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MEASURING THE ACCESSIBILITY OF MISSISSIPPI HIGH SCHOOLS' SCHOOL
WELLNESS POLICY DOCUMENTS

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

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ABSTRACT

BACKGROUND: Childhood obesity is a significant public health concern and its prevalence is increasing. Since children spend much of their time in schools, programs available in this setting can play an important role in promoting student health and reducing obesity. With the purpose of addressing childhood obesity, the U.S. Congress passed the Healthy Hunger Free Kids (HHFK) Act, 2010, which strengthened the mandate and regulations for schools to develop and implement School Wellness (SW) policies put into place to promote students health. Transparency and accessibility of SW policies among schools and public communities are important and required for the development and effective implementation of SW policies.

METHODS: Using a standardized method, 135 Mississippi high schools' websites were searched for the availability and accessibility of three SW policy documents: 1) High school's SW policy, 2) Membership of SW policy committee, and 3) SWP implementation plan update.

RESULTS: SW policies were located on 22 (16%) high schools' websites with 100 (75%) schools either posting or providing a link to the school district's SW policy. No SW policies could be located on the websites of 13 (9%) schools. SW policy committee membership documents were located on 10 high schools' websites. No SW policy committee documents included all the required members. No SW implementation plans could be located on any of the 135 high school websites.

CONCLUSIONS: Findings show a lack of transparency and accessibility of schools' SW policy documents. Updating and educating school administrations on SW policy requirements, as mandated by the HHFK Act, 2010, may be needed if efforts to address students' health and wellbeing in the school environment is to occur.

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LIST OF ABBREVIATIONS

CN act	Child Nutrition and WIC Reauthorization Act
HHFK act	Healthy Hunger Free Kids Act
MDE	Mississippi Department of Education
MHSA	Mississippi Healthy Students Act
NSLP	National School Lunch Program
OHS	Office of Healthy Schools
SWP coordinator	School Wellness Policy Coordinator
SWP committee	School Wellness Policy Committee
SW policy	School Wellness Policy

CHAPTER 1: INTRODUCTION

Childhood obesity in the United States (U.S.) has become a major health concern and its prevalence is increasing. This health problem poses severe health risks for children such as increased risk of cardiovascular diseases, diabetes, and hyperlipidemia. If not treated properly, this epidemic condition can persist into adulthood causing long-term effects. According to data from the Center for Disease Control and Prevention (CDC), the prevalence of obesity is 18.5 % for children and adolescents aged 2 to 19 years (CDC, n.d.). Various factors such as socioeconomic status, race, food availability, and environmental factors influences obesity. Since environmental factors also influence a child's behavior, it is important to create a positive surrounding for a child to learn a healthy lifestyle. Since children spend the majority of their time in schools, programs available in this setting have an important role to play in reducing childhood obesity and promoting students' health.

With the purpose of addressing problems associated with childhood obesity, poor nutrition, and physical inactivity the U.S. Congress passed the Child Nutrition and WIC Reauthorization Act, (CN Act) in 2004. This act introduced the mandate for a School Wellness (SW) policy and required all school districts participating in child nutrition programs, such as the National School Lunch and School Breakfast Programs, to establish a school wellness (SW) policy by the 2006- 2007 school year. The CN Act (2004) required SW policies to include goals for nutrition education, physical activity and other school-based activities to promote students' health. The CN Act (2004) was further strengthened by the Healthy, Hunger Free Kids (HHFK) Act 2010, which incorporated

new provisions for SW policies (HHFK Act, 2010). The HHFK Act, (2010) was further revised and updated in 2012, 2014, and most recently in 2016. The law requires SW policies to be easily accessible to students, parents, teachers, and the community.

Schools are also required to have a School Wellness Policy (SWP) Committee as an advisory group to support the development and implementation of the policy. The HHFK Act (2010) set forth specific membership requirements in an effort to promote transparency and participation from key players in the development, implementation, and evaluation of the SW policy.

The 2016 updated HHFK Act (2010), expanded requirements for the SWP implementation plan. As outlined in Federal Register (2016), schools are required to assess compliance with its SW policy and have the implementation plan available to the public at least once every three years. Few studies have investigated schools' compliance with the HHFK Act (2010) update 2016 requirements that SW policy documents should be easily accessible to the public with the recommendation of posting these documents to the school's website. The purpose of this study was to investigate if high schools in Mississippi were meeting the requirement to provide public access to SW policy documents by measuring the availability of three documents; SW policy, SWP committee, and SWP implementation plan.

CHAPTER 2: LITERATURE REVIEW

Childhood Obesity

Childhood obesity is a significant public health concern and its prevalence is increasing in the U.S. According to data from the CDC, the prevalence of obesity is 18.5% for children and adolescents aged 2 to 19 years (CDC, 2016). This number is alarming, but the childhood obesity rate for the state of Mississippi is even more disturbing. In 2017, the obesity prevalence for Mississippi public school students in K-12 was reported to be 23.7% (Center for Mississippi Health Policy, 2019). Additionally, data from the Mississippi State Department of Health reports that one in five high school students are obese (Mississippi State Department of Health, n.d.).

