

The Personal Health Practices and Beliefs of Teachers About School Wellness Policy

by

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ABSTRACT

The general purpose of this study is to profile general nutrition and wellness attitudes, and beliefs of Sevastopol School District teachers. More specifically the objectives of this study are to assess the health practices of Sevastopol teachers.

The participants in this study were selected from the Sevastopol School District in the state of Wisconsin. A survey instrument was adapted and used by the researcher. A total of 80 surveys were distributed and thirty-nine were obtained. The first section of the survey consisted of two demographic questions dealing with years of teaching experience and grade level taught. Section two focused on personal wellness practices and attitudes towards wellness policy. Frequency counts and percentages were used on all items.

The study found that Sevastopol staff are practicing healthy habits and are in support of wellness policy in the school. The staff is generally in excellent to good

health. However the results do indicate that while there is support of a wellness policy, that it isn't a priority with the staff.

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Chapter I: Introduction and purpose of study

This nation's youth are facing an increase in excess body weight. (Veuglers, Fitzgerald, 2005) In the United States childhood obesity rates have increased and we now have rates higher than Australia, Canada, and Europe. Being overweight and obese has a negative effect on self-esteem, and can cause diabetes, hypertension, cardiovascular disease, and multiple cancers.

Study after study shows kids are becoming obese and overweight in dangerously high numbers. (Vail, 2004) There is increasing attention being paid to the relationship between these weight issues and what kids are eating in and out of school. There are no easy answers to this problem, but the speculation that the increase in super-sized meals, the convenience of fast food and the less time and fewer options for physical activity are partially at fault for this epidemic. Schools are at center stage of this childhood obesity epidemic. The consumption of unhealthy foods and beverages on school grounds is increasing in the United States. (Shahid, 2003) Nutritionists believe foods offered at school are partly to blame.

Proper physical activity and healthy nutrition education and practices are two issues that experts concerned with the childhood obesity issue are emphasizing in advocating for more policy and program development. (Veuglers & Fitzgerald, 2005) Healthy eating and physical activity policies and programs are needed to ensure the health and well-being of our youth. School policy can reach almost all children and provide the opportunity to enhance learning, improve social benefits, and enhance health during critical periods of growth and maturation, lower the risk for chronic diseases in

adulthood, and help to establish healthy behaviors at an early age that will lead to life-long healthy habits. While many schools are focusing on test scores and teacher accountability little is being done with eating habits of students. Nutrition is essential for proper physical growth, but also serves as a basic requirement for brain development. Vail (2004) also suggests that poor nutrition and obesity affect student's behavior and even academics. When schools realize that an under nourished child will not perform as well on standardized tests, and other measures, what children eat will quickly be considered central to the school's mission. (Vail, 2004)

Schools have an important role to play in stopping this epidemic and should do their part in promoting healthy nutrition environments. (Kubik, Lytle, Hannan, 2003) The Child Nutrition and WIC Reauthorization Act designed and passed by Congress in 2005 is to help school districts strengthen their wellness programs. This federal act authorized funding to support programs promoting healthy diets, nutrition education and physical activity. (Boehner, 2004) Local school districts can implement wellness policies that promote these healthy practices. (Kubik, et al., 2003) Teachers have a vital role to play in ensuring that such policies are supported, and they can also serve as role models for healthy nutrition and physical activity practices.

With this in mind, it seems important to assess the attitudes and beliefs of the teachers toward a schools' wellness practices for its students as well as these teachers' personal health practices. Such knowledge can help inform the implementation of such a policy and possibly guide its success.

Statement of the Problem

The purpose of this investigation is to profile the general nutrition and wellness attitudes, and beliefs of Sevastopol School District teachers. More specifically the objectives of this study are to assess the health practices and attitudes of Sevastopol teachers.

Chapter I has been an introduction to this study. Chapter II will include review of literature, followed by the methodology for this study in Chapter III. Chapter IV will present the results of the analyzed data and the finding related to the research objectives. The summary, conclusions, and recommendations will be included in Chapter V.

Definition of Terms

Foods of Minimal Nutritional Value –refers to the four categories of foods and beverages (soda water, water ices, chewing gum, and certain candies) that are restricted by the U.S. Department of Agriculture under the child nutrition programs.

Dysfunctional Eating-Dysfunctional eaters tend to be irregular and chaotic without normal controls of nourishment like appetite and satiety. They eat for reasons other than hunger.

