CHANGE THEORY

Elizabeth Brennan Quirk

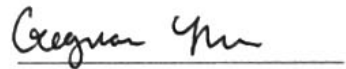
A thesis submitted to the faculty of The University of Mississippi in partial fulfillment of  
the requirements of the Sally McDonnell Barksdale Honors College.

Oxford


May 2019



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## ABSTRACT

ELIZABETH BRENNAN QUIRK: Evaluation of School Wellness Policies  
Implementation as Measured by the Organizational Readiness to Change Theory  
(Under the direction of Dr. Laurel Lambert)

**BACKGROUND:** Overweight and obesity trends have been increasing drastically for the past twenty years. School wellness policies have been put into place to help decrease overweight and obesity prevalence. Analyzing a school's organizational readiness to change for full implementation of wellness policies could identify areas that are contributing or hindering successful implementation of federal regulation of policies and policy outcomes.

**METHODS:** This pilot study included 21 participants, all of whom served as a school wellness coordinator, either at the district or school level in Mississippi. Each participant completed a six-part questionnaire addressing school wellness policy implementation. Survey item development was guided by the Organizational Readiness to Change (ORC) theory.

**RESULTS:** Results of this research found that school wellness coordinators still lack full awareness of job responsibilities for overseeing a school wellness program. Results also showed that there is administrative encouragement for the success of wellness programs, but inadequate funding and physical resources/facilities are hindering progress.

**CONCLUSIONS:** This research analyzed school wellness policy implementation as measured by the ORC constructs. Conclusions supported the presence of school administrative leadership, uncertainty of positive outcomes from wellness programs, inadequate funding and resources for wellness programs, and unclear school wellness coordinator job design. This research points to future studies that need to explore the

specific job design of school wellness coordinators and how to support future wellness program policies both within schools and the community.

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## CHAPTER 1: INTRODUCTION

Obesity in America has become a major concern with many comorbidities and its harmful effects on the health of Americans requires intervention on many levels. The Centers for Disease Control and Prevention (CDC) have reported an increasing trend in overweight and obesity for almost twenty years (CDC, 2015). Nationwide, organizations are generating policies and strategies to offset the obesity epidemic. A primary area of intervention is within the public school system. Teachers and staff within schools can serve as role models to their students for healthy eating behaviors and physical activities. Federal law, specifically the Healthy Hunger-Free Kids Act and the Child Nutrition Act of 2010 (HHFKA 2010) has developed regulations for school wellness policies that are to be applied within the school system (Food and Nutrition Service, U.S. Department of Agriculture (FNS-USDA, 2014).

Along with addressing student health and wellbeing, School Wellness Policies (SWP) are also designed to support teacher and staff well-being in order to reduce the overweight and obesity prevalence in America and especially in Mississippi. Mississippi was chosen to be in this research because according to a meta-analysis study, adults in Mississippi were among those with the highest inaccuracy in self-reporting of obesity (Ward et. al, 2016). In this study, adults were asked to report on what they thought was their own weight status. Self-analysis of weights were found to be underestimated, so they were then adjusted and corrected based on classification by the CDC (Ward et. al, 2016).

SWPs are required to include a designated health council responsible for writing clear and concise policies recommending the inclusion of teachers and staff in wellness

program development. Assessing the implementation of these policies serves as a good tool to analyze a school's success in changing to a healthier environment (Budd, Schwartz, Yount, & Haire-Joshu, 2009).

The Organizational Readiness to Change (ORC) theory, as defined by several researchers is collectively an organization's and its members' mental and physical state of readiness (Hannon et. al, 2017; Weiner, 2009). This theory has been used to address the implementation and success of organizational health and wellness programs and is comprised of the following constructs: *Context*, *Change Commitment*, *Change Efficacy*, *Change Related*, *Change Valence*, and *Informational Assessment* (Hannon et. al, 2017). These constructs address crucial components that can be applied to worksites, including schools, to assess their readiness to change and adapt to wellness policies.

Research has been conducted on wellness programs in worksites using ORC, but research is lacking in regards to the ORC to wellness programs within schools. This research was conducted in order to analyze wellness programs in schools and to apply the ORC theory to the school environment. It is intended to investigate change through the perspective of the school wellness coordinator. This research was conducted with twenty-one Mississippi school wellness coordinators using a variety of questions that represented each one of the four ORC constructs. The participants of the research were SWCs. The SWCs represented their respective schools for the purpose of this research, and each one provided valuable feedback for this pilot study.

## CHAPTER 2: LITERATURE REVIEW

### Obesity

The staggering increase in the obesity epidemic in America is multifaceted. Across all socioeconomic statuses, races, religions, geographic areas, and genders, there is overwhelming data on how childhood and adult obesity crises can lead to chronic illnesses such as diabetes, cardiovascular abnormalities, and other related health complications (Frerichs et al., 2016). Obesity has very serious implications, from hypertension to cardiovascular disease to lowered quality of life, along with low mental well-being and insecurity (Ogden et. al, 2016). Beyond physical and mental implications, costs of medical care associated with this increase in obesity across America has been substantial and it is estimated that these costs are between 147 and 210 billion dollars a year (Robert Wood Johnson Foundation and Trust for America's Health, 2012).

Contributing to the obesity epidemic are individuals' unhealthy eating-related patterns, attitudes, and lifestyle practices (Frerichs et al., 2016). Adult overweight and obesity prevalence has increased nationwide (Hales, Carroll, Fryar, & Ogden, 2017). Using data from the National Health and Nutrition Examination Survey (NHANES) from 2013-2014, it was found that trends in both adolescent and adult obesity are increasing, magnifying the risk of elevated blood pressure, abnormal fasting glucose, and increased morbidity and mortality (Ogden et. al, 2016). The Centers for Disease Control and Prevention (CDC) reported that 39.8% of adults, 20.6% of adolescents, and 18.4% of youths were overweight and obese in 2015-2016, and the epidemic has affected around two-thirds of Americans (CDC, 2017).

Overweight and obesity may be more prevalent than current estimates indicate. In a previous nationwide study, individuals were asked to self-report height and weight, and results showed that weight classification was consistently under-reported (Ward et. al, 2016). Mississippi was among the top three states with the most drastic gap between self-reports and actual weight status (Ward et. al, 2016). When obesity is measured by state, the disparities that exist among the states are even more alarming. As reported by Ward et. al (2016), Mississippi, Alabama, Tennessee, Arkansas, and West Virginia had the highest percentages of underestimation of weight status. Within these five states, those who participated in the weight analysis had the largest gaps between their self-report of weight versus how the CDC categorized them. This data indicates that increasing overweight and obesity trends are more commonly associated with southeastern states, such as Mississippi.