Childhood obesity has a detrimental effect on a children's development and can put them at risk for severe medical complications leading into adulthood such as increased risk of cardiovascular diseases, diabetes, hyperlipidemia, and musculoskeletal disorders (Smetanina et al., 2015). Also, childhood obesity is a strong precursor for adult obesity with 50 to 80 % of obese adolescents becoming obese adults (Smetanina et al., 2015). This epidemic condition, if not treated properly during childhood, can track into adulthood causing long-term effects. This indicates the need to act on childhood obesity at its early stage. Apart from different physical health conditions and resulting from social stigmatization, childhood obesity also imposes psychological harm to children such as depression and poor body image (Papoutsis et al., 2013). Various factor such as socioeconomic status, race, ethnicity, parental feeding style, food availability, and environmental factors influences obesity (Smetanina et al., 2015). Among these, the behaviors that a child learns from his/her surrounding environment may influence efforts

to adopt a healthy lifestyle.

Considering the fact that children spend a large percentage of their time in schools, programs provided in school can have an important role to play in reducing obesity and improving students' health. Schools can provide students with education on proper nutrition, importance of physical activity, and provide an environment where students can learn healthy habits that will continue with them as they mature. According to one study conducted by Neumark-Sztainer and Story (1997) students, who were interviewed had positive attitudes toward school-based interventions for obesity treatment. Students are receptive to the ideas that are presented to them in school (Pyle et al., 2006). Thus, schools can have a tremendous role to play in preventing and implementing interventions to reduce obesity due to their access, duration of exposure, and subsequent impact on the behavior of children (Pyle et al., 2006).

School Wellness Programs for Student Health

It is important to teach children about healthy eating habits early in life so that they can carry those habits along the way, which helps them in making mindful decisions about food selection. They should be taught to select nutrient dense foods and especially should be encouraged to consume fruits and vegetables. Since schools have been identified as major settings to shape children's health behaviors, they can provide a supportive environment to encourage children to consume fruits and vegetables (Tuuri et al., 2009).

A study was conducted investigating the impact of a school sponsored wellness program titled, Fuel Up to Play (FUTP60), on students' diet and physical activity. . The researchers found significant positive changes in students' behaviors especially regarding

consumption of dairy, whole grains, fruits, and vegetables. They also found that students were 1.25 times more likely to play and engage in physical activity at the end of the study (Hoelscher et al., 2016). FUTP60 was a low intensity program, and the study demonstrated that these types of wellness programs, that bring environmental changes in the school, could have positive impact on students' health.

Federal and State Law Requirements

With the purpose of addressing childhood obesity in schools, the U.S. Congress passed the Child Nutrition and WIC Reauthorization Act, (CN Act) (2004), that included School Wellness Policies (SW policy) for the first time. The law required all school districts participating in the National School Lunch Program (NSLP) to establish local SW policies by 2006-2007 school year. Districts and individual schools are required to have their own unique wellness policies. The CN Act (2004) required wellness policies to include goals for nutrition education, physical activity, and other school- based activities that are designed to promote student wellness. In 2010, this act was further strengthened by the Healthy, Hunger Free Kids (HHFK) Act, (2010), incorporating new provisions for the SW policy. This Act created further accountability for Local Educational Agencies (LEAs) to ensure that wellness policies are in place, regularly evaluated, and that progress towards implementation was reported to the school board and made available to the school and public communities. The HHFK Act, (2010) was further revised and updated in 2012, 2014, and most recently in 2016, which expanded the SW policy requirements. The Act now required schools to establish minimum content requirements for the local SW policies, ensure stakeholder participation in the development and updates of such policies, and periodically assess and disclose the schools' compliance

Table 1. Guidelines for Local Wellness Policies Developed by USDA

- Goals for nutrition promotion and education.
 - Goals for physical activity and other school-based activities that promote student wellness.
 - Nutrition guidelines for all foods and beverages available on each school campus during the school day that are consistent with federal school meal standards and standards for foods and beverages sold outside of school meal programs (i.e., “competitive foods and beverages”).
 - Permission for stakeholders (parents, students, teachers, school food authority, school board, school administrations, and the public) to participate in policy development, review, and updates.
 - A requirement for the district to inform and update the community about the policy’s content and implementation.
 - A requirement for the district to periodically measure and make available to the public an assessment on implementation, including school compliance, alignment with model wellness policies, and a description of progress made in attaining the wellness policy goals.
 - Designating one or more district and/or school officials responsible for ensuring school-level compliance with the wellness policy.
-

with local SW policies (Federal Register, 2016).

In addition to the HHFK Act (2010) federal law, the Mississippi state congress passed the Mississippi Healthy Students Act (MHSA) in 2007 strengthening the requirements for health and physical education in K-12 school (Mississippi Healthy Students Act; Senate Bill 2369 §2. (2007)). To aid in implementing the MHSA Act, The Office of Healthy Schools (OHS), under the jurisdiction of the Mississippi State Department of Education (MDE), developed the *Local School Wellness Policy; Guide for Development*, to use as a template to aid school districts and individual schools in customizing their SW policy to meet their school’s specific needs. Both MHSA and OHS set guidelines, beyond what was required by the HHFK Act (2010), for SW policy compliance.