RDA-(Recommended Dietary Allowance)-represents the establishment of a nutritional norm for planning and assessing dietary intake, and are the levels of intake of essential nutrients considered to be adequate to meet the known needs of practically all healthy people.

School health policy- promotes health in multiple ways, emphasizes the value of coordinating all components that deal with health issues, and addresses needs of staff and students

Chapter II: Literature Review

My research explores the current personal health practices and beliefs about school wellness policy. I will be discussing the following, what is school health policy, history of school health policy, current status of school wellness environment, current school wellness law, sample wellness programs, school wellness policy challenges, and importance of school wellness policy.

What is school health policy

Policies describe what the school board wants done and why the board wants it done. (Brown, Akintobi, Pitt, 2004) Policies are a guide for action and implementation. Policy recommendations by the Center for Disease Control plays an important role in the development of school health programs. In order to influence students' eating behavior, nutrition policies should include personal and environmental values, and emphasize the primary goals of nutrition education.

History of school health policy

In recent years, the nutritional quality of school meals has improved. (Wechsler, Brener, Kuester, 2001) In 1994 Congress passed the Healthy Meals for Healthy Americans Act, which amended the National School Lunch Act. The United States Department of Agriculture who administers the National School Lunch Program released guidelines in 1995 for school to follow. The USDA requires school meals to have total fat less than thirty percent of daily total and saturated fat less than ten percent of daily total. In 1996 and 1997 the USDA released that school meals need to meet the recommended daily averages in calories, minerals and vitamins.

Current status of school health practices

Nutrition, health and educational agencies are concerned about the widespread availability of foods and beverages sold on school grounds that are not part of the federally regulated school meal programs and may convey a mixed message to students. (Wechsler, et al. 2001) Nutritional standards of the USDA's School Meals Initiative for Healthy Children do not apply to foods sold through a la carte, vending machines, school stores and snack bars. The only federal regulation on foods and beverages sold in these settings is prohibiting the sale of foods of minimal nutritional value (FMNV) in the food service area during school meal periods.

The School Health Policies and Programs Study (SHPPS) is a national survey periodically conducted to assess school health policies and programs at the state, district, school, and classroom levels. (Wechsler, et al. 2001) This study reports some of the concerns nutritional practices and trends occurring in schools today. About sixty-eight percent of schools offer breakfast to students and about sixty-four percent participate in the USDA reimbursable school breakfast program. Almost all schools offer lunch to students and roughly eighty-eight percent participate in the USDA reimbursable school lunch program. (Wechsler, et al. 2001)

Food is readily available at school in other places than the food service area. (Wechsler, et al. 2001) It is found at student parties, in after-school or extended day programs, at staff meetings, meetings attended by students' family members, and at concession stands. About twenty-one percent of schools require fruits or vegetable to be offered in any of these settings, and about twelve percent of schools prohibit junk foods

from being offered in these settings. More than twenty-six percent of elementary schools, sixty-two percent of middle schools, and ninety-five percent of high schools have one or more vending machine at the school from which students can purchase food or beverages. In addition, more than twenty-six percent of elementary schools, about forty percent of middle schools, and about sixty percent of high schools have a school store, canteen or snack bar where students can purchase food or beverages. (Wechsler, et al. 2001)

About three-fourths of high schools sell candy in their vending machines or in school stores. (Weschler, et al., 2001) More than two-thirds of schools allow students to buy food and beverage items from vending machines or school stores during the lunch period, thereby providing a disincentive to school lunch. Many schools at all levels allow students to buy food and beverages from these venues before classes start in the morning and at any time during the school day. Most schools allow student clubs, sport teams, or the PTA to sell food to raise money, and the food sold is typically high in fat and added sugars. More than one-third of these schools allow students to buy fundraising food items during lunch periods.

According to the Department of Centers for Disease Control and Prevention, among Wisconsin schools that allow students to purchase snack foods or beverages from vending machines or at the school store, canteen or snack bar forty-nine percent have fruits or vegetables available for purchase; eighty-six percent have 100% fruit juice available for purchase; ninety-five percent have bottled water available for purchase. Only fifty-one percent of Wisconsin schools allow students to purchase these FMNV foods during school lunch periods. (Centers for Disease Control and Prevention, 2004)

Along with the above mentioned food concerns children are becoming less and less physically active. (Allington, 2003)

On an average, children spend four to five hours per day in front of a screen, while eating, which leads to the decline in regular exercise. Physical education and recess times have decreased in the United States schools. Adolescents consumed only one percent more calories between the years 1980 and 2000, but their physical activity went down thirteen percent. (Allington, 2003)

Roughly half of all American youth between the ages of twelve and twenty-one do not engage in vigorous physical activity on a regular basis. (Yaussi, 2005) Daily participation in high school physical education classes dropped seventeen percent from 1991-1995, to reach a low twenty-five percent nationwide. Elementary schools provide regular recess. About four percent of elementary schools allow recess before lunch.

