

**District Wellness Policy Localization:
Integration and Sustainability in Two Case Study Schools**

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Dedication

This doctorate is dedicated to my parents, Ella Bergstein and Bernard Snyder, who willingly gave their children and grandchildren the tools we needed, then stepped aside and left the rest up to us.

Abstract

Concerns about children's health pre-date policy-making in public schools, however, the first education policies written by the United States federal government pertained to student wellness. The National School Lunch Policy that was enacted in the 1940s continues to influence how we think about children's health. As recently as 2010, the Health Hunger-Free Kids Act has pointed student wellness conversations in the direction of a war on childhood obesity. The media and student wellness advocates have cited startling statistics to shock the public into action, and elementary schools have been brought into the dialogue as a soldier in the war. The purpose of this research was to find out the ways that health advocates in schools are able to provide wellness opportunities to their students. In addition to detailed regulations about the quality, serving sizes, and preparation of school meals, new to the policy thread came stipulations about the kinds and amounts of physical activity that schools would offer to students. To narrow the focus of this study, it was the physical fitness side, rather than the nutrition side, that was investigated. Integral to the data analysis of this study is the interplay of the people who grapple with the text of the district wellness policy and *how* they implement student wellness activities into their schools. This implementation phase, called policy localization, illustrates how stakeholders customize the policy to fit their unique setting. Key findings from the study indicate new understandings about the process of district wellness policy integration and sustainability in schools.

Table of Contents

Acknowledgments	i
Dedication	ii
Abstract	iii
List of Tables	vii
List of Figures	viii
Chapter 1: Introduction	1
Problem Overview	1
Research Questions	2
Key Terms	4
Local Context and Professional Involvement	6
District Wellness Policy.....	9
Nutrition.....	10
Physical Activity.....	12
Study Overview.....	14
Chapter 2: Literature Review	18
Healthy, Hunger-Free Kids Act of 2010	18
Student Wellness	19
School District Roll-Out	20
District Wellness Policy Complexities	22
Self-Interest and Labeling	23
Theoretical Frameworks	25
Life of a Policy	26
Interactions of Policy Actors	28
Frameworks in Action	29
Chapter 3: Research Design and Methods	33
Research Design	33
Case Study	34
Setting and Sample with Rationales	35
Case School 1: The Magnet Elementary	36
Case School 2: The Neighborhood Elementary	38
Sample Selection	39
Data Collection	39

Data Analysis	44
Trustworthiness	44
Limitations	46
Chapter 4: Wellness Policy Impact, Definitions, and Motivations	48
District Wellness Policy as Catalyst	49
Policy Had Mixed Impact	50
Communication and Accountability	51
Policy Integration Process in Schools	52
Leadership Landscape in the Schools	53
Magnet School Leadership and Sustainability	55
Taking Cues from Students	57
Increased Physical Activity Supports Sustainability	59
Neighborhood School Inspiration and Action	60
Building a Tutorial Model	61
Establishing Sustainability	65
Staff Definitions of Student Wellness	66
Whole Child Must Be Well to Learn	66
Our Students Are Already Well	70
Definitions of Student Wellness Shape Staff Motivation	74
Staff Roles Shape Student Wellness Actions	75
Roles are Related to Motivations	78
Motivation of Administrators	78
Being Self-Referential	78
Wanting Healthy Staff	81
Motivation of Teachers and Nurses	82
Teaching Healthy Behaviors	82
Managing Students' Health Problems	83
Advising About Students' Health Problems	85
Motivation of Parents	87
Seeking Justice.....	87
Chapter 5: Leadership, Curricula, and Outside Organizations	89
Influences of Leadership in Wellness Policy Localization.....	89
Holding the Vision	91
Sharing Information	92
Modeling Behaviors	94
Withholding Information and Support	96
Family Nights and Fund Raisers	99
Wellness Opportunities – Curricula	104
Physical Education and Health Standards	105
Gathering Curricula	105

Using Pre-Packaged Materials	108
Sharing Physical Activity Cards	108
Creating Physical Education and Health Materials	109
Structuring Recess	111
Walking to Beijing and Scotland	112
Running the “Little Dirt Trail”	115
Running Club, Mini-Marathon, and Running Before the MCA.....	116
Track and Field Day	118
Locations, Planning, Attire, and Fitness Stations	118
Relationships with Outside Organizations	122
Joining with Local Organizations	122
Providing Endorsements	123
Qualifying for Benefits	124
Mining for Information	125
Donating Goods and Services	126
Chapter 6: Conclusion and Implications	127
Introduction	127
Critical Incidents in the Case Study Schools	128
Summary of Findings	131
District Wellness Policy as Catalyst	133
Policy Integration Process	134
Leadership Landscape in the Schools	134
Establishing Sustainability	136
Staff Definitions of Student Wellness	137
Influence of Leadership in Wellness Policy Localization	140
Wellness Opportunities – Curricula	143
Ecology of Wellness Policy Implementation Games	148
Implications for Policy and Practice	150
References	152
Appendix A: Student Wellness Policy (excerpts)	157
Appendix B: Wellness Policy Rollout Letter of Introduction	158
Appendix C: Interview Questions	159

List of Tables

Table 3-1	Data Collection by Methods	42
Table 3-2	Study Participants by Ethnicity	43
Table 4-1	Principals' Role in Wellness Policy Opportunities by School	54
Table 5-1	Curricular Resources used by Physical Education Teachers	106
Table 6-1	Summary of Findings	131

List of Figures

Figure 1-1	Overview of Policy Integration and Sustainability	16
Figure 4-1	Motivations of People	77
Figure 6-1	Critical Incidents in the Case Study Schools	129
Figure 6-2	Ecology of Wellness Policy Implementation Games	149

Chapter 1: Introduction

Saint Paul Public Schools has made a commitment to the health of our students and staff. You (school staff) can make a significant contribution to these efforts by making conscious decisions about what happens in your school and your classroom. Encourage healthy eating, reduce opportunities for treats, and add movement into the school day.

Our children and their families are counting on us to make a difference.

– Superintendent of Schools (2010)

Problem Overview

In 2010, the federal government authorized the Healthy, Hunger-Free Kids Act to improve children's health. Under this law, school districts are required to set policies that promote student wellness via healthy nutrition and physical activity guidelines. The intellectual, physical, mental, and emotional health of children is one of the most important goals and features of contemporary life in the United States, and childhood obesity is a significant public health problem that can be partially solved in elementary schools. School administrators and staff generally strive to implement these district wellness policies in ways that adapt to their school's unique mission, educational practices, and student population.

District wellness policies attempt to promote student wellness, but Seashore Louis perhaps said it best by stating (2009) that “until educational researchers and policy makers find the levers for change that already exist within schools and districts

as organizations, school improvement will continue to be a haphazard affair” (p. 195). If “school improvement” means improving wellness opportunities for students, then this research project is an opportunity to examine and understand wellness policy implementation in schools and to search for “levers,” be they people, activities, programs, or standards, that create circumstances leading to successful and systematic wellness policy implementation. The foci of this paper, then, are not the challenges of childhood obesity nor the problems with policy implementation, but rather the chaotic localization of school district wellness policy and the unreliable process of policy integration and sustainability. Fortunately, the comparison of two case study schools within the same school district supplied some clues to determine how organizations can be more deliberate during policy localization.

This investigation is important because it aims to comprehend the complexity of social problems, find alternative solutions to solve the problem, uncover the unintended consequences of a policy, reveal inconsistencies within a policy, and identify policy changes across levels of implementation (Marshall & Rossman, 1999). The initial purpose of this study is to understand the different ways in which district wellness policy is implemented in schools.

Research Questions

The aim of this study was to discover and consolidate the “levers” that work to untangle the chaotic and unreliable process of policy implementation and to find ways that schools may improve student health opportunities. At the start of this project, the primary research question was, “What are the different ways in which district

wellness policy is implemented in schools?” The question was broadly phrased so that it would cast a wide net in terms of gathering data and impressions regarding district wellness policy implementation. The word “different” was selected to remind readers to look for the contrasts between integration processes between the schools. More specific questions were added to get at theoretical, procedural, cultural, linguistic, and historical contexts for the primary inquiry. Those questions are:

- Theoretical: What happens when wellness advocates in schools are provided with a district wellness policy as a way to improve student health?
- Procedural: What are the processes that go into district wellness policy implementation in the case study schools?
- Cultural: How do beliefs and norms in those schools impact implementation of the district wellness policy?
- Linguistic: How is the language of district wellness policy used to direct wellness policy implementation in schools?
- Historical: What are the student wellness opportunities in the schools before and after district wellness policy implementation?

The questions were intended to get at the ways that people and school environments interacted once a district wellness policy was introduced in a school. Several common follow-up questions emerged over the course of the study and were added to the interviews to learn more about several critical factors influencing policy localization. Specifically, the questions asked about how staff members defined “student wellness,” what motivated them to work towards creating student wellness opportunities, what their

views were about the role of leadership in policy localization, how they saw school culture influence policy implementation, how critical incidents impacted policy integration, and how student wellness resources contributed to the sustainability of the policy. Although interview questions were modified to fit into the flow of face-to-face conversations with study participants, the original list of interview questions is available in Appendix C.

Key Terms

These descriptions invite a shared understanding of concepts discussed in this paper:

National School Lunch Act (1946) – The original federal policy that addressed food shortages in schools by providing farm-raised foods for undernourished children and that also drew attention to student health and wellness.

Healthy, Hunger-Free Kids Act (2010) – More recent iteration of the National School Lunch Act that aimed to provide free and reduced priced meals to low-income students. This national legislation, formerly called the Child Nutrition and WIC Reauthorization Act (2005), required school districts that participate in federally funded meal programs to create a district wellness policy that “includes goals for nutrition education, physical activity, and other school-based activities designed to promote student wellness in a manner that the local educational agency (school district) determines appropriate.”

District wellness policy - The district wellness policy is a document that was developed by a group of school district representatives, ratified by the district’s school board, and dispersed to the district’s schools for implementation in the fall of 2006.

Student wellness – “Student wellness” represents opportunities, activities, and programs that aim to improve physical activity and healthy nutrition options for children in a school setting. Opportunities are any events that provide health or physical fitness.

Activities and programs – These terms are used interchangeably to describe one time or long-term events that students experience in their schools.

Student wellness curricula – Curricula are distinct from activities and programs in that they are planned within the context of stated health and physical education curricular standards and guidelines.

Policy – Policy is the “the dynamic and value-laden process through which a political system handles a public problem” (Fowler, 2000). It is also an official governmental device, as well as a living document that changes as the purposes of the policy are activated and modified by stakeholders (Levinson & Sutton, 2009).

Policy implementation – In general, policy implementation refers to the introduction and use of a policy text and intent within a specific setting (Levinson & Sutton, 2001).

Policy integration – Integration is the process by which the policy becomes part of the everyday culture and operations of the school.

Policy sustainability – Sustainability is the condition in which the policy-related activities become traditions embedded in the school’s rituals and routines.

Appropriation – Once a policy is formed into text, it is distributed to organizations (or social contexts), like school districts, that choose to accept or ignore the policy (Levinson & Sutton, 2001). Note: In this proposal the term *appropriation* will *not* be used to describe the allocation of funds to a policy provider or beneficiary.

Localization – If a policy is accepted by an organization, localization occurs as the policy is customized to fit the organization’s unique situation. Community stakeholders interact with the policy text and with each other to contextualize the policy elements (Koyama, 2008).

Socio-cultural approach - Sociological and anthropological perspectives will inform the theories and methods used in this study (Wedel & Feldman, 2005). For instance, policy will be seen as a social practice that involves the interdependency and power relationships of various stakeholders (Levinson & Sutton, 2002) and document analysis will be viewed as an opportunity to gain insight into the “material culture” of school sites (Hill, 2003).

Actor network theory – Stakeholders, also called actors, interact in complex social networks that develop and influence the policy process (Latour, 2005).

Wellness champions – Staff in the schools who are concerned about student health and may or may not be organized into a formal Wellness Committee. These staff, no matter their recognized role, went out of their way to prioritize student wellness into their contributions to the school community.

Local Context and Professional Involvement

Through my own experiences as an educator and a scholar, I bring a unique perspective to this study. As a school district administrator, classroom teacher, district wellness policy co-author, and wellness grant manager, I am able to supply a personal narrative that both illustrates the theme of policy as practice and colors my perspective as a scholar. As a graduate student in education policy and organizational leadership, I am

able to draw upon my knowledge of policy analysis, sociocultural practices, and leadership frameworks.

Among these programs was a \$1.5 million grant from the U.S. Department of Education (the Carol M. White Physical Education Program, or PEP grant) to increase health and physical activity opportunities for elementary students during and after school. As the grant manager, I monitored the budget, brokered relationships between elementary schools and city recreation centers, purchased curricula and equipment for four dozen participant sites, and encouraged the creation of family wellness nights in low-income neighborhoods. During this time period, I learned how federal policy translates into financial and human resources that are used to support a specific agenda. I also learned that policies and the people who create and manage them interact in ways that continuously modify the purposes, language, priorities, and other components within the life of the policy.

When I became grant manager in the fall of 2007, many of the grant programs were already in place. One dozen elementary schools were already paired with one dozen city recreation centers; healthy snacks and non-competitive sports were already available to students who left school to attend the afterschool program at the center; and fitness-related resources were already purchased and allocated to the various sites. I immediately became immersed in the details of the complicated grant proposal and incomplete record of how a portion of the \$1.5 million had been spent. Other issues subsequently came into view, such as the fact that grant administrators were under scrutiny for installing climbing walls in school buildings and the recreation center staff

perceived an unfair distribution of sporting goods equipment relative to the physical education teachers at the schools.

There were other problems that attracted my attention. For example, the classroom teachers who were tasked with teaching a yearlong health curriculum had not been properly trained, and students were having a difficult time finding transportation from their schools to their partner recreation center. I was amazed at how a seemingly straightforward idea – increasing student wellness opportunities in the school district – had devolved into a program fraught with obstacles and unresolved conflicts. As I made my rounds to schools to bring supplies or check in with school principals, I became aware that some educators were excited to receive additional student wellness materials while others waylaid my plans with refusals like “we don’t have time for these fitness activities,” or “these health lesson plans don’t line up with our standardized test preparations,” or “I can’t give teachers something *else* to do!” As a stereotype that I held about urban schools dissolved, i.e., that their staff would be open and grateful to receive materials that would ostensibly benefit their students, I became increasingly curious about what was going on in schools with respect to the district wellness policy. I wondered why there were inconsistencies in staff attitudes about student wellness opportunities across schools and discrepancies between schools in their adherence to the wellness policy guidelines. “If all of our district’s schools,” I questioned, “have the same policy, then why do the schools show so many different versions of policy implementation?” In retrospect, I was determined to improve wellness conditions for students in the two dozen elementary schools, but overwhelmed with the work it would

take to bring the schools' staff and culture to a point where they would *be able to receive* the plentiful resources that we were offering. The federal grant had a three-year funding cycle followed by two years of unfunded requirements to secure the longevity of the programming in schools and the practice of healthy habits among the students in the participating schools. The bulk of research for this study occurred during the time when evidence of the grant's sustainability would have been observable.

District Wellness Policy

In addition to federal regulations about meal programs, school districts are mandated to implement wellness policies that “include goals for nutrition education, physical activity and other school-based activities that promote student wellness” (HHFKA, 2010, p. 2). This requirement motivates school districts to convene committees to compose, ratify, and implement wellness policies. Wellness policy implementation in schools is valuable because it presents chances for administrators and staff to adapt their school's policies and educational practices in ways that benefit the student population in their unique school setting. They are able to tailor wellness curricula and activities to fit the needs and resources of their schools. Districts who receive Title I funds are required to have student wellness policies that promote students wellness opportunities in their schools.

In the spring of 2005 I was contacted by the Director of Student Wellness (at Saint Paul Public Schools) to join a committee charged to draft the district's wellness policy. We used a manual prepared by the University of Minnesota to guide us through the policy writing process. Over the course of several months, a group of community

stakeholders gathered to draft and re-draft the document that would become a School Board-approved Wellness Policy. The group included district administrators, food service staff, principals, teachers, students, parents, and professors from the University of Minnesota.

Although the group represented a diverse group of stakeholders from a variety of departments and schools, many of the members were invited by the Director of Student Wellness and were known advocates of healthy nutrition and physical activity for school district children. For example, all of the principals in the group were celebrated for going above and beyond common school practices by offering students healthy snacks and additional sessions of physical activity during the school day. Since the group did not represent a diversity of perspectives about healthy nutrition and physical activity, it was relatively easy to come to agreement about the content of the policy. During the policy writing process, the committee split into two sub-committees. One sub-committee focused on the content and language of the nutrition aspects of the policy, and the second focused on the physical activity aspects.

Nutrition

The Director of Nutrition services convened the sub-committee to write the nutrition side of the district wellness policy in ways that met or exceeded the nutrition as required by the U.S. Dietary Guidelines for Americans. Those guidelines defined the quality, inclusivity, and education about foods and beverages. The policy promoted the consumption of fruits, vegetables, and low-fat dairy products. Those foods and beverages were offered in ways that were inclusive of the diverse cultures, religions, and dietary

needs of the student population. Further, foods and beverages were not to be used as behavior modifiers: neither distributed as rewards for appropriate behaviors, nor withheld as punishment for undesirable behaviors. Efforts were made to educate students about making healthy nutritional choices while becoming savvy about food and beverage advertising. The nutrition guidelines were important to consider because they strongly influenced what foods were available and restricted in school and how they would be made available to students. Several controversial discussions about food and nutrition, such as the frequency of sugary treats for student birthday celebrations, came up throughout the field study portion of this study. To narrow the scope of this study, the topic of physical activity, rather than nutrition, with respect to student wellness will be the major focus of the paper. This choice is partly in response to the researcher's bias that the topics of food and nutrition appear more frequently and predominantly in conversation about wellness, and that physical activity is underrepresented as a powerful approach to improved health. Further, student nutrition in urban public schools is strictly controlled by federal government regulations and offers school staff limited opportunities to make modifications. District controlled nutrition services advance United States Food and Drug Administration (FDA) standards like menu selections and portion size. Research questions about how certain foods, like wheat or dairy, influence student wellness would indicate additional literature reviews about biochemistry; and inquiries about nutrition policy would point to further study about FDA policies.

In cases where nutrition is references in this paper occur within the context of physical activity. For example, if a school chooses to have recess before lunch there may

be anecdotal evidence that students eat more food (known in nutrition services as “reducing waste”), but this paper will look into the implications of physical activity before a meal rather than the impact of eating afterwards. In summary, in this paper about student wellness, physical activity is privileged over nutrition to build a more manageable and defensible discussion about the possibilities for district wellness policy localization in schools.

Physical Activity

I was selected to facilitate the physical activity section and, together with pro-fitness principals, physical education teachers, and other stakeholders, we wrote our draft of the details of the section. The majority of our ideas came from our training and experiences with child development and physical activity. We also referred to state and national standards for health and physical education and wellness policy texts from other school districts for ideas about where to begin.

Below are the nine points presented in the physical activity section of the adopted district wellness policy:

1. Schools will strive to make continuous progress toward physical education classes that meet or exceed the National Standards for Physical Education.
2. Students will demonstrate an understanding of skills and techniques to achieve and maintain life-long personal fitness.
3. Students will have access to physical education class and/or fitness-oriented activities regardless of behavioral or academic status.
4. Schools will refrain from using exercise as a consequence for negative

behaviors.

5. Schools will work to develop and coordinate physical activity opportunities before, during and after school.
6. Students at the elementary level will participate in frequent, active recess.
7. Schools will engage students in a variety of physical activities throughout all disciplines.
8. Schools will hire physical education teachers that are certified and licensed instructors.
9. Schools will maintain safe and developmentally appropriate fitness equipment and activity areas. (Saint Paul Public Schools Policy 533.00, 2006)

The policy language directs schools to follow National Standards in physical education with regard to the offering of physical education and healthy nutrition and physical activity expectations for students and staff. Throughout the process, the physical education teachers pushed to maintain the highest expectations possible. School principals emphasized the need to make the requirements enforceable, and teachers complained that it would be difficult to add any more physical activity to a test-prep-packed daily schedule. Nonetheless, the school board approved the committee's proposed wellness policy, and, during the eighteen months that followed, the school district sponsored many activities to promote student health and wellness that will be presented in the findings chapter.