School Wellness Policy

According to USDA-Food and Nutrition Services, a local SW policy is a written document of official policies that guide school districts' efforts to establish a school environment that promotes students' health, well-being, and ability to learn by supporting health and physical activity (FNS-USDA, n.d.). The CN Act (2004) required school districts to include sections covering various areas of health and well-being in a SW policy. The HHFK Act (2010) expanded on these requirements and mandates the USDA develop regulations that provide a framework and guidelines for local wellness policies (Piekarz E., et al, 2016), which are shown in Table 1.

Many research studies have been conducted to measure the success and efficacy of SW policies. According to the report published in *Bridging the Gap and National Wellness Policy Study*, 95 % of school districts nationwide had adopted a wellness policy and SW policies were comprehensive but weak (Piekarz E., et al, 2016). SW policies serve as standard to cultivate a healthy environment at school and promote students' health. However, research regarding the effect of these policies is varied. Lucarelli et al., (2015) used data collected from School Nutrition Advances Kids (SNAK) and examined whether district-level written policies reflect school reported nutrition policies. The study found that district wellness policies did not reflect school-reported nutrition policies and that district wellness policies scored low in strength and comprehensiveness. Although wellness policies may meet federal requirements, the majority contain language that is weak and vague. This raises the question of effectiveness; since a well-written policy with strong language implies more complete implementation of SW policies (Francis et al., 2018). One study evaluated the physical activity component of SW policies for 40

school districts in Pennsylvania to measure compliance with physical activity implementation. It was found that overall districts did not provide strong policy language or full implementation of physical activity training for teachers and students. Additionally community engagement in physical activity opportunities at school was inconsistent. Such findings raise concerns regarding the efficacy of SW policy (Francis et al., 2018).

Implementation of SW policy - Success and Challenges

Research has examined factors influencing effective implementation of a SW policy. It was found that the lack of funding, time, resources, programming support, administrative support, as well as poorly written SW policy impeded effectiveness (Schuler et al., 2018). This same study examined enablers and barriers of SW policy implementation within the economic context of schools and compared the response by student body income, i.e. lower income versus higher income student body. The study found that both, higher and lower student body income reported lack of funding and time, parents' lack of perception of school wellness initiatives, lack of student involvement, and federal/ state regulations as common barriers. Enablers were reported to be supportive school systems, teachers, staff and food service personnel, and strong physical education curriculum. When asked, all schools emphasized the importance of support from staff, students, and the community and the presence of resources such as additional funding, and physical education and nutrition curriculum and supplies as important for effective implementation of SW policy (Schuler et al., 2018).

Complying with SW policy guidelines and incorporating nutrition education and physical activity in curricula may mean changes to the teaching environment and therefore, it is important to understand teachers' perspective regarding the changes

brought about by implementing a SW policy (Lambert et al., 2010). One study that measured Mississippi's elementary teachers' acceptance and implementation of SW policies found that 80.9% of teachers agreed that SW policies provide students with opportunities for healthful living while at school, and 59.7 % agreed that SW policies have a positive impact on students' health (Lambert et al., 2010). While teachers did acknowledge lack of administrative support, teacher input, and time and resources for providing nutrition education, their responses reflected that they may not see themselves as playing a significant role in changes being brought about by SW policies (Lambert et al., 2010).

Similarly, parents are seen as enablers and barriers to implementation of SW policies (Schuler et al., 2018) and therefore understanding their perspective towards SW policies is crucial to successful implementation. There are few research studies examining parents' perception and familiarity with SW policies. Hildebrand et al. (2019) looked into parents' perceptions and knowledge regarding SW policies and hypothesized that parents who are more involved or aware of the school's SW policies would have higher support for SW policies. The participants were the parents of children enrolled in public school districts in Oklahoma. The study found that 62.6% were aware that their child's school is required to have a SW policy in place, but had low familiarity with policy content (Hildebrand et al., 2019). For SW policy to be effective and reach their full potential in promoting students' health, parents, must be seen as one of the key stakeholders in schools, and should be made more familiar and involved with SW policies.

School administration is directly responsible for ensuring the implementation and

execution of SW policies. Therefore, school administration has opportunities to incorporate strong comprehensive SW policies. In the study conducted by Graber et al. (2012), participants included administrators, physical education teachers, and wellness/nutrition coordinators, randomly selected from all schools within state of Illinois that required written SW policy. The interview questions addressed their role in enactment of their SW policy. The study found that schools' principals knew less than the researchers had anticipated about their SW policies. Their knowledge regarding their SW policies ranged from statements of "Nothing" to "some specific recall about what the legislation had accomplished in a particular school" (Graber et al., 2012). This lack of knowledge regarding SW policy among principals could be attributed to lack of federal supervision and points to an alarming need for awareness that must be generated among school principals for effective implementation of SW policy.

