

A District Wellness Policy: The Gap between Policy and Practice

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Abstract

This article examines the gap between a federally-mandated wellness policy and its practice in U.S. schools. To address the problem of childhood obesity, the United States government requires school districts to develop a District Wellness Policy (DWP) that promotes a healthy school environment, healthy food choices, nutrition education, and physical education. This cross-sectional study describes the policy interpretation process and the degree to which the policy has been implemented. Teacher survey results show the emphasis of the DWP is on creating a healthy environment but lacks the health, nutrition, and physical education components called for by the policy. Lack of funding, time constraints, high-stakes testing, and No Child Left Behind combined to undermine teachers in the policy's implementation. Policies are only as effective as the funding and support provided; therefore, it is crucial for district and school staff to prioritize wellness allowing students to learn and practice habits that support lifelong health.

Keywords: childhood obesity, education policy, District Wellness Policy (DWP), No Child Left Behind (NCLB)

1. Introduction

In the United States (U.S.), public school teachers have played a major role in addressing the health needs of our nation's children. For over two hundred years, schools have been the major institution of choice to address the societal and health issues of our times. From school and personal hygiene to communicable disease prevention and drug education, schools have been looked to as the solution for whatever ails us. The U.S. Surgeon General, Dr. David Satcher (1995), proclaimed that "schools are the only public institution that can reach nearly all youth; therefore, schools are in a unique position to improve not only the educational status but also the health status of young people throughout the nation" (p. 289). Currently, the major health concern in the U.S. is childhood obesity. Data collected from the National Health and Nutrition Examination Survey (NHANES) reported a significant increase in the number of overweight and obese children and youth in the U.S. Data reported for 6 – 19 year olds in 1980, show that 12% of U.S. children were overweight and obese (Lobstein, 2006, 2007). By 2008, that rate had increased to 38% (CDC, 2008). The increasing number of overweight children will have grave consequences for the future. Research suggests that "obesity is now the most prevalent nutritional disease of children and adolescents in the U.S. (Dietz, 1998)," and, it is only a matter of time before this translates into greater healthcare costs and a lower quality of life. Childhood obesity increases the risk of adult obesity, lifelong health risks, and adds considerable social and economic disadvantage (Dorsey, Wells, Krumholz, & Concato, 2005, p. 632). Children who are overweight or obese have increased risk for cardiovascular disease, stroke, and diabetes before the age of 30 (Morrill & Chinn, 2004). In addition to these physical ailments, overweight children deal with discrimination and social stigmas that hamper their mental and emotional development. According to Tommy Thompson, then Secretary of the Department of Health and Human Services, "overweight and obesity are among the most pressing new health challenges we face today. And, health problems resulting from overweight and obesity could reverse many of the health gains achieved in the U.S. in recent decades" (NIH, 2007).

To address the growing childhood obesity problem in the U.S., the 108th Congress set out to amend the Richard B. Russell School Lunch Act and the Child Nutrition Act of 1966. The amended Act is now known as the Child Nutrition and WIC Reauthorization Act of 2004. The Act is federal legislation designed to ensure a healthy school environment, healthy food choices, nutrition education, and physical activity for all schoolchildren in order to prevent childhood obesity. To assist with the goal of reducing childhood obesity, this new legislation

requires that all school districts receiving federal funds through the National School Lunch Program design and implement a District Wellness Policy (DWP) (Committee on Education and the Workforce, 2004). At a minimum, this policy establishes goals for nutrition education, physical education, and other school-based activities that promote student health and wellness. Additionally, nutritional guidelines for all foods available during the school day must promote student health, and school meals reimbursable through the federal program must meet the health guidelines established by the United States Department of Agriculture (USDA). Ideally, these requirements will lead to a healthy school environment and reduce childhood obesity and the chronic diseases related to poor diet (USDA, 2007).

1.1 No Child Left Behind

Although there is a federal mandate requiring schools to develop a District Wellness Policy (DWP), there is competition from another federal mandate, Public Law 107-110, the No Child Left Behind Act (NCLB), 2001. NCLB is an achievement driven policy that requires schools to make adequate yearly progress on standardized tests. It was implemented to “close the achievement gap with accountability, flexibility, and choice, so that no child is left behind,” but what it created instead is an education system driven by high stakes testing, with a focus on English language arts (ELA) and mathematics (Smolleck, 2007). Consequently, this narrow focus has left little time for other subject areas, such as art, music, health, and physical education. Limited education funding is allocated to English language arts and math, and as often happens, there is competition for limited resources.