According to the Centers for Disease Control and Prevention physical activity in Wisconsin, over half of students did not meet recommended levels of physical activity; and even more had not participated in any moderate physical activity during the past seven days. Forty percent of student's do not attend physical education classes on a daily basis. (Centers for Disease Control, 2004) Among schools that require physical education in Wisconsin most require students to take two or more physical education courses. Over half of schools offer intramural activities or physical activity clubs for students.

According to the Centers for Disease Control and Prevention, schools that require health education, about half of the students take two or more health education courses, over half of schools teach fifteen critical nutrition and dietary topics in a health

education, and less than half of schools teach twelve critical physical activity topics in a health education.

Dysfunctional eating contributes to children who are tired, apathetic, chilled, lacking in energy and ambition, have a hard time focusing. It is hard for students to achieve their educational goals with these characteristics. Healthy students are better prepared to attend school and apply their education as they grow into responsible citizens. For teachers, this epidemic should be especially alarming for two main reasons. Overweight and obese students miss more school for medical reasons, and tend to have a lack of concentration, which in return will slow the teaching-learning process down. (Yaussi, 2005)

Children will consume thirty-five to forty percent of their total daily energy at school. (French, Story, Fulkerson, 2003) More than half of young people in the United States get either breakfast or lunch and one out of ten get both from a school meal program. (Wechsler, et al. 2001) Students get snacks from a variety of places in school setting. (French, et al. 2003)

It is quite obvious there is a place for more extensive wellness policies and programs in schools and that they need help implementing such policies. (Wechsler, et al. 2001) States, districts, and schools must implement stronger policies to support a healthy school environment.

Current law and policy

On June 30, 2004 President Bush signed the Child Nutrition and WIC Reauthorization Act into law to strengthen programs and improve their effectiveness for America's most vulnerable children. (Boehner, 2004) The bill signed was based on H.R.

3873, the Child Nutrition improvement and integrity Act legislation introduced by Education Reform Subcommittee Chairman earlier this year to strengthen and enhance federal child nutrition programs and services. This Child Nutrition and WIC Reauthorization Act promote healthy diets, nutrition education and physical activity while preserving local control of schools. This act added on the requirement that local wellness policies be designed and implemented at the local level, the Department of Agriculture will provide technical assistance, if requested by the school or school district, in implementing healthy school environments. The content of local wellness policies will be decided by local parents, teachers, administrators, school food service, school boards, and the public.

Congress' wellness policy requirements does not tell schools what foods to serve nor does it spell out how much physical activity students must have. (Buchanan, 2005) The USDA and many nutritional and school organizations named six components of a healthy school nutrition environment. (Allington, 2003) Each component is important and affects the nutrition and physical activity in a child's school life.

Component one is that schools have a commitment to nutrition and physical activity. (Allington, 2003) Schools influence students' eating and physical activity patterns. In a school committed to a healthy nutrition environment every member of the team makes nutrition and physical activity a priority.

Component two is for schools to have a commitment to quality school meals. (Allington, 2003) These meals should provide energy and nutrients children need for sound minds and bodies. Food Service staff is properly qualified and certified. Menus must meet nutrition standards set up by the USDA. Breakfast, lunch and snacks are

planned with student input, and offered at prices students can afford, and feature a variety of healthy choices that are tasty and attractive and include local, cultural, and ethnic favorites of the students.

Component three is that schools have a commitment to healthy food options. (Allington, 2003) The quality of the school nutrition environment depends on the quality of all foods and beverages sold or served at school. All beverages and foods that are available at school contribute to meeting the dietary needs of students. There are appropriate restrictions on students' access to vending machines. School staff does not use food as a reward or punishment. Your school encourages parents to provide healthy bag lunches for students. Your school encourages organizations to raise funds by selling non-food items.