One way to address adult obesity would be the use of preventative methods in childhood. The unhealthy practices that children have adopted, especially in the past decade, are mirrored by the lack of knowledge and nutrition education in schools across America (Frerichs et al., 2016). This gives administration of schools the potential opportunity to implement policies to prevent such high overweight and obesity statistics. According to the National Alliance for Nutrition and Activity (2019), children typically consume up to fifty percent of their daily caloric intake while in school. The Child Nutrition Act of 2004 and the Healthy Hunger Free Kids Act of 2010 have created health and wellness policies for children in schools in response to the increasing overweight and obesity trends. The United States Congress passed the first act in 2004 with the intention of creating an environment that encouraged not only healthy eating behaviors, but also

healthy lifestyle choices and physical activities. The Healthy Hunger-Free Kids Act of 2010 (HHFKA, 2010) expanded on school wellness policies for children. It provided specific guidelines in which students in schools should be guaranteed nutritious meals and education programs about healthy lifestyle choices.

In 2014, an update to the HHFKA (2010) included the addition of education and programs intended to support school staff health and well-being. The final rules under the updated HHFKA regulation stated that expansion of school wellness policies, via a school's administration, should support a work environment that promotes the health and well-being of its teachers and staff (Federal Register, 2014).

### **Work Environment**

Teachers have been recognized as role models for their students within the school system. Because students spend the majority of their days at school from age six to age eighteen, teachers influence students' development and knowledge of healthy lifestyle choices (CDC, 2017). It has been shown that when school administration implements policies that support employee health and well-being, work attitudes shift to positive work satisfaction (Shin & Jung, 2014).

The work environment for school staff can play a large role in both the physical and mental well-being of its employees, which in part impacts the attitudes and healthy lifestyle behaviors (Biggio & Cortese, 2013). If a work setting does not embrace the importance of nutrition and health, it is, in turn, difficult for employees to embrace. The interaction between employees and supervisors in work settings and the development of health-related policies can lead to a successful healthy work environment (Biggio & Cortese, 2013).

The work environment for school staff is greatly impacted by the beliefs and behaviors of their teachers and staff. There is a positive relationship between a healthy working environment and job satisfaction (Shin & Jung, 2014). Because positive working conditions improve employee satisfaction, it is important for teacher and staff health and well-being to be supported within the school system, as administrative support could further improve the work environment. Work attitude also impacts education, and vice versa. The role of teachers and staff is to educate their students, and their position gives them an opportunity to promote and deliver quality education. When teachers and staff possess good work attitude, educational performance benefits (Liang, Kao, Tu, Chin, & Chung, 2014). Good work attitude within schools could increase among teachers and staff if their personal health and well-being was being supported by the school administration through wellness policies.

### **School Wellness Programs**

Implementing wellness programs within the school environment would result in not only benefits to physical and mental well-being of teachers and staff, but could also positively impact students. Supporting wellness policies and programs that are teacher/staff-centered will more efficiently lead to desired outcomes of mental and physical well-being of a school's population (Frerichs et. al, 2016). Empowerment of teachers in changing their school environment to a healthy place would undoubtedly have a positive influence on their students and such a system could assist in addressing the obesity epidemic to help future generations.

Such a cultural change, however, requires transparency in order to be successful. Transparency comes when school administration and teachers/staff work together.

Because the internal system and culture of each district and school is unique, specific implementation strategies and tactics must be tailored to fit the design of each school, and coincide with federal regulations regarding school wellness policies (CDC, 2017).

Regarding the role of school environment limitations such as physical, structural, and social barriers can contribute to the failure of SWPs. Lack of space and appropriate facilities often hinder significant progress in catering to the needs that school wellness policies outline (Frerichs et. Al, 2016).

### **School Wellness Policies**

The school wellness policies provide structure to enable schools to facilitate a culture of health and well-being for not only the students, but also teachers and staff. Outlined in the school wellness policies by the Food and Nutrition Service's Final Rules of the Federal Register (2014) is the assignment of a School Wellness Coordinators at the district and school level and responsibilities which include overseeing that school wellness policies are implemented within schools, the assignment of a health council to oversee the adoption and implementation of school wellness policies, and documentation of progress towards policy implementation. For transparency it is suggested that school wellness policies be placed on the school and district website so as to be available to the public. The presence of school wellness policies in schools could promote school wellness within teachers and staff. Similar to other work environments, school administrations need to facilitate and support changes to the environment to promote health and well-being.

### **School Environment**



It is a school or institution's responsibility to cultivate an environment that supports successful implementation of school wellness policies and make necessary changes (Agron, Berends, Ellis, & Gonzalez, 2010). Research has shown that one of the greatest barriers to successful implementation of school wellness policies is the funding and communication between government and school administration on how to best use the funds needed (Agron, Berends, Ellis, & Gonzalez, 2010). The lack of communication can cause an underestimation of the needs for the school wellness policies to be implemented, and many school teachers and staff do not understand the level of commitment and funding that adopting new policies requires (Budd, Schwartz, Yount, & Haire-Joshu, 2009).

To more thoroughly include teachers in the implementation of school wellness policies, the HRFKA 2010 was updated to address the school staff's health and well-being in 2014. Though the act was federally mandated, there was still a gap in not only the presence, but also the quality of the school wellness policies in schools (Budd, Schwartz, Yount, & Haire-Joshu, 2009). Many school administrations are aware that school wellness policies are a legal requirement, but implementation still remains a challenge (Budd, Schwartz, Yount, & Haire-Joshu, 2009).

### **School Wellness Policy Benefits and Implications**

School Wellness Policies that are developed require strong support and are crucial in establishing healthy lifestyles and practices within the school environment. According to the Student Health Policies and Practices Study (2016), only about two-thirds of schools in the United States have the required school health councils that focus on the health and wellness of the school population. The data shows that there is a notable lack

of school health councils, and there is also a slight gap in available research and information regarding the importance of establishing a designated school health council.

### **Organizational Readiness to Change Theory**

One could argue that the most crucial aspect in implementing school wellness policies among teachers and staff is a willingness to adapt to such policies and effectuate them within the schools. Organizational Readiness to Change (ORC) theory provides a measurement to assist in determining the future success of such policies and programs. The theory includes specific constructs that can assist in measuring the readiness of schools in regards to implementing school wellness policies. ORC, as determined by Weiner (2009), includes task demands, resource availability, and situational factors. These three concepts within his theory identify areas within an organization's foundation that determine the degree to which the organization can readily change.