As a result of NCLB and the pressure of high stakes testing, classroom instruction in ELA and mathematics has been emphasized over all other curricular areas. For the first time there is evidence of how instructional minutes are being allocated in elementary schools across the U.S. under NCLB. In February 2008, the Center on Education Policy (CEP) released a report indicating that the majority of U.S. school districts were spending more time on reading and math since the enactment of NCLB (CEP, 2008). The CEP reported that 62% of school districts have increased ELA and math instruction in elementary schools by 43%. This equates to approximately 3 hours per week. In order to accommodate the increased instructional minutes in ELA and math, instructional minutes were cut from science, social studies, art, music, physical education, health, recess, and lunch (CEP, 2008). In light of these two competing federal mandates, questions abound regarding the impact one policy will have upon the other, and ultimately, the impact they will have in our schools. Darling-Hammond (1990) described the interaction of two policies as,

The way in which teachers and other school people encounter and interpret policy is not just a function of how a particular policy is transmitted to them. It is also a function of the educational context within which the policy lands after it careens down the state school hierarchy. Not only are there local considerations of resources, student needs, community expectations for schools, and competing priorities and ideologies; there are also a wide variety of constraints imposed by existing policies, many of which stand as direct and indirect obstacles to pursuit of the new policy intentions (p. 345).

1.2 United States Education Policy

Within the U.S. education system, policy is found at the federal, state, and local levels with policy planners at the beginning of the process, individuals interpreting and implementing the policy along the way, and policy analysts evaluating effectiveness at the end. Through this process, perspectives shift from the institutions of origin and their goals (government agencies) to individuals (school personnel). These individuals have their own unique set of incentives, beliefs, and abilities, but they are the ones responsible for carrying out the policy (Wallin-McLaughlin, 1987). In the U.S., federal policymakers develop and disseminate policy, but depending upon the policy itself, teachers may ultimately be responsible for the policy's implementation.

Education policy can be defined simply as a plan that represents certain stakeholders and interests; however, policy becomes more complicated as it is interpreted, implemented, and evaluated at multiple levels and by various staff. Through many intermediate measures, the policy analysis process can revisit the purpose of the policy, the policy interpretation and implementation, the outcomes of the policy, and ultimately, policy revision. This iterative process can keep a policy moving in the right direction toward success; however, significant challenges throughout the policy interpretation and implementation process are reconciling macro and micro level issues and problems (Wallin – McLaughlin, 1987).

Since the 1980s, U.S. education policy has been analyzed using a very narrow set of parameters. The intentions and elements of the policy are evaluated, and then the effects measured quantitatively through student standardized tests, but this approach means that all the stakeholders were not considered. The voices of students, teachers, and administrators were left unheard in the final analysis of policy. In the world of policy, the opinions of teachers were thought to be “irrelevant and methodologically unsound,” but in order to understand the full

impact of a policy's success or failure, the policy must be considered at the local level (Darling-Hammond, 1990). This perspective provides a bottom up approach to policy, instead of a top down approach, along with new insight into all aspects of policy, especially implementation. Policymakers are then able to develop policies with a greater chance of success.

This survey study contained two research questions. The first question was designed to describe the interpretation process of the wellness policy as it moved from federal to state to local agencies. The second research question was designed to determine the degree to which the DWP was implemented in schools and classrooms. The results pertaining to each research question are reported to illustrate what happens when two policies collide and the negative impact on children's learning and health.

2. Methods and Subjects

2.1 Design

In order to study both the interpretation of a wellness policy at all levels of administration and wellness policy implementation in elementary schools and classrooms, this study used survey methodology that is prevalent in both education and policy research. Survey methodology was chosen for this study in order to collect initial and exploratory data in interview form from education policy officials, including state and district administrators, and in survey form from a random sample of teachers. This survey is cross-sectional in nature in that the data were collected "at one point in time" (Creswell, 2003, p. 119). The data collected describe the interpretation and implementation of a new federally mandated policy. According to Patten (2004), "one of the most common types of non-experimental studies is a survey or poll in which participants are interviewed, questioned, or otherwise observed in order to determine their attitudes, beliefs, and behaviors as they exist without experimental interventions" (p. 5). Moreover, "survey methodology can be used to collect information from administrators to examine a policy or a program's effectiveness" (Majumdar, 2008, p. 241).

In this study, face-to-face interviews were conducted with upper level policy administrators at the state and district levels to gather data about how the Wellness Policy was interpreted. Interpretation is being defined as the way in which state and district policy administrators have described and explained the goals of the federally mandated Wellness Policy. Online surveys were used to collect data from teachers about the implementation of the DWP in elementary schools and classrooms. Implementation is being defined as the goals of the DWP that have been put into place in districts, elementary schools, and classrooms.

Although the federally mandated wellness policy is a K – 12 policy, the decision was made to survey elementary teachers only in this exploratory study. In high school and middle school, there are mandates for the allocation of instructional minutes in physical education and health instruction requiring that students take physical education and health classes. There are no mandates for the allocation of instructional minutes in physical education and health at the elementary level. Physical education and health instruction are left to the discretion of the elementary classroom teacher. Additionally, the focus of No Child Left Behind is on early intervention in elementary schools when basic skills in ELA and mathematics are being taught and assessed.