Study Overview

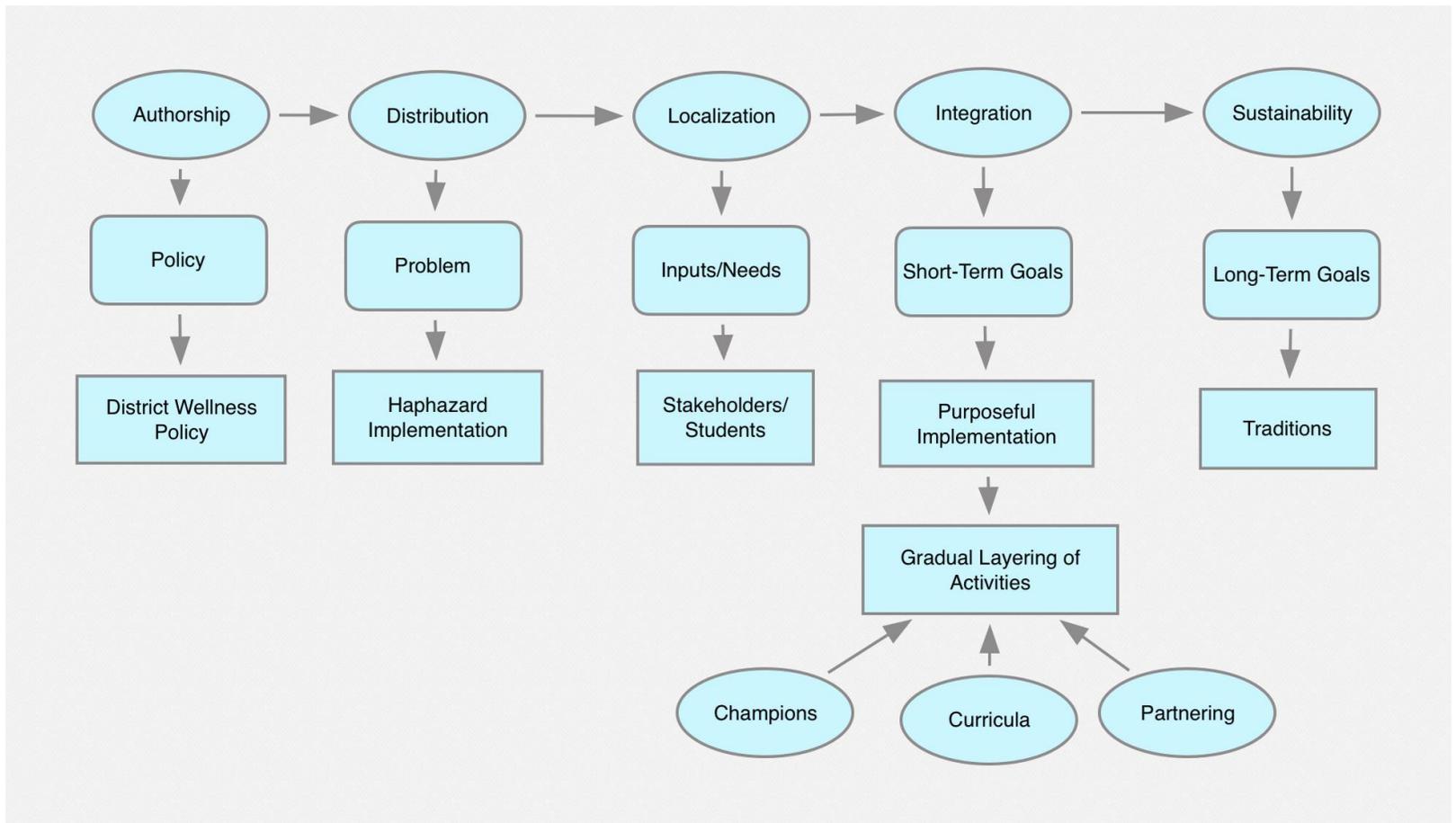
Chapter 1 presented the problem of haphazard policy implementation and laid out a plan for making sense of the process of school district wellness policy localization. The research questions were designed to look into the socio-cultural context of student wellness in two case study schools. Chapter 2 relates a brief history of school nutrition and physical education policy alongside recent developments in district wellness policy in the Saint Paul Public Schools. The chapter also expands on the theoretical frameworks that guide the conceptual foundations of the research. Chapter 3 outlines the research design and methods used in this dual case study. Chapters 4 and 5 explain the findings about district wellness policy integration and sustainability, and an overview of these findings is shown in Figure 1-1.

Figure 1-1 is a display of the development of policy integration and sustainability. This display is important because it shows the way that the district wellness policy proceeded from authorship through long-term sustainability. Once distributed throughout the district, the wellness goals suffered from haphazard implementation as each school setting localized the policy to suit diverse inputs from stakeholders and varied needs of the student populations. During the stage of policy integration, short-term goals were realized with purposeful and gradual layering of wellness activities. Some of these goals were accomplished via the efforts wellness champions to tailor fit curricula and outside partnerships. Finally, there is evidence of policy sustainability in the establishment of student wellness traditions that outlast changes in policy prominence and personnel. Chapter 4 unravels the idea that the district wellness policy acted as a catalyst to increase

and improve student wellness opportunities in the schools. The findings show that the existence of the policy had an impact on stimulating student wellness opportunities in the schools, however, it questions how the timing of the wellness policy ratification influenced student wellness activity implementation. Chapter 4 also reveals the ways that staff at the case study schools defined student wellness, how those definitions motivated staff to act, and the role that the district wellness policy played as a catalyst to inspire student wellness opportunities. In short, the findings show that wellness champions, or staff in the schools who are concerned about student health, have definitions about their students' wellness that are shared by other staff at their school and that those definitions determined the ways that staff promoted student wellness opportunities. Staff comments and actions disclosed that overall the staff at each school shared similar sentiments about the health of their students and that those similarities led to an overarching approach to policy implementation.

Chapter 5 turns to the influence of leadership, whether by principals or staff, in the localization of the policy within each school and the development of a vision of student wellness for their school. The findings uncover the relationship between the positional power of the key wellness champion in each school and the way that he or she shares information, responsibilities, and tasks. Ultimately, the data will reveal that one way to lead proved better than the other, and this realization will encourage future research about best ways to embed and localize policy initiatives into schools. In both schools, wellness champions showed great effort and resourcefulness when it came to

Figure 1-1 Overview of Policy Integration and Sustainability



planning and facilitating student wellness curricula and activities; but the way that staff collaborated in one of the schools established wellness traditions in ways that signaled greater success with policy implementation and localization.

Conclusions about local and broader policy implementation practices are drawn in Chapters 6, along with connections between lessons learned in this study and recommendations for future wellness policy localization in schools. A significant finding developed throughout the chapters is that specific conditions and strategies of district wellness policy integration in each school led to the relative sustainability of student wellness opportunities. Overall, there are some similarities in wellness localization dynamics across the two schools and some distinctive organizational patterns, practices and policies.

Chapter 2: Literature Review

Healthy, Hunger-Free Kids Act of 2010

The Healthy, Hunger-Free Kids Act (HHFKA) is a federal policy designed to reduce childhood obesity and to improve children's health. In its simplest form, HHFKA makes provisions for free and reduced meals for children in schools. The basis for HHFKA originated in the 1940s when government agencies, under President Roosevelt's New Deal, organized the construction of school cafeterias and the development of add programs to distribute farm-raised foods for school lunch programs (Levine, 2008). The policy declaration of the National School Lunch Act reads:

It is hereby declared to be the policy of Congress, as a measure of national security, to safeguard the health and well-being of the Nation's children and to encourage the domestic consumption of nutritious agricultural commodities and other food, by assisting the States, through grants-in-aid and other means, in providing an adequate supply of foods and other facilities for the establishment, maintenance, operation, and expansion of nonprofit school lunch programs.

(NSLA, 1946)

When the program began in 1946, it cost \$70 million (500 million in today's dollars) to feed thousands of America's school children. Presently, over 30 million children are served daily meals at an annual cost of \$9.3 billion (USDA, 2009). Both HHFKA and NSLA continue to work with the US Federal Government to prioritize children's health by allocating federal subsidies to schools to run meal programs and to farms to supply healthy foods. School districts receive Title I funds to pay for free and

reduced priced breakfasts and lunches for low-income families, and farms receive financial support to grow vegetable, fruits, and livestock. This farm to school cafeteria tables to student meals process is played out in school districts across the country.

Student Wellness

Ninety-five percent of children aged 5-17 are in a school where they receive “continuous and intensive contact” from professional educational personnel who, through this contact, are able to enforce and reinforce behavioral changes in children (Paxson, 2006). Schools may also inspire habits of physical activity in school-aged children that continue into adulthood (Carter, 2002), as well as support the recommended 60 minutes of moderate to vigorous aerobic activity every day, supplemented with three days each of muscle and bone strengthening exercises (CDC, 2010). School programs designed to increase students’ participation in physical activity include physical education class, recess time, intramural sports teams, and physical activity breaks during class time. Such programs have a positive effect on student health, develop social skills, improve students’ mental health, and give students multiple opportunities to expend energy. School administrators and staff were also motivated to promote student wellness by providing their students with access to physical activity to improve attendance and test performance (Sallis & Glanz, 2006). They were motivated to improve attendance and test performance to avoid sanctions that were outlined in another piece of legislation named No Child Left Behind that will be discussed later in the chapter. As a veteran of the K-12 education, I, too, am motivated to do my part to improve student health to improve student physical fitness, emotional health, and self-confidence.

School District Rollout

Large, mandatory meetings for principals and wellness champions were held at the district office building during the weeks before the 2007 school year started. At these meetings the audience of educators was addressed by a team made up of members of the district wellness policy writing team. The team explained a slide show that described the district wellness policy goals and the rationales behind student wellness initiatives. The meeting began by explaining that since the school district participated in the National School Lunch Program, it was now required to adopt a local school wellness policy. Policy implication, which began that school year, addressed healthy eating and physical activity. District staff learned that the policy included nutritional guidelines for food served on school campuses, plans for measuring the implementation of the local wellness policy, and involving students, parents, teachers, administrators, school board members, and school food service workers.

Next on the agenda came a lesson about childhood obesity. The presentation team showed data from the Centers for Disease Control about rising levels of childhood obesity. They said that about 30% of children in the United States were at risk for overweight or obesity and that a diabetes prevention pilot in 4 schools showed that 40% of Saint Paul Public School Students had the same dire future, i.e., that their future as overweight and obese adults would be plagued with diabetes, high-blood pressure, heart attacks and strokes. They described a concurrent rise in health care costs related to obesity-related conditions in youth and credited these problems to poor diet, increased sedentary behaviors, excessive screen time, environmental barriers to health, media

messages that promote unhealthy habits, and high-calorie snacks. The district spokespeople then connected student health with academic achievement. In the 2006 version of the slide show presenters quoted the National Association of Secondary School Principals who said that “[a]cademic achievement begins with a student who is healthy and alert.” They argued that schools were a place to remedy childhood overweight and obesity problems because United States children are mandated to attend school, that schools have the capacity to influence children’s eating and activity choices, and that during the school day students were able to experience a healthful environment.

District officials told roll-out meeting attendees that the Saint Paul Public Schools had already made significant changes towards healthy school environments. Vending machines that sold sugared soda pop had been removed from schools and replaced with machines that only sold bottles of water. Nutrition services had created right-sized portions of fruits, vegetables, sides, and entrees. School nutritionists boasted that they exceeded United States Department of Agriculture health standards for levels of vitamins, minerals, proteins, fats, and sodium. Next in the presentation, representatives from the district’s physical education department talked about the recommendations, benefits, and strategies.

They described national recommendations for 150 minutes per week of physical activity, claims that physically active children avoid colds and influenza, and chances for children in schools to engage in physical activity throughout the school day. At this point in the presentation, facilitators emphasized that physically active students were better able to concentrate in class, scored better on standardized tests, and had better attendance

records. Next, the role of school staff was to set school wellness policies, be a positive role model for health, be an advocate for daily physical activity, curtail the use of food and rewards, promote healthy fundraisers, and recruit others to their school's wellness committee. To conclude the presentation, leaders listed next steps: To form school wellness committee, institute healthy rewards for students in the classroom, reschedule recess to occur before lunch, convert from the likes of candy sales to healthy fundraisers, send students out for recess rather than hold them back as a behavioral consequence, employ state certified physical educators, and attend additional wellness champion trainings to be held later in the school year.

District Wellness Policy Complexities

As mentioned in the introduction, it was my involvement as grant coordinator that led me to take on this research study. While trying to manage the grant's programs, I became fascinated by the many layers and agendas that transformed what I perceived to be a straightforward process – the use of money and people power to bring student health and wellness opportunities to children – into a convoluted matter. What I learned is that there are many complexities that tangled both the goals of the grant and the implementation of the district wellness policy. In practice, accomplishing the goals of the federal grant would have been proof that the grant was functional, and in theory, seeing the aims of wellness policy integration and sustainability in action would have been evidence that the policy was working. It is important to discern that the grant stimulated my thinking about the inner workings of the school district, but it is the *policy* that is examined in this study.

At the outset of the study, there were several factors that seemed like they would be useful to understand and apply while investigating the localization of the district wellness policy. Some of those factors are the self-interest of key players in the policy process, confusions about how labeling students helps or hinders policy efforts, and varied interpretations about the policy itself.

Self-Interest and Labeling

I remember my excitement when I began my role as the manager of the PEP Grant (Physical Education Program). “This will be great!” I thought, “*Everyone* will support a grant that provides resources to improve student health.” I was right, and I was wrong. Early visits with policy recipients to outline their involvement with the grant met with mixed responses. Often my enthusiasm for the project yielded positive reactions. Physical education teachers were excited to bring fresh curricula to their students, and recreation centers were happy to receive sports equipment. My enthusiasm (and co-current naïveté), however, were not enough to overcome project dissenters. Obstacles sprung up when school staff refused to welcome the project into their school and recreation center staff rejected partnerships with neighboring schools. This study does not aim to condemn or refute these points of view, but rather to investigate the complexities that develop when district wellness policy is implemented in schools. Two of these complexities are stakeholder self-interest and participant labeling.

Principal-agent problem. The first of these complexities is the principal-agent problem, also known as the agency dilemma. It describes the imbalance that can occur

when a principal (as in primary investor, not school official) uses an agent to carry out its business (Eisenhardt, 1989). For example, a real estate buyer may have conflicting interests and goals with a real estate agent since the buyer is looking for the lowest purchase price on a selected property, while the agent prefers the highest price in order to receive a higher commission. Likewise, the primary investors in federal school meal policy, perhaps legislators, may have conflicting interests and goals with the policy's agents, such as farm owners and school bureaucrats (Levine, 2008). Legislators may be focused on maximizing their political power and influence, while farm owners are intent on optimizing their federal subsidies and profits from food sales, and school bureaucrats are looking to capitalize on influxes of funding for their programs. In this process it becomes difficult for legislators to make decisions that equitably benefit the stakeholders, and ultimately the students.

Eligibility and isolation. The other complexity involved in policy implementation has to do with labeling. During policy formation and implementation, labels are made and used to identify target populations as eligible to benefit from the policy's supports and services. Those groups are characterized by the social constructions that they represent (Schneider & Ingram, 1993). For example, "World War II Veterans" were identified in the late 1940s to receive housing and higher education benefits through the federal G.I. Bill (Putnam, 2000). Similarly, students from low-income families are currently identified to receive supports and services under NSLA and HHFKA, and their "Title I" designation has become synonymous with poverty (Levine, 2008).

Not only are groups inextricably linked to their labels, but also the partial

purpose of the policy is to perpetuate the labeled group's "eligibility" and thereby the need for the policy and related programs (Stein, 2004). In the case of Title I services, the cycle looks something like this: Student families report low incomes, schools label the students as eligible for Title I services, programs and personnel are established in school to provide Title I services, the programs attract more low-income students, and the policies and programs are perpetuated to serve the population of Title I students.

When the term *Title I* is used to label poor children in schools and families, these communities may become isolated, or marooned, as did the Black Indians in the colonial United States. At that time, African slaves and American Indians thrived in their own communities even as the Europeans demonized and destroyed them (Katz, 1986). In contemporary times, low-income communities, compared with middle- and high-income communities, are marooned in "food deserts," where they do not have access to full-service grocery stores that offer a wide range of healthy foods at affordable prices (Drenowski, 2004). School district wellness policies offer some relief from "food deserts" by providing healthy and free breakfasts at schools to children and their families (HHFKA, 2010), but that relief also includes the complexities of policy implementation.

Theoretical Frameworks

Yin (2003), in writing about qualitative research practices and case studies, states that, "The use of theory, in doing case studies, is not only an immense aid in defining the appropriate research design, but also becomes the main vehicle for generalizing the results of the case study" (p. 13). To investigate district wellness

policy in practice, I mobilize a sociocultural approach to analyze the policy implementation process. That is, I began this study with the idea that policies are living documents that are influenced and changed by the interactions of policy actors. Once policies are viewed as living documents, the district wellness policy text is viewed not just in terms of the guidelines to be followed or ignored, but as a process of authorization and implementation.

Life of a policy. One public policy point of view is that there is a notable separation between policy authorization and policy implementation. In other words, policies are written by an elite group of lawmakers and then passed down to the policy site for implementation (Hill, 1993). Under this arrangement, policy texts are written at the government level, then passed directly to the people and places where the policy is enacted as written.

Traditional policy practice defines the acceptable, and thereby unacceptable, behaviors at the policy site. In this way, external social structures are established that limit the choices and opportunities of individuals, and in counterbalance, agency, or the capacity of individuals to make choices restores autonomy (Bourdieu, 1991). This perspective about the policy process inspires ways to unite “governmental action” with everyday practice (Hill, 1993).

Levinson and Sutton (2001, 2009) observed that “to shape policy is to have an irrevocable influence on orders of being and practice down the chain of command” (p. 22) They also challenge this conventional viewpoint with the idea that policies have *lives* that can be studied over time. They assert that there are moments in the life

of a policy where the purposes and text of the policy are applied, interpreted, contested, and/or modified. The life of a policy includes the translation of a policy from the social context where it was formed to the social context where it lives. “The study of official policy appropriation highlights other moments of the policy process, when the formulated charter, temporarily reified as text, is circulated across the various institutional contexts” (Levinson & Sutton, 2001). They suggest that the appropriation stage is an important part of the study of the policy process and that researchers can examine the ways that policy recipients interpret and enact policy elements in order to paint a picture of the policy process (Levinson & Sutton, 2001).

Levinson and Sutton view policy as the negotiation of meaning within a social context. They propose that policy activities are grounded in the policy actors’ process of making meaning and gaining understanding while they “take-in” the policy and make it their own (Levinson & Sutton, 2009). This process, which they term “appropriation,” evokes important questions about policy:

What might it mean to take policy as social practice? How can we put action back into the text and conceptualize the entire policy process as a complex set of interdependent sociocultural practices? How can we see the practice in policy, and how can we harness that vision to modify the technocratic landscape of most education policy initiatives, which obviate the promise of fuller democratic participation? (Levinson & Sutton, 2009, p. 2)

Levinson and Sutton consider the policy process the messy business of including and infusing the input of multiple and varied stakeholders into policy

formation and implementation *while* the policy elements are in progress. This iterative process makes it possible to implement policy in a way that will work for the specific site and throughout the life of the policy, thereby custom-fitting it to the ever-changing specifications of the setting.

Interactions of policy actors. Shore and Wright (1997) write about the practice of tracing policy linkages between organizational and ordinary policy spheres. The difference between organizational and ordinary policy spheres is that organizational policy spheres are the professional forums, like the district wellness policy writing team, where policies are created, and the ordinary policy spheres are the day-to-day places where policies are enacted. They add the idea that when policy actors enter into and create the policy milieu, they are bringing in their own complex and distinct worldviews. If we see policy-making as a democratic process, we can then move from the traditional view that asks, “What can policy do?” to declare what policy *can* do. And at that point we invite democratic participation in the policy process.

When we allow our thinking to follow this path, we are essentially changing “policy” from a noun to a verb. Policies, then, “should be considered not as eternal truths, but as hypotheses subject to modification and replacement by better ones until these in turn are discarded,” and democracy should be seen as a coalition of cultures where support, opposition, and competition are essential (Wildavsky, 1993, p. 18). We can also change the emphasis of our phrasing to form the question, “*Who* can do policy?” to remind ourselves that there are multiple and varied stakeholders involved in the policy-making process. This distinction is important because once the people

involved in policy implementation, and not just those who author the policy, are recognized as having impact, then they are also seen as having the power to make the policy work in ways that benefit their unique setting.

Bruno Latour's actor-network theory (2005) looks more closely at the *who* in the question, "*Who can do policy?*" Latour provides a lens through which we can view the interplay of human and non-human actors (also called *actants* or *entities*) in policy processes. Actor-network theory (ANT) allows us to include not only human policy actors such as legislators, but also non-human entities, like policies. While studying dirt samples in Brazil, for example, Latour insisted that the dirt itself became an actor in the research process. The dirt plays a role in its original site in the earth, a different role once removed from the site, yet another role when studied with a measurement device, and so on. Latour's perspective permits us to think about how non-human actors play a role in policy development, and therefore we are able to analyze social interactions that include non-human entities even though we do not usually consider inanimate objects capable of interaction. In doing so, we can better research what policy can do.