Component four states that schools have a commitment to providing a pleasant eating environment. (Allington, 2003) A pleasant eating environment allows students to pay attention to what they are eating, and to enjoy the sensory and the social aspects of a healthy meal. Meal periods are long enough, dining areas are attractive, recess is before lunch, and noise levels are controlled, are all aspects the eating environment should include.

Component five focuses on schools having a commitment to nutrition education. (Allington, 2003) Building nutrition knowledge and skills helps children make healthy eating and physical activity choices. Students in all grades should receive high quality nutrition education. Nutrition education should be offered in the lunch room and in the classroom with coordination between school food service staff and teachers.

Component six encourages that schools should have a commitment to marketing consistent health messages. (Allington, 2003) Your school should not allow advertisement messages that promote less nutritious food choices. Your school works with a variety of media to spread the word about healthy school environment.

Sample wellness programs

Leon County School in Florida implemented 300 calories or less single serving packs in vending machines, elementary schools must have 309 minutes of physical activity three days per week, and high school has one semester of personal fitness and one more semester of a physical education class. (Buchanan, 2005) Montford (staff member) comments, "Not only will we have healthier children, but we will have happier children." We will have children who will have a life long understanding o the importance of good, healthy choices. The benefit of what we're doing today will truly be measured years from now when our children are middle-ages."

Alisal Union School District in California is concentrating on nutrition education. (Buchanan, 2005) They are changing curriculum so every teacher in every grade can implement some aspect of nutrition in their plans. The district is also doing its part to get more nutritious foods on the menu. All twelve cafeterias have salad bars that include food grown in the elementary school garden. The cafeterias do not have deep fryers, kids only get whole wheat bread, and candy and soda is banned within the district.

Rio Grande City Schools in Texas are just starting their intervention, like many schools in Wisconsin. (Buchanan, 2005) Rio Grande is focusing on intervention at an early age. Staff member Gonzalez says "When they are at school, they are my kids. I am their second parent. We tutor kids in academics. We can do the same thing in health. We

have got to help these kids. I am not going to let my kids die. If we start early, kids will think that's the way life is."

Sevastopol School in Sturgeon Bay, Wisconsin has just adopted the policy and will be implementing it in years to come. (Sevastopol School Board, 2007) The components of the wellness policy are to provide organized health and physical education curricula and related programs, to practice and promote good nutrition within the school setting, and the total school environment will reflect the Sevastopol School District's commitment to student and staff wellness.

School wellness policy challenges

Schools that have policies in place already have experienced challenges, such as the lack of money and lack of interest and support along with changing behaviors of staff and students. (Allington, 2003) To overcome some of these challenges the schools needed to fundraise and include community organizations for support.

Importance of school wellness policy

All of these trends and health implications are contributing to an epidemic in the United States called dysfunctional eating. (Allington, 2003) The school food environment can have a great impact on adolescent food choices. (French, et al. 2003) Schools can play a huge role in influencing students' health behavior by communicating a healthy lifestyle message through programs and policies. (Brener, Kahn, Mcmanus, 2004) Schools must demonstrate an interest in what adolescents eat. (Yaussi, 2005) Schools are in a unique position to promote healthy dietary behaviors and help insure nutrient intake. (Brener, et al. 2004) School food service staff can promote healthy eating through making only healthy choices available in the school cafeteria and the

opportunities they have to reinforce nutrition education taught in the classroom.

Administration and policy makers also can help by adopting and implementing policies to improve the nutritional quality of foods and beverages available at school, outside of school, and through the school breakfast and lunch programs. (Wechsler, et al., 2001)
Schools can help children develop healthy eating habits. (Allington, 2003)

Many educators know that when children lack proper nutrients they tend to be ill tempered, indifferent, and lethargic. (Shahid, 2003) They often do not exhibit mental alertness and display difficulty concentrating, all factors that can interfere with learning.

Conclusion

Students today are not adequately educated about physical activity and proper nutrition. This puts strains on their physical health but their educational opportunity. The responsibility falls on all teachers, not just physical education teachers. Teachers have a significant role to play in influencing, implementing and supporting healthy nutritional and physical activity practices for students in their school. In addition, they serve as important role models in terms of their own personal wellness practices. (Yaussi, 2005) Thus the purpose of this study is to assess personal health practices of Sevastopol teachers as well as their attitudes and beliefs about school wellness policy.