2.2 Participants and Setting

This study took place in a medium-sized school district in a western state in the U.S. during the fall of 2008, after receiving final approval from the Institutional Review Board (IRB). Face-to-face interviews were conducted in September and October 2008, with a policy administrator at the State Department of Education and a director of food services with the school district to understand how the policy was interpreted and developed at the state and district levels.

The elementary teacher survey was pilot tested in September 2008. Twelve of the sixteen teachers at the pilot school returned completed surveys. The revised elementary teacher survey was administered to a stratified random sample of 320 teachers via the elementary teachers' district email during the months of November and December 2008. A follow-up hard copy survey was conducted in January 2009, for those who did not have the opportunity to complete the online survey. A Chronbach's alpha analysis was conducted using appropriate data from the instrument at the close of the study and resulted in an $\alpha=0.81$.

2.3 Data Collection

Following IRB approval in July 2008, the Superintendent of Public Instruction for the state was contacted for permission to interview state level policy administrators about the interpretation of the Wellness Policy at the state level. Permission was granted and the recommended policy administrator, who was part of the state committee to establish the state-level Wellness Policy, was contacted for an interview. By agreeing to be interviewed, informed consent was granted. Upon completion of the interview, the state policy administrator was

asked for a recommendation for a district level administrator to interview about district level Wellness Policy interpretation. The Director of Food Services for the district was recommended because of the integral part played in the district level Wellness Policy interpretation process.

When the interviews were completed, the elementary teachers in the district were surveyed about the implementation of the DWP. The school district employs approximately 2,000 elementary school teachers, requiring a sample size of 320 teachers (Patten, 2004, p. 168). Initially, all elementary schools in the district were stratified by Title 1 status creating two groups of teachers, teachers who work at Title 1 schools (low socioeconomic status) and teachers who do not work at Title 1 schools (mid to high socioeconomic status). A stratified sample was selected “so that specific characteristics are represented in the sample and the sample reflects the true characteristics of the population” (Creswell, 2003, p. 120). A random sample of teachers from each stratum was selected to ensure that “each individual in the sample has an equal probability of being selected” (Creswell, 2003, p. 120). A stratified, random sample of elementary teachers in the district was surveyed about the implementation of the DWP.

An investigator-designed online survey was administered to a stratified, random sample of elementary school teachers in the district to describe and summarize how the Wellness Policy was implemented in their schools and classrooms. The Dillman Method was used in the survey process. In order to receive an acceptable response rate, Dillman suggests that letters of invitation be sent to participants letting them know that a survey is on its way and why they were selected. One week later, the survey is sent with the necessary information for the teachers to complete the survey. Two subsequent follow-up reminders are sent to encourage the participants to respond to the survey. Participants who respond are sent a “Thank You” letter (Dillman, 2000).

Fifteen Title 1 elementary school administrators were contacted via telephone to request permission to survey teachers at their site. Six administrators granted written permission to survey their teachers. Fifteen non-Title 1 elementary school administrators were contacted via telephone to request permission to survey teachers at their site. Six principals granted written permission to survey teachers at their site. Written permission was required by the Institutional Review Board as part of informed consent.

An elementary school, representative of the population, was chosen to pilot the survey before it was conducted. Based on information provided by teachers in the pilot survey and information collected in the policy administrator interviews, changes were made to the instrument. Once IRB approved the changes, the survey was administered using the Dillman Method (Dillman, 2000).

The investigator-designed online survey consists of both closed and open-ended questions. The survey was administered using Survey Monkey, an online internet-based survey application. It was chosen because it is cost-effective to administer, and data are collected in a short period of time (Majumdar, 2008). Survey Monkey provides statistical analysis at the end of data collection.

Teacher e-mail addresses were obtained from the district website for each elementary school teacher whose school was to participate based on socioeconomic (SES) and Title 1 status. A Letter of Invitation was sent out to each participant at their school email address one week before the survey was sent. One week later, the survey, along with an Information Sheet was sent to each participant via their school email address. One week after the initial survey was sent, a follow-up email reminder was sent to any participant who had not responded. Three weeks later another reminder was sent. Participants gave consent by completing the survey.

At the end of the six week process, the response rate was unacceptable. School site administrators who had already given permission to conduct the survey were contacted. Permission was requested to provide hard copies of the survey for teachers who did not complete the online survey for various reasons. Some teachers do not use their school email. Others are not comfortable with technology so may have been intimidated by the online survey format. Six of the twelve administrators granted permission for hard copies to be left at the schools. Principals made an announcement about the survey, and teachers who were interested and had not completed the online survey were given the hard copy to complete. At the end of two weeks, the surveys were collected. One hundred sixty-two teachers responded between November 2008 and January 2009, yielding a 51% response rate. This represents a confidence level of 95% and a confidence interval of +/- 7.4. The hard copies were entered into Survey Monkey via the manual data entry option.