Frameworks in action. Referring often to Latour's actor-network theory, Koyama (2008) outlines the ways in which multiple actors -- principals, district administrators, Board of Education members, local government officials, tutoring company managers, test scores, and achievement gaps -- engage in interactions that create and sustain school failure and thereby the need for supplementary educational services. She activates the notions of the life of a policy and the interactions of policy actors when she researches No Child Left Behind (NCLB), as well as the supplementary educational

services in New York City Schools. “Camouflaged in persuasive wording and costumed as the final solution to school failure,” Koyama writes, “NCLB seems to be an objective and neutral cultural tool” (Koyama, 2008). In reality, Koyama argues, policy actors appropriate and localize NCLB in ways that serve, instead of solve, school failure. Koyama describes the relationship between public school failure and for-profit tutoring services that operated in New York City. She shows that school administrators, per NCLB requirements, contracted with supplemental services to improve student standardized test scores but did little to evaluate the quality of the instruction or monitor the progress of student participants. In this way, the district complied with the government mandate and the tutoring company delivered services without clear evidence of improving student test scores or academic proficiency. In her words, the “actors constructed and engaged in multi-directional schemes of action” (Koyama, 2008, p. 208). In my view, Koyama’s discussion challenges us to look away from school failure as the subject of our investigations and instead study the social interactions of the adults who engage in school failure. She writes:

Focusing on the flow of actions initiated when actors appropriate NCLB changes the field of study. It is no longer a question of studying school failure, but rather a study of what happens when the adults, some of whom have been making it an enormous problem, are provided with a policy “solution.” Rather, the focus is on the social—the interactions, associations, and relations along which actions aimed at attending to school failure flow—and through which actors make their behaviors accountable in their everyday work situations

(Koyama, 2008, p. 229).

Koyama's ideas inspire further investigation about the implementation of district wellness policy in schools, the interactions of wellness policy actors, and the efforts in schools to improve student health. Firestone offers a different point of view about policy implementation. He says that policy that is enacted has different players, inputs, outputs, rules, winners and losers; and that within this "ecology of games" it is difficult to analyze policy due to the incongruities within different phases of the policy process. The ecology of games metaphor underscores the "...variety of games played by different people for different reasons and the loose linkages between those separate games" (Firestone, 1998, p. 23). For example, during the district wellness policy authorship phase the various stakeholders had their own contributions, desired outcomes, and ways of perceiving what it would look like to win or lose debates about what may be included or excluded from the final policy document.

Nutrition services representatives want more attention paid to what students eat, and physical educators are more attuned to the rigorousness of fitness classes. According to Firestone the relationship between the goals of various stakeholders may be competitive, cooperative, distinctive, or interdependent and that these player dynamics "highlight the messiness and discontinuities in the policy process."

The Healthy, Hunger-Free Kids Act of 2010 is a call to attend to student health and wellness in public schools in the United States. The Act is tied to federal funding that is granted to districts with disproportionate percentages of students who are deemed impoverished and for whom obesity is a major concern. In addition to the students and

their families, there are stakeholders in the legislature and the school districts who author and roll out the policy details that are enacted on a school-by-school basis. Throughout the policy process there are challenges that arise such as competing interests for scant resources and the potential for stigmatization of policy recipients. Policy itself may be viewed as a published document with rules and regulations and policy may also be seen as a living document subject to interpretation and localization.

Regardless of whether the policy document is seen as unyielding or malleable, it is *people and their practices* that bring the policy to life within the context of each school. While policy implementation within a school may be more or less democratic, policy enactment generally undergoes a process of localization that shapes the policy elements to fit the school culture. Finally, this review of the literature introduces the ideological tension between policy actions that advantage the stakeholders that those which benefit the policy recipients. In order to find meaning within these interrelated dynamics a dual-site case study was designed and carried out in two elementary schools within an urban school district.

Chapter 3: Research Design and Methods

Policy is a chain of decisions stretching from the statehouse to the classroom that is a by-product of all those games and relationships; no one is responsible for the whole thing. (Firestone, 1998)

The existence of the district wellness policy in Saint Paul Public Schools brought attention to matters of student health at the school level. It also provided a corridor for inquiry or an inroad and structure for a research project that looked at policy implementation and student wellness opportunities within specific schools. The research design is based on the idea that data collected in the school settings can be used to paint portraits of the school's policy landscape and in turn generate findings that inform future policy implementation.

Research Design

This project was a qualitative, dual site case study that looked at wellness policy implementation within two public elementary schools. A qualitative approach was appropriate because the implementation of district wellness policy was complex, contextual, inductive, and ambiguous. There were complex interactions and concrete activities that occurred as district wellness policy was implemented within the specific contexts of schools (Stake, 1995). The researcher recognized that qualitative studies required a tolerance for ambiguity, sensitivity to surroundings, and strong listening skills (Merriam, 2009). Further, that roles of the case study researcher included: the theorist

who explained the complexities of case, the interpreter who connected events and constructs meaning, the biographer who recorded and told pertinent life stories, the teacher who informed and educated, the advocate who stood up for others, and the evaluator who considered the arrangement of criteria with quality (Stake, 1995).

Various forms of qualitative data were collected and reports were written that were descriptive and explanative (Pedhauzer & Schmelkin, 1991). Schools were selected based on criteria discussed in the section about settings and samples. An inductive approach was used throughout the study. Open-ended questions were asked (see the interview questions in Appendix A), field observations recorded, and relevant documents amassed. Specific data collected during the study were analyzed to reveal relevant and useful understandings about district wellness policy implementation.

The IRB approved this study in the exempt category. It was determined that the interviews of adults and observations of public school setting posed a minimal risk to the students in the schools. School principals, nurses, physical education and health teachers were recruited, then asked to name other student wellness advocates in their school. To choose venues for unobtrusive observations of student wellness content, the principal was asked to recommend classroom activities and school events.

Case Study

Case studies are used to examine the natural progress of a policy within the organization (Stake, 1995). Case studies can be described as particularistic when they focus on everyday practice, descriptive as they paint a detailed portrait of the case, and heuristic as they unveil experiences within the case (Merriam, 2001). Case study protocol

is explained as “a major tactic in increasing the reliability of the case study research and is intended to guide the investigator in carrying out the case study” (Yin, 2003). The advantages of using case for this study include: the chance to explore schools as discreet cases; and to write rich descriptions that include the complexities of each setting (Mintzberg, 1979). The descriptions will serve to record the past, present and future of programs, procedures, and in-house policies that promote student wellness. This project aims to act as a mirror that provides retrospective and current reflections about how district wellness policy is implemented and may be used by personnel in schools to guide student wellness initiatives in the future.

This project was a dual site case study in that it sought to investigate the wellness policy process in two elementary schools. Each context was considered a case, and the study examined two unique cases. Within each case, efforts were made to gain insights into the wellness policy processes within each school. This arrangement also allowed for “cross-case analysis” which offered opportunities to gather more extensive information, verify findings, yield comparative possibilities, and identify additional policy strategies (Yin, 2003).

Setting and Sample with Rationales

The settings for this study were two SPPS elementary schools that implemented the district wellness policy with different approaches, given different resource levels and different perceptions/meanings of student wellness. The population sample was the administrators and staff who designed and managed wellness initiatives and activities within their respective schools. It is helpful to study successful schools to

learn more about how they succeed and less helpful to delve into the processes of failure. As Asa Hillard puts it, “We need to decode success, rather than continue the autopsy of failure” (2002). It was informative and productive to learn about how successful schools select, organize and run student wellness programs, rather than investigate schools that lack a student wellness focus. The main selection criterion for the school sites was that they were recognized by organizations outside of the school district as exemplary providers of student wellness opportunities.

Although it would be interesting to compare several schools that have been successful with wellness policy implementation, this study only used the existence of outside recognition of success to identify the two schools, not to measure or evaluate the degree of success. In the case study schools, described in detail below, practitioners used different integration approaches supported by distinct definitions of student wellness and varied levels of material resources, but were not compared by level or quality of success.

Case School 1: The magnet school is a public elementary school in a mixed-use commercial and residential neighborhood of a mid-sized Midwestern city. Homes within a four-block radius of the magnet school have a median value of \$85,000 (www.zillow.com). The school remains on the site where it was built in 1924. The remaining section of the original building has a cement and red brick façade with several shields shown in relief (<http://saintpaulhistorical.com>). Near the front steps is a memorial stone dedicated to the class of 1945 who served in World War II. Several brightly colored banners are attached to the exterior of the building, and the banners feature the message “Welcome” in several languages, including English, Spanish, Hmong, Arabic,

Somali, Vietnamese, and Thai. There are also photographs on the banner of children and adults of various ethnicities. The school building and the playground share an entire city block. On the field there is a plastic and metal play set with monkey bars, slides, and other climbing areas. There is also a baseball field with backstop and opposing goals set up for soccer. There are sidewalks surrounding the school that are edged with trees, shrubs and perennials plants. The entire campus is surrounded with a black chain link fence atop a low stone and cement wall. Along one side of the building there are half a dozen raised garden beds in a patch of grass.

Families in the city of St. Paul choose this school by filling out an application form that asks for basic information about their child (name, address, date of birth, etc.) and submitting it to the school district's office of student placement. Students are then selected for the school based on a lottery system until the enrollment is closed (http://placement.spps.org/Choosing_a_School). This elementary school attracts students from varied backgrounds and encourages them to be "critical, creative, constructive and compassionate thinkers" (<http://spps.org/aboutus.html>). It educates a population consisting of a large Asian American and African American population (63% and 22%, respectively) as well as an American Indian and Hispanic population. It is also comprised of 70% ELL students, and 89% of the total student population receive free and reduced meals. Overall, 62% of the students are MCA II proficient by sixth grade. The magnet school has a structured recess program that requires students to be active every day, and the school has organized a district-wide relay walk in conjunction with the "Exercise Your Right to Feel Better" initiative with the St. Paul-Ramsey County Department of

Public Health as a part of their State Health Improvement Program.

Case School 2: The neighborhood school is a public elementary school in a residential neighborhood within a mid-sized Midwestern city. Homes within a four-block radius of the magnet school have a median value of \$275,000 (www.zillow.com). The school was founded in 1912 and built its current location in 1916. The original building has a cream-colored stucco exterior outlined by arches of brown bricks and a red roof. The capital above the front doors is decorated with mid-reliefs of two students holding books and gazing at the inscription, “Take fast hold of instruction for she is your life.” Four Doric columns that lend an air of sophistication to the building’s street view flank the doors. Large to medium-sized trees grow on the front lawn and at various places on the school grounds. A gray chain-link fence separates the sidewalk that surrounds the school from the school building and fields inside. The playing fields take up a little more than half of the city block-sized lot. One area of the playing field has picnic tables with benches and a swing set. There is also a large play set with towers, slides, ramps, and a giant green dragon (the school’s mascot). The baseball diamond and other areas of the property are well groomed and trash-free.

Families choose this neighborhood school by moving to residences with the neighborhood boundaries or by applying for any spaces that remain after all of the students in the neighborhood have been placed. This school is a neighborhood school that is committed to educating a diverse population. It is an official Core Knowledge school with strong parent and community involvement (www.spps.org). The students are 10% African American, 5% each of Hispanic and Asian American students, and 6% ELL.

Twenty-one percent of the students at this school receive free and reduced meals. Ninety-two percent of the student population is MCA II proficient by sixth grade (thirty percentage points higher than the magnet school). This school has received a national award from the Alliance for a Healthier Generation (a joint venture by former President Clinton and the American Heart Association to reduce childhood obesity) for the addition of health and physical education classes to the students' weekly routine.

Sample Selection

Within the two schools chosen for the study, non-probability sampling was appropriate because the aim was to choose study participants who had the most intimate knowledge of district wellness policy implementation. In non-probability sampling, compared with random sampling, the people in the sample population have an unequal chance of being selected (Merriam, 2001). A combination of purposeful and network sampling was used to select study participants in the schools sites (Patton, 1990). School principals, nurses, and physical education and health teachers were initially recruited, then asked to name other wellness advocates in their school. These methods were preferred because the study was focused on gathering information about district wellness policy implementation, and selected participants who had experience in that area.

Data Collection

Case study research involves a variety of data collection strategies, including direct methods such as interviews, observations, surveys, document analysis, and interactive techniques. The main strategy for gathering information for this study was interviews or "conversations with a purpose" (Dexter, 1970). It was beneficial to

interview the school staff (e.g., principals, physical education teachers, health teachers, nurses, and school wellness committee members) in the two locations to learn their opinions, actions, and roles with respect to the district wellness policy. Face-to-face, semi-structured interviews were useful because they offered a chance to observe the body language of the interviewee, questions were asked about things that had been observed, and there were chances to ask probing and follow-up questions. In doing so, I hoped to collect the most meaningful and accurate data.

The interviews were conducted over the spring semester of the 2012 school year. During that time school administrators, PE teachers, nurses, health teachers, and wellness committee members were interviewed. Parents on the wellness committee from the neighborhood school were interviewed, but there were no parent members from the magnet school at the time of the interviews. The school principals informed the school staff about the study and arranged introductions with the initial participants. Interviews were arranged in a way that respected teaching and learning time, interviews did not occur during student instruction time. All interviews were digitally recorded and transcribed by the researcher with support from a third-party provider.

A secondary data collection strategy was observations in the field. Observations provided a descriptive, detailed, and multi-sensory data about social events and interactions about the setting of the study (Becker & Geer, 1970). They also served to triangulate and lend credibility to data that were collected during interviews. Observations were made at both schools during various times and days throughout the week. Some visits were scheduled according to the availability of the researcher, and

others were planned so that the researcher would be able to observe wellness activities such as field day events. Written notes were taken during observations with time set aside after each visit to add additional observations, researcher reflections, and follow-up questions.

School documents connected to student wellness policy efforts also gave information about wellness activities within the schools. Hill (2003) describes document analysis as an anthropological foray into the “material culture” of a study. Some of those documents were the text of the district’s wellness policy, the sections in school family handbooks that reference student wellness, and family communication tools like newsletters that described student wellness expectations and fliers that publicized family wellness events. Other useful documents were the minutes from meetings where student wellness issues were discussed and copies of the school schedules that included wellness-oriented time slots, like extra recess time. Health and physical education curricula that the school used to train and educate students about nutrition and fitness were also useful sources of information about the school culture with respect to student wellness.

Members of the district wellness policy committee who became active in the process of educating school staff about the wellness policy put together a paper and digital copy of a binder that contained materials that could be used to integrate aspects of the policy into daily life at the schools. Some of these items, such as the letter of introduction from the Executive Director of Health and Wellness, are mentioned in the analytical portion of this study.

Interactive data collection methods like reflective draft revisions, peer

collaboration, and inclusion of topical literature were also useful tools for this study.

Majchrzak (1984) considers information from various sources such as secondary analysis, field experiences, policy comparison studies, and the like suitable because they are “think pieces” that would collect and combine multiple elements to inform the study.

Interactive data collection brings all these informational elements together, providing well-rounded data analysis.

Table 3-1 is a summary of the data collection methods used in the study:

Table 3-1. Actual Data Collection by Methods

Data Collection Methods	Participant/Position	Magnet School	Neighborhood School	Additional Participants
Interviews	School Principal	1 interview	1 interview	2 interviews
	Additional Administrator	1 interview	None in this setting	NA
	Nurse	1 interview	1 interview	NA
	Health Teacher	None in this setting	Same person as PE teacher	1 interview
	Physical Education Teacher	1 interview	1 interview	1 interview
	Wellness Committee Member	None in this setting	1 interview with 2 people	NA
Observations	Physical Education Class	3 class periods	3 class periods	
	Health Class	No formal class	No formal class	
	Recess	3 sessions	3 sessions	
Documents	Family/Student Handbook and Newsletters	Yes, collected	Yes, collected	
	Physical Education and Health Curricula	Yes, collected	Yes, collected	

	Wellness Event Fliers	Yes, collected	Not available	
	Wellness Committee Meeting Minutes	Anecdotal, from members	Not available	
	Wellness Policy Implementation Manual	Created for district-wide use	Created for district-wide use	

* Sections of the documents that relate to student wellness activities.

Although the study did not explicitly look at the ethnicity of the educators in the case study schools, it is interesting to note that the majority of the people responsible for the integration and sustainability of the district wellness policy in the school with predominately students of color are European American.

Table 3-2. Study Participants by Ethnicity

Participant/Position	Race/Ethnicity	School	Notes
Principal 1	Hmong American	Magnet	
Physical Educator 1	European American	Magnet	
Nurse 1	European American	Magnet	
Principal 2	European American	Neighborhood	Former assistant principal at magnet school
Physical Educator 2	European American	Neighborhood	
Nurse 2	European American	Neighborhood	
Principal 3	European American	School not included in study	Former principal of magnet school
Principal 4	European American	School not included in study	Former principal of neighborhood school

Data Analysis

The intent of this study was to collect and analyze data about the different ways that district wellness policy was implemented in two case study schools. There were several forms of data analysis used: descriptive, interpretative, ethnographic, narrative, and comparative (Merriam, 2001). Descriptions of observations, interviews, and documents were written during both data collection and analysis. Continuous interpretation and reflection of data were conducted via the application of relevant theoretical frameworks and the use of a reflexive journal to record reflections, decisions, questions and insights (Lincoln & Guba, 1985). This process supported an analysis of the stories that people told about their everyday experiences with district wellness policy.

The guiding question for the comparative analysis was: What shared and unique district wellness policy implementation strategies and practices were used in the case study sites? I used the coding software program NVIVO to search for meaning, categories, patterns within the data collected from the sites (Stake, 1995) and to compare the case studies. NVIVO also allowed me to code and identify themes, print out data segments, choose evocative text samples, illustrative quotations, and theorize findings. Another software application, called Inspiration, was used to concept maps that sorted the data and findings into displays for analysis and interpretation. Some of the Inspiration maps are shown in the final version of this dissertation to show visual representations of conceptual frameworks and processes.

Trustworthiness

Validity and subjectivity are essential criteria of trustworthiness (Merriam,

2001). In qualitative research, validity is important because it establishes the soundness of the study. There are three types of validity to consider: construct, internal, and external (Lincoln & Guba, 1985). Construct validity ensures that appropriate systems are built to gauge the concepts being studied. Internally valid studies look for evidence that what is being studied (district wellness policy implementation) changed or caused what is being observed. External validity suggests that the findings of the study are generalizable when applied to a similar situation (Yin, 2003). To assist with validity, the same tools used by Saint Paul Public Schools described and evaluated the district wellness policy. Further, some aspects of the research purpose, design, data, and analysis were made available to study participants to confirm and improve validity. The external validity emphasized the relatedness of wellness policy implementation between school sites rather than the replicable possibilities to additional sites (Stake, 1995). Other contributors to trustworthiness are triangulation, member checks, and peer examination. To strengthen internal validity and reliability, I triangulated sources, descriptions, observations, and documents. It was also helpful to build trustworthiness by performing member checks, especially with regard to data accuracy and the construction of conceptual categories in collaboration with the study participants (Ladson-Billings, 1994; Stake, 2003).

Positionality, or the acknowledgement of my experiences and viewpoints, was noted prior to the study in the professional involvement sections of this paper and during reflection throughout the draft revision process. I was on alert to chronicle instincts, feelings, and thoughts that surfaced throughout the study. As a parent, athlete, and life-long educator, I hope that my subjectivity “can be seen as virtuous, for it is the basis of

researchers making a distinctive contribution, one that results from the unique configuration of their personal qualities joined to the data they have collected” (Peshkin, 1986). More globally, the “intent of qualitative researchers to promote a *subjective* research paradigm is a given. Subjectivity is not seen as a failing to be eliminated but as an essential element of understanding” (Stake, 1995). I also need to include subjectivity among the limitations to the gestalt and methods of the study.

Limitations

There are limitations within the design, methods, data, and investigator of this study. Patton (2002) suggests that attentiveness to a study’s limitations is important to “anticipate and address criticisms that may be made” of various elements of the study. Case study research can be time consuming to perform while limited by the reality that a few months is not enough time to understand the complete impact of district wellness policy implementation. Interviews and observations can be influenced by personal biases, professional alliances, loss of anonymity, and the complexity of recording the multiple streams of data.

Observations have limitations in that the presence of the observer may change how people behave, the data collected describe only external behaviors, and they chronicle an incomplete sample of observable activities (Patton, 2002). Interviews reveal distorted responses that are influenced by bias, emotions, politics, and self-interest that can be somewhat remedied by efforts to really listen to what interviewees are saying (Rubin & Rubin, 1995) and by recognizing that the participants’ perspective is knowable, valuable, and meaningful (Patton, 2002). Data culled from documents may also be partial

and inaccurate, but gain credibility when collected from a variety of sources.