Requirement for School Wellness Policy Committee

The SWP committee is an advisory group representing school and community members, that support schools in promoting school health programs, students' wellness and health, and the implementation of wellness policies. Chriqui et al. (2011), conducted a research study with a nationally representative sample of 641 districts and analyzed their SW policies. The study found that schools in which SWP committees included physical educators, family and community members, medical professionals, and key personnel, had stronger policies with more effective implementation than those in which the SWP committees only including district administrators and food service directors (Chriqui et al., 2011). This finding emphasizes the importance of a diverse and supportive membership as required for SWP committee. The HHFK Act (2010) has set forth

membership requirements for SWP committee. In addition, MHSA and OHS have recommended guidelines for SWP committees. SWP committee membership requirements for, CN Act (2004), HHFK Act (2010), MHSA acts (2007) and the OHS are listed in Table 2.

Table 2. SWP committee required by each regulation

Position	CN Act 2004	HHFK Act 2010	Mississippi Senate Bill 2369	Office of Healthy School
School Board	X	X		
School Administration	X	X	X	
SFA Rep	X	X	X	
PE teachers		X		
School Health Pro		X	X	
Student	X	X	X	X
Parent	X	X	X	X
General public	X	X		
Teacher			X	X
Business community			X	
Law enforcement			X	
Senior citizen			X	
Clergy			X	X
Nonprofit health organization			X	
Faith-based organization			X	X
Healthcare provider				X
Hospital/public health department				X
Physical activity group				X
Community youth organization				X
University/government agency				X

The membership requirement mandated by the HHFK Act, (2010) is a federal requirement for schools to have those membership positions on SWP committees.

Schools in Mississippi must match with federal requirements in addition to meeting the state requirements. Table 2 shows that the state requirements for membership does not include school board members, which is federally mandated.

The requirements for schools to appoint specific members to their SWP

committee, diversifies opinions and ideas of various school and community stakeholders in the development, implementation, monitoring, and evaluation of SW policy. As shown, placement of school board members on the SWP committee provides direction, oversight, and accountability for SW policy development, implementation, monitoring, and evaluation (Argon et al., 2010). A SWP committee's responsibilities are vital in order to ensure that the policies in place are actually supporting students' health and wellness. Parents' views on SW policies are equally important. A study conducted by Patino-Fernandez et al, (2013) with Hispanic parents of first graders, found that parents feel the school is responsible to provide nutritional education and participation in physical activity. The study also found that parents were interested in providing suggestion and participating in a school-based intervention program to promote students' health.

Teachers can be part of the outcome of successful implementation of SW policies. Teachers' wellbeing could have a positive impact on their day-to-day performance. It might influence their effectiveness at work and the activities they select for their students. In fact, a few studies have suggested that efforts to improve teacher wellness can actually have positive impact on student health and wellness goals (Parker et al., 2019). This should be considered as one of the strongest reasons to provide wellness programs for teachers. Parker et al. (2019) conducted a study with elementary and middle school teachers to evaluate the impact on wellbeing by combining onsite fitness facilities with wellness programs. This study was carried out for two years and measured health outcomes at baseline, year 1 and year 2. The study found that wellness programs and onsite fitness facilities improved the health outcomes for teachers and staff. More importantly, teachers reported that some of the healthy behaviors were passed on to the

students in lesson plans and behavior modeling (Parker et al., 2019). Another study examined influences of teachers on childcare center wellness policies that included nutrition and physical activity. A seven-month multi-component intervention was implemented to improve teachers' health status. The intervention included changes to food served, initiative for employee wellness, classroom activities to promote physical activity and healthy eating. It was found that teachers who showed improvements on their own health behaviors will create classroom environment in which obesity prevention efforts are supported. Teachers who participated tended to prioritize child nutrition and were more likely to engage in PA (Esquivel et al., 2016). These results suggest that teachers' wellbeing does influence the environment around them, and especially has a positive impact on students.

Implementation Requirement

As outlined in Federal Register (2016), HRFK Act (2010) requires LEAs to assess compliance with its SW policy and make the report available to the public at least once every three years. The Act requires schools to evaluate their policy implementation and make the report available by June 20, 2017. At minimum, the schools are required to:

Establish a plan for implementation of the school wellness policy.

Designate one or more persons to insure that the school wellness policy is implemented as written.

Establish and support a School Health Council (SHC) that addresses all aspects of coordinated school health program, including a school wellness policy

(Mississippi Code of 1972 Annotated, Section 37-13-134).

Conduct a review of the progress toward school wellness policy goals each year

to identify areas of improvement.

Prepare and submit a yearly report to the school board regarding the progress toward implementation of the school wellness policy and recommendations for any revisions to the policy as necessary.

The HHFK Act (2010) mandated LEAs to establish a plan for their SWP implementation that is easily accessible to the public. Implementation is the key to successful outcomes in students' health. However, few SW policies are fully implemented, and meet standards for nutrition and physical activity (Barnes et al., 2011). The purpose of this research study was to investigate if high schools in Mississippi were meeting SW policy regulations for making public the content of their SW policy through the availability of three documents: SW policy, SWP committee, and SWP implementation update.