In a pilot test of workplace readiness to change performed by Hannon et. al (2017), six constructs were identified that analyze implementation of wellness policies. The six constructs within the pilot study questionnaire are *Context*, *Change Valence*, *Informational Assessment*, *Change Commitment*, *Change Efficacy*, and *Change-Related Effort* (Hannon et. al, 2017). According to the study by Hannon et. al (2017), each construct was specifically defined to clarify the importance of the construct to implementing the ORC theory. The following constructs were defined in 2009 by Hannon et. al. (2017): 1) *Context* refers to the overall culture of an organization, including its resources, structure, and past experiences with change, 2) *Change commitment* refers to a shared resolve among organizational members to implement a change, 3) *Change efficacy* refers to shared belief among organizational members that

they have a collective capability to implement a change, 4) *Change Related Effort* is commitment and efficacy working together to predict implementation success, 5) *Change Valence* is how much organizational members value the proposed change, and 6) *Informational Assessment* is an organizational members' perceptions of the task demands and resources required to implement the change.

The measurement of ORC could prove to be somewhat challenging. Readiness to change itself is described as a psychological state in which a person or persons can commit to change through their own self-efficacy (Weiner, 2009). Though it is noted that ORC is relative to the institution in which change is occurring and that there is no one best way to promote adaptations to change, it is certainly an important factor in implementation of new policies and could work well in schools (Weiner, 2009). Along with being a psychological state of mind within a person and/or an organization's culture, ORC requires physical efforts among employees (Webber, Johnson, Rose & Rice, 2007). Effective change includes communication from the school district administrative level down to the individual schools and their teachers/staff and from the individual schools up to district administration. Concise communication provides clarity in what the school wellness policies entail, allowing the district administration and school level teachers and staff to be in agreement regarding their own roles within the policies.

Strong policies and procedures are needed in order to have positive and successful outcomes. In relations to school wellness policies if teachers and staff are willing and able to adapt and take on change, schools will see benefits within their own institutions on many levels. It must, however, be a collective and united effort of the schools' teachers, staff, and administration if positive outcomes are expected. Employee readiness

to change depends on receptivity of the policies by administrative personnel, and this is true especially in schools (Webber, Johnson, Rose & Rice, 2007). This means that much of the responsibility belongs to the administration to enforce and implement such policies. The implementation strategies used by the administration determines how applicable policies will be accepted by teachers and staff within schools. If the policies can be incorporated and become part of the school environment than teachers and staff will be more accepting in adopting the policies (Webber, Johnson, Rose & Rice, 2007).

Investigating how schools are incorporating school wellness policies and measuring the extent in which ORC practices are being implemented can provide insight into school wellness policy acceptance (Meendering, Kranz, Shafrath, & McCormack, 2016). The purpose of this research was to investigate schools' probability to change by using the constructs of the ORC Theory, through the perspective of SWCs. Outcomes will provide insight into how well schools are equipped to make changes in order to provide a healthy environment and practices for school teachers and staff.

## CHAPTER THREE: METHODOLOGY

### Survey Development

An electronic survey using Qualtrics ® (2019) software was developed based on constructs from the Organizational Readiness to Change (ORC) Theory to measure school wellness policies implementation strategies and effectiveness in change as perceived by district and school-wide School Wellness Policy (SWP) Coordinators. The survey was titled School Wellness Policy Survey 2019 (Appendix A).

Guided by the ORC, questions were developed to measure the implementation of school wellness policies. Researchers used five of six constructs from the ORC theory to devise these questions. The first section of the researchers' survey, titled School leadership and Wellness Program Outcomes, was composed of seven questions. These seven questions reflect items from the *Context* construct and the *Change Valence* construct.

The second section of the survey, titled Wellness Program Participation, had nine questions. These questions incorporate items from the *Informational Assessment* construct and the *Change Commitment* construct of the ORC theory. The third section of the survey, titled Wellness Program Engagement and Effort, had nine questions, which were based on a combination of the *Change Efficacy* construct and the *Change-Related Effort* construct. And the fourth section of the survey, titled General Leadership, had six questions. These questions incorporate items from the *Context* construct. The ORC construct that was not used is *Change Commitment*. This construct reflects commitment goals of organizations that plan on implementing wellness programs in the future.

Researchers did not use any questions from this construct because all participants already had wellness programs in place, so the *Change Commitment* construct was not necessary.

All ORC questions were measured using a 7-point Likert scale of strongly disagree to strongly agree. Finally, five demographics questions were asked for gender, age, ethnicity, years worked in school system, and other positions held within the school system.

### **Samples and Data Collection**

Participants within this study included SWP Coordinators in Mississippi. Mississippi schools were chosen based on a meta-analysis by Ward et. al (2016) showing that Mississippi was one of three top states with adults who were higher in overweight and obesity. Participants were recruited through the 148 Mississippi school districts. First, the school district name, name of superintendent, and contact information for each district was identified using the Mississippi Department of Education Database (Mississippi Department of Education Database, 2018), and was entered into an Excel spreadsheet. Next, the districts were randomized using an Excel function.

The superintendents of the first 50 randomized school districts were selected to be contacted for permission to conduct research with SWP coordinators within each district and within each school. If a superintendent declined the invitation to participate, the next school superintendent (number 51) would be selected to be contacted. This process would continue as schools declined, until 50 schools agreed to participate.

For each district, the superintendent was first contacted by phone. However, many of the superintendents indicated they would prefer having the information e-mailed. Therefore, continuing with recruitment, superintendents were emailed the information for

conducting research (Appendix B), and asked to provide his or her consent to survey the district and school SWP coordinators and to provide the district coordinator's contact information.

Once permission was obtained by the superintendent and contact information of the SWC coordinator was obtained, the coordinator was emailed requesting him or her to participate (Appendix C). The script that was sent to the superintendent was also sent to the SWC explaining the research and requesting them to complete the survey by clicking on the survey link included in the same email. Some of the superintendents that were contacted also relayed the message to his or her own personal assistant or secretary, who provided the contact information and consent response for their school district to the researcher. At the end of the script, there was an opportunity for any questions and/or concerns to be asked by the superintendent.