2.4 Data Analysis

Data analysis began once interviews were transcribed and all surveys were collected. Because this study was preliminary and exploratory in nature, descriptive statistics were deemed appropriate for the data analysis of the teacher survey. According to Majumdar (2008), “surveys can yield valuable information for exploratory purposes

and descriptive reports” (p. 251). Survey Monkey provided summaries of the data sets as a frequency distribution in order to provide the main characteristics and overall pattern of the data collected from the sample of elementary teachers. The results of each question were presented as bar graphs with the percentage of teachers who selected each option provided. The results provided clear patterns about the implementation of the district Wellness Policy from the data collected.

2.5 Limitations

Those of us who work in the field of education are very much aware of the presence of NCLB in U.S. schools and its impact on students and teachers. That being said, there is no specific mention of NCLB as part of the research questions for this study. That decision was made to keep the focus on the interpretation and implementation of the federally mandated Wellness Policy. Rather than risk narrowing the scope to just NCLB, this researcher wanted to cast a wider net. The Wellness Policy was being studied for the first time in this district, and a complete and full picture of the factors influencing its interpretation and implementation was important. This does not mean NCLB was ignored. In order to acknowledge the powerful mandate, questions were included in the face-to-face interviews with administrators and on the teacher survey to identify the impact of that policy in the broader context. The goal, however, remained to study the interpretation and implementation of the Wellness Policy.

An additional limitation in this study is the low response for the teacher survey used to assess the implementation of the District Wellness Policy. Survey response rate was 51% of the sample. While response rates of at least 60% are preferred, a lower response rate is considered acceptable for initial survey research such as this study in which preliminary and exploratory data are being collected as an overview. According to Northrop and Arsneault (2008), “One should be diligent in attempts to improve one’s response rate. Occasionally, obtaining a better response rate is impossible because one is doing exploratory research” (p. 231). The Dillman Method (2008) was used to collect survey data to maximize response rate. Once the online surveys were exhausted as an option for data collection, school administrators who had given prior permission to survey their staff were contacted again to obtain permission to provide hard copies of the survey to any teachers still interested in participating, but who had not done so via the email option. This second pass to improve response rate increased the number of completed surveys to 51%. According to Northrop and Arsneault, when response rate is low, “the researcher must be able to explain the low response rate and document that any biases relevant to the topic due to the low response rate have been thoroughly examined” (p. 231).

The low response rate for the teacher survey was not a surprise given the conversations on October 21, 2008, with school site administrators when asked for permission to survey their staffs. One administrator laughed and responded, “We just had a survey from the district about too many surveys, so I think we’ll pass.” Another administrator responded, “The teachers will flip. They are swamped with testing.” One administrator who did give permission to survey the staff warned, “I can’t guarantee any responses. We have been swamped with surveys.” These administrators’ responses and the teacher input on the open-ended questions from the survey go far to explain the low response rate for the survey.

In addition to their regular teaching responsibilities, and district level surveys and testing, the online survey was administered during the busy November-December holiday season when teachers are often found preparing for school holiday programs. When the hard copy surveys were administered in January, teachers were preparing report cards for the end of the second quarter of the school year. Since teachers have a great deal of work to do with very little time to spare, one wonders when it might be a good time to request information.

3. Results

3.1 Policy Administrators’ Interpretation Summaries

3.1.1 State Wellness Policy Interpretation and Development

A policy administrator with the State Department of Education, who will be referred to as SA, was interviewed about the policy interpretation process for the state on August 14, 2008. The policy that was developed at the state level was described during the interview. According to SA, the state was in the process of developing a nutrition education policy when the federal mandate for a Wellness Policy was announced. As a result, the nutrition policy evolved into the Statewide Child Nutrition, Wellness, and Healthy School Environment Policy (2005).

The state wellness policy contains similar goals and provisions as the federal policy, but tailors the state wellness policy to better meet the needs of the State’s children. SA stated that as the policy moves from federal to state to local agencies, it may become stricter, but it must meet the minimum requirements set by the federal government.

Districts may develop their own wellness policy or use the policy provided by the State. In either case, someone is designated to oversee the implementation of the wellness policy at each school site. Additionally, the State Department of Education provides a website to collect data in order to evaluate outcomes of the implementation of the wellness policy.