As investigator and district employee, I was aware that I had obligations and biases that ran throughout the duration of the study, analysis, and authorship of this paper. I had obligations with my graduate program at the University of Minnesota, the guidelines of the Institutional Review Board, and the school communities where conducted my research. Further, I acknowledged that my accumulated knowledge of and experiences in schools biased my thinking in all aspects of this project. It is important to reveal my thinking at the start of this study and to reflect on the decisions, interpretations, and judgments I made throughout the development of the study (Peshkin, 2000). I was especially aware that the *way* I described the individuals in this study should reflect their professionalism and dedication to their students and schools.

The qualitative, dual-case study approach allowed for a flexible and systematic approach to investigate a complex situation, district wellness policy implementation, in a rich and meaningful way. Interviews, observations, and document analysis were used to collect information in ways that attempt to answer questions about wellness policy implementation. Two case study schools were selected so that comparisons could be drawn during the data analysis portion of the study. The magnet school has a predominantly low-income Asian American and African American student population, and the neighborhood school has a majority middle-class White students. Participants at both schools included administrators, nurses, teachers, and parent volunteers. Data analysis strategies included reading and coding interview transcripts to look for patterns and to create models that emerged from the data.

Chapter 4: Wellness Policy Impact, Definitions, and Motivations

Republican, Democrat, Moderate, Christian, doesn't matter. It all says that if a kid is healthy, a kid will do well. And if we're gonna base all our importance on a silly test, then doesn't it behoove us to put them in the best light to do well on that test?

– Interview with Physical Educator at Neighborhood School, May 29, 2012

In the weeks following the ratification of the district wellness policy, school district officials communicated detailed information about the policy to the schools. In turn, school staff who played a role in providing student wellness opportunities made time to assimilate new procedures into their school mission, practices, and culture. To get a sense of what staff with a role in wellness policy implementation thought about student wellness during the time that the policy was being implemented, study participants were interviewed and observed. These educators explained their dedication to the health of their students through words and actions.

In his opening letter to the *Wellness Policy Implementation Manual*, the then Associate Director of Health and Wellness wrote that, “Communities have been given an exciting opportunity to improve the health and academic success of our youth” (Appendix B). The purpose of the policy binder was to be a collection of written materials that staff would be able to reference when they needed to read the text of the policy, consult information about student health and learning, find ideas for healthy

celebrations and fundraisers (Appendix D), and copy family resources in multiple languages. The letter sets the stage for an implementation formula: The quality of education for our local school children is threatened by poor health caused by obesity, and our district is committed to help. A district wellness policy has been written and this policy will guide district-wide choices for physical activity and nutrition. School staff internalized this formula and used it to guide their definitions and motivations with respect to student wellness.

This chapter begins by looking at the role of the policy as a catalyst to increase student wellness opportunities in the schools. Next, the chapter describes how various kinds of staff members defined student wellness and how these definitions proved to shape their ideas about the school's role in promoting student wellness. Then the chapter moves to describe how the roles of staff and school community members determined the foci of their motivation for advancing student wellness in their schools.

District Wellness Policy as Catalyst

When the original district policy was written, committee members kept in mind that the policy might stimulate the development and creation of student wellness opportunities in schools. A broad question to ask about the District Wellness Policy would be, "What impact did it have on the district's schools?" Overall, the existence of the district wellness policy document put pressure on education practitioners in the district to review and revise their choices about how and what they taught their students with regard to health and wellness. School officials reflected on the current student wellness practices within their schools, communicated these activities to the families in

their schools' communities, and made changes to their programs based on the goals of the policy. Two years after the district wellness policy was authorized, forty-six of over one hundred school programs in the Saint Paul Public Schools took advantage of mini-grants provided by the Minnesota Statewide Health Improvement Programs (SHIP) to design, implement, and evaluate action plans that featured specific wellness initiatives. In 2009 the magnet school participated in the SHIP grant as a way to take a step back from school wellness initiatives and refine plans for the upcoming school year. This process raised a secondary research question, "What were the student wellness opportunities in the schools before and after district wellness policy implementation?" Overall, the district wellness policy had mixed results as a catalyst for increasing student wellness opportunities.

Policy Had Mixed Impact

The evidence from the case study schools indicated that formal wellness policy might be an impetus for, but not necessarily a guarantee of, integrated and sustained student wellness opportunities. The assumption going into the research project was that schools had little to no student wellness activities before the policy was created, but interviews with participants in the schools revealed that this was untrue. While the advent of the policy inspired an uptick in health and wellness opportunities at the neighborhood school, at the magnet school there were already many student wellness activities in place by the time the policy was written. The principal expressed outrage at the belated nature of the district policy. His interview comments criticized that timing of the policy as an overdue response to problems that the students in his school were experiencing long

before the district brought the policy to schools. At the neighborhood school, however, student wellness advocates saw the policy as an opportunity to increase conversations and opportunities in an area that was important to them. How student health advocates communicated about the wellness policy with other school staff coupled with what actions they took or avoided with respect to student wellness opportunities made a difference in what they were able to accomplish on behalf of the tenants of the policy.

Communication and Accountability

Some stakeholders in the schools saw the policy as a chance to open up conversations about student health and wellness. For example, members of the parent-led Green and Healthy Team at the neighborhood school agreed that the existence of the district wellness policy gave them a platform to include the larger school community in their conversations about student health and wellness:

And we don't just look at it (District Wellness Policy) as, oh this is required by law. We have to have this, you know, wellness committee and wellness policy, but [we] look at it as an opportunity to engage with families, and parents, and community. (Interview, Green and Healthy Team, May 22, 2012)

Information that was sent out in school family newsletters about the wellness policy and school-sponsored forums for discussion about the policy brought the issue forward. The principal at the magnet school concurred that the existence of the district wellness policy opened up conversations about student health. She added that not only did the policy hold schools responsible for student wellness, but it also supported school leaders who were working to enact healthy practices in their schools.

I'm glad that at least we've got the Wellness Policy, so that it holds us accountable and there's something again, to back up leaders to be able to say, hey, this is the healthy practice, this is a research-based practice that has to be in place if we are to enhance and enrich the learning and experiences of our kids, and it in turn affects their rate of achievement. (Interview, Principal 2, May 7, 2012)

This comment is reminiscent of a procedural point raised by a principal at a meeting that was held to write the 2007 version of the district wellness policy. During the authoring phase of the district wellness policy, one of the principals on the writing committee reminded the team that the district wellness policy must be written in a way that was both feasible and supportive. That is, that the language of the policy must make it possible to enforce and defend the changes in student wellness initiatives in the schools.

Policy Integration Process in Schools

To begin to unpack this inquiry, this study chronicled the policy's integration process into two case study schools. In both schools, the district wellness policy did act as a catalyst for new wellness opportunities, but answering this question uncovered two unexpected findings. First, the majority of the student wellness opportunities at the magnet school preceded the policy mandates, and second, although the advent of the district wellness policy inspired several additional wellness opportunities at the neighborhood school, those opportunities did not last for a long time. At the magnet school, the previous principal said that he had already started many wellness programs, and that the policy was behind the times. Interviews with staff at his school confirmed that the school already had active recess, yoga in the classroom, and healthy snacks

before the district wellness policy was established. At the neighborhood school, the physical education teacher said he was excited when he heard about the district wellness policy and became motivated to earn the bronze medal from the Alliance for a Healthier Generation. In order to earn the bronze medal, the school needed to implement the district wellness policy, have an active wellness committee, and provide weekly health and physical education to all students. The school already had weekly physical education, but added a wellness committee and restructured the school's test preparation program to provide weekly health instruction where there had not been any health content delivered at the school. Various factors influenced the policy integration process, including the leadership landscape, the school staff's responsiveness to health and wellness cues from their students, and the efficacy of student wellness advocates in each school.

Leadership Landscape in the Schools

The principal as the leader in policy implementation heavily influenced the policy integration process at both schools. The long-standing principal at the magnet school integrated cultural and structural changes to school health and wellness offerings to students, while at the neighborhood school three principals in a short amount of time showed mixed interest in and support of student wellness activities. Table 4-1 details the principals' role in wellness policy opportunities by school. The information in this display is important because it clarifies the timelines and influences of the schools' ranking supervisors during the time of increased student health and wellness happenings in the district. Initially, the study planned to look at wellness policy opportunities between the years 2007 through 2013; however, the start date was reversed by six years

to allow for information critical to the study. That is, originally the research questions pointed to the time span from the spring when the district wellness policy was introduced to the spring when the last interview was conducted, but early interviews revealed that student wellness activities had actually begun in earnest as early as 2001.

Table 4-1 Principals’ Role in Wellness Policy Opportunities by School

School	Principal	Role in Policy	Years	
Magnet	Principal 1	Initiated student wellness activities	2001-2011	
	Principal 2	Supported ongoing wellness activities	2011-present	
Neighborhood	Principal A	Openly backed student wellness activities		2001-2010
	Principal B	Resisted support of student wellness activities		2010-2011
	Principal C	Collaborated to create wellness opportunities	2010-2011 at Magnet	2011-present

A total of five principals were interviewed to gain insight into their role in district wellness policy localization in their schools. In the magnet school, Principal 1 signifies the leader who initiated student wellness activities in a significant way. He slowly and carefully integrated cultural and structural changes in the ways that staff delivered student health and wellness opportunities to students. Many of his programs outlasted his tenure at the school. Although Principal 1 relocated to another St. Paul school, his views were essential because of the strength and 10-year longevity in his role of establishing sustainability at the magnet school. The next administrator at the magnet school, Principal 2, supported the student wellness activities that she inherited from Principal 1 and looked ahead for opportunities to modify the pre-existing traditions to reach her own goals for student health and wellness.

The three principals at the neighborhood school during the same time offered a variety of roles in their support of the district wellness policy. Principal A was the school leader for 9 years during the same time period as Principal 1. During her tenure, this administrator openly supported the efforts of her physical educator. The school year after she departed for another St. Paul school, the physical education teacher reported that Principal B was resistant to his efforts to continue student health programming, and, by the time Principal C arrived the following year, the teacher collaborated with her, but had lost momentum with projects that had been squelched by Principal B. Principal B was not included in the interview pool. It would have been unprofessional for this researcher to interview this principal, who was reported to have objected to wellness opportunities with the neighborhood school at the time of his tenure there, about his position. In the past, it has been observed that sometimes a veteran principal, as was this principal, are called in to administer a building for a year. Sometimes their role is to get a building organized for the next long-term principal, to act as a placeholder in cases where principals are moved to other schools where their skills are needed, or Coincidentally, Principal C at the neighborhood school had been the administrative intern at the magnet school with the trailblazing Principal 1, and she was heavily influenced by the way he established student health and wellness opportunities.

Magnet School Leadership and Sustainability

The data show that in order for the student wellness initiatives to be implemented in the schools, it was important that a strong leader keep an eye on, and aim for, the larger vision of the policy in the school. That is, the leader prioritized the policy

initiatives over other plans for the school and found ways to continually remind staff that attention to student wellness was a significant part of daily life at the school. A way that the principal maintained the vision was to clearly and frequently communicate his intentions for the school's student wellness opportunities. Another way that the principal kept the school's staff focused on student health was by modeling and encouraging staff to model healthy behaviors. For example, the principal would join the students during the mandatory recess walking/jogging time, and also make appearances in classrooms to share the afternoon healthy snack.

Data from this study suggest that when the principal of the magnet school led the charge toward increased physical activity for students, he made broad sweeping changes in the ways that his students experienced the school day and that those changes resulted in observable behavior changes on the part of the student population.

I certainly did not need to wait for a policy, and I did not need to have anything in front of me other than the students who walked through the door 'cause they told me everything I needed to know, and the research that became available to me or that I made available to myself around the topic simply helped unify my brain that we had to find our own inner-city urban way of getting kids to have a shift in their mindset in how they saw the relationship of exercise, diet, rest, and their own intellectual functioning and their own happiness, their own state of being.

(Interview, Principal 1, May 15, 2013)

As early as 2001, more than five years before the first draft of the district wellness policy, the former principal of the magnet school began to look at what he called the

“physical activity equation” for his students. He then set out to work through the challenges that his students were facing to try to figure out what could be done during the time that the students were in school to give them opportunities to improve their circumstances. The reality that the principal began this process several years before the formal policy was implemented significantly changed the backdrop for this study because it nearly doubled the number of years that were to be studied and threw out the notion the only the existence of the policy had catalyzed student wellness activities.

Taking cues from the students. The principal knew that students in his school were struggling with health problems and that by getting to know his students he became aware of their needs:

My first sense of wellness policy was when there started to be some district attention to it, to change that policy. My first sense of wellness as an issue proceeded that by quite some time. It began about 2001 when I started working at (the magnet school) and started to get to know the population I was serving.

(Interview, Principal 1, May 15, 2013)

Through observations and comments from staff, the principal realized that there were many problems with students in the afternoon hours of school. In particular, students were getting into fights, were unfocused during class, and were apathetic about learning.

My first ideas around changing physical activity and/or the physical activity equation for the kids I was serving were part of a fuller, kind of a thinking and analysis, around why is there so much fighting, trouble and particularly from some feedback surveys that we were doing, certain apathy around students who

were learning and a loss of focus in the afternoon hours. (Interview, Principal 1, May 15, 2013)

He talked about how his early thoughts were about the opportunities he could provide to his students since they were in school for over six hours each day.

Based on information from the food service staff, the principal learned that students were not finishing their food during lunch. The administration changed the school's daily schedule to move recess to a time slot before lunch. The idea was that the students would be hungrier after running around outside and therefore would eat more of their food. According to the principal, anecdotal evidence from the school's cafeteria staff supported that after the schedule change the amount of food waste had decreased and, by their estimation, the amount of food being eaten had increased. The next step was to increase the rigor of the physical activity that students were experiencing once they were out of doors. The former principal of the magnet school took a closer look at the population that he was serving, identified their challenges, then consulted the medical literature to look for solutions:

I was working with the students who were demonstrating high poverty, almost 90% poverty and high students of color, almost 96% students of color. They were the very group of students who, by national studies, one in two were going to face the twin epidemics of obesity and childhood diabetes that were just rampant in the population. (Interview, Principal 1, May 15, 2013)

His research suggested that increased physical activity for his students would reduce their propensity for obesity and diabetes, and common sense told him that additional exercise might also reduce some of the behavior problems that the students had at school.

Increased physical activity supports sustainability. The principal explained that school staff noticed that increases in the amount and quality of exercise by students during the school day resulted in decreases in the incidence of behavior problems in class. When the principal began his tenure at the magnet school, he noticed that if the students had recess after lunch, they would be too active and upset to have a calm afternoon.

Totally just the way they looked, the way they learn, you know, the hyper active fidgety kind of thing. They just, it was much more calm in the afternoon for, I mean, it wasn't just the physical activity. Part of it was that they did the recess before lunch. So that when they get all riled up at recess, they would bring it back into the classroom, and you'd spend an hour after lunch fixing everything that had happened at recess instead of it all happens, and then they all go to lunch. And then they all calm down, and then they'd come back to class. (Interview, Principal C, June 13, 2012)

Once recess was moved to before lunch, students would forget conflicts that they had during recess by the time they left lunch for afternoon classes, and school staff observed changes in student behaviors in the period of time after active recess began. *Active recess* is a term used to describe the way that the adults in school guide students during recess so that they increase their physical activity from mild to moderate to

vigorous. At the magnet school supervised walking or running of laps were one of several methods used to engage students in active recess. The principal explained that staff saw the results of active recess:

I'll tell you some of the results. From our own staff, they said our kids have more sustained focus over the afternoon, and they saw that in the kids' ability to concentrate and not be distracted. We had an enormous drop in violence and fights, which was in part due to the running, the power walking, yoga, the focus on self regulation, body, and getting exercise. (Interview, Principal 1, May 15, 2013)

When the staff witnessed that increasing the quality and amount of recess and changing the timing of it reduced behavior problems and helped students to be more focused during afternoon classes, they became convinced that structured recess was a program that they could support in their school. The more they became convinced that healthy routines improved student behaviors and ability to learn, the more they became more willing to do whatever was required to make those routines a part of daily rituals at the school. Eventually, the rituals became embedded in the school's culture, and new and veteran staff conducted them with integrity. The process of embedding these rituals at the magnet school is a concrete example of wellness policy sustainability.

Neighborhood School Inspiration and Action

At the neighborhood school, the physical educator was excited by the idea that the district wellness policy would support his goals for increased physical activity and health class time in his school. He consulted with his principal at the time, and they came up

with a variety of student wellness projects for him to pursue during that first year. For example, the teacher took on the Alliance for a Healthier Nation's Bronze Level Challenge. He did his research and found out that he could develop a five-year plan to improve wellness opportunities in his school. The physical educator was excited at first by changes that were made in the school at the time that the wellness policy was released:

And we went for Bronze, we got health education, we got an increase in, in recess. We got, you know, a lot of it was not perfect. But we started moving the big mechanism, we started doing it at the school level, you know. (Interview, PE A, May 29, 2012)

Specifically, he decided to leverage the accountability mandates of the school district to improve student scores on statewide standardized test by using health course content to teach test-taking skills for open-response questions, that is, questions that ask students to read a prompt and generate a short essay. He worked in tandem with his principal at the time to make this happen.

Building a tutorial model. The teacher wanted his students to learn about health topics like hygiene and nutrition, but since the school district did not mandate health classes at the elementary level, he put together a class that used health content as part of test preparation. The health class began as a K-6 grade offering, the only health curriculum offered in a Saint Paul School elementary school, but was later scaled back to fifth grade only. When the principal and health teacher found out that the students in their school needed additional instruction in writing “constructed responses” to items on the Minnesota Comprehensive Assessment (MCA), they took advantage of this test-prep

initiate and adopted an interdisciplinary approach to health lessons: the teachers used health related topics like Body Mass Index (BMI) for practice.

Health at elementary, people don't do that. We were the only school to do that, but she said, "Hey, look it fits." And she, and we, were very careful to tie it to things that we knew were important to the district. So we had a plan, you know, and it was, you know, tie it to academics, tie it to academics, academics, academics, how is this gonna support the MCAs?

The school's tightly scheduled day would not allow time for health lessons, but it would accommodate intervention time for "bubble kids" to stay with classroom teachers for additional help with reading, math, and any other skills that would help to raise their MCA scores. "Bubble kids" are students who score just below the measure for passing the state test. These students are considered likely candidates to bring their scores into the passing range with additional targeted instruction.

The tutorial model helps take a very specific population, and if we did it district-wide, that population could get bigger. And you can sit there and pinpoint these things, and work on them one on one, with your teacher which is all those, most kids want anyway. They want one-on-one with their classroom teacher.

(Interview, PE A, May 29, 2012)

In this way, the physical educator and principal at the neighborhood school found an effective strategy to link wellness curricula with state accountability standards.

According to the physical educator, the classroom teachers were involved in planning the tutorial by contributing advice about which students would be invited and what curricular

content would be used. The teachers analyzed state test scores to identify students with test scores that were on the borderline between “partially meets,” and “meets” the proficiency standards. Then they looked at the specific content strands to learn that those students were demonstrating relatively low scores in the area of open response questions. That is, students performed poorly on questions where *how* the students responded (ie. effectively using information from a test item prompt to construct a well reasoned answer) was valued over *what* the student knew. Once the planning team understood the importance of process over content, they decided to use the tutorial time to teach students how to answer open response questions. Additionally, since teacher analysis of student test data did not uncover any specific subject area knowledge discrepancies, the teachers selected health content for their tutorial sessions. In this way the team achieved three of their goals: First, to acquire district sanctioned staff and resources to hold the tutorial; second, to offer frequent one-on-one student-teacher time; and, third, to teach the health concepts that they wanted the students to learn.

While the health tutorial was an example of integrating wellness policy goals around teaching health content in one of the district’s elementary school, the tutorial and other student wellness opportunities were difficult to sustain at his school. The physical educator at the neighborhood school had a more difficult time establishing student wellness traditions at his school. Although he demonstrated a strong commitment to put programs like his health tutorial in place, he was not able to get other staff to help him, did not share wellness policy updates with his school community, and struggled with principal turnover.