Chapter III: Methodology

Childhood obesity is at an all time high, and schools can be at the fore front of helping reduce the obesity rate. School wellness policies can significantly influences the environment in which students make decisions about nutrition and physical activity. Teachers play a vital role in this environment, as influencers and implementers of policy as well as role models in terms of their own wellness practices. This section will describe the selection of subjects, instrumentation and data collection and analysis procedures.

Subject Selection and Description

Subjects will be selected from the Sevastopol School District in the state of Wisconsin. The administrators from the school will distribute the survey to the staff members at a staff meeting. Staff members not present will receive the survey in their mailbox.

Instrumentation

The survey for this study was adapted from a similar study, Food-Related Beliefs, Eating Behavior, and Classroom Food Practices of Middle School Teachers, conducted by Kubik, Lytle, Hannan, Story, and Perry in 2000. This particular survey was designed to assess classroom food practices and eating behaviors of teachers, as well as teachers' personal health and attitudes and beliefs about the school food environment. Face validity was confirmed by other researchers, and the study was approved by the University of Minnesota Committee on the Use of Human Subjects in Research. Bandura's Social Cognitive Theory and Bronfenbrenners ecological model provided the theoretical framework for the development of this survey. The survey was pilot-tested with 65 teachers prior to the study.

Data Collection Procedures

A 21 question survey (Appendix A) using a Likert Scale will be given to approximately 80 teachers within Sevastopol School District. The survey will be distributed by the elementary and 7-12 grade administrators at their monthly staff meeting. Those staff members not present will receive a copy of the survey in their mail box.

Data Analysis

The responses of the survey were analyzed by the University of Wisconsin Stout Computer User Support Services. Data from the survey examined using descriptive statistics to classify and summarize the results. Frequency counts and percentages were used on each item. In addition means and standard deviations were computed.

Limitations

One limitation to the study was the data was based on staff self-reported behavior and may not represent their actual health practices. The staff may have had difficulty understanding some of the survey questions and some of the survey directions. This study is limited in scope to only those staff at Sevastopol School and can not be generalized to any other school staff members.

Chapter IV: Results and Discussion

This chapter presents the survey findings and the discussion related to the research objectives and review literature. The results and discussion have been presented along with accompanying tables and figures. Thirty-nine surveys were analyzed.

Demographic Characteristics

The purpose of the checklist on the top of the survey was to obtain demographic information. Information was collected on number of years teaching and grade level taught. Demographic information results are given in Table 1 and 2.

Teaching Experience

Each respondent was asked to indicate the number of years of teaching experience they have. Out of 39 subjects, 5 (12.8%) taught 1-5 years, 7 (17.9%) 6-10 years, 2 (5.1%) 11-15 years, 8 (20.5%) 16-20 years, 16 (41.0%) 21 years or longer, and 1 (2.6%) subject with no response (Table 1).

Table 1 Years of Teaching Experience

Number of Years	Frequency (N)	Percentage (%)
1-5	5	12.8
6-10	7	17.9
11-15	2	5.1
16-20	8	20.5
20 or more	16	41.0

Grade level

There were 18 (46.2%) pre-k -6 grade teachers, 16 (41.0%) 7-12 grade teachers, and 5 (12.8%) pre-k-12 teachers. (Table 2)

Table 2 Grade Level Taught

Grade Level	Frequency (N)	Percentage (%)
Pre/K/1-6	18	46.2
7-12	16	41.0
Pre/K/01-12	5	12.8

Attitude Statements

This section contained the nutrition attitudes of the Sevastopol School staff members. A Likert type scale was used to measure the extent of agreement. The scale

responses ranged from strongly disagree which was scored as a 1, to strongly agree which was scored a 5.

Table 3 presented the results of the attitude statements on items 1-15 in part two of the survey. The results showed the mean and standard deviation for the total group (n=39) on all items and in rank order. Nine of the fifteen items received a total group mean score above the midpoint (mean = 3.0) of the scale. The three most positive responses for the total group indicated that the respondents agreed that: (1) Food habits affect student's health (mean=4.67); (2) It is important to have a healthy school food environment (meant=4.62); (3) Foods students eat during the school day affect their readiness to learn (mean=4.49). Seven items received a total group mean score below the midpoint (mean=3.00) of the five-point Likert Scale. Three responses fell in the disagree and the strongly disagree range: (1) Food from fast food chains should be offered as lunch alternatives (mean= 1.77); (2) It doesn't make sense to offer students only healthy foods in school when they can choose to eat whatever they want out of school (mean= 1.87); (3) Students should be able to buy soft-drinks and candy at schools. (mean=1.87).