The State Wellness Policy was developed by a core committee made up of 23 – 27 community members, which included educators, administrators, and community and business leaders from across the state. Their first task was to survey 1500 members of the community about their concerns and what they thought should be included in a wellness policy. A national facilitator was brought in to assist in the organization of the survey data. The survey results were categorized into several main topics, including policy, law, education, and health. From the categories, the national facilitator and state policy administrator developed each draft of the wellness policy. The core committee reconvened to review each new draft. A public hearing was called for further input regarding the Wellness Policy. Any change requests were reviewed by the core committee. Once changes were made, the final version went to the State Board of Education for final approval. After the State Board of Education approved the State Wellness Policy, it was sent to district superintendents and food service directors. They were given one year to adopt the State policy or develop their own wellness policy.

The State Wellness Policy adheres to the same foundational goals as the federal Wellness Policy for nutrition education, physical activity, and healthy school-based activities that promote student wellness, but then the State set additional standards for available food choices with respect to fat and cholesterol content, sugar and sodium content, and portion size. These standards govern foods served from the cafeteria, what can be sold during fundraisers, and what is made available to students during a school day in order to promote a healthy school environment.

The following is a summary of the State document provided by SA as a snapshot highlighting the State Wellness Policy requirements developed by the state committee during the interpretation process. The fat, cholesterol, sugar, and sodium content of food on campus must comply with the United States Department of Agriculture (USDA) requirements. In order to comply, each food product must contain less than 30% of the total calories as fat. Saturated fats may not exceed 10% of the total calories per food item. Sodium must be no more than 600 mg per serving. Sugars may not exceed 35% by weight per serving, unless the sugar is from fruits and vegetables or as sugars from fruit and vegetable additives. Portion sizes for chips and cookies are established with the previous requirements in mind. Portion sizes for elementary students are smaller than for students in middle and high school. Fruit drinks or slushes must contain a minimum of 50% real fruit juice and is limited to 16 ounces. Foods with minimal nutritional value are prohibited. These foods include soda water (carbonated beverages), water ices (popsicles), chewing gum, and candies. Healthy food choices are exempt during holidays, birthday parties, and as part of academic lessons. Additionally, schools must establish guidelines for classroom incentives and rewards that are not based on foods with poor nutritional value. If vending machines are available to students, the products must comply with the health and nutrition standards established in the Wellness Policy (State Wellness Policy, 2005).

At the start of the 2007 school year, schools must comply with additional wellness policy requirements from the State. If districts choose to develop their own wellness policy, the committee must consist of parents, teachers, nurses, administrators, school board members, students, and anyone else who would like to participate in the development of the district wellness policy. Additional requirements state that all students who consume the breakfast meal must be given 15 minutes of seat time to eat breakfast. Students must be given 20 minutes to eat lunch, with recess coming before lunch. Students must have 30 minutes of physical activity each day in grades K – 12.

With respect to physical education, the State wellness policy committee sought to provide physical education at all levels, K – 12, across the state. A K – 12 physical education program was projected to cost \$23 million. SA stated, “we knew there was no way that we could even get the State Board of Education to approve a policy that was going to require physical education because we knew the districts would say it was an unfunded mandate, and you can’t do this to us.” Due to lack of funding, the committee designated passing periods in middle and high school, and recess in elementary schools as physical activity in order to comply with the wellness policy. This compromise represents a policy without funding. According to SA, “we didn’t have any funds to do this, so we did this without funding. Without a wellness policy, the State would lose \$79 million in funding from the federal breakfast and lunch programs.”

Physical education was not the only element of the Wellness Policy that reflected compromise and lack of funding. There is no funding available to provide nutrition education resources to classroom teachers. SA stated,

“We put nutrition education into the wellness policy and said nutrition education should be included at your school. We didn’t tell them how. We didn’t tell them how often. We just said it needs to be a part. Had we required nutrition education, the district would say, ‘okay, where’s the money.’ Even if it’s just that you put up posters in the cafeteria, we can accept that.”

Evaluation is an important and ongoing component of the policy process. What are the outcomes? Have the goals been met? If they have not been met, why haven’t they? When asked about the level of wellness policy implementation, SA responded:

I don’t think policies have been implemented all that well. I think that we were successful in getting the coke and candy machines out of the schools. And that’s a big step and I’m thrilled with it. We have been somewhat successful in getting recess before lunch at the elementary school levels. We have had some success with our food service staff to provide a different type of ala carte menu for middle school and high school kids. I’d still like to see further progress made on that, but I don’t think there’s much of anything going on with nutrition education. I don’t think there’s much of anything going on with physical education. I don’t think there’s a lot of role modeling or a lot of community involvement at this point.

When SA was asked to discuss some of the issues affecting the implementation of the Wellness Policy, she cited 3 main interrelated issues, funding, accountability, and NCLB. With respect to federal mandates and funding, she replied,

There is no money specific to the wellness policy. It’s just like we say around here, it’s the cost of doing business. So, if you just want to take the money then you have to do all the things they say in order to get the money, even if it doesn’t cover the costs. This is what happens with this. If you want to participate in the National School Lunch Program, then you have to have a wellness policy in place and you have to adhere to it, but there’s really no way to check on that.