CHAPTER 3: METHODS

Participants

One high school from every school district in Mississippi (N = 135), excluding specialized schools, was included in the study. High schools were specifically selected for this study because, on average, they have the largest number of students to be impacted by SW policies (Institute of Education Statistics: National Center for Education Statistics, 2011). High schools were selected from each school district's web page, based on the first high school listed. The University of Mississippi Institutional Review Board deemed the study exempt from required approval since it does not meet the regulatory definition of human subject research.

Data Collection

Three methods were used for data collection. For the first method of data collection the researcher called each high school's main office number. The individual who answered the phone was requested to provide the researcher with the contact information of the individual responsible for oversight of the SW policy. Once the contact information was provided, the researcher then proceeded to contact the individual, referred to from here forward as the SWP coordinator. There were three pieces of information requested from SWP coordinators, which were;

- 1) The high school's school wellness policy,
- 2) The school wellness policy committee with positions listed, and
- 3) An implementation plan for the school wellness policy.

Twenty schools were contacted by telephone with an individual (referred to from

here forward as an office assistant) answering the call. Of the first 20 schools contacted, nine office assistants were aware of having a SW policy and of those nine; six were aware of having a SWP coordinator responsible for oversight of the SW policy and were able to provide his/her contact information. All six SWP coordinators were contacted but only two SWP coordinators were able to be reached. One stated the SW policy was a paper copy and that she would email it to the researcher. The other SWP coordinator stated that she needed permission from the Superintendent to send the documents and she would get back in contact with the researcher. Neither SWP coordinators followed through with sending the documents.

Three of the office assistants among those nine wrote down the researcher's contact information with assurance of emailing all the requested documents. However, no documents were received. The rest of the office assistants reported either not having a SWP coordinator or not being aware of having one. Also, some office assistants transferred the call to different departments or individuals such as the central or superintendent's office, the registrar's office, a school nurse, or a cafeteria manager. Individuals who answered the transferred call were also of no assistance in locating a SWP coordinator. Responses from the various office assistants answering the call are reported in Table 3.

Since individuals answering the telephone in the main office could not be of assistance, this method was deemed unsuccessful and therefore the methods were modified. The second method required the researcher to contact high schools' principals through the following process:

1. An email was sent directly to the principal with information regarding the purpose of the study, the documents that would be requested, and need for the contact information for the SWP coordinator. (Appendix).
2. If no response was received from the first email, a week later a follow up email was sent. However, there was a concern the school may have an internet security prohibiting emails from being received or directing emails to a junk-mail folder.
3. Therefore, if no response was received from the second email within a week, the principal's telephone number was obtained from the school's website and he/she was called.

Table 3. Office assistant's responses to the inquiry of SWP coordinator contact information.

-
- *We do not have School Wellness Coordinator.*
 - *I don't know who School Wellness Coordinator would be.*
 - *You have to get principal's approval to access the documents.*
 - *Only Paper copy of documents are available. The Superintendent's permission is required to email those documents.*
 - *No, ma'am. We do not have School Wellness Coordinator.*
-

Out of 135 high school principals that were sent an email, 11 responded. Four principals stated they would get back with the researcher and 1 forwarded the email to the person responsible for oversight of the SW policy. However, the researcher never

received any further communication from those five principals. Six principals provided documents. Of those six principals, one principal provided all three documents, four provided their SW policy and SWP committee members, and one provided only their SW policy.

The 124 principals who did not respond to the emails were contacted via telephone. Of the 124 contacted, the researcher was either asked to leave a message with the office assistant or was forwarded to the principal's voice mail. Out of 124 principals called, there were two principals to whom the researcher was able to speak with directly. The responses from those principals were, "*We don't have wellness policy. You may be better off calling the central office*" and "*I will email you the documents.*" The central office was unable to provide the requested documents and the one principal did not email any documents.

Due to the low response rate from principals (1.6%), the second method was deemed unsuccessful. Therefore, a third method to obtain the required documents was implemented. The researcher searched each high school's website to obtain the SWP documents. As required by the HHFK Act (2010) all documents should be accessible to the public and preferably through schools' websites. Additionally, all SW policies should be customized to represent each school's unique needs in the development and implementation of the policy. The first step for this method was to investigate the high school's main webpage. If the documents were not found at the main webpage, the search continued in the following chronological sequence of searching beginning with the following departments: 1) child nutrition 2) health or nursing and 3) school board. If all three documents were found, the search was completed. If any of the three documents

were not found on the high school's website, then the search transferred to the school district's website. Even though documents found on the school districts' websites may not have been the customized high school SWP documents, there was an effort to understand if high schools had access to any SW policy documents in which to, at a minimum, reference for guidance in developing and implementing their own SW policy. The same procedure was followed to search for the missing documents on the school district's websites.

CHAPTER 4: RESULTS

The results from the third method of searching each high school’s webpage is reported in this section. It was decided that since the HHFK Act (2010) requires all three of the SW policy documents be available to the public, that all 135 high schools would be searched regardless if previously some SWP documents were obtained. Each website was searched with a standardized method developed by the researcher.