An interview with the physical educator's third principal backed up his point of view that it was difficult to gain support for wellness policy initiatives in the neighborhood school:

And I talked a little bit with, the other piece I did was, you know, getting to know my physical education teacher, getting to know our nurse, talking a little bit about what he's done in the past with things like yoga in the classroom or like Jammin' Minutes or those kinds of things, and learned that he's been kind of frustrated over the years. People say, "Oh yeah, let's do it," but then they don't. (Interview, Principal C, June 13, 2012)

Jammin' Minutes are minute-long activities that students are able to do in their classroom with the guidance of their teacher. An example of a Jammin'-minute is when students stand at their seats to do twenty toe touches followed by twenty arm stretches. The idea is that these simple activity breaks can be taken by the class to (re)energize their thinking after long sedentary time periods. From this physical educator's point of view, these occasional breaks are easy to incorporate into the school day, and that opinion led to his disappointment when the teachers at his school said that they would practice Jammin' Minutes, but from his observations did not comply. At the time that his final interview was conducted, the physical educator also expressed his frustration about the loss of many programs that he believed made his neighborhood school special:

Everything that makes [our school] special is, is leaving us. Your health is leaving you, your band is leaving you, your technology is leaving you, these things make us different, these things make us special. These things make us who we are.

(Interview, PE A, May 29, 2012)

Additionally, his comments pointed to the matter of making student wellness opportunities last in the case study schools. Although the physical educator was clever to link his goals around student health to a powerful education mandate, standardized accountability measures, his opportunistic approach did not last very long. He was unable to gain support from other staff in the school, such as classroom teachers, who would be able to make the program run in a viable way.

Establishing Sustainability

A final research question for this study was: “What are the (localization) processes that enact district wellness policy implementation in the case study schools?” Careful layering of new wellness initiatives, longevity of staff who can make and maintain the wellness programs, and sticking with the program until it becomes an established tradition positively support both student wellness policy and practice. The public recognition that both case study schools received about school-wide wellness activities, including the recess laps at the magnet school and the health tutorial program at the neighborhood school, was the reason that these schools were selected for this study. Over time, however, a new indicator of success emerged from the research. If program longevity is an indicator of the policy’s successful implementation, that is, if the schools were able to establish student wellness traditions that lasted over time, then the schools had mixed success. Activities like the structured recess laps and the mini-marathon continue at the magnet school because they have become embedded as traditions that educators continue to support.

What can be learned in an analysis of the sustainability of those programs? At the neighborhood school, the exemplary programs that brought the school bronze level recognition no longer exist. Principal turnover and resistance from teachers and families at the school undermined wellness policy implementation. The physical educator has left the building for another Saint Paul elementary school, and his health tutorial class has been discontinued. It appeared that the sudden growth of student wellness activities prompted by the ratification of the district wellness policy did not guarantee that the programs would last. Meanwhile, at the magnet school current staff continue to run programs like the recess run and the mini-marathon without the presence of the principal who started those activities. What is it about those programs that secure or do not ensure their longevity? What is the role of longevity in wellness policy implementation?

Staff Definitions of Student Wellness

Study participants at the magnet school had similar views regarding student wellness. They shared the sentiment that each student is the sum total of the thoughts, feelings, capabilities, and experiences that they bring to school and that these elements need to be considered when making plans for the student's education. Further, the educators explained that if students are unhealthy, it is difficult for them to learn.

Whole Child Must Be Well to Learn

Study participants in the magnet school generally had a holistic understanding of student wellness, that is, their comments suggested that students' mental, physical, emotional, and psychological states are interconnected and combine to make up the students' health. As the Assistant Principal at the magnet school remarked, "I think about

the whole child. I think about the physical. I think about what they put into their physical selves becomes the mental state of a child.” This comment is important because it suggests the belief that the physical health of the students is linked to their mental health.

The nurse at the same school reflected:

So much of my day is spent with kids that are exhausted. Emotionally and physically, just from whatever is going on in their lives. And it’s like, how can we teach this child who is thinking about what happened at home? Or who is so physically tired he can’t sit up in class? So our teachers have such a challenge. These kids are not feeling good; they’re tired. They’re eating unhealthy. It’s just hard. They come see me for everything--TLC [tender-loving care] and to be like their mom. (Interview, Nurse 1, May 11, 2012)

The nurse’s description of her day shows that not only does she notice the whole child (mental, physical, etc.) who comes to see her, but also that she partially defined her nurse’s role as one of caregiver. Her comment recognized that the students who visit her office need supports that go beyond administering medication and taking her students’ temperatures. The nurse saw herself as part of the equation that figures into her students’ academic success. She continued to talk about her view that the emphasis on academics and testing does not address her students’ need for more physical education and nutrition education, “These big things that make our kids unhealthy. We’re teaching them math and reading and all that, but they’re not feeling good. They’re not healthy. They’re overweight” (Interview, Nurse 1, May 11, 2012). A response from the physical educator at the magnet school echoed the nurse’s remarks that the students in their school grapple

with several intertwined problems:

Personal health... It's the triangle; it's the personal, social, mental, and the physical. The physical's in the middle or whatever. That whole thing. Because you look at our kids... I'm looking at my kids now. There's so many mental issues and social issues. And the academics aren't going to come if you're dealing with all of that. (Interview, PE 1, May 8, 2012)

All of the educators interviewed in the school define student wellness in terms of the multiple facets that make up the wellness of a child, and all of the educators also expand their definition to include a connection between wellness and learning. The principal of the magnet school spoke to this in greater detail:

Yes, and I think it should be so opposite, where you know, reading and math is all secondary, health and wellness is first, because I just got done telling one of my teachers here, where she was saying, the kids can't make it, they can't get through the day, at two o'clock they are exhausted, they're tired, they're cranky, they need a nap, but they can't sleep, that's not built into their routine, so it's not working. And then we got to talking that yes, you know, if your wellness, your health and wellness needs are not met, then you know, you may have the most fabulous reading, writing, or math lesson out there, and they didn't get a thing, and then you have to reteach, because they're tuned out. (Interview, Principal 2, May 7, 2012)

The principal's comments imply that students in her school are not healthy and that this is a problem because they need to be healthy in order to learn.

It is uncanny how the comments of the staff at the magnet school, in separate interviews, all described the students in a holistic way and also implied that learning would be difficult for students if they were not healthy. It may be that in their interviews the staff echoed the opinion of their previous principal who stated:

Student wellness means to me that students not only have knowledge and understanding, but they have habits and practices that they have put into place.

That they see that there is a relationship between being physically healthy, mentally healthy and that they have control over what choices they make.

(Interview, Principal 1, May 15, 2013)

The statements from the staff at the magnet school articulated the original impetus for this study – to examine the implications of increased studying time due to extensive testing and test preparation on the health and wellness of students in poverty. In the magnet school the students who are under considerable pressure to perform well on standardized tests are the same students who struggle to achieve healthy lifestyles. In addition, the staff at the magnet school were united by their shared definition of student wellness, and this is important because it meant that there were similarities in their justifications and approaches to district wellness policy localization. Additionally, the staff at the school were oriented towards actively improving the health of their student population rather than accepting the students' poor physical and nutritional habits. At the neighborhood school, the staff were more accepting, and more passive, about their students' health habits. The principal at the neighborhood school had the unique perspective of witnessing student wellness activities at both the magnet school, while she

was the administrative intern, and at the neighborhood school while she was principal. This principal remarked that she recognized the differences between how the schools managed the use of recess time and how the students behaved with or without the chance to play outside during the school day.

There is way more [taking away recess time as a punishment] at the neighborhood school, partly, I think, because the kids for the most, you know, I mean the vast majority, 85% of the kids come from home situations and a background where they manage their own behavior well enough that if they miss recess it's not gonna show necessarily in either their academic achievement or their behavior in school. Whereas at the magnet school we had so many kids who were dealing with so much difficulty and drama, you know, and both at school and at home that if you take away their 15 minutes of outside physical activity in the morning, oh my God, you could see the difference instantly. (Interview, Principal C, June 13, 2012)

The principal's assertion that most of the students at the neighborhood school were from homes where they learned how to control their behavior and would not be negatively impacted by loss of exercise time during the day was reflected in comments made by staff the staff at her school. In several interviews, the school staff explained that their students were already well and did not need additional attention paid to their physical health.

Our Students Are Already Well

Staff at the neighborhood school reportedly see their students as already well. This is especially true for the physical educator who had worked at a low-income school before teaching at the neighborhood school. His comments, like those of the school principal, are also based on a comparison he drew from the circumstances of students that he witnessed in another low-income school.

We have a lot of, a lot of kids here that, that are fed very well. They have a solid roof over their heads with a great family. They have a lot of these, these, these families do farmer's markets, they do, they do grass-fed everything, they, so when you walk into this place, I mean, and I, I, before I worked here I tried to pad my resume doing after school program at [another St. Paul Public School] so I've seen a difference. Wow. We're already starting from up here, and I think that where we are even though we're, we continually every year we keep taking huge steps back, just because of that cultural difference, and I'm not talking about, you know, racial/cultural, I'm talking about our socio-economic status and kind of this community. This immediate neighborhood, just that culture is, we're walking in, these kids are just wow. We don't have to deal with the same problems that everybody else deals with, however, it needs to get better. This isn't good enough, it's not good enough. (Interview, PE A, May 29, 2012)

Compared with the magnet school, the adults interviewed at the neighborhood school had more varied points of view about student wellness, and they talked about how to continue the healthy behaviors that students have at home while they are at school. For

instance, the principal explained that student wellness is a balance of academic achievement with physical and emotional wellness.

I guess to me it's if we're doing student wellness, it's not necessarily that we're teaching them, you know, like eat broccoli and exercise ten minutes a day, but that we're structuring the day in a way that they're doing those things without us necessarily telling them. So that the things we do in school and the way that we structure their day and the behaviors that we expect of them are consistent with, you know, good wellness habits and behaviors if that makes sense. (Interview, Principal C, June 13, 2012)

Although the principal at the neighborhood school talked about a whole-child approach to examining student wellness, a theme that recurred in comments from the staff at the magnet school, her definition of student wellness deepened into a description of *how* to organize the school day to support student wellness. That is, rather than talk about what the students bring (or do not bring) to school in terms of health and healthy behaviors, she painted a picture what could be done in the school environment to support students' healthy habits.

The school nurse talked about educating students around nutrition and safety to prevent health problems. Her comments suggested that she had been trained to see health matters in school as circumstances that can be avoided with attention paid to specific behaviors. For example, the nurse stated that, "Before the accident happens, figure out if there is a problem with the playground," and she also asked if all of the treats that families bring into school to celebrate student birthdays are "setting kids up for

diabetes?” (Interview, Nurse 2, June 4, 2012). It is interesting that the nurse’s comments assumed that the students were healthy when they come to the school, yet they might be susceptible to health problems while they were at school.

The physical educator at the neighborhood school defined student wellness as “the ability for a student to access reliable and valid information for themselves to answer any question they have about health” (Interview, PE A, May 29, 2012). He went on to explain ways to give his students the tools to become self-sufficient, and, like his colleagues, the physical education teacher’s understanding of student wellness was based on the idea that his charges were capable of learning how to take care of their health.

Interviews with a member of the school’s Green and Healthy Team, a group of parents who focus on environmental issues in the neighborhood school, added that her definition of student wellness is an “area that would be compromised of education and activity around building healthy habits regarding food, exercise, and environment” (Interview, Green and Healthy Team, May 22, 2012). Another committee member amended the definition to include the ideas of adequate health care (for the students), connection with a medical home, access to healthy food, and a chance to “learn the healthy habits that will allow them to grow into healthy adults and live a long healthy life” (Interview, Green and Healthy Team, May 22, 2012). Both comments related ways that the committee members would approach promoting healthy student behaviors. Their point of view is important because it asserts that there are varied solutions to improve their students’ health.

In summary, the staff at the magnet school defined student wellness as the physical, mental, and emotional health of the whole child. Staff members were dedicated to doing what they would to improve the short- and long-term health habits of their students. Educators at the neighborhood school saw their students as already healthy and defined student wellness as the things they could do during the school day to prevent accidents and give students information about health and wellness.

Definitions of Student Wellness Shape Staff Motivation

Since there are many approaches to improving student health, another finding in this study is that the *way* school professionals think about student wellness influences *how* they interact with students with respect to their health and wellness. That is, some staff explained that students needed their help tried to offer assistance, and other staff thought that the students were taken care of outside of school and therefore staff did not attend to the students' health and wellness needs. In general, staff beliefs about student health and wellness fell along the lines of school affiliation. At the magnet school, staff banded together and created an organizational culture of aid that formalized decisions and actions about how to help their students that continued over time. At the neighborhood school, however, the staff view that the students were already well resulted in a hands-off culture that made it difficult to establish student wellness activities.

Study participants' definitions of student wellness motivated them to promote student wellness in several different ways. Some staff believed that their role was to help students to improve their poor health, while others thought that their job was to protect and preserve student health. Some educators in the study imagined that they worked

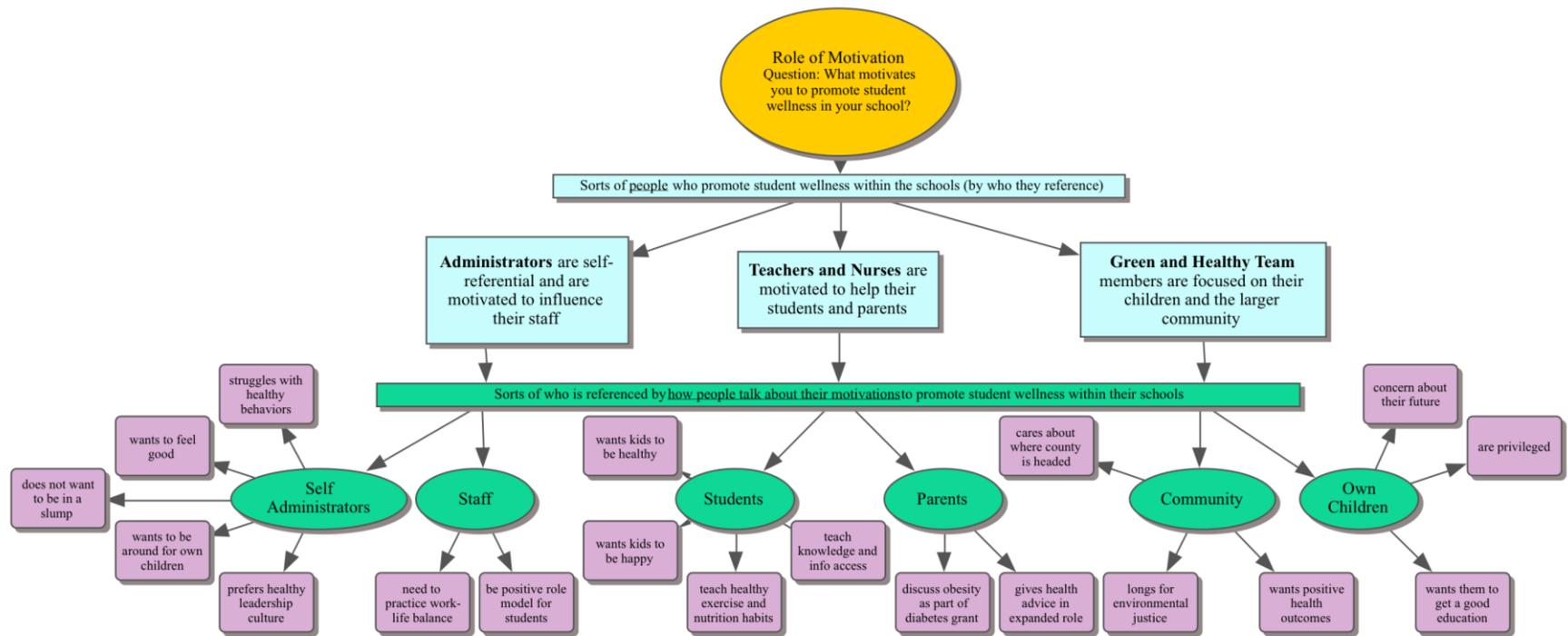
harder to make wellness opportunities happen for students than others who seemed less motivated to do so depending on their definition of student wellness. Finally, based on their understanding of student health, some strove to be more collaborative with colleagues while others appeared to work more independently. Interestingly, the data showed that the educator's job title in the school revealed more about their beliefs and actions about student wellness than the demographics of the student population of their case study school. That is, school staff shared similar ways of approaching student wellness based on their role in the building (administrator, teacher, nurse, or parent), rather than the school where they worked.

Staff Roles Shape Student Wellness Actions

While the overall approaches to student wellness were similar among staff within each school, there were some similarities between staff members across schools based on the roles that they had in their school. This section introduces different groups of people across the two schools and shows how their roles seemed to shape how they thought about and ensured student wellness. The participant responses are sorted into three groups of people who promoted student wellness in the case study schools: the administration, teachers and nurses, and parents. Each group is characterized by who was referenced as the source of motivation for the group's members. That is, the administrators are grouped together because they referenced themselves and their staff as the reasons they were motivated to promote student wellness. Teachers and nurses were grouped together because they talked about the students and families in their schools as the reason that they worked to promote student wellness. Parents on the Green and

Healthy Team at the neighborhood school were focused on the wellness of their own children as well as the students in other schools within the district. There is a noticeable absence of parent participation in the magnet school. Overall, staff reported that it was very difficult to get the parents and guardians of their students to make time to help out with projects at school. For example, attempts to establish a Hmong PTO at school were thwarted because families were busy with multiple jobs, including caring for their small children.

Figure 4-1 Motivations of People



Roles Are Related to Motivations

The participants in this study were selected because they already had a significant role within their school when it came to student wellness. The school principals were included because they were known for their interest in student wellness issues and they were the school official accountable for district policy implementation. Physical educators and nurses were chosen because they facilitated wellness activities as part of their daily responsibilities. The parents interviewed in the school community were asked to explain their motivations because they belonged to a wellness-oriented committee called the Green and Healthy Team.

Motivation of Administrators

The data suggest that school administrators were concerned with their own welfare and the well-being of their staff; they were under pressure to be healthy because they felt the weight of their responsibilities and were aware of the limits to their time and energy, struggled to practice healthy lifestyles, wanted to feel good, wanted to be available for their own children, preferred a healthy leadership culture, and wanted to influence their school staff to be positive role models for students and to practice a healthy work-life balance. The administrators' responses were surprising as the same broadly phrased questions that were asked of all interviewees revealed not only similar answers from administrator to administrator, but also dissimilar answers from the other study participants.

Being self-referential. Administrators were self-referential, that is, their motivation partly came from looking at their own struggles with healthy behaviors to stay

motivated to do the same for students. This was important because the administrators' self-referential and self-protective comments came from answers to the same question that was asked of all of the study participants about *student* wellness, not personal wellness. The administration at both schools voiced concerns about their own wellness habits, and those concerns were the basis for their impetus to do more for the students in their schools. At the magnet school, the assistant principal worried that her over-packed schedule was putting her in a "little slump." Her husband had even mentioned to her that he believed that if she continued to work this hard, it would shorten her lifespan, taking her away from their young children. The assistant principal stated that, for her, eating healthy foods and exercising relieves stress and makes her feel "really good."

[I'm m]otivated by what can happen when you're not wellness cautious, you know, conscious. I've seen a lot, I mean it's either the fear side or the fun side. Either way, they can both motivate you to do more. (Interview, AP 1, May 25, 2012)

The first-year principal at the neighborhood school confirmed the observation that experiencing high levels of stress convinced her that healthy habits were important for her students: "Part of what motivates me is personal. I know the effect of bad food and no exercise on your brain. I lived it this year." The principal went on to explain that working long hours, eating fast food, and not making time to exercise were present in the district leadership culture to the point where she claimed that:

If you're the superintendent and you bring your (healthy) lunch, everybody goes, "You've got time to pack your lunch, you must be a slacker," but if you walk into

a meeting with a cold McDonald's hamburger and go, 'Oh my God, I'm so busy, I've had five Diet Cokes,' and everybody goes, 'Oh wow, you must be really important and successful.' (Interview, Principal 2, June 5, 2012)

It is curious that a school district that supports a district wellness policy for students and has a wellness initiative for employees does not promote a wellness culture for the adults who run the district.

I mean, I'll take myself as the example, I mean, every day I know, that you know, portion and daily activity and exercise is [sic] important, you know, but do I do it? No, I don't do it. I know it's good, I know how I can do it, I know I can do it, but do I do it? No. I might pop an M&M into my mouth and think, I know I shouldn't be eating that, but you know, I haven't had lunch, and it's 4 o'clock. (Interview, Principal 2, May 7, 2012)

Data presented in the leadership section below suggest that strong principals were able to build a strong wellness culture in their schools. It is surprising, however, that the principals did not refer to their students when asked about their motivation for promoting student wellness. Both principals named the stress from their jobs as the reason it was difficult take care of their health. One wanted to feel good, but was concerned about poor health habits that would affect her longevity. The other administrator complained that working long hours, eating fast food, and not making time to exercise undermined the effects of healthy foods and exercise within the district leadership culture. How did the principals' attitudes about their own health affect the ways that they viewed the district

wellness policy in their schools? The previous principal of the magnet school repeated the sentiments of the current principals of the case study schools, but he went on to explain that his self-reflection led to ideas to help his students to act and be healthy:

I know the effect of exercise, diet, rest, yoga participation, I know the effects of those on me personally, and I find those to be consistently supportive of the kind of mental state of mind that I would like to be in which has generally helped to make me calm and/or clear headed and/or considerate and/or generally feeling good by the impact of good diet and regular exercise. And lastly, I'd say I was convinced in my mind that just as I find my brain thinks it feels better and thinks clearly after I've been running, I thought, boy, we could really get these kids into a whole other plane of thinking if we could get them into that kind of experience that athletes enjoy. (Interview, Principal 1, May 15, 2013)

This principal connected the positive effects of exercise in his life with his plans to improve the mental and physical health of his students. As this next section shows, another way principals influenced wellness in their schools was by reflecting on and influencing the health of their staff.