At the end of the survey following the demographics section, and open-ended question for comments was included. Upon the completion of the survey, participants were directed to a separate survey where they could enter an email address or text message number to enter a raffle to win one of eighteen twenty-five dollar online Amazon gift cards. This second survey could not link participants to the School Wellness Policy Survey 2019 to maintain anonymity and confidentiality of participants' responses.

This study was approved by the University of Mississippi's Institutional Review Board (IRB) prior to all data collections.

### **Data Analysis**

Collected data was analyzed using SPSS software package version 25 (SPSS, 2017). Descriptive statistics provided percentages of responses to agreement. To measure internal consistency for how closely related survey questions were as a group to each ORC construct, Cronbach's alpha was used. Results of 0.7 or higher are considered acceptable internal consistency (Nunnally, 1978).



## **CHAPTER 4: RESULTS**

### **Demographics**

Table 1 summarizes the demographics of participants in this study. A total of 21 SWCs completed the Evaluation of School Wellness Policies Survey 2019. The majority (66%) of participants were women. Among the participants, there was representation from every age range category. Of twenty participants, eight (38%) responded that they have worked within the school system for six to ten years, with four (19%) participants in both the zero to five years and eleven to fifteen years category. All of the SWCs also held other positions within the school system, and the positions that appeared most common were elementary school teacher, middle school teacher, and school nurse.

**Table 1***Demographic characteristics of responding school wellness coordinators*

Characteristic	Participants N = 20	
	n	%
Gender		
Male	6	30
Female	14	70
Age		
18-25	2	10
26-35	3	15
36-45	5	25
46-55	7	35
56-65	1	5
65+	2	10
Years of Work in the School System		
0-5	4	20
6-10	8	40
11-15	4	20
16-20	1	5
21-25	1	5
26-30	1	5
30+	1	5
Race/Ethnicity		
Asian/Pacific Islander	2	10
Black/African American	4	20
Hispanic/Latino	0	0
American Indian/Native American	0	0
White/Caucasian	14	70
Additional Positions to School Wellness Coordinator		
Elementary School Teacher	5	26
Middle School Teacher	5	26
High School Teacher	1	5
Nurse	5	26
School Administration	1	5
Staff	1	5
Other	1	5

## **School Leadership and Wellness Program Outcomes**

Table 2 shows response percentages for questions reflecting the School Leadership and Wellness Program Outcomes construct. At the beginning of the research survey, SWCs were specifically asked about school leadership and wellness programs in their schools. About 75% of the participants agreed that their school administration encouraged teacher and staff to participate in wellness programs and model healthy behaviors. Even more participants (81%) agreed that their administration encouraged teachers and staff to also model healthy physical activity behaviors while at school in many different settings.

Researchers asked the participants about the potential positive outcomes of wellness programs in their schools. Most participants (71.4%) responded that programs are improving teacher and staff general health, while the other 28.6% neither agreed nor disagreed. When asked if wellness programs result in reduced health care costs, positive recruitment and retainment of teachers and staff, and good use of financial resources, 66% of participants agreed.

Overall, based on responses, it appears that school administration is generally committed to teacher/staff participation in wellness programs. Slightly over half (61.9%) of the SWCs who participated in this research responded that teachers in their schools are allowed time to participate in wellness programs. This includes time for physical activity, mental well-being activities, and opportunities to model healthy eating.

**Table 2***Items representing school leadership and wellness program outcome constructs (N=21)*

	<i>SA / A</i>	<i>Neither</i>	<i>SD / D</i>
<b>School Leadership and Well Program Outcomes (<math>\alpha = .80</math>)</b>			
My school administration encourages teachers/staff to participate in wellness/health programs	71.4	23.8	4.8
My school administration encourages teachers/staff to model healthy eating/drinking behaviors while at school (i.e. in the class room, cafeteria)	76.1	23.8	0.0
My school administration encourages teachers/staff to model physical activity behaviors while at school (i.e. in the class room, on the playground)	81.0	19.0	0.0
Wellness programs improve teachers'/staff's health in my school.	71.4	28.6	0.0
Wellness programs reduce teachers'/staff's health care costs.	66.7	23.8	9.6
Wellness programs help schools recruit and retain teachers/staff.	66.6	9.5	23.8
Wellness programs are a good use of financial resources.	66.6	23.8	9.5

**Wellness Program Participation**

Wellness program participation is important in successful implementation of policies in order to incorporate teachers and staff into the program. Feeling of inclusivity encourages positive feelings towards the policy changes, which can expedite the benefits of the programs. The extent of teacher/staff participation in the program was measured. SWCs responded (71.4%) that they believe their school administration was giving

teachers and staff this time to assist in wellness program planning. In addition, within this construct were questions concerning a designated wellness champion. As defined by the survey, a wellness champion is an individual who openly advocates for wellness and encourages healthy behaviors. One-third (66.6%) of SWCs responded that their school did indeed have at least one member of the administration who served as a wellness champion, while less (47.6%) responded that at least one teacher served as a wellness champion.

In regards to commitment to wellness program implementation and success, responses showed that over half (62.0%) of SWCs responded they are committed to the program. The remaining (38.1%) responded that they neither agreed nor disagreed to being committed to the program. Whether or not a school has a wellness coordinator to oversee programs and actively support them showed mixed responses, with most SWCs (57.1%) saying that there is active support with 38.1% neither agreeing or disagreeing. Table 3 shows responses to Wellness Program Participation questions.

In the section regarding personal feedback about wellness programs, some participants commented that they wish there was stronger participation in the programs. Others made comments about the degree of dedication to the wellness programs and their wishes that there was more being done within the school system regarding the implementation of these programs.

**Table 3***Items representing wellness program participation constructs (N=21)*

	<i>SA / A</i>	<i>Neither</i>	<i>SD / D</i>
Wellness Program Participation ( $\alpha = .88$ )			
Teachers are allowed to take time during the work day to participate in wellness programs.	61.9	19.0	19.0
My school administration dedicates financial resources to wellness programs.	57.1	19.0	23.9
My school administration allows teachers/staff time to assist in wellness program planning.	71.4	23.8	4.8
My school has at least one teacher who is a wellness champion.	47.6	47.6	4.8
My school has at least one school administrator who is a wellness champion.	66.6	19.0	14.4
My school administration provides physical activity opportunities for all teachers/staff (i.e. walking track, using school's exercise equipment).	38.1	28.6	33.3
My school administration is not committed to the wellness program.	52.4	4.8	42.8
I am committed to the wellness program for teachers/staff.	62.0	38.1	0.0
My school has a wellness coordinator that actively supports wellness programs for teachers/staff.	57.1	38.1	4.8

**Wellness Program Engagement and Effort**

For this construct, district and school SWCs were asked about their own involvement and their perceived involvement by teachers and staff. Findings showed that over half (57.1%) of SWCs agreed that teachers and staff were actively participating in wellness program activities. With a fourth (28.6%) of the responses reflected that the SWCs disagreed that teachers and staff are participating in wellness programs. The SWCs themselves responded that the majority of them (66.6%) agreed that they are able to participate in wellness programs, while about a third (28.6%) neither agreed nor

disagreed. Table 4 shows responses to questions in the Wellness Program Engagement and Efforts construct.