Table 4 shows results of using the third method for searching high school’s websites for the required documents; SW policy, SWP committee and SWP implementation update. Results showed that 22 high schools had their own SW policy. For 113 high schools, the high school’s SW policy could not be found. However, for 100 high schools a district SW policy or a link to a district SW policy was found, leaving 13 high schools with no reference to any SW policy on their school webpage, that could be found.

Table 4. Results of SWP document search on high schools’ websites (N=135)

Documents Searched	SW Policy N=135		SWP Committee		SWP Implementation Update	
	n	%	n	%	n	%
High School’s Document Found	22	16.3	10	7.4	0	0
District’s Document Found	100	74.1	22	16.3	0	0
Not Found	13	9.6	103	76.3	135	100
Total	135	100	135	100	135	100

Table 5 shows where the SW policies were found on high schools' websites. Of the 22 high school SW policies located, five were found on the school's main/opening webpage, seven were found on the Food Service/Child Nutrition page, three were found under Board Policy with the remaining seven being found on various other pages such as health and wellness and an online policy manual. Out of 135 high schools searched, none of the documents could be found for 13 high schools or their districts.

Table 5. Places where SW policies were found

Place	High School's SW policies (N=135)	
	n	%
Main Page	5	3.7
Food Service/Child Nutrition	7	5.2
School Board Policy	3	2.2
Others	7	5.2
District's Website	100	74.1
Not Found	13	9.6
Total	135	100

In the search for the SWP committee, Table 4 shows a total of 32 SWP committee documents were located and all were included in the SW policy document. Out of 32 SWP committees found, 10 were specifically high school SWP committees. Of the 10 High School SWP committees, seven had names and positions, two had names only, one had positions only, and none had all of the required SWP committee members as mandated by the HFFK Act (2010). The HFFK Act requires eight positions to be included on the SWP committee, which includes school board member, school administrator, school food authority, public member, parent, student, physical education teacher and school health care professionals. The Mississippi Healthy Students Act

(2007) requires 12 positions included on the SWP committee and the OHS Local School Wellness Policy Guide for Development requires 10 positions to be included on the SWP committee, which are listed in Table 2. None of the SWP committees found in web search complies with all the requirements. A report of the SWP implementation update could not be located for any of the high schools or school districts when searching through their websites.

CHAPTER 5: DISCUSSION

The HHFK Act (2010) states that all LEAs whose schools participate in National School Lunch Program and/or School Breakfast Program are to develop and implement a SW policy. This study investigated how schools were meeting SW policy regulations for providing the public access to the content of their SW policy through the availability of three documents: SW policy, SWP committee, and SWP implementation update.

Additionally, LEAs are required to identify the position title of the LEA or school official(s) responsible for oversight of their SW policy. Having a coordinator overseeing the SW policy regulations is the first step in facilitating compliance with SW policy regulations. As outlined in Federal Register (2016), the community should be able to easily access the SWP coordinator to provide transparency, accountability, and community participation. As required, the general public must be allowed to participate in the development, implementation, and periodic review and update of the SW policy.

Results showed that the majority of school office assistants were unable to identify an individual responsible for oversight of the SW policy. The language included in the federal regulation strongly encourages LEAs to provide contact information of the school official(s) responsible for oversight of SW policy, preferably on their website, for means of contact by the public (Federal Register, 2016).

Even if office assistants acknowledged having a SW policy, a few seemed anxious and/or reluctant to provide the SW policy to the researcher. The HHFK act (2010) states that LEAs must make the contents of the school's wellness policy available to the public. With speculation that principals would be aware of their school having a

SW policy and be able to assist with providing the needed SW policy documents, the second method to approach principals was applied. The response rate from emailing or calling the principals was extremely low making it difficult to reach them. One of the two principals whom the researcher was able to talk to responded, “We don’t have a wellness policy. You may be better off calling central office.” Since the SWP committee requires school administrators’ participation in the development and updates of SW policies, such a statement by a principal was surprising. The overall low response rate to the researcher’s emails and voice messages may reflect principals are unaware of the SW policy requirements and therefore did not know how to respond. If principals are aware of the requirements and/or had the requested documents, perhaps it was not a priority to assist with providing the documents to the researcher. School administration is directly responsible for the SW policy being implemented and executed to meet federal regulations and they should play a significant role to incorporate strong comprehensive SW policies (Graber et al., 2012).

Results of searching each high school’s website showed that only 22 high schools had their own customized SW policy, 100 schools had their district’s wellness policy, and 13 schools had neither school’s nor district’s wellness policy. Since the CN Act (2004), there has been the requirement for schools to have a SW policy in order to promote student health and wellness. LEAs are allowed the flexibility to determine the most effective way to communicate and inform their communities of the availability of SW policy information. All 135 high schools had their own designated website, which serves as a tool in which to communicate with students, teachers, parents, and the community. All but 13 schools used their websites to post either their customized SW policy, their

district's SW policy, or a link to their district's SW policy. This reflects that schools are aware of the need to inform and provide the public with information on the SW policy.