Overall, the State interpreted and developed a policy to meet the minimum requirements of the federal policy while tailoring the policy to the needs and resources of the state and school districts.

3.1.2 District Wellness Policy Interpretation and Development

The district in this study chose to develop its own district wellness policy, using the State Wellness Policy as a guide. A district representative from Nutrition Services, who will be referred to as DA, served on the committee that developed the District Wellness Policy (DWP). DA was recommended by the State policy administrator (SA) for this interview. DA was contacted by phone and agreed to be interviewed about the policy interpretation and development process at the district level. The face-to-face interview took place September 17, 2008.

The school district’s Wellness Policy is called the Child Nutrition, Wellness, and Healthy School Environment Policy. Beginning on July 1, 2006, the district policy was implemented and it would incorporate minimum standards to promote student health. The District Wellness Policy (2006) has two main components. First, each site must designate a Wellness Coordinator who is “responsible for setting goals for nutrition education, physical activity, and other school-based activities designed to promote student wellness” (p. 12). In addition to setting goals, the Wellness Coordinator must submit data each year to the State Department of Education demonstrating implementation of the policy at the school site level. The second component of the District Wellness Policy focuses on Food Specifications, which apply to food served in the cafeteria, vending machines, classrooms, and for fundraisers. Within the food specifications, fat, sodium, sugar, total calories, caffeine, advertising, and serving sizes are defined. Fat, sodium, sugar, total calories, and portion sizes must comply with the USDA nutrition guidelines. These are the same guidelines used in the State Wellness Policy. In addition to the State requirements, the DWP prohibits caffeine, and any advertising that promotes foods that are prohibited because they do not meet USDA nutrition guidelines. This is a departure from the State Wellness Policy and an example of the policy being stricter at the district level than at the State level. The prohibited food items are the same at the district level as the State level, soda water, (any carbonated beverage), soft drinks (with clearly defined criteria), water ices, chewing gum, and candies (District Wellness Policy, 2006).

As with the State Wellness Policy, the DWP provides exemptions for alternate food choices for holidays, traditions, and class birthday parties. The DWP is aligned with the State Wellness Policy by requiring that alternatives to using food be incorporated as rewards for appropriate classroom behavior. If students have access to vending machines, the available products must meet USDA nutrition guidelines, just as the State Wellness Policy requires. With respect to meal service, the meal length is the same for both policies, 15 minutes of seat time for breakfast, 20 minutes of seat time for lunch, with lunch being served after recess. Students must receive 30 minutes of physical activity each day. This is the same requirement as the State Wellness Policy. Another

departure from the State Wellness Policy that is addressed in the DWP is a requirement to develop guidelines for food allergies. Last, the oversight, monitoring and reporting of implementation and compliance data are the same at the State and District levels (District Wellness Policy, 2006).

With respect to implementation and compliance issues, DA reported similar obstacles and frustrations as SA at the State Department of Education. When asked how the policy could be improved, DA answered,

Fund it. It's like right now, we've talked to our legislators. Okay, if this stuff is really good, how about some money for it? We were only asking for a penny per student, not a lot of money for educational materials, to go out and buy nutrition education and physical education materials that we could either provide to teachers or P.E. teachers to see if we could tie this all together...no, nothing.

Since funding was not available for nutrition education and physical education, the policy committee had to be flexible about P.E. requirements. According to DA,

We put in that kids should get so many minutes of exercise each day, and with exercise, we were pretty broad because there is no funding to say that you're going to have P.E. at every school, but we set it up so walking between classes, and the occasional mad dash, could count. So, that was pretty much left up to schools to interpret how they were going to work that in.

DA summed up her overall impression of the DWP by saying, I think it was a good idea. It's good that they mandated it to say that you have to have a wellness policy. And, I don't know how they could have done it any differently because I know there are so many things out there that are unfunded. There's No Child Left Behind, districts, and administrators. It was a hard battle. They were not fond of doing this because here's another thing that we're being told we have to do without money to do it.

The committee responsible for developing the DWP met with the same constraints as the State committee. They had to meet the minimum requirements of the federal and state policies without any funding. Their focus became creating a healthy school environment for students.

3.2 Teacher Demographics and Survey Results

One hundred sixty two elementary school teachers completed the survey. The demographics of the participants were varied. The majority have taught from 11 – 15 years. Fifty percent have earned credits beyond a Master's degree. Forty-one percent reported teaching at a Title 1 school (low SES), while 59% reported teaching at mid to high socioeconomic status schools. Fifty percent teach at schools that made Adequate Yearly Progress on standardized tests the previous year.

The following tables report the results from the teacher surveys. Each table is organized by survey question to reflect the format of the teacher survey. The format is aligned with the goals of the DWP.