Wanting healthy staff. Administrators also mentioned that they wanted their school staff to be healthy and to model healthy behaviors for their students. The current principal at the magnet school explained:

And then the staff, too, it was a big piece for staff to make sure that we were modeling healthy habits and healthy choices with children, so not carrying around

pop cans or coffee mugs as much, seeing more water bottles. (Interview, Principal 2, May 7, 2012)

Both school administrators were motivated to encourage healthy behaviors in their staff as well as remind them to be positive examples for their students. The principal at the neighborhood school mentioned that she is flexible with daily arrival and departure times for her staff because she knows that they are “trying to balance life with work” (Interview, Principal C, June 13, 2012).

Motivation of Teachers and Nurses

If self-protection and concern for school staff wellness were administrators’ motivations for implementing the wellness policy, then protecting students and families motivated teachers and nurses to use their time at school to help students and their parents become more healthy. Teachers and nurses see their students every day, know their personal stories, and develop an interest in helping them. Teachers and nurses told stories about specific situations that involved the students in their schools to explain their interest in implementing school wellness policy.

Teaching healthy behaviors. Teachers in the case study schools framed their motivation in terms of what they wanted for their students. The study participants who had the most instructional time with the largest numbers of students, the physical educators, discussed examples of what they were doing to promote student wellness. At the magnet school:

Yeah, it’s me teaching them how to take care of themselves and learn the importance of it. And it’s starting in kindergarten and as simple as going to bed at

a certain time or, you know, taking out my fruits and veggie bean bags and doing games with those. They might not even be thinking that, but at least they're holding things in their hands that are that, or you're playing games that you're talking about fruits and veggies or... You know, so it's just instilling it at a young age all the way through. Because if you don't have it by sixth grade, they say it's hard to get them in there. (Interview, PE 1, May 22, 2012)

At the neighborhood school:

The kids are important to me. So if the kids know, like this track and field day, I taught the kids every single event. So if you have a substitute, all the substitute has to know is how to read a map and how to tell time, and you guys (the students) do everything else. And they're first graders, you know, second graders, third graders, fourth graders, fifth graders, sixth graders--wow, that's really powerful. (Interview, PE 2, June 3, 2012)

The teachers' primary motivation to provide student wellness opportunities came from a strong desire to teach their students life-long healthy habits. The physical educators believed that the exercises and sports that they were teaching the students are ones that they could do on their own at home and for the rest of their lives.

Managing students' health problems. A surprising finding from the participant interviews was how much time the nurses spent advising families about health problems that their students were having outside of school. At the magnet school, the nurse talked about a diabetes program that included a family element and how she makes time to contact the families of obese students to refer them to providers who check for pre-

diabetic conditions. The nurse explained what she did with body mass data that were collected during the school year:

...it was a phone call and a conversation with every family if their child was obese. You know, we were going to find out their habits at home with diet, exercise, with the family history, and things like that. So it was more talking with the families, and then we would send a referral to the doctor if we felt that it was necessary. (Interview, Nurse 1, May 11, 2012)

As the school nurse, she was responsible for sending out letters and making phone calls to families of students who were considered overweight or obese based on information collected via the diabetes program. Included in her efforts were discussions about each student's habits at home with regard to diet, exercise, and family history of health problems. The nurse even arranged for referrals to physicians for follow-up appointments and language translators to contact parents in Spanish-speaking households to explain the components of the diabetes program. It would be interesting to learn, perhaps in a different study, if the families followed-up on these referrals and if there were and lifestyle changes made according to health practitioner recommendations.

The same nurse also sought out the help of a local nonprofit organization to help work with students and their families to improve the circumstances around challenges like attention deficit hyperactivity disorder (ADHD) and obesity.

Yeah, here's the referral form. And the guy that started it is pretty amazing. He's like, "I don't care if they have insurance or not. I just want to help them." And he takes referrals from kids for all sorts of, if they have ADHD, let's get them

exercising. But I was like, “I’m really interested in sending my overweight kids.”

And he’s like, “Perfect.” (Interview, Nurse 1, May 11, 2012)

The magnet school nurse spoke about her tendency to build and use personal relationships with individual families, rather than impersonal methods like mass mailings, to coordinate student access to additional health resources. At the neighborhood school, the nurse also spoke about how she fields phone calls from school families to offer advice about acute health problems like a care line would at a medical clinic.

Advising about students’ health problems. The nurse at the neighborhood school explained that she often fielded phone calls from parents of students in the school who asked her medical questions. She prefaced these stories with what she calls the “whole education part.” In one instance, the nurse explained that she empathizes with people who are in non-medical professions, but is still astonished that parents interpret the directions on a prescription bottle that read “three times a day” to mean that they should wake their child during the night to evenly space the doses, rather than give them in the morning, evening, and before bed. In another instance, the nurse related that she tried to help families like a help-line nurse:

Just the whole educational part... I mean like, “My child can’t get his tonsils out for four weeks and the pain...” and I can just give suggestions. I can’t tell ‘em what to do and they’ll call in and just say, “What should I do?” and try to get some insight what they’re dealing with. (Interview, Nurse 2, June 4, 2012)

The nurse told other stories about how she has explained to some parents that when a prescription label tells that a medication needs to be given three times a day,

It doesn't mean that you have to wake your child up three times a night. You can do it in the morning, when you come home from school, then at night before you go to bed. (Interview, Nurse 2, June 4, 2012)

The tone of the nurses' comments suggested that she was not frustrated with the parents' phone calls or lack of knowledge about medical problems that their children might be facing, but rather was motivated to educate families and students to prevent health crises:

You know, like taking your inhaler before recess instead of coming in and having an asthma attack. A lot of times the doctors and the nurse clinicians do not have a lot of time to sit down, and it's not until the person has the asthma attack after recess that they realize that they should have done it beforehand. (Interview, Nurse 2, June 4, 2012)

Perhaps due to their training, both nurses discussed their motivation for improving student wellness in terms of what they saw as missing from the health experience and education of their students, and they tried to improve their level of understanding and knowledge when it comes to students taking care of their own health. The magnet school the nurse remarked:

I see firsthand how unhealthy and stressed our children are. And just what little piece I can bring into their lives to teach them to help manage what they're going through or helping them to make better choices in their life. Also, I love these kids. I know these kids, and I want them to be happy. (Interview, Nurse 1, May 30, 2012)

The neighborhood school the nurse concurred:

I am motivated to see kids healthy. I take for granted that people know these things, and then once you start talking to them, they don't. You know, like taking your inhaler before recess instead of coming in (after recess) and having an asthma attack. (Interview, Nurse 2, May 30, 2012)

Serving students and their families was a teacher or nurse's primary motivation for implementing the district wellness policy, and the problems that they solved on a daily basis played a role in how they localized the different aspects of the policy.

Motivation of Parents

Efforts to improve student wellness on a community level came from the parents at the neighborhood school who pursued justice for the children in the community. Parents of children at the neighborhood school had a group called the Green and Healthy Team that worked on health problems at the school and broader health issues within the school district. Members of the Green and Healthy Team wanted their children to get a good education, care about their future, seek environmental and social justice, and pursue positive health outcomes.

Seeking justice. One parent was focused on environmental justice—specifically, her concerns were about toxicity in the schools.

For myself a longing for a sense of justice for all kids. So I think that wellness ties into environmental justice. I mean she mentioned the asthma attacks. If kids are living in buildings where there are conditions that might cause some asthmas, or some dietary issues that might cause diabetes or whatever, and then they're coming to a school that's using cleaning products that might exacerbate the

asthma . . . there are just so many components that are comprised. (Interview, Green and Healthy Team, May 22, 2012)

She wanted to eliminate the use of herbicides on school grounds and change the cleaning products used inside schools.

Another parent talked about social justice. She had a public health background and sought positive health outcomes like health insurance for all children and their connection to a medical home.

I had honed in from public health to look always at outcomes . . . what are you trying to achieve? And if we tease apart the reasons for why a lot of kids have unhealthy outcomes, then you can define the problem and figure out the solutions. You could look at the setting that a kid is in for their health just measurements, connection to a medical home, whatever, but once you define wellness, then you can see where the kids are. And I just think that there is just so much disparity between kids. It's, it's a social justice thing more than anything. (Interview, Green and Healthy Team, May 22, 2012)

Parents at the neighborhood school were motivated to help their children and the other children in the community achieve goals that encouraged wellness policy implementation.

In summary, the district wellness policy catalyzed staff to look carefully at student wellness practices in their schools. Each individual champion considered their own motivations for making wellness a priority, and played their own part in bringing health and fitness activities to their students.

Chapter 5: Leadership, Curricula, and Outside Organizations

It's the power of a role model and it's the power of action over word. Words can be persuasive and words can just be forgotten, but actions...

– Former Principal, Magnet School, May 15, 2013

I'm really for the wellness policy, and I want to embrace it and make it better

– Nurse, Neighborhood School, Interview, Nurse 2, June 4, 2012

Influences of Leadership in Wellness Policy Localization

Principals from the case study schools talked about the power and effect of leadership in a variety of initiatives related to wellness policy localization. The current principal at the magnet school explained that when people did what their former principal told them to do, there was a formidable shift in behaviors.

Leadership is so important. To have leadership, be able to put that charge out there, and everybody just kind of follows suit, because it's an expectation, and that's all that it took. That's, I mean, really, that's powerful. (Interview, Principal 2, May 7, 2012)

The principal's comments were in reference to the student wellness work done by the principal who preceded her at the magnet school.

Within the context of this study, the people who were involved in student wellness activities were considered leaders regardless of title or position. This chapter

examines the different ways in which school leaders promoted or did not promote student wellness activities within their schools. In some instances the leaders supported student wellness activities either by doing the work themselves or by backing up the efforts of those who did do the work. In other situations, the leaders either put up barriers that thwarted student wellness activities or simply did not act. Generally speaking, all of these student wellness actions – promoting, not promoting, supporting, thwarting, and doing nothing -- are variations of wellness policy localization. Localization is the larger analytical perspective that describes the ways that people in the school customize the district wellness policy's goals to fit their unique school. Implementation, on the other hand, is the term used to describe identifiable student wellness opportunities such as the track and field day event held at both schools that is described later in the chapter.

This chapter describes the curricula and activities that students experienced at their schools and what it took for school staff to research, organize, and put into practice wellness opportunities for students. Sections of the chapter highlight organizations outside of the school district that school staff accessed for information, structures, partnerships, goods, and services to supplement student wellness resources. This chapter also looks at how the nature of communication about wellness policy initiatives positively supported or negatively eroded policy implementation. Later, the chapter tells the story of the ways that principal transitions (three principals in three years) at the neighborhood school influenced wellness policy implementation. Finally, the chapter explores how the leadership approach of the school principal seemed to influence how staff saw their role in wellness policy implementation.

Holding the Vision

The previous principal of the magnet school agreed with her comments during his own interview. He noted that to get the broad effect of organizational change in a school one person—in his view, the principal—needs to lead the charge for changes:

I think that the role of the person who's highly committed is absolutely key. It cannot be simply a physical education teacher or a nurse, or an individual staff person. If you want to have a health and wellness implementation within a school context that is to impact significantly the student body as a whole, then it has to be from the top of the organization that you have strong leadership, otherwise you're only going to get a small effect. (Interview, Principal 1, May 15, 2013)

This previous principal at the magnet school was responsible for initiating and supporting early student wellness opportunities at the school, and he insisted that he began to look at student wellness before the district wellness policy was written.

I already said one, that if we got these kids into a healthier state of mind physically, then mentally they would be in a healthier state of mind. Better balanced, better focused, better able to have a shot at being successful as a kid of color in poverty. Secondly, that it would be good for every single kid, no matter their level of fitness and no matter their age. Thirdly, that it would in general, increase the positive disposition of the entire student body. And lastly, this wasn't magic, and it wasn't so complex that it couldn't not be done simply and effectively across an elementary school that served kids from 4 years of age to 12. Tough, inner city kids. I believed we could make that happen and my assumption

was that the staff would also want to make that happen. (Interview, Principal 1, May 15, 2013)

The principal's statement summed up the overarching argument for promoting physical activity in schools. He explained that a healthy body supports a healthy mind, exercise benefits children irrespective of the current level of fitness, a school population that exercises has a more positive temperament, and that wellness opportunities for students can be implemented in a straightforward way that was appealing to school staff.

I guess the single thing was, it was the leadership. I mean [Principal 1] and I came up with the idea, but he was the one who really championed it. He mandated it, and then he put the structure out there to support it happening, so we had the, you know, the teaching assistant there. And he was a person that understood that they, we need a routine, we needed a consistent expectation of exactly how this was gonna work. And then the first week of recess was spent reviewing all the routines, doing the running as a whole class, you know, showing the procedure. Here is how you whatever, so it was like the championing of it, and the example of [Principal 1]. He was out there, but both of us were out there the first month almost every day. (Interview, Principal C, June 13, 2012)

Sharing Information

School district administrators conveyed wellness policy information to schools via wellness champions. Wellness champions were individuals in schools who had a special interest in student health and were tasked to collect and disseminate wellness policy information from the district to the staff at their corresponding school. Wellness

champions attended a meeting at the beginning of the school year to learn about the state of student health in the district and to find out about the district's wellness goals for the school year. The champions were either the principal or a principal designee and were often nurses, physical educators, or health teachers. Wellness champions who were at the initial presentational pitches for the district wellness policy in 2006 commented that information was presented in a motivational way and that they returned to their schools inspired to create new student wellness programs as well as to reenergize pre-existing student wellness activities. One of the meeting presenters described her opinion about the purposes of getting all of the wellness champions together to discuss the wellness initiatives:

I think education... just communicating, educating, and supporting each other in a positive way. I was shocked how many teachers came forward to us after we did these presentations to staff, and just said, "Thank you, thanks for coming out. I am gonna take that candy jar off my desk." Or, "I just had no idea everybody was doing so much (student wellness) in their buildings." (Interview, Health Teacher 3, June 14, 2012)

The current principal at the magnet school agreed that the introductory meetings were valuable, "So we did have a great kick off when it first came out, constant communication and information and then a gradual release to the (building) site level" (Interview, Principal 2, May 7, 2012). District wellness administrators began to recruit wellness champions from schools in 2006 when the presence of champions was only 2% through 2012 when 100% of schools had champions who received wellness training from

the district (Interview, Health Teacher 3, June 14, 2012). This arrangement was beneficial because the contact person at the school site was usually a focused and productive advocate for student wellness practices. At both schools, one person (the principal of the magnet school and the physical educator at the neighborhood school) mediated the student wellness information from the district office to the schools, and back at the school sites the champions facilitated a team called the wellness committees. Although there were strong wellness advocates at both schools, the schools differed in how student wellness policy information was communicated within the school setting. At the magnet school the former principal communicated information that he received from the district to his school staff.

Modeling Behaviors

The principal also collaborated with his staff to set and achieve student wellness goals for his students. He shared the information freely with his staff and encouraged his colleagues on the school's wellness committee to communicate wellness policy messages to staff, students, and families. The former principal described his position at the school as role model and leader:

If you can talk it, at least you're one step there, but if you're doing it and acting consistently with what you're trying to promote, that is far more powerful than if you're just saying it. If the leader is doing that kind of thing, hosting the healthy breakfast and acknowledging the kids for what they're doing, it's more powerful. Ultimately, kids and adults took their lead from whoever is the leader of the

organization. The school's principal is the head of the organization. People take their lead from that in a line or they leave. (Interview, Principal 1, May 15, 2013)

The principal believed that his role was to create a single-minded focus around student wellness, craft situations where staff observed improvements in student behavior after guided physical activity, and systematically layered student wellness activities into the routines of the school.

I had the opportunity to bring our focus around it to be very sharp and that manifest in a lot of new learning. We were all keen observers of what the kids were showing us by their actions and by their words and we noticed and we talked about the differences that occurred and speculated as to why. Staff didn't necessarily believe at first, but as we put different pieces into play and continued to add pieces around health and wellness, they began to really notice the patterns that were changes in behavior from less positive, less healthy, less focused to more consistently positive behavior, more consistently positive choices.

(Interview, Principal 1, May 15, 2013)

The principal insisted that his methods built a culture of student wellness in his school, and evidence that will be presented in the conclusion confirms that his changes had lasting impacts on the magnet school. With regard to how he viewed collaboration and shared leadership, the former principal at the magnet school discussed his point of view about leading wellness activities at this school:

I built a structure of people committed to it, and it was not just a single person, it was a network of people who really helped to lead, plan and implement the work.

You know, (the physical educator) sent out all the Jammin' Minute things, (the nurse) did all the yoga practice, the BMI stuff. (Interview, Principal 1, May 15, 2013)

The principal explained his position that as principal he needed to be an active role model in the student wellness program and that the success of those programs was dependent upon shared planning and implementation. "There was a very active role from me, a very explicit role from me because I actually would go out and run with those kids." (Interview, Principal 1, May 15, 2013). While he believed that his strong leadership made a difference in shifting the school's programming toward greater fitness opportunities, he also knew that a shared leadership would keep the activities up and running. As the nurse at the magnet school commented about structured recess:

So, running at recess. That was (the principal's) idea, but (the physical educator) and I really helped get it started. And it's something that we've been doing for years. And the kids all just know this is what we do, and it works really well.

(Interview, Nurse 1, May 11, 2012)

Withholding Information and Support

At the neighborhood school, the physical educator was known to be the contact person for the wellness policy information, yet other study participants explained that they had not received information about the policy guidelines and activities and that the policy details and updates were withheld from people who wanted to actively support wellness opportunities. For instance, the aforementioned parents on the Green and Healthy Team at the neighborhood school had not heard from the school wellness

champion that a district wellness policy had been ratified. “When we expressed an interest in (student) wellness, they should have said, ‘Oh, did you know we have a wellness policy?’ I mean the policy was implemented in 2007, that’s a long time ago.” (Interview, Green and Healthy Team, May 22, 2012) Team members explained that without the updated information about district wellness policy information, they were hindered in their ability to bring forward wellness policy activities. This section looks at the ways that principal transitions (three principals in three years) at the neighborhood school influenced wellness policy implementation.

At the neighborhood school there was a different model of student wellness leadership. Although the former principal at the neighborhood school is a healthy, active person who supports student wellness, it was really the physical educator at the school who dedicated himself to creating student wellness opportunities.

Honestly, I don’t know that I would have been so gung-ho if it wasn’t for (our physical education teacher). He was really the one who took it and ran, because you know I am definitely – it’s pretty much my way of life is to be active. So it wasn’t a leap for me. (Interview, Principal A, June 20, 2012)

At the time, the physical educator at the neighborhood school felt strong support from his principal to bring student wellness opportunities to their school:

When (the principal) got behind something, she would go to (the district administration) and she would fight for it. She would absolutely rant and rave and lay it out and say, “Look, we’re a data district, I’m showing you how it’s gonna work. I’m showing you the data behind it.” She wouldn’t take no for an answer.

And we got an award, we got health education, we got an increase in, in recess.

We started moving the big mechanism, we started doing it at the school level, you know. (Interview, PE A, May 29, 2012)

At that time the physical educator was very motivated to make things happen at his school. He organized health classes, additional recess time, and family fitness nights. According to his comments, however, this productive time period was cut short when his principal was moved to another school and replaced with an interim principal whom he saw as unsupportive of student wellness activities. The physical educator remarked that the interim principal was unwilling to publicly enforce the district wellness policy: “Yeah, (the interim principal), and you know, he told me in the office he said, ‘You know, I’ve got the ax, but I’m not gonna wield it for that’” (Interview, PE A, May 29, 2012). Due to multiple transitions between principals and inconsistent backing from his teaching peers, this health advocate became isolated in his work and eventually withheld the information about wellness directives that were sent from the central student health department. Over time, the physical educator became less enthusiastic about sharing ideas and information with the school staff and parent volunteers and choose to carry out student wellness activities by himself.