**Table 4***Items representing wellness program engagement and effort constructs (N=21)*

	<i>SA / A</i>	<i>Neither</i>	<i>SD / D</i>
<b>Wellness Program Engagement and Effort (<math>\alpha = .87</math>)</b>			
Our school has enough financial resources to support the wellness program for teachers/staff.	28.6	14.3	57.1
Our school has the physical facilities to support the wellness program.	33.3	28.6	38.0
Teachers/staff participate in many of the wellness program activities for teachers/staff.	57.1	14.3	28.6
I am able to participate in many of the wellness program activities for teachers/staff.	66.6	28.6	4.8
My school has a wellness coordinator who is able to implement wellness program activities or events for teachers/staff.	52.3	28.6	19.1
My school provides adequate funds for wellness program activities.	42.9	9.5	47.5
My school has established, written wellness policies and/or goals.	38.2	57.1	4.8
My school has a wellness coordinator responsible for the oversight of school wellness programs for teachers/staff.	52.4	42.9	4.8
My school has a wellness/school health committee.	38.1	61.9	0.0

**General Leadership**

General Leadership results received the highest overall agreement among the constructs. The average response rate was 64.3% in the category of agreeing, implying that most participants have positive feelings about the leaders' intentions within their schools. Of the responses with high percentages of agreement are the availability of training resources, improvement of work climate, and teacher input. Participants agreed



(81%) that resources were available for training when school administrations implement new programs or policy changes. Participants also agreed (66.7%) that their school seeks to improve its work climate and when a new program is introduced, 66.6% of SWCs responded that their school allows teachers and staff to give input about the new program, which SWCs believe is a good measure of success.

Another question determined if school administrations do not promote team building to solve worksite problems. In order to ensure that participants are carefully considering their answers to these questions, this negative statement was placed within the section of general leadership. The response rate of this was particularly low (19.1%), implying that the SWCs believe that the leadership in their schools are promoting group efforts and team building. Table 5 shows responses to questions included in the General Leadership construct.

**Table 5***Items representing general leadership constructs (N=21)*

	<i>SA / A</i>	<i>Neither</i>	<i>SD / D</i>
<hr/>			
General Leadership ( $\alpha = .85$ )			
In general, my school administration is willing to try new things.	61.9	33.3	4.8
My school administration seeks ways to improve the work climate.	66.7	33.3	0.0
My school administration rewards creativity and innovation in school.	61.9	33.3	4.8
My school administration does not promote team building to solve worksite problems.	19.1	4.8	76.1
When my school administration implements a new program or policy change, there are training resources available.	81.0	14.3	4.8
When a new program or change is introduced, my school administration measures its success by asking for teachers'/staff's input about the program.	66.6	28.6	4.8
<hr/>			

## **CHAPTER 5: DISCUSSION**

The results of the study presented information regarding the success of implementation of school wellness policies, specifically on the leadership, outcomes, and participation of SWCs, teachers, and staff. Discussions on this data are crucial in analyzing how school wellness policies can continue to progress within schools.

### **School Leadership and Wellness Program Outcomes**

Worksite wellness programs are most successful when administration is supportive (Biggio & Cortese, 2013). In this study SWCs had highest agreement with statements regarding administrative support for participating in wellness programs, modeling healthy eating and drinking behaviors, and encouraging physical activity while at school. The Healthy Hunger-Free Kids Act of 2010 (HHFKA, 2010) gives suggestions such as this to support a successful wellness program. For program benefits and outcomes, SWCs do believe that wellness programs will improve teacher/staff health. However, for other program outcomes their agreement was less favorable that a wellness program would reduce health care costs, recruit and retain teachers, and be a good use of financial resources. Seeking to improve organizational readiness to change could help support these outcomes, especially if there is clear communication between administration and teachers and staff that the outcomes are feasible (Weiner, 2009).

For those schools that have attempted to implement wellness policies within their school environment, researchers found that the participants were mostly agreeing that wellness policies benefit the health of teachers and staff, and this was in turn perceived to be helping reduce health care costs (Isehunwa et. al, 2017). One of the goals of school wellness policy legislation, while not required, is to encourage school administrations to

support an environment that guards the good health and wellness of its teachers and staff (Food and Nutrition Service, U.S. Department of Agriculture, 2014). Positive health benefits from the work environment could play a role in recruiting and retaining teachers and staff as well (Frerichs et. al, 2016), and two-thirds of the SWCs who participated in this study agreed that this is true in their schools. In general, it seems that School Leadership and Wellness Program outcomes are areas that reveal an area of support for school wellness programs that is occurring in schools.

### **Wellness Program Participation**

Time must be allotted to teachers and staff in order for them to feel like a part of the wellness programs. This feeling of inclusion could help contribute to their readiness to change and adapt to new policies (Weiner, 2009), with clear and concise communication and has been identified as a crucial component of the success of these wellness policies in schools. If teachers are allowed to take time during the day to participate in school wellness policies, they may feel more engaged in administrative decisions and successful implementation. Most participants in the research agreed that the teachers within their schools are allowed time to assist with wellness policy development which contributes to the success of wellness programs and the benefits wellness programs provide. School administration should also allow teachers and staff time to assist in wellness program planning. This could allow future development of wellness programs to give teachers and staff a greater sense of ownership and therefore increase their buy-in.

Within the survey, researchers defined a wellness champion as an individual who openly advocates for wellness and encourages healthy behaviors. Half of the participants neither agreed nor disagreed to having a wellness champion and this might indicate that

there is not strong leadership in the wellness program. This particular finding might indicate that school administration, instead of teachers/staff, are in charge of the wellness program.