Table 1 shows how effectively the policy has been communicated to teachers. While 63% of teachers were aware of the DWP for students, only 46% stated they had received a copy. Forty-four percent of teachers read the policy, with 16% stating that they had received training about the DWP.

Table 1. Teacher survey results – policy awareness

Policy (n=162)	Yes	No
Aware of the policy	63%	37%
Received a copy of policy	46%	54%
Read the policy	44%	56%
Training of policy	16%	84%

The second section asked teachers whether the schools were able to create a healthy school environment for students. The teachers reported a healthier school environment by eliminating access to vending machines, having healthier fundraisers and class parties, providing items other than food for rewards, and providing recess before lunch.

Table 2. Teacher survey results – healthy school environment

Policy (n=162)	Yes	No
Student access to vending machines	5%	95%
Healthier fundraisers	63%	37%
Healthier class parties	74%	26%
Food as rewards	19%	81%
Recess before lunch	80%	20%

The third section asked teachers about weekly instructional minutes in health, nutrition, and physical education. Forty-five percent of teachers reported that their students did not receive any weekly health instruction, while 46% reported that their students received 15 – 30 minutes of weekly health instruction. Sixty-four percent of teachers reported that their students did not receive any weekly nutrition education, while 34% reported that their students received 15 – 30 minutes of nutrition education each week. There was more variability with regard to weekly physical education.

Table 3. Teacher survey results – instructional minutes in content areas under the wellness policy

Weekly	0	15 – 30	31 – 45	46 – 60	Over
Instructional Minutes (n=162)	minutes	minutes	minutes	minutes	1 hour
Health	45%	46%	7%	1%	1%
Nutrition	64%	34%	1%	1%	0
Physical Education	8%	49%	30%	10%	3%

The fourth section asked teachers about how instructional minutes are allocated each day for English language arts and mathematics. When compared to Table 3, weekly minutes allocated to health, nutrition, and physical education, it is clear that No Child Left Behind has over-ridden the DWP with respect to instructional minutes.

Table 4. Teacher survey results – instructional minutes in testable areas under no child left behind

Daily	60	61 – 90	91 – 120	Over 120
Instructional Minutes (n=162)	minutes	minutes	minutes	minutes
ELA	7%	25%	47%	21%
Mathematics	37%	52%	9%	2%

The last section gave teachers the opportunity to answer two open-ended questions about the Wellness Policy:

1. What do you feel are the obstacles for implementing the District Wellness Policy for children in your classroom?
2. Please feel free to add any other comments.

Sixty-three percent of teachers responding to the survey provided input to the first question about obstacles to the implementation of the DWP, while seventeen percent provided input to the second question about additional comments regarding the policy.

Fifty-eight percent of the teachers who responded to the question about obstacles to the implementation of the DWP stated that a lack of time is an issue. Thirty percent of teachers who responded to the question about obstacles to the implementation of the DWP stated that NCLB, testing demands, and the emphasis on ELA and mathematics are issues. Twenty-one percent of the teachers who responded to the question about obstacles to the

implementation of the DWP stated that the lack of resources and a Physical Education teacher are issues. While some comments merely said, “Time” or “NCLB” or “Resources” as the response, many of the comments about time, testing and academic demands, and lack of resources were interrelated and embedded within the same response. The comments about the obstacles to implementation are categorized into four themes: (1) time, (2) testing and academic demands, (3) resources, and (4) mixed messages from adults, policy awareness, and support.

Table 5 represents a sample of significant quotes from teachers regarding obstacles to the implementation of the DWP.

Table 5. Sample of teacher responses from open-ended survey question #26

Question #26: What do you feel are the obstacles to implementing the District Wellness Policy in your classroom?
1. Finding time to meet all District Policies including curriculum and testing demands. Since we are not required to teach nutrition or have P.E., we don't because the time is spent on academics and getting our students able to pass benchmarks and CRTs.
2. Is it an important standard that is going to be tested? We're locked into reading, writing, and math standards.
3. Daily P.E. would help students focus better in the classroom. Reading and math skills are the driving force for testing and meeting AYP.
4. NO CHILD LEFT BEHIND
5. Cuts in P.E. programs – Emphasis on reading, writing, and math leaves little time for health and P.E.
6. Teaching to the assessment in content areas. Emphasis on math and reading/writing only. No real P.E. curriculum.
7. With the expectation of teachers to teach mainly reading/language arts and math, there is simply not enough time in the week to cover all of the information that we are expected to cover. Health is the last thing on my list to teach. My students do get P.E. each week and sometimes extra recess time as a reward.
8. We have no time to teach an unrealistic amount of curriculum – NCLB leaves us with no time for other things.
9. Due to NCLB, there are definite time constraints that hinder classroom teachers as myself from teaching health, nutrition, and art. Due to the high bar and the fact that I am at a Title 1 school, our day consists of reading, writing, and math, and there are very few, if any holes in the curriculum to support other areas.
10. The pressure put on teachers to teach reading, writing, and math is so much more, and we can't even think about adding in health and nutrition.
11. We are so worried about test scores and reading and writing, healthy nutrition takes a huge back seat. No good.
12. Lack of time, lack of curriculum/resources available to teach.