The physical educator gave additional examples of when he was disappointed with the mismatch between the text of the district wellness policy that he thought he could “lean on,” his understanding of the responsibilities of the school wellness champions, and how student wellness played out in his school on a daily basis. “I was told it was my job (to enforce the policy), ‘You are the wellness person, you’re the

champion, you're the person that looks and makes sure that everybody is minding their Ps and Qs'" (Interview, PE A, May 29, 2012). For example, he would go to teachers in the school and explain that they could not keep students in from recess, but they would continue to do so as a punishment. He talked about a school social worker who gave students food from McDonald's as a reward for positive behavior despite the part of the policy that said food should not be used as a behavior modification tool. As his frustration grew, the physical educator changed his behavior:

When I found out that we didn't have that backing, I totally like put the brakes on. And, and have since become just very cold to the whole thing, because honestly I don't want to put my neck out for something if I'm not gonna get backing. And, and things aren't gonna change unless we have backing unfortunately. (Interview, PE A, May 29, 2012)

Eventually, the physical educator managed the student wellness activities by himself – even when other people wanted to help until he left the school, presumably to find a location where he would have more support around his student wellness ideas, ideas like family nights that were deemed successful at the magnet school and family fundraisers that were heavily contested at the neighborhood school.

Family Nights and Fund Raisers

The family night at the magnet school was an all-school effort that originated when the school participated in a physical education grant sponsored by the Department of Education in 2007. During these annual family nights the teachers set up an assortment of activities in the gym and neighboring classroom. The purpose of these nights was to

get extended family members involved in a comprehensive look at the fitness and nutrition habits of their children at home and in school. Attendees were offered a variety of activities and resources: they were able to climb ceiling-high ropes, use the Dance Dance Revolution fitness video game, receive a flu shot, have their blood pressure taken, and learn to cook vegetable-filled quesadillas with a well-known nutritionist. Hundreds of children and their families attended this event that was primarily organized by the physical educator and nurse, but included school staff who ran the games and activities. Over the years the school has tweaked the family fitness nights to improve the interest level and quality of the experience. They have cultivated relationships with outside organizations to bring in additional resources and information. Even though there have been changes in the school's principal, staff, and access to resources, the expectation that the annual family fitness nights will continue remains.

At the neighborhood school the physical educator explained that there used to be family fitness nights that were an effective way to get students, staff, and families to gather at school in the evening to participate in wellness activities. Too much conflict around the Family Fitness Night resulted in the loss of this student wellness-oriented event. There were evening events held at the school, but they tended to be things like movie nights or guest speakers. The physical educator remarked that previously, the teacher had provided music for an event so that students could dance, but for some reason the dance time was removed from the event agenda. Several interviewees also explained that there had been controversy about what foods to serve at an all-school movie night. Some adults were advocating for candy and pop, while others were pushing for granola

bars and Jamba Juice. The members of the Green and Healthy Team mentioned that they arranged for the Jamba Juice, but that there was pushback from school staff and families who preferred soda pop.

The physical educator recalled that at the same time the parents in the school's Green and Healthy Team were trying to make families more aware of the district wellness policy:

Yeah, they came up with trying to be more consistent with the letter of the, the letter of the document. You know, trying to keep the spirit of the document and trying to keep the, the literal, you know, verbiage of the document intact. And so they tried a lot, had, you know, presentations at PTA meetings and things like that and meetings with the principal and even, even some district meetings. (Interview, PE A, May 29, 2012)

Even with these efforts, student wellness opportunities at the neighborhood school stagnated during this time. Another problem was that the PTA made a considerable amount of money (approximately \$15,000) from an annual fundraiser selling chocolate. The fundraiser section of the wellness policy explained that non-food or only healthy food items were emphasized for sale. At first the physical educator and members of the Green and Healthy Team tried to convince the PTA to stop selling chocolate and switch to a healthy food or fundraiser, but their efforts were thwarted when the district wellness administrator who had originally said that the PTA could not sell candy reconsidered her mandate and allowed the PTA to choose to sell candy, saying that healthy fundraisers were not required. It would be helpful to know from the district administrator why she

encouraged the neighborhood school staff to enforce wellness initiatives yet would not defend healthy fundraisers at in front of the PTA. Close reading of the district wellness policy supports the PTA's position that there is no restrictions about what they are able to sell, and this example shows that there occasions when the vague policy language and insufficient district infrastructure around strict enforcement of student wellness policy aims made it difficult for practitioners, such as the physical educator, to accomplish his student wellness goals.

The experiences of the physical educator at the neighborhood school provide an important contrast with how the localization process happened in the two schools. The teacher had a period time that he described as productively supporting student wellness activities that was cut short as his efforts became more isolated and less communicative as principal backing declined, teacher participation dropped off, and parental volunteerism stalled due to infighting.

By the time the new principal arrived at the magnet school, the physical educator's enthusiasm for the policy had diminished. When she approached him at the start of the school year with information about student wellness initiatives, his response was lukewarm. As the principal recalled:

I'm trying to think about, I don't think I really got any information about it this year, except I do remember getting an email that we had to have a wellness champion. And that it had been (physical educator) so I went to him and said, "You're the wellness champion." He said, "Okay." And then there was a big fat

binder full of wellness stuff, and he said, “Here is the binder.” I said, “Okay great, keep it.” (Interview, Principal C, June 13, 2012)

In the months following that conversation, the physical educator had continued with a collection of student wellness activities such as physical education classes, track and field day, and the annual American Heart Association Jump Rope for Heart fundraiser, but aside from the “Walk to Scotland” event, he no longer looked to his principal or other school staff to help with student wellness.

No. I kept the classroom teachers out of the loop. The way I deal with anything here, Jump Rope for Heart, any kind of, anything in class, track and field day, is I use the, I use the kids. And I leave the teachers out of it. (Interview, PE A, May 29, 2012)

In the absence of the principal’s support, the physical educator decided that he could not ask his colleagues to help him with student wellness activities. By the end of the school year with the new principal, the physical educator spoke as though he no longer had any confidence in his colleagues at the school to bring wellness opportunities to his students. His focus had turned away from communicating with other adults in the school community and toward helping the students to prepare for the all-day track and field event that was part of the closing of the school year. This example shows that the localization process did not adequately become a part of the enduring school’s culture, and his difficulties contributed to a comparative understanding of wellness policy localization because they highlight contrast with the long-lasting creation of wellness

opportunities at the magnet. The wellness policy opportunities did become part of the enduring school culture at the magnet school.

Wellness Opportunities – Curricula

Health and wellness curricula are an important part of the wellness policy focus because what the educators choose to teach their students is a clear way to know what the teachers think is important for their students to know and do. Health and wellness curricula may come in the shape of lessons about nutrition, learning how to play a sport, or defining individual fitness goals. The presence or lack of these curricula as well as their content is easy to research because schools tend to have teachers' manuals or kits that can be read, catalogued and analyzed.

The district wellness policy proposed that the school district was responsible for providing “tools, strategies, techniques and connections” in support of student wellness (Saint Paul Public Schools Policy 533.00). Further, the schools were tasked with offering “programming, curriculum and services that address healthy behavior, skills and knowledge.” The district curriculum website has K-12 unit descriptors for both physical education and health. For example, a benchmark for physical education is to “Understand biomechanics of skill performance in order to provide skill feedback to others”; and “Identify health benefits of food groups,” is a Health Education topic described for fourth graders (<http://thecenter.spps.org>). The curricular benchmarks are based on state and national standards in both subject areas. While these benchmarks shaped local actors' approaches to wellness policy implementation, another factor was the extent to which they actually referred to physical education and health standards.

Physical Education and Health Standards

Teachers referred to physical education and health standards for basic ideas about what to teach. They gathered information about the standards by collecting materials from departmental staff development meetings during the district's opening week and looked up additional information on state and national websites. The ideas about what to teach as noted by the standards are very basic, such as "promote healthy decision making," and teachers often filled in more specific guidelines for each standard. The standards are the guidelines that describe what students are expected to learn, and teachers in both schools used the standards to organize the curricula by grade level.

Gathering Curricula

While the school district provides curricula (scope and sequence, pacing guides, unit lesson plans, and assessments) for reading, writing, math, and science, there are no detailed plans for physical education and health. As a result, teachers in these subject areas used materials that they found online, received at specialty area conferences, or made from scratch. The physical education teachers in both case study schools sought out more detailed units for their elementary students from non-district sources. The teacher at the magnet school sought out and created multiple curricula related to physical activity, while the teacher at the neighborhood school focused on developing health curriculum at his school. This is significant because it shows the high level of dedication and responsibility that teachers had for wellness policy localization. While creating course curricula is a time consuming and complicated task, it also gave teachers an opportunity

to customize lessons to the school’s unique student body in a way that reflected their teaching and wellness philosophies.

It is helpful to look at the health curricula and activities used in both schools to compare what and how many resources the teachers used in each school. Table 5-1 shows curricular resources that the physical education teachers in the study schools used or created to build on the basic benchmarks and topics designated by the school district. Note that some of the resources are used by the physical educators at both schools, while others are used at only one school. Note also that the physical educator at the magnet school used quite a few more curricular resources than the teacher at the neighborhood school. The teacher at the magnet school appeared more willing and interested in gathering multiple curricular resources to use with her students.

Table 5-1: Curricular Resources used by Physical Education Teachers

Curricula	Notes/Description	Participating School	
		Magnet	N’hood
SPPS PE	K-12 scope and sequence available with standards, benchmarks and units of study	X	X
SPPS Health	Health Education topics describe learning goals for grade 4-6		X
Health	Teacher created, no time, not priority	X	
Health Tutorial	Published materials, no time, not priority, practice constructed response with “bubble kids”		X
Physical Education	Teacher created, student created	X	
Fitness Gram	Endurance, flexibility; in partnership with Play60; The Cooper Institute (Dallas, TX)	X	
SPARK (http://www.sparkpe.org)	“SPARK is a research-based organization that disseminates evidence-based programs to teachers and recreation leaders serving Pre-K through 12th grade students.” Aims to “counter” childhood obesity.	X	

Yoga Pretzel	Yoga activities for the classroom	X	
Jammin' Minutes	Teacher created, instruction cards for brief exercises in the classroom	X	
Energizers	Classroom-based physical activities integrated with academic concepts from School of Health and Human Performance at East Carolina University	X	
Word Walls	For ELL students, teacher-created	X	

During an interview, the physical educator mentioned that she wanted to give her students as many wellness opportunities as she could find (Interview, PE 1, May 8, 2012). This point of view is related to the earlier argument that the physical educator's point of view, one that she shares with her colleagues at the magnet school, is that the students there are not well and need the school to provide them with as many health and wellness resources as possible to make up for what they do not have at home.

At the magnet school, the physical educator used a downloadable version of SPARK's scope and sequence to guide her teaching. It lists skills to be learned at each grade level, like walking, running, throwing, catching, and dribbling. This teacher found the SPARK guide more helpful than the district's curriculum resources. Unfortunately, while she would have liked to purchase the materials that support this program, her school could not afford them. To supplement her efforts, the teacher either sought out additional supplies from other sources or made them herself. Teachers used pre-packaged physical activity materials to spark their curricular development, but in the end the lessons that they taught were a composite that was exclusive to their school environment. Teacher-created curricula and the resulting ways that the content and activities were delivered highlight concrete observable instances of policy localization.

Using pre-packaged materials. Often representatives of the producers of student wellness curricula approach educators with materials. For example, FitnessGram and ActivityGram are tools that first assess the amount and quality of each student's physical activity, then provide individual reports that can be used to design a fitness program for each student. The battery of tests checks levels of muscular strength, endurance, and flexibility. The kit comes with illustrated fitness cards that describe each test and contain charts to indicate recommended fitness levels by gender and age. Copy masters are available in the back of the test booklet for recording sheets, fitness contracts, and reproducible "Get Fit" awards. Physical education teachers collected and used materials like the tools from the FitnessGram to provide instructions for daily student wellness opportunities and supplies like the fitness cards that are reminiscent of other methods for teaching physical activity.

Sharing physical activity cards. Yoga Pretzels are fifty brightly colored and laminated instruction cards. The cards teach child-friendly yoga poses along with directions for how to make each pose fun for the group. The school nurse found these cards, purchased them for each classroom teacher, and made the rounds to each classroom to perform the poses with the students. Many teachers in the magnet school commented that they thought the Yoga Pretzel cards were a great idea because the students liked to take fitness breaks to learn the yoga poses.

Those are easy for teachers to use, because you don't have to know anything about yoga. They have super simple, four little directions, so the teachers can just read them. I know a lot of teachers love them, [but] some teachers haven't opened

them. (Interview, Nurse 1, May 11, 2012)

Energizers are another classroom-based set of activity cards with instructions for physical activities. Developed at the School of Health and Human Performance at East Carolina University, these cards integrate academic concepts along with the exercises. A K-2 activity that teaches students the colors tells students to “jump to the sky” when they see a blue card and spin in a circle when they see a yellow card. In a grade 3-5 activity, students take an imaginary tour of the state of California. They “march” across the Golden Gate Bridge, “flex” their muscles like former Governor Schwarzenegger, and “stomp” the grapes in Napa Valley. The physical educator encouraged the classroom teachers in the school to adapt the activity cards to fit the content they are teaching in the class.

Along the same lines, the physical educator at the school created a set of “Jammin’ Minutes” cards that have instructions for simple exercises (like jumping jacks) and the number of repetitions to be done. Again, teachers seemed to appreciate having a set of these easy-to-use instruction cards that help them to give their students a fitness break during an academically intensive school day. Aware of the high population of English language learners in the school, the physical educator also made “word walls” or posters of fitness-related words with definitions so that the students would learn, understand and use terms like body parts and action verbs (Interview, PE 1, May 8, 2012).

Creating physical education and health materials. The physical educator at the neighborhood school relied on fitness and nutrition information from textbooks and the

Internet, his training in organized sports, and games that his students designed to determine what he would teach every day in class. The students would piece together strategies and rules from games they knew, such as dodge ball, then add twists from other games like freeze tag, next they would rename the games, write down the new versions and slip the paper under the physical educators office door. Lessons for the health class were created by the teacher and supplemented with materials from a district-owned textbook and reliable Internet sites like WebMD (<http://www.webmd.com>). The PE teacher explained that every year he reviewed and revised one of his physical education units, and that students submitted game ideas to him on a continuous basis.

To lend even more credibility to his health class, the physical educator looked to outside organizations for support. The takeaway message about student wellness curricula is that the efforts, resourcefulness, and collaboration of staff resulted in the planning and development of student wellness curricula. In the absence of materials from a single source, teachers resorted to multiple sources to obtain activities that combined into relevant and useable lessons. Physical education and health teachers, in particular, referred to the published standards in their respective fields to look for learning goals and competencies for their students. They also gathered curricular ideas from pre-packaged materials produced by various organizations, and created their own lesson plans for daily use. At both schools there were a variety of student wellness activities that took place during the school year. In the next section I describe how staff at the magnet school implemented low budget versions of structured recess, running clubs, and a scrappy track and field day when compared with the well resourced event at the neighborhood school.

Structuring Recess

Both schools were selected for this study because they were positive exemplars of student wellness activities and district wellness policy implementation. The active, also called structured, recess program at the magnet school was applauded because the principal decided that 30 minutes a day would be designated for the students to run/walk around the playground. The minutes were reallocated from time typically reserved for reading, writing, and math—a designation of time that runs contrary to the district “requirement” for schools on AYP, but supported by the Center for Disease Control’s recommendation of 30-60 minutes of moderate to vigorous physical activity a day. The magnet school was recognized by the district for its effective structured recess program. The term “structured recess” means that there are routines in place that guide how the students use their recess time. Some schools implementing structured recess hire companies such as Playworks (<http://www.playworks.org/communities/minnesota>) to manage their recess, while other schools use their own staff to increase students’ physical activity time during recess. At the magnet school, teaching assistants employed by the school district were used to monitor the students as they walked or ran a certain number of laps around the playground before they engaged in free play.

So we continue to do running, running the laps before they play during recess. It’s just the perimeter of the playground, and there is a little dirt trail now, with all of the running, so you can kind of see that boundary’s there. Yes, so they go out, they stretch, some teachers stretch with them, some don’t, and then they do one lap, and then they play. And we do recess before lunch also, so it’s still on the

theme of getting some energy out and then really taking in a lot more nutrition into their bodies. (Interview, Principal 2, May 7, 2012)

At the beginning of the structured recess program, a teaching assistant monitored the students' laps. He made sure that the students ran or walked the required distance before they were allowed to have free playtime. As an added incentive, the principal held a contest to award the class with the most extra distances a special meal with him later that day. According to the principal, both the laps and the health food reward were well-received by the students:

On the playground, we used tracking mechanisms for the supervisor to keep track of the kids who by our encouragement, then by their own eventually, run or walk the extra laps, to go more than $\frac{2}{5}$ ths of a mile. We also adjusted it so at first it started at $\frac{2}{5}$ ths of a mile then $\frac{3}{5}$ ths of a mile. We adapted it according to the height of a child, so the first graders didn't go as far as the sixth. So what we saw was that a lot of the kids wanted to get the extra distances. They knew that the classroom that had the higher extra distances run or walked got special (healthy) breakfast with me. (Interview, Principal 1, May 15, 2013)

The staff at the magnet school organized and adapted the structured recess program to meet the goal of daily physical activity for their students and take into account the human and physical plant resources available at any time.

Walking to Beijing and Scotland. In conjunction with the laps before lunch, the students at the magnet school also participated in a program run by the physical educator

that involved tallying the distances to track the students on an imaginary trip to the 2008 Olympics in Beijing, China:

Then (the teaching assistant) kept track of laps that the kids did. Every class had to do two laps, so we knew if there were 25 kids here, there were 50 laps done. If you ran extra laps, you reported that to him, and he'd mark it in a book. And then if you were a person who ran tons of extra laps, you were recognized at an awards assembly. So it was both the sum total per grade level plus extra laps, and then we started tracking as a school, like how long is it going to take us to get to New York? Because we were trying to get the Olympics in Beijing. (Interview, PE 1, May 8, 2012)

The walk and run to Beijing mimics programs introduced by organizations like Steps to a Healthier Minnesota (<http://stepstohealthiermn.org>) that promoted wellness programs for adults in the workplace. In one example, Saint Paul school district staff were encouraged to count up to at least 10,000 steps on waistband pedometers as they traveled on imaginary routes on maps from St. Paul to vacation spots in Italy. The educators at the both schools adapted this strategy for the students at their school.

The new principal of the neighborhood school was worried that her students, especially the older ones, were not getting enough physical activity during the day, so she adapted a walk to Beijing to see the Olympics model to get the students at her school exercising more rigorously at recess:

It's especially the older kids that don't exercise at recess, you know, they just stand around. Or they might, well, that's not true, they play basketball, they play

soccer, football, some of them do. About a third of them who aren't interested in playing basketball, soccer, football, and they're kind of hanging out. They're getting fresh air, but they're not getting their heart beating. And that's sort of their one big chance every single day. (Interview, Principal C, June 13, 2012)

Coincidentally, the new principal at the neighborhood school had been the assistant principal at the magnet school, so she had seen the benefits of structured recess and knew what it took to put together an all school walk and run event. With the help of the physical educator, the neighborhood school came up with a "Walk to Scotland":

(The physical educator) and I came up with this thing where our mascot Randy the dragon had left and gone back to Scotland, and we needed to go and get him. As a school we were gonna walk to Scotland, and he measured the laps around the playground. And everybody, asked everybody to do two laps around the playground, or keep track of how many extras they did or something. And pretty much everybody participated in it. (Interview, Principal C, June 13, 2012)

When the students accumulated enough laps to make it to Scotland, the entire school had a celebration where a departing student teacher dressed up in a Randy the Dragon contest and came to congratulate the students for helping him return to school.

Walking to Beijing and Scotland were two events that the magnet and neighborhood schools used to motivate students and teachers to increase the frequency and quality of their daily physical activity. The events were similar in that they were embedded within structured recess time and embellished so that regular classroom teachers would be able to take their students walking and running as part of a pre-

arranged program but on their own time. In both cases, the physical educator and principal came up with and ran the agendas that included celebrations of class and student achievements. Likewise, both events required much in the way of human capital (staff needed to motivate students and supervise laps), but little in the way of monetary capital (there was no sport-specific equipment needed, and the students used pre-existing spaces at the schools).

There was a noticeable difference in the ways that celebrations were held. At the magnet school there was a short student assembly with paper certificates, and at the neighborhood school, there was a raucous outdoor assembly where the principal made an impassioned speech about student health and a staff member appeared in a rented dragon costume. The appearance of the big, purple dragon hints of other types of relative abundance at the neighborhood school compared with the magnet school. These differences also show up in *how* the magnet school managed smaller running activities in general and how their track and field day differed from the track and field day at the neighborhood school.