When questioned about the school administration's commitment to the wellness program, researchers found that there was the strongest disagreement in the construct with almost half of the participants responding neither or disagree. In regards to wellness program progression and implementation, administration should seek out ways to be more devoted to the success of wellness programs in their schools. Devotion to the wellness programs promotes a feeling of inclusivity and participation, which connects a teacher to the program benefits (Schuler, 2018). While two-thirds of the SWCs had a higher response rate to their own commitment to wellness programs than reported for teachers/staff, there also was an unexpectedly large percent who responded “neither.” The need for a wellness champion lies in the role of modeling and encouraging healthy behaviors in school in order to have someone who demonstrates the potential positive outcomes of a wellness program (Schuler et. al, 2018). According to Schuler et. al (2018), designated wellness champions can serve as a bridge between the school, staff, and the community.

HHFKA (2010) requires the designation of a wellness coordinator who oversees the implementation and future success of wellness policies in their own school system (CDC, 2017). A large percent of SWCs responded that they neither agreed nor disagreed that there was a SWC responsible for the oversight of the program leading to the idea that their school perhaps has not fully implemented a policy yet. In this case, it is up to the school administration to comply with federal law and devote time and resources

to the implementation of school wellness policies, as defined by the HHFKA (2010). While over half of SWCs responded that school administration does provide financial resources to wellness programs there was also a large number of SWCs who did not believe their school administration needs to be committed to providing adequate funding and resources to the success of health and wellness policies in their schools.

When questioned about personal commitment of the SWCs to wellness programs for teachers and staff, over half responded that they agree to some level. The rest of the participants neither agreed nor disagreed. The indifference of this second response begs the question of whether or not SWCs see value in their own commitment to these wellness programs. According to the literature, wellness coordinators play a substantial role in the implementation and oversight of programs (Frerichs et. Al, 2016). For that to be successful, however, they should feel a level of commitment as well. Those who agreed to having a wellness coordinator that actively supports wellness programs for teachers and staff reflect the intention of the HHFKA (2101) legislation. On the contrary, those who neither disagreed nor agreed point to a several faults within their school. This could mean that the school does not have a wellness policy in place and is not in compliance with federal law. It also could mean that the wellness policy is in place but there is not a coordinator who is overseeing that the policy is being actively incorporated into the school system.

When asked about commitment to wellness programs for teachers and staff, participants seemingly either agree to some extent or are indifferent. This indifference could point to lack of wellness programs in general and/or a lack of knowledge about wellness programs.

## **Wellness Program Engagement and Effort**

In order for wellness programs to be successful, research states that there must be administrative support in regards to finances but also the physical environment must be supportive of the program (Frerichs et. al, 2016). When asked about the distribution of financial resources towards wellness programs, participants responded with the highest disagreement of within all constructs. Along with literature and previous studies about school wellness programs, financial resources available and their means of distribution vary from school to school, and it also varies among districts (Agron, Berends, Ellis, & Gonzalez, 2010).

School and district wellness coordinators were asked about their own involvement and their perceived involvement by teachers and staff. Findings showed SWCs and teachers/staff participate in program activities to about the same extent. While it may be assumed that SWCs would participate at a greater rate than teachers/staff, all SWCs reported that in addition to being the coordinator they also had other position with the majority being teachers and nurses at the school. It is not known if SWCs are compensated for the additional duties and while federal policies require every school and school district to have a SWC, there are no guidelines for who or how this is to be addressed. However, in order to comply with federal regulation and optimize the success of implementing a wellness program, it is recommended to have a designated health council and wellness person (CDC, 2014).

School wellness coordinators can also look to the state child nutrition programs for guidance and resources regarding the wellness program regulations. Resources can be found through the Mississippi Department of Education, Office for Child Nutrition's

webpage, available at no cost (Health Promotion for Staff, 2019). Additionally, school wellness coordinators can find resources available at no cost through professional organizations, such as the School Nutrition Association's Local Wellness Policies (Local Wellness Policies, 2016).

A very interesting finding from this study was concerning the establishment of written wellness policies and goals. When questioned about this, over half of the participants responded that they neither agreed nor disagreed. Again, this finding is of concern that wellness programs have not been fully implemented into the schools. If the SWCs who took part in this research study reflect indifference to establishing written wellness policies, then the researchers' findings could be pointing toward a lack of implementation and readiness to change within the schools (Hannon et. al, 2017).

Following this, almost half of the coordinators responded indifferently and neutrally that their respective school has a wellness coordinator that is responsible for the oversight of school wellness programs for teachers and staff. Again, about a third of the participants showed that they agree to some extent. According to previous research and HHFKA (2010), in order for school administration to successfully comply with the law, there needs to be a SWC within the school to oversee the outcomes of the wellness policies (CDC, 2014).

Almost two-thirds of the coordinators who took part in this study responded that they neither agreed nor disagreed to their school having a wellness and/or school health committee. The rest of the participants agreed to some level, which points again to the idea that maybe those who are indifferent simply have not fully implemented wellness programs within their schools.



Again, financial resources seemed to be a major concern among the SWCs participating in this research. Consistently, it is appearing as a major drawback to the success of wellness programs. Inadequate funding for the implementation of new policies within the school will prevent any progression of the teachers and staff readily adapting to a modified system. This system, designed to promote their own well-being and health, requires timely financial and physical resources. In a study conducted by Frerichs et. al (2016), barriers to the successful implementation of school wellness policies was explored. Most notable among these barriers were the lack of appropriate physical and structural resources, including facilities and funding. School design in this aspect also serves a crucial role to a wellness program being incorporated into the school's policies.

There was a low presence of clear written policies, which are intended to concisely outline the goals of the wellness policies. Similarly, there was also a low response to the presence of a school health council, which is also one of the HHFKA (2010) regulations within the school wellness policies. What is alarming about these two responses is that the participants were SWCs. Their designated position is to ensure that wellness policies are being implemented, and they are supposed to oversee the success of the implementation. If the individuals who are responsible for writing these policies are revealing that the policies do not even exist, then there is a major concern that execution of the job of the SWC is unsatisfactory. In the same way, the lack of a functioning wellness and school health councils proves that these regulations are not necessarily being put into place within the schools.

### **General Leadership**

A crucial component of successful school wellness policies is the active leadership by the school's administration. It appears that in general SWCs agree that there is supportive leadership. In order to implement the policy within the school system, school administrations must be willing to try new things in order to improve the work climate. About two-thirds of the participants believed that their respective school administrations were willing to try new things and actively seek to improve the work environment. These perceptions reflect ORC theory because the success of wellness policies within a school is determined by the enforcement of the administrative personnel (Webber, Johnson, Rose & Rice, 2007). Certain concepts that could potentially contribute to the success of wellness policies include rewards for creativity and innovation in school, team building exercises, readily available training resources, and a system that allows for input and response from teachers and staff.