Table 3 Attitude Statements

Attitude Item	Mean	Standard Deviation (SD)	Rank
15. Food habits affect student's health as adults.	4.67	.478	1
12. it is important to have a healthy school food environment.	4.62	.544	2
11. Foods students eat during the school day affect their readiness to learn.	4.49	.683	3

9. It is important to implement the school wellness policy.	4.33	.621	4
13. A school breakfast program can help students be ready to learn.	4.23	.842	5
1. Vending machines at school should offer only healthy food/beverage items.	4.21	1.080	6
7. Schools should be commercial free areas.	3.72	.999	7
14. School breakfast program reduces tardiness and absenteeism.	3.41	.966	8
10. School wellness policy is of top priority to you.	3.15	.904	9
3. Candy and cookies as fundraises is ok if it provides revenue.	2.56	1.142	10
8. It is ok for schools to expect students to sell candy for fundraising purposes.	2.44	1.142	11
4. Students should be provided food they want at school.	2.23	.902	12
6. Students should be able to buy soft-drinks and candy at school	1.87	1.005	13
5. It doesn't make sense to offer students only healthy foods in school when they can choose to eat whatever they want out of school.	1.87	.923	14
2. Fast food should be provided as a lunch alternative.	1.77	.986	15

Staff Health Practices

This section contained the general health practices of Sevastopol staff members. A Likert type scale was used to measure the extent of agreement. The scale responses ranged from strongly disagree which was scored as a 1, to strongly agree which was scored a 5.

Table 4 presents the results of the health practices on items 16-21 on the second part of the survey. The results show the mean and standard deviation for the total group (n=39) on all items in order of rank. Five of the six items received a total group mean

score above the midpoint (mean=3.0) of the scale. The three most positive responses for the total group were: I limit the amount of high-fat food items I eat (mean=4.0); I consider myself in good to excellent health (mean=3.97); I eat 3-5 servings of fruit and vegetables at least 3-5 days per week (mean=3.95).

One of the six items received a total group mean score below the midpoint (mean=3.0) of the 5-point Likert Scale. In general, the respondents were not overly confident with the amount of physical activity they received (mean=2.92)

Table 4 Staff Health Practices

Health Practice Items	Mean	Standard Deviation (SD)	Rank
18. I limit the amount of high-fat food items I eat.	4.00	.795	1
16. I consider myself in good to excellent health.	3.97	.743	2
20. I eat 3-5 servings of fruit and vegetables at least 3-5 days per week.	3.95	1.146	3
19. I limit the amount of high-sugar items I eat.	3.82	.997	4
17. I am satisfied with my own eating habits.	3.59	.966	5
21. I am satisfied with the amount of physical activity I get.	2.92	1.306	6

Discussion

The purpose of this study is to assess personal health practices of Sevastopol teachers as well as their attitudes and beliefs about school wellness policy. Data was

collected from 39 Sevastopol School Staff members. The survey was administered during the last month of school in Spring of 2007.

Demographics

The respondents were all adult staff members. Each respondent was asked to indicate the number of years of teaching experience they have. The majority of the staff members have been teaching in the 21 years or longer category (41%). The grade level taught by the staff is closely distributed between Pre-K-6 grade (46.2%) and 7-12 grades (41.0%).

Attitudes

The first half of the survey reports responses on the attitudes of Sevastopol staff concerning the attitudes toward the school wellness environment. The study revealed that a majority of staff agrees that vending machines at school should only offer healthy food and beverage items, and believed that it is important to implement a school wellness policy, and it is important to have a healthy school food environment. The staff also agreed that foods eaten during the school day affect readiness to learn and that a school breakfast program helps students be ready to learn. All staff members agreed that food habits affect student's health as adults.

Chapter V: Discussion

This chapter presents an overview of the study of personal health practices and beliefs of teachers about school wellness policy. A summary of the purpose, methods, data analysis, limitation and results are included. The conclusions and suggestions for further research are also presented in this chapter.

Summary

The purpose of this investigation is to profile the general nutrition and wellness attitudes, and beliefs of Sevastopol School District teachers. More specifically the objectives of this study are to assess the attitudes and health practices of Sevastopol teachers.