The results from the web search clearly showed that the majority of high schools in this study lacked customized SW policies for their schools. From a statewide perspective, there was no standardized placement of a school's SW policy on their websites. While 22 high schools had a SW policy on their website, only five schools had their SW policy on their main page. The other 17 schools required multiple links to be search before finding the SW policy. Since the law requires the SW policy to be accessible to the public, standardizing the SW policy placement statewide would make it easier for any public member seeking the SW policy.

There also seems to be a need to inform or educate high school leadership on the need to customize their SW policy. The student population and age groups vary amongst elementary, middle and high school. Because the needs of students can be significantly different, it is justifiable in requiring each school to have a customized SW policy. A study conducted by Smith, et al., (2012), compared ten locally developed policies and ten template-based policies for strength and comprehensiveness. They found that locally developed policies were stronger and more comprehensive than template-based policies.

SW policies provide schools with opportunities to promote students' health. School districts need resources and support in order to apply these SW policies into practices. Assistance is available at federal and state levels in order to provide schools with trainings and resources to develop and implement SW policies. At the federal level, the USDA-Food and Nutrition Services assists schools in development of SW policy. USDA has established Team Nutrition, which is an initiative designed to assist child

nutrition programs with training and technical support to promote healthy eating and physical activity for students (*USDA-FNS*, n.d.). The School Nutrition Association, is a national professional organization that provides many resources, including SW policy development and implementation tools, to assist child nutrition program directors and managers (School Nutrition Association, n.d.). Additionally, the CDC supports schools by providing necessary resources and trainings, which can be easily accessed through their websites (Center for Disease Control and Prevention (CDC). (n.d.) Local School Wellness Policy | Healthy Schools |). At state level, OHS which is a division of Mississippi Department of Education (MDE), provides resources to the schools in Mississippi to create effective school health programs. OHS developed a template to help schools districts and individual schools in drafting their own SW policies, which can be customized to meet unique needs of each school (MDE, n.d.).

SWP Committee

Out of 135 high schools searched, a SWP committee could be located for only 10 high schools. While these high schools do have SWP committee members listed in their SW policy, none of them complied fully with the membership requirements set forth by HHFK Act (2010). Of those 10 SWP committee found, two of the SWP committee had only listed names of individuals without specifying their positions, one SWP committee had listed positions only, while other SWP committees are missing membership requirements. SWP committees could be impactful in developing and implementing SW policies and having a variety of member positions on SWP committee offers different perspectives on SW policies.

The SWP committee is charged with supporting schools in promoting school

health programs, students' wellness and health. Having a SWP committee is crucial in the implementation of SW policies, which determines the effectiveness of those policies. One study analyzed SW policies from a nationally representative sample of 641 districts for policy transparency, health advisory council requirements and overall policy strength. They found that SW policies that required health advisory councils had significantly stronger policies. (Chriqui et al., 2011). Since, having a SWP committee could be a marker for stronger SW policies, not having one could indicate that SW policies are not being implemented effectively. There are different membership requirements for SWP committee set forth by CN Act (2004), HHFK Act (2010), MHSA (2007) and OHS. Few positions for the membership requirement overlap between these four regulations. The membership requirement mandated by the HHFK Act, 2010 is a federal requirement for schools to have those membership positions in SWP committee. Schools in Mississippi must match with federal requirements first, in addition to meeting the state requirement. The state requirement for membership does not include school board members, which is federally mandated. Complying fully with all four regulations will result in SWP committee requiring having 20 positions.

Implementation Plan

Results of searching the high schools' websites showed that, no SW policy implementation plan or update could be located for any of the high schools in Mississippi. However, HHFK Act (2010), requires LEAs to assess compliance of its local SW policy and make this assessment available to the public at least once every three years (Federal Register, 2016). This requirement began in July 2016. Since an implementation plan or update could not be found for any high school or even for any

school district, this might reflect that schools are unaware of the updated implementation requirement or public notice of the plan. Schools may have included SW policy implementation plans in their school board meeting minutes. Since this mandate has been in place for three years, it would require that an individual review up to three years of meeting minutes to locate an implementation plan (if it exists) for the SW policy.

In order to determine the effectiveness of a policy, it should be assessed periodically. Evaluation is critical in measuring the progress and efficacy of policy. Barnes et al., (2011) conducted a study among six school districts and interviewed 88 school and community representatives regarding the implementation and evaluation of SW policies. The study found that even partial implementation of SW policies resulted in significant improvement in nutritional quality of foods available at district schools. The findings emphasize the importance of measuring progress of enacting SW policies. A SW policy implementation plan helps to visualize schools' progress and areas needing improvement regarding the enactment of SW policies. However, there is no guidance in the federal regulations to guide schools on how exactly policies should be evaluated. This is left to the school's discretion. One study interviewed 13 district administrators in SW policies assessment phases and found that school districts identified lack of dedicated resources as one of the main barrier to completing the SW policy assessment. (LeGros et al., 2019).