Based on the responses from SWCs, school wellness policies are being perceived as a positive idea within schools and among the teachers and staff. School administrations are encouraging teachers and staff, which is an important factor in demonstrating positive leadership and oversight of the success of the policies. Strong leadership is a crucial first step of implementation and readiness to change. The school wellness policies serve no purpose if they are not actually being implemented by school administration. And based on some of the responses in the research, there is a gap between the encouragement and the actual enforcement regarding policies.

Responses regarding wellness program participation was mixed. Administration, though they have encouraged it, are not actually providing opportunities for physical activity and other methods of practicing wellness during the work day at school. Also,

there was a trend in not having a designated wellness champion in the school. The lack of a wellness champion essentially defeats all purposes of having a wellness policy. If there is no champion to lead in the implementation and action of policies, then change cannot occur successfully.

Another area of concern was having a person in the school designated to actively supporting the wellness program. Along with the apparent lack of a wellness champion, if there is no strong support for the program's policies, then the program will likely not be able to be successfully implemented.

Compared to previous research, this study found similar results that identified the following barriers to successful wellness program implementation: inadequate financial and physical resources, lack of an engaged wellness committee, lack of policy support, and insufficient personal time for wellness program planning. The results of this study corresponded with earlier findings that these are the primary areas of concern that can hinder progress of school wellness policies. Previous research also found that commitment was crucial in successful implementation, and findings from this study showed that there was commitment from administration and school wellness coordinators.

In order to achieve successful wellness programs, there needs to be strong leadership buy-in and employee input to support implementation. Additionally, personal time is needed in wellness program planning. Many of the participants of this research had at least two jobs in their schools, meaning less of their time could be devoted to wellness program planning. Lack of policies and health councils along with lack of wellness champions implies that school wellness coordinators are unsure of what is

needed to support a successful wellness program. The pilot test performed by Hannon et. al (2017) also found that uncertainty of wellness program policies hindered progress and success.

Schools need physical facilities to support wellness program policies (Frerichs et. al, 2016). School architecture can provide support to enhance the physical environment, which improves employee ownership of space and increases self-efficacy to manage that space. When physical barriers are removed, wellness programs can have the opportunity to progress and be more successful (Bailey, Coller, & Porter, 2018). School administration should take responsibility in making sure that barriers are removed.

## CHAPTER 6: CONCLUSION

This research contributed to a better understanding of how schools are implementing change in order to establish school wellness programs. One of the most notable conclusions of the research was the presence of strong leadership supporting the efforts of school wellness programs. These programs and policies, however, are hindered by lack of funding and physical resources and inadequacy of school and community physical facilities. This hindrance is important to point out, as funding and physical resources are a crucial component of successful school wellness programs, as reported in previous research. Schuler et. al (2018) indicated that major enablers of a successful wellness program include staffing and funding toward adequate physical resources. This supports another finding in previous research that identified financial support and physical resourcing as major areas of concern in regards to the success of wellness programs (Frerichs et. Al, 2016).

SWCs who were assigned to manage the program appeared to not have total awareness of the regulations of school wellness programs, specifically having clear written policies and a designated school health council. In order to comply with federal regulations, SWCs should ensure that there are available written policies and a health council. Each of these requirements will increase positive outcomes that school wellness policies are incorporated into the school environment. In order to serve as the role of health “overseer” within the school and community, the SWC should have awareness of these regulations. Specific job descriptions exist within literature reported on SWCs and program design, and these descriptions are crucial in clarifying accurate job responsibilities (Federal Register, 2014).

A potential solution to supporting successful implementation of school wellness policies includes community involvement in the schools. School and community leadership need to collaborate to combine resources in the development of wellness facilities and programs that would benefit all involved. School administrators and school wellness coordinators should be informed about free resources that are available through their state and federal government agencies and also through professional organizations that provide guidance for implementing successful school wellness policies and programs.

As a result of this pilot study, future research questions are; how are SWCs selected, are they are trained, and are they compensated for their job as a SWC. Furthermore, research based on the results of this study is required to analyze support for school wellness programs and community involvement.

### **Limitations**

Among the limitations within this study were a small sample size, unsuccessful methodology, and a difficulty in developing a plan of action based on the ORC theory. The small sample size represented a small portion of Mississippi, so it was difficult to have results that could be generalized. Because this was a pilot study, however, the research can be performed again on a much larger scale with differently methodology.

### **Acknowledgments**

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## **APPENDICES**

**Appendix A  
Survey**

**MODEL INFORMATION SHEET**

**Title:** An Evaluation of School Wellness Policies

**Investigator**

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**Description**

The purpose of this research project is to determine if schools are supporting an environment of wellness for teachers and staff. We are surveying district and school wellness coordinators to assess their school's leadership, support for wellness programs, commitment and engagement in the wellness program, and wellness program participation and outcomes.

**Cost and Payments**

The survey will take you approximately five to six minutes to complete.

**Risks and Benefits**

Some people enjoy taking questionnaires. However, some may feel uncomfortable answering if they agree or disagree with some of the questions regarding school wellness policies. We do not think that there are any other risks. At the end of the survey, each participant can be directed to a separate survey where an email can be entered for a chance to win one of eighteen \$25.00 Amazon gift cards being offered.

**Confidentiality**

No identifiable information will be recorded. Therefore, you cannot be identified from this survey.

**Right to Withdraw**

This study is volunteer and you may stop participation at any time. If you start the study and decide that you do not want to finish, all you have to do is close out the survey on your electronic device.

**IRB Approval**

This study has been reviewed by The University of Mississippi's Institutional Review Board (IRB). If you have any questions, concerns, or reports regarding your rights as a participant of research, please contact the IRB at (662) 915-7482 or irb@olemiss.edu.

**Statement of Consent**

I have read and understand the above information. By completing the survey/interview I consent to participate in the study.