A survey adapted by Kubik, Lytle, Hannan, Story, and Perry in 2000 was used as the primary data collection instrument for this study. The instrument consisted of the purpose of the study and directions. The first section of the survey consisted of two demographic questions dealing with grade level taught and years of teaching experience. Section two of the survey consisted of attitude statements and health practice statements. The first part of section two focused on nutrition and wellness beliefs and opinions of the Sevastopol staff. Subjects revealed their attitudes using a five point Likert scale. In the second part of section two staff indicated their personal health practices using a five point Likert scale.

The participants in this study were staff in Sevastopol School District, in Sturgeon Bay, Wisconsin. A total of 55 surveys were distributed at two separate staff meetings on May, 2007. Thirty-nine usable surveys were obtained.

The responses of the survey were analyzed by the University of Wisconsin Stout Computer User Support Services. Data from the survey examined using descriptive statistics to classify and summarize the results. Frequency counts and percentages were used on each item. In addition means and standard deviation was used.

One limitation to the study was the data was based on staff self-reported behavior and may not represent their actual health practices. The staff may have had difficulty understanding some of the survey questions and some of the survey directions. This study is limited in scope to only those staff at Sevastopol School and can not be generalized to any other school staff members.

The majority of staff considers themselves in good to excellent health, and the majority are satisfied with their eating habits. Almost all limit the amount of high-fat foods and high sugar foods. Most staff report eating 3-5 servings of fruit and vegetables. The health area where staff reported dissatisfaction was in physical activity where they reported that they are not satisfied with the amount of physical activity they receive.

The results showed that the majority of the staff agreed that the school environment needs to be a healthy one. The majority of staff agreed that it is important to only offer healthy food and beverages in the vending machines, and no fast food be offered as a lunch alternative. They agreed that candy and cookies should not be used for fundraisers. Staff agreed that foods eaten during the school day do affect readiness to learn along with a school breakfast program and food habits affect student's health as

adults. Over half of respondents surveyed agreed it is important to implement school wellness policy. However, only forty-six percent report wellness policy being a top priority to them.

Conclusions

Overall, the results of the survey indicate that Sevastopol staff are practicing healthy habits and are in support of wellness policy in the school. They self-report to be in excellent to good health. Also they report eating their fruits and vegetables, and are limiting fat and sugar in their diets.

This study found that the school staff agreed that healthy eating affects the students learning and adulthood. The majority of staff agreed they wanted healthy options in the vending machines, and no fast-food at the school. The majority of the staff support school wellness policy, but do not identify this as a high priority. These findings can be interpreted to suggest that in order for the policy to be effectively implemented, that more staff needs to put this on their priority list.

Recommendations for Research

Recommendations for future research include the following:

1. Develop a longitudinal study to discover significant changes in the beliefs of the schools nutritional and physical activity environment.
2. Determine the attitudes and beliefs throughout the state of Wisconsin.

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8. It is ok for schools to expect students to sell candy for fundraising purposes.
Strongly Disagree Disagree Uncertain Agree Strongly Agree
9. It is important to implement the school wellness policy.
Strongly Disagree Disagree Uncertain Agree Strongly Agree
10. Your school wellness policy is of top priority to you.
Strongly Disagree Disagree Uncertain Agree Strongly Agree
11. Foods students eat during the school day affect their readiness to learn.
Strongly Disagree Disagree Uncertain Agree Strongly Agree
12. It is important to have a healthy school food environment.
Strongly Disagree Disagree Uncertain Agree Strongly Agree
13. A school breakfast program can help students be ready to learn.
Strongly Disagree Disagree Uncertain Agree Strongly Agree
14. A school breakfast program can reduce tardiness and absenteeism.
Strongly Disagree Disagree Uncertain Agree Strongly Agree
15. Food habits affect student's health as adults.
Strongly Disagree Disagree Uncertain Agree Strongly Agree
16. I consider myself in good to excellent health.
Strongly Disagree Disagree Uncertain Agree Strongly Agree
17. I am satisfied with my own eating habits.
Strongly Disagree Disagree Uncertain Agree Strongly Agree
18. I limit the amount of high-fat food items I eat.
Strongly Disagree Disagree Uncertain Agree Strongly Agree
19. I limit the amount of high sugar items I eat.
Strongly Disagree Disagree Uncertain Agree Strongly Agree
20. I eat 3-5 servings of fruits and vegetables at least 3-5 days per week.
Strongly Disagree Disagree Uncertain Agree Strongly Agree
21. I am satisfied with the amount of physical activity I get.

Strongly Disagree Disagree Uncertain Agree Strongly Agree