Among the limitations of this study was a small sample size. Only 135 high schools' webpages were searched when there are 530 high schools in Mississippi. High schools were not randomly selected. The first high school on the district's website was selected for the study. This study was conducted only in one state, so the findings from

this study cannot be generalized. Schools may not use the same terms used in this study in reference to SW policy documents. Schools may be using language such as school health document or health council documents. This may have hindered the researcher's in communication which SW policy documents were being requests.

CHAPTER 6: CONCLUSIONS

The U.S. Congress passed the Child Nutrition and WIC Reauthorization Act in 2004, which introduced SW policies for the first time. Since the enactment of this policy it is required that all LEAs participating in National School Lunch Programs or School Breakfast Programs, create local SW policies that meet specific needs of each school in promoting students' health. According to the National Wellness Policy study found in Bridging the Gap (Piekarz, et al, 2016), 95% of districts nationwide have adopted a comprehensive wellness policy.

As outlined in Federal Register (2016), the final rule requires LEAs to identify position title of the school official(s) responsible for oversight of SW policy and strongly encourages LEAs to provide a means of contacting the school official(s) responsible for oversight. The contact information for SWP coordinator could not be found for most of the Mississippi high schools either on the webpage or through direct contact with the school. Having a SWP coordinator is the first step in developing a customized and strong SW policy. One of the reasons a majority of high schools in Mississippi did not have or were not aware about having SWP coordinator could be lack of funding. Assigning employee(s) to assure compliance, and compliance of the SW policy, further puts financial challenges to schools. SWP committee membership requirements compliance was another outcome shown by this study. The schools are required to comply with membership requirements of four different acts or regulations, which are; federal requirements CN Act (2004) and the HHFK Act (2010), State requirements of MHSA (2007) and membership requirement set forth by OHS. Complying fully with all the different regulations means having 20 different members on SWP committees. It could be

conflicting and overwhelming for schools to include all the positions for members required by four different regulations. It would be more reasonable for schools in Mississippi if they were permitted to meet the membership requirements set forth by HHFK Act (2010) and then allowed to add individuals/positions that they believe would be important in developing and implementing their SW policy.

Findings from this study also suggests that there was lack of customization of SW policy and no standardized placement of SW policies on school's website. School focused SW policies could be located for 22 schools. The rest of the high schools were using their district's wellness policy. Of the 22 high schools, five SW policies were located on the main web page. The rest of SW policies were linked to other pages or were embedded under other departmental tabs and pages. Searching multiple tabs and links to locate the SW policies could make it difficult for parents/community members. The law requires the SW policy to be easily accessible to the public. Schools in Mississippi could have an established site or link on their main webpage to make the SW policy documents readily accessible to the public as required by law.

Another major intent of this research study was to locate the SW policy implementation update for high schools. However, the implementation update could not be found for any high schools, which indicates that schools may; 1) not be aware of the requirement for an updated implementation plan, 2) be aware and have not completed a plan, or 3) have completed an implementation plan but are not aware of needing the plan to be accessible to the public. Although there is no guidance in federal regulations to assist schools in evaluating and monitoring their SW policies, the state of Mississippi through OHS provides resources for measuring the implementation of these policies. The

OHS provides a policy guide and monitoring instrument “2017-2018 Monitoring Tool” to support implementation. It guides school districts to conduct self-assessment of implementation of SW policies (MDE, n.d.).

Unfortunately, there is no funding for schools for the development and implementation of SW policies. According to research conducted by Argon et al. (2010) amongst 1296 school districts across the nation, adequate funding is the number one barrier to effective SW policy development and implementation. The major areas of concern regarding funding were additional staff and facilities to carry out district’s wellness plan, increased cost related to healthier vending and improved food options. There are resources available at the federal and state level to support schools in developing and implementation of SW policies. On the federally level, Team Nutrition, the School Nutrition Association, and the CDC support schools by providing resources and training, which can be easily accessed through their websites. At the state level, MDE through OHS, provides resources such as a template to guide school districts in developing their SW policies.

The SW policy guides school districts’ effort to establish a school environment that promotes students’ health and well-being through healthy eating and physical activity. Since, students spend the majority of their time in school, this venue should promote wellness, and having a wellness policy is crucial to shape healthy behaviors among students. Assessing the policy for success and identifying the potential barriers for implementation is equally important as having a policy. This study shows that high schools in Mississippi do not have an implementation update or at least one that is accessible to the public. At the state level, MDE could identify schools who are excelling

in implementing their wellness policy and use them as guides for other schools. Strong SW policies can help schools in ensuring students good health and well-being.

Essentially, students with good health is the main objective of having a SW policy

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APPENDIX

Email script to Principals

Good Morning/Afternoon _____,

I am a student researcher from the University of Mississippi and I am gathering three school wellness policy documents from high schools in every district in Mississippi. I am hoping you can assist me in finding these documents or provide me with contact information of who may be able to assist me in obtaining the documents; preferably the School Wellness Coordinator of your school.

The documents are:

- 1) The school wellness policy,
- 2) The health council membership with positions listed, and
- 3) An implementation plan for the school wellness policy

Thank you. I look forward to hearing from you.