While teachers know the importance of health and physical activity for their students, they are required to spend a majority of their instructional minutes on ELA and mathematics because of testing requirements and the pressure to make Adequate Yearly Progress on standardized tests under NCLB. Additionally, they have received no training or materials to teach the content under the DWP.

4. Discussion

The goals of the Child Nutrition and WIC Reauthorization Act, 2004, are designed to ensure a healthy school environment, healthy food choices, nutrition education, and physical education for all schoolchildren in order to prevent childhood obesity (Committee on Education and the Workforce, 2004). With no money for nutrition or physical education, the district in this study chose to emphasize creating a healthy school environment and offering healthy food choices. Through District Nutrition Services, schools in the district improved the quality of the breakfast and lunch programs while requiring seat time to ensure that students had an opportunity to eat their meals. On school campuses, students are no longer allowed access to vending machines, unless the snacks meet

the USDA requirements. Any fundraiser food items must meet those federal requirements as well. Schools are required to sell healthy food or non-food items for all fundraisers. Teachers are encouraged to serve healthy treats at class parties and discouraged from using food as rewards for student behavior. While schools have done well to use what was within their means, implementation only touched on one of three areas identified under the Wellness Policy.

Teacher survey results demonstrate that the DWP has done well in emphasizing a healthy environment for children, mainly through healthy food choices on campus, but has done little to teach children about health and nutrition or to stem the tide of childhood obesity. While teachers would like to teach health, nutrition, and P.E., the demands of testing and making AYP have prevented them from allocating the additional instructional minutes. This message comes from the State and is reinforced regularly by their site administrators. English language arts and mathematics are to be emphasized.

Even if teachers were provided additional time to deviate from the curriculum, they lack the resources to teach beyond the basics. The gap between goals and implementation is wide, severely limiting the effectiveness of the policy. If policymakers truly want to teach children how to be healthy and prevent childhood obesity, they must commit to the funding, training, materials, and support needed to reach those goals. Until then, the gap will only get wider.

While the goals of the DWP are admirable, lack of funding, poor teacher support, and the looming shadow of NCLB conspire to leave these goals unfulfilled. Ultimately, for any education policy to be successful, the following must be in place:

- 1) Policy must be better communicated if it is to be well understood. Meaningful discussion and extensive professional development at all levels of the system are critical components of such communications; directives are not enough.
- 2) Policies do not land in a vacuum; they land on top of other policies. Policy makers must come to understand and start to take responsibility for the cumulative effects of their actions.
- 3) Teachers teach from what they know. If policymakers want to change teaching, they must pay attention to teacher knowledge. And if they are to attend to teacher knowledge; they must look beyond curriculum policies to those policies that control teacher education and certification, as well as ongoing professional development, supervision, and evaluation.
- 4) The process of change is slow and difficult. It requires perseverance, and it requires investments in those things that allow teachers, as change-agents, to grapple with transformations of ideas and behavior: time for learning about, looking at, discussing, struggling with, trying out, constructing, and reconstructing new ways of thinking and teaching (Darling-Hammond, 1990, p. 346).

A review of the above criteria demonstrates why the DWP was not fully implemented. First, *policy must be well communicated*. That was not the case as 37% of teachers who participated in the survey were not aware of the Wellness Policy; 54% had not received a copy of the policy; 56% had not read the policy; and, 84% had not received any training on the policy. Second, *policies do not land in a vacuum; they land on top of other policies*. In the district studied, this DWP landed on top of high-stakes testing and other pre-existing mandates, rendering it unimportant and ignored. Third, *teachers teach from what they know*. Many of the teachers in the study said they were frustrated with the lack of time, training, and resources to implement the DWP. Fourth, *the process of change is slow and difficult*. In the age of NCLB, teachers who were studied felt they did not receive the support, time, or resources necessary to “grapple” with the transformations they were asked to make.

5. Conclusion

In short, policies are not merely words, and they are only as good as the funding and the support provided to carry them out; therefore, it is crucial for all district and school staff to prioritize health for students. Administrators must communicate to staff that health is an important focus on campus. There must be follow-through with resources and training for teachers and school nurses that allow them to teach health, nutrition, and P.E. Research supports the connection between healthy students and academic success (Chomitz VR, et al., 2009; Wittberg RA, Northrup KL, & Cottrel L., 2009; Storey M, Nanney MS, & Schwartz MB., 2009). With commitment and effort by policymakers, legislators, and the entire school community, students can receive meaningful and purposeful opportunities to learn about and practice health habits that support lifelong learning and health.

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