1. My school administration encourages teachers/staff to participate in wellness/health programs.
  - a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
2. My school administration encourages teachers/staff to model healthy eating/drinking behaviors while at school (i.e. in the class room, cafeteria).
  - a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
3. My school administration encourages teachers/staff to model physical activity behaviors while at school (i.e. in the classroom, on the playground).
  - a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
4. Wellness programs improve teachers'/staff's health in my school.
  - a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
5. Wellness programs reduce teachers'/staff's health care costs.
  - a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
6. Wellness programs help schools recruit and retain teachers/staff.
  - a. Strongly agree
  - b. Agree

- c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
7. Wellness programs are a good use of financial resources.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
8. Teachers are allowed to take time during the work day to participate in wellness programs.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
9. My school administration dedicates financial resources to wellness programs.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
10. My school administration allows teachers/staff time to assist in wellness program planning.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
11. My school has at least one teacher who is a wellness champion\*\*.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree

- g. Strongly disagree
- 12. My school has at least one school administrator who is a wellness champion\*\*.
  - a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
- 13. My school administration provides physical activity opportunities for all teachers/staff (i.e. walking track, using school's exercise equipment).
  - a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree

**\*\*Definition: A wellness champion is an individual who openly advocates for wellness and encourages healthy behaviors.**

- 14. My school administration is not committed to the wellness program.
  - a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
- 15. Teachers are committed to the wellness program for teachers/staff.
  - a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
- 16. I am committed to the wellness program for teachers/staff.
  - a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree

17. My school has a wellness coordinator that actively supports wellness programs for teachers/staff.
  - a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
18. Our school has enough financial resources to support the wellness program for teachers/staff.
  - a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
19. Our school has the physical facilities to support the wellness program.
  - a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
20. Teachers/staff participate in many of the wellness program activities for teachers/staff.
  - a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
21. I am able to participate in many of the wellness program activities for teachers/staff.
  - a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
22. My school has a wellness coordinator who is able to implement wellness program activities or events for teachers/staff.

- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
23. My school provides adequate funds for wellness program activities.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
24. My school has established, written wellness policies and/or goals.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
25. My school has a wellness coordinator responsible for the oversight of school wellness programs for teachers/staff.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
26. My school has a wellness/school health committee.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
27. In general, my school administration is willing to try new things.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree

- f. Disagree
  - g. Strongly disagree
28. My school administration seeks ways to improve the work climate\*\*.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
29. My school administration rewards creativity and innovation in school.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
30. My school administration does not promote team building to solve worksite problems.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
31. When my school administration implements a new program or policy change, there are training resources available.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
32. When a new program or change is introduced, my school administration measures its success by asking for teachers'/staff's input about the program.
- a. Strongly agree
  - b. Agree
  - c. Somewhat agree
  - d. Neither agree nor disagree
  - e. Somewhat disagree
  - f. Disagree
  - g. Strongly disagree
33. What gender do you identify with?

- a. Male
  - b. Female
34. What is your age?
- a. 18-25
  - b. 26-35
  - c. 36-45
  - d. 46-55
  - e. 56-65
  - f. 65+
35. How many years have you worked in the school system?
- a. 0-5
  - b. 6-10
  - c. 11-15
  - d. 16-20
  - e. 21-25
  - f. 26-30
  - g. 30+
36. What is your race/ethnicity?
- a. Asian/Pacific Islander
  - b. Black/African American
  - c. Hispanic/Latino
  - d. American Indian/Native American
  - e. White/Caucasian
37. As a School Wellness Coordinator, please check any other positions you hold.
- a. Elementary School Teacher
  - b. Middle School Teacher
  - c. High School Teacher
  - d. Nurse
  - e. School Administration
  - f. Staff
  - g. Other
  - h. None
38. Thank you for completing the survey. If you have any feedback, we would love to hear it.

## Appendix B

### Initial Phone Call / E-mail to Superintendent

Hello \_\_\_\_\_,

My name is \_\_\_\_\_ and I am an undergraduate researcher at the University of Mississippi. Is now a good time for you to talk with me about a small research project?

**\*\*No:** Ask when would be a good time to contact you? Or would you prefer I email you and follow up with a phone call?

**\*\*Yes:**

I am calling to ask for your assistance with the 2019 School Wellness Policy survey. You are a part of a three-state research project including MS, AL, and WV.

**\*\*If they ask why these three states:** Those three states have been identified as high-risk states for childhood obesity.

I would like to first contact your school district wellness coordinator and then the school wellness coordinators (if any) for him or her to complete a questionnaire about school wellness policies and answer a few specific questions about those policies.

We hope to learn about resources available to teachers and staff and efforts made by schools to promote teacher and staff health and wellness.

All information that is collected will be confidential and the school district will be anonymous.

In return, we will provide an executive report to you on the research outcomes of school wellness policies and programs across these three states.

If this meets with your approval, are there research review policies specific to your district that I need to follow?



\*\*If yes, we will follow them.

\*\*If not, we will receive approval of the superintendent.

For research purposes, could I please send you an email with the research information I just described and my request to contact your districts' School Wellness Coordinator? You would then respond to my request with your approval and your districts' School Wellness Coordinator's contact information.

Thank you for your help in this research program.

## Appendix C

### Contact School Wellness Coordinator

Hello \_\_\_\_\_,

My name is \_\_\_\_\_ and I am an undergraduate researcher at the University of Mississippi.

Your contact information was given to be by Superintendent \_\_\_\_\_, who gave me permission to contact you.

Is now a good time for you to talk with me about a small research project?

**\*\*No:** Ask when would be a good time to contact you? Or would you prefer I email you and follow up with a phone call?

**\*\*Yes:**

I am calling to ask for your assistance with the 2019 School Wellness Policy survey. You are a part of a three-state research project including MS, AL, and WV.

**\*\*If they ask why these three states:** Those three states have been identified as high-risk states for childhood obesity.

I would like you to complete a questionnaire about school wellness policies and answer a few specific questions about those policies. I then would like you send only the survey link to your school wellness coordinators (if any) in your schools.

We hope to learn about resources available to teachers and staff and efforts made by schools to promote teacher and staff health and wellness.

All information that is collected will be confidential and the school district will be anonymous

In return, we will provide a comprehensive report to you on the research outcomes of school wellness policies and programs across these three states.

If this is okay, may I send you the link to the online survey and could you answer a few questions with me now?

Questions:

1. Are the SWP on the district website? If so, where can I find it? If no, may I have a copy of it?
2. Is the list of health council members and their positions on the website? If yes, where can I find it? If no, may I have a copy of it?
3. Are you required to report SWP outcomes to the School Board? If yes, are they on the website and where could I find them? If no, may I have a copy?

Thank you for your help in this research program.

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