Running the “Little Dirt Trail”

The principal at the magnet school referred to a “little dirt trail” that marks the path students have worn into their playground from walking and running laps at recess. The dirt trail illustrates the idea that the school provided wellness opportunities for their students without a dedicated track. There are other several ways that the staff at that school have created fitness activities for their students with very few resources: first is the after-school running club, second is the mini-marathon, and third is the running event

associated with the annual state academic testing period. Although the school principal stood up for wellness activities, staff at the school were involved in developing and carrying out these initiatives. In this way, teacher and paraprofessionals were leaders in their own right. It was the combined efforts of many adults in the school that localized and brought the activities to light. An example of non-principal-led localization leadership was the school's running club.

Running club, mini-marathon, and running before the MCA. Another activity was the bi-weekly Running Club that was incorporated into the after-school program. The nurse and physical educator earned a grant to purchase running shoes for about a dozen students and took turns leading an hour-long running session four days a week. The students were selected because they were already enrolled in an after school program, so they were already on-site after classes were over. The PE teacher and nurse taught the students life-long running skills like sprinting and long distance training. The running club was incorporated into the district-sponsored after-school program so that participating students received an after-school snack and transportation home on the school bus. The transportation made it possible for students to attend the running club, because many of them did not live within walking distance from the school and their families were often unable to pick them up from school. The running club is a great example of the creative use of time and resources to provide the some students at the magnet school a valuable fitness opportunity.

The students at the magnet school used the recess laps as part of a training program that culminated in the school's mini-marathon at the end of the school year.

Organized by the physical educator and loosely supervised by the school's support staff, the mini-marathon was marked out on the school playing field by a few orange cones.

The student participants wore jeans or shorts, a variety of footwear, and thin white t-shirts that read "Marathon 2012." A cluster of staff stood at one corner of the course marking runners' arms with red stripes to keep track of the required 10 laps. When runners completed their laps, they exited through a balloon arch finish line and received a finisher ribbon, granola bar, and bottle of water.

Another activity that supported running at the magnet school was the running event associated with the annual state academic testing period. For about 20 minutes before the students took the Minnesota Comprehensive Assessment (MCA), they listened to a pep-talk by the school's principal, then ran a victory lap around the school. Both the previous and current principals supported this activity to help their students get out their energy so they could settle into the test. The running club, mini-marathon, and running before the MCA were activities that happened only at the magnet school and not at the neighborhood school. Some of the reasons for this may be that only the magnet school, and not the neighborhood school, had an afternoon enrichment program for low-income families and was under pressure to improve statewide test scores to avoid performance-based sanctions. An event that happened at each school, the track and field day, showed discrepancies in the amounts and types of resources available to run these school-wide activity days.

Track and Field Day

At the magnet school the staff went out of their way to make the event happen with limited resources in ways that directly benefitted the participating students. At the neighborhood school the physical educator, with plentiful equipment and contributions from school families, created an event that benefitted the school community by bringing the students, staff, and families together to celebrate school spirit.

Locations, planning, attire, and fitness stations. Track and field day was an event that occurred in both schools. The magnet school used the playing field located directly alongside the school building to host all of the activities. Two tables with cups and water jugs were set up in the middle of the field, and several mismatched agility cones were placed in areas designated for the fitness stations. The field had a large pile of dirt on one side, tall weeds growing around the edges of the grass, and litter (such as a beer can and empty cigarette pack) along the fence-line. Two locations were used for the track and field event at the neighborhood school: the grassy school playground adjacent to the school building and the St. Paul Parks and Recreation center soccer and baseball playing fields two blocks away. Both were well groomed and well-maintained.

To communicate the plans for the track and field day at the magnet school, the physical educator wrote and distributed a one-page explanation with information about schedule, student supervision, station names, and 6th grader volunteer assignments. The physical educator at the neighborhood school created and distributed detailed lesson plans (individualized for each teacher) and a minute-by-minute schedule for the day. He

drew and distributed a very detailed map of the fields and grassy areas around the perimeter of the school with labels for each fitness, water break, and first aid station.

Students at the magnet school wore jeans, shorts, tennis shoes, shoes like ballet flats, their own t-shirts, and sweatshirts. Some of the staff wore matching “Field Day” t-shirts with inept lettering. All of the students at the neighborhood school wore shorts or sweat pants, tennis shoes, and brand new professionally printed t-shirts that were color-coded by grade level and emblazoned with the school logo. The t-shirts were donated by one of the school’s families and contributed to the festive atmosphere of the track and field day. The physical educator wore an official-looking black and white striped referee shirt.

Since there were no instructions at the magnet school’s fitness stations, the teachers and students sometimes looked confused when they arrived at the stations. Many of the homeroom teachers who facilitated the groups used a relay race format to guide the students through the sack race, fill the bucket with water race, and running hurdles. Without stopwatches to time the races, the relay format made it easy to determine who came in first, second, third, and fourth place. Once the students at the magnet school knew what to do at the fitness station, they were engaged in the fitness activities, earnestly ran their segment of the race, and cheered enthusiastically for their teammates. The students moved slowly from one station to the next every 10 minutes or so after the teacher whistled through her teeth and fingers. Aside from the assortment of specialist teachers and 6th grade students who were present to help out with the event, there was only one other adult (possibly a parent) in attendance. At the end of the day, a few of the

teachers and the 6th grade students dismantled the stations and cleaned up the playground while the homeroom teachers distributed participation ribbons to the students in their classrooms. The atmosphere was more subdued than the festivities at the neighborhood school. This may have been because there were fewer student participants, virtually no cheering fans, and no brightly colored shirts at the magnet school when compared with the neighborhood school. The students at the magnet school, however, seemed to be having a good time, showed no obvious frustrations about their performance in the events, and headed back to class without making a fuss about the medals that they received. It would have been helpful to observe student and staff reactions after the field day, but the students were quickly ushered back into the school to prepare for dismissal.

At the neighborhood school there were 18 fitness stations set up with labels, detailed/typed instruction sheets on clipboard, color-coordinated agility cones, stopwatches, and fresh field marking paint. Some of the fitness stations were the running long jump, standing long jump, big clothes relay, (plastic) Chicken Chuck, and football throw. The equipment for the stations was clean and plentiful. Classroom teachers rotated through the fitness stations with their class to supervise them, but the students knew how to run each fitness station because they had practiced each event in physical education class. They did this because the teacher wanted them to know what to do so students would be able to run the activities at the field day without his direct supervision. This example supports what the PE teacher explained when he talked about training the students in what to do at the event rather than relying on teachers and parent volunteers.

Most students carried their backpacks containing sunscreen, water, and snacks throughout the day. The records for fastest times in each station had been recorded for the past several years and were posted in the gymnasium so students frequently approached the physical educator to compare their times with those of the previous record holders. Adult participation was abundant. More than 30 parent volunteers ran the stations, handed out water, watched events, recorded times, and cheered on the students. Another 30 plus adults walked around drinking coffee and chatting with each other or just standing around watching. The track and field day ended with a hyped-up staff vs. 6th grade student tug-of-war contest. A large crowd watched the contest, including a dozen or so former students who came directly from dismissal at their junior high school to watch the annual tug-of-war.

Despite the appearance of success at the highly attended, well organized, and visually appealing track and field day at the neighborhood school, it was unclear if the event would continue in the absence of the physical educator. His contributions of time, expertise, and follow-through occurred without direct support from other adults in his school community. The teachers monitored their students to avoid behavior problems, and the parent volunteers chatted amongst themselves and cheered on the students during events. That is, the PE teacher made the event happen without the presence of another adult to take on his responsibilities, even a capable person would have a difficult time recreating the track and field day from scratch. Even though the track and field day at the magnet school was relatively less glitzy, the event and other student wellness activities that occurred during the school year had the benefit of a school culture where these types

of happening were expected, and the school staff also had the buttressing of multiple streams of resources from outside organizations.

Relationships with Outside Organizations

As mentioned in the previous section, physical education and health teachers spent time looking for materials to supplement their wellness curricula and activities. They searched on-line, went to professional conferences, made their own materials and designed the events from scratch. Similarly, school staff made time to access organizations outside of the school district for endorsements, information, and donations to enhance the collection of wellness resources that the district makes available to the schools. There were many offerings from outside organizations that dovetailed with the needs of the students, however, it took persistence and creativity to integrate the resources into the school dynamics and culture.

Joining with Local Organizations

The Statewide Health Improvement Program (SHIP) commits funds through Ramsey County to pay health educators to provide services for Saint Paul Public Schools. The SHIP grant staff consult with the health advocates in several school to brainstorm student wellness goals for the school year. The group puts together a detailed plan that includes the activity, specific steps to complete the activity, people responsible for tasks, due dates, and evaluation tools to measure results. They coach the schools throughout the year to help them to reach their goals. The magnet school uses these services regularly and has several student wellness goals on record. The SHIP process for developing yearly school wellness goals is an excellent example of wellness policy localization in action. In

essence, with the help of experienced district wellness staff, SHIP health guidelines, and examples of student wellness activities from other schools, the people who know the students and work at the school were able to fashion a plan that they believed would offer the best and most applicable opportunities for their students.

Providing Endorsements

Sometimes outside organizations teamed up with districts and school to provide endorsements to the typical wellness activities offered in the public elementary schools. For instance, when the physical education teacher at the neighborhood school led the charge to bring health class to his school, he aligned with the Alliance for a Healthier Generation, a joint venture that was created by the American Heart Association alongside the William J. Clinton Foundation (<https://www.healthiergeneration.org>). The mission of this project is to “reduce the nationwide prevalence of childhood obesity by 2015 and to empower kids nationwide to make healthy lifestyle choices.” Alliance is a part of former President Clinton’s family foundation to improve conditions for families around the world and provided a framework to assess and improve health conditions within schools. The physical educator contacted Alliance for a Healthier Generation to sign up for a five-year commitment for his school. The physical educator satisfied all of the requirements (including health education classes and a bike/walk to school program) to achieve a bronze level award for the school. Meanwhile, the physical educator at the magnet school contacted the National Football League (NFL) and the National Dairy Council when they teamed up to sponsor a program called “Fuel Up to Play 60.” As a result of the partnership, students from her school met players from the local professional football. In

addition to meeting NFL players, the program's messages encourage students to exercise at least 60 minutes each day (<http://www.fueluptoplay60.com>). School staff had lots of autonomy with respect to which endorsements they pursued from outside organizations.

Qualifying for Benefits

At the magnet school the physical educator received offers of resources from health-related organizations as well as reached out to groups with wellness programs to offer. For the most part, the physical educator at the neighborhood school was not approached by outside organizations because his demographics with respect to families in poverty did not qualify his school for grant-based programming.

The other thing that happens to this school is that because of the, you know, lucky for us there are not many kids on free and reduced lunch that kind of thing. So we really don't qualify for any grants to make some of these changes happen ourselves like some other schools might. So that's kind of a catch 22 a little bit for us to come up with some action plans to get programs in place, or funding to, you know. (Interview, Green and Healthy Team, May 22, 2012)

Non-profit organizations approached sites to recruit schools to participate in their programs. Non-profit projects/grants frequently target schools with low-income populations. Wellness advocates in the more affluent school complained that they did not qualify for programs because they did not meet qualifications for student demographics related to poverty, yet parents at the neighborhood school donated time and items for student wellness activities. This implies, but does not confirm, assumptions that school staff have about parent involvement via volunteerism. Assumptions such as: Middle class

parents have more free time to volunteer at school and want to have more control over what happens at school, and that poor families don't care as much about their child's education and even if they did parents were too busy working to support their family and had no time to volunteer.

Mining for Information

The data suggest that there are non-profit professional organizations that benefit wellness champions in the schools because school staff go to them for information about student wellness. During site visits school staff mentioned that they used the internet to reference organizations like the Centers for Disease Control (CDC) for the most up-to-date information regarding health standards of practice for children. Specific standards, such as recommendations for children, can be found on the site, and several study participants cited the figure of 60 minutes of moderate to vigorous-intensity physical activity per day (<http://www.cdc.gov/physicalactivity/>). Organizations such as the National Association for Sport and Physical Education (NASPE) and the American Alliance for Health, Physical Education, Recreation and Dance (AAPHERD) publish newsletters and hold conferences to keep members up-to-date on research and best practices. At professional conferences, study participants networked with other student wellness advocates as well as gathered ideas and resources like lesson plans from presenters and vendors. Physical educators in particular pieced together the resources that they gathered to enhance their day-to-day activities with students.

Donating Goods and Services

Staff at the magnet school relied on the American Diabetes Association for resources, such as nutrition books and healthy eating pamphlets, to share with their students. Another nationally known company, the Target Corporation, paid for books for the school library (some of them nutrition books) and along with the Heart of America sponsored the Meals for Minds program. This program, available to all of the students in the magnet school, provided each child with 30-40 pounds of food a month.

Overall, there were multiple examples of wellness policy localization that existed because of the process that went into developing and implementing student wellness activities throughout the school year. School staff had great autonomy and responsibility when it came to activating policy goals. In particular, staff at the magnet school both went out of their way to find organizations that would be able to bring health-oriented goods and services into their school, and they were also open to groups who targeted their students to receive outside supports and offered to bring things into their school. In this way, magnet staff not only increased the student wellness opportunities in their school, but also enlisted the aid of professionals in those outside organizations who added people hours and improved the chances of sustaining student wellness activities.

Chapter 6: Conclusion and Implications

The wellness champion teams are still going on, but you know, it's kind of one of those things where once you have it established, there's not as much of a spotlight and highlight on it. It just becomes a way of life, the way it becomes embedded, integrated into our everyday decisions and actions.

– Interview with Principal of Magnet School, May 7, 2012

This chapter summarizes the study's major findings and offers implications of these findings for district wellness policy implementation, suggestions for future research on wellness policy localization, and suppositions about the overall contributions of this study to the relevant literature.

Introduction

This study was concerned with wellness policy implementation in schools. It sought to answer the broad question: "What are the different ways in which district wellness policy is implemented in schools?" It found that there are specific localization processes that either positively supported or negatively eroded wellness policy implementation. More broadly, when localized policies are implemented, the effects may be variable. Some of the other findings were surprising, such as the wide variety of ways in which study participants defined student wellness and the reasons that they were motivated to provide wellness opportunities to their students; and others were more predictable, such as the confirmation that district wellness policy implementation can be a complicated and problematic process.

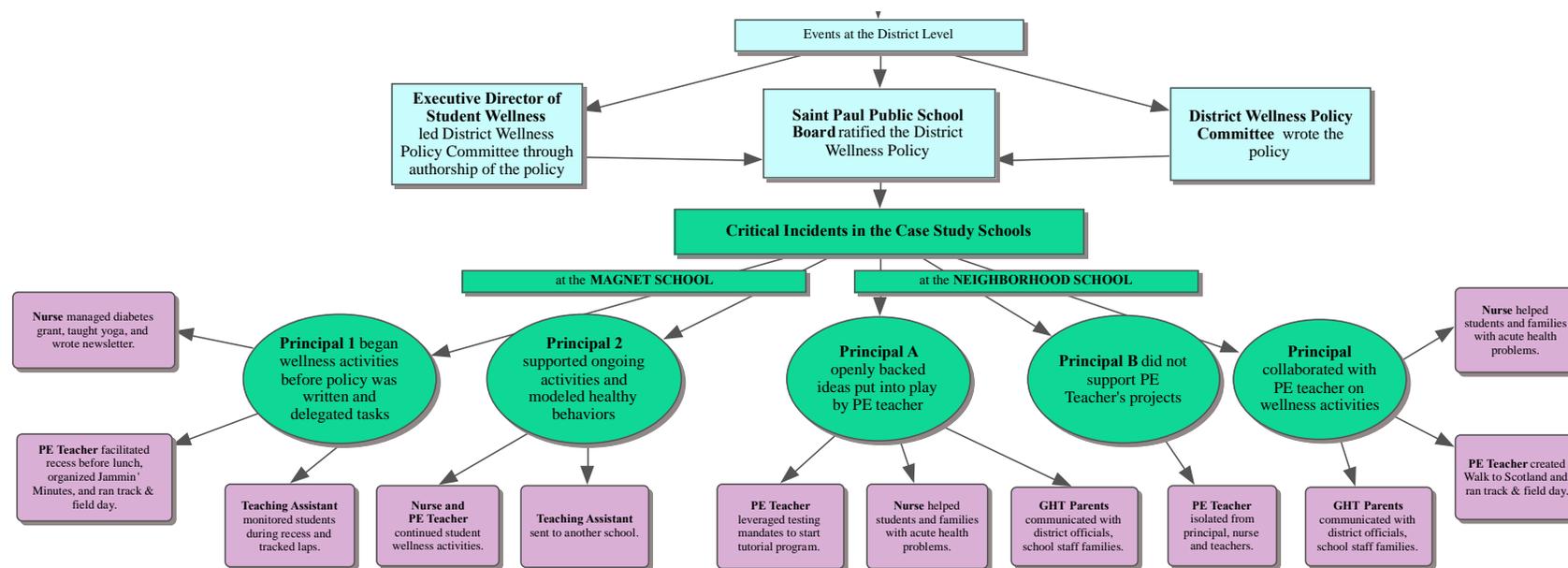
Critical Incidents in the Case Study Schools

Figure 6-1 shows critical incidents in the case study schools that surfaced through the interview process. The first phase occurred at the district level when the Executive Director of Student Wellness called together a group of diverse district stakeholders to discuss then decide about what would be written in the policy. In the spring of 2007, following several months of draft writing and revising, a final version of the policy was submitted to the school board who ratified the language that would be used in the fall of that same year. In the second phase of the process, critical incidents occurred in the case study schools.

At the magnet school, the principal had already begun wellness activities before the policy was written and had a history of coming up with student wellness activities and delegating them to staff in his school. The principal who succeeded him supported the activities that had become embedded into the schools' rituals and routines. The physical educator, nurse, and teaching assistant were responsible for student-centered opportunities like yoga in the classroom and running laps during recess.

There were three principals at the neighborhood school over the course of the twelve years that were included in the study, and these school leaders varied by how much they got involved in student wellness activities. The first principal participated strongly in making student wellness opportunities available at her school, yet the second principal did not go out of his way to keep those activities up and running. Fortunately, the third principal collaborated with her school staff to continue several ongoing activities and to invent some new activities of her own.

Figure Summary of Findings 6-1 Critical Incidents in the Case Study Schools



Under the direction of the school principals the nurses, physical educators and teaching assistants enacted the district policy. At the magnet school the principal delegated tasks to his staff. The nurse managed the diabetes grant as well as taught yoga to the classroom teachers and students. She also published student wellness news in the school's family newsletter. The physical educator facilitated the active recess logistics, distributed physical activity curricula to the teachers, and organized events like the mini-marathon. Teacher assistants were called upon to monitor the structured recess time and to keep track of students' laps around the little dirt trail. When the first principal left to go to a different job, the nurse and the physical educator continued some of the student wellness programs, but they explained that their enthusiasm dropped off without the first principal's encouragement and without the lead teaching assistant who was sent to a different school.

Turnover of staff who supported the student wellness activities was a problem in both schools. Principal turnover at the magnet school seemed to cause wellness activities to dwindle, however, principal turnover at the neighborhood school appeared to lead to the physical educator leaving the school and thereby halting his contributions to wellness programming. When his first principal led the school, the physical educator ran a tutoring program that taught the health curriculum as well as managed large fitness events like the track and field day. He also tried to educate teachers and parents about the benefits of student wellness activities, but came up against obstacles like teachers who were unwilling to take their students out for daily recess or parents who insisted on selling unhealthy foods for fundraisers.

Even though the school nurse tended to student health problems and parents communicated with school families and administrators about wellness issues, the physical educator had difficulty aligning his projects with theirs. When the physical educator’s efforts to gain strong support from the principal, teachers and parents he stopped including them in his plans and left for a different school within the district. Just as principal turnover at both schools reduced student wellness activities, when the gym teacher left the neighborhood school fitness activities were greatly reduced when physical education classes ended.

Summary of Findings

A summary of key findings is shown in Table 6-1, followed by findings summaries, implications for policy and practice, and questions for further study.

Table 6-1 Summary of Findings

Theme	Magnet School	Neighborhood School
District Wellness Policy as Catalyst Policy had mixed impact as a catalyst to increase student wellness opportunities:	Majority of student wellness opportunities preceded policy mandates.	Advent of policy inspired several additional wellness opportunities.
Policy Integration Process Each school showed differences in the timeline and depth of policy integration:	Student wellness opportunities had been going on for years. The policy was a confirmation of deep and meaningful student wellness opportunities.	Wellness advocates appreciated the chance to bring their topic to the fore in conversations. Some changes in wellness opportunities were attempted.
Leadership Landscape in the Schools Principals as policy leaders changed in the	A long-standing principal integrated cultural and structural changes to school approaches to	Three principals in a short amount of time had mixed interest in and support of student wellness

Theme	Magnet School	Neighborhood School
case study schools:	student health and wellness.	opportunities.
Establishing Sustainability Success of policy integration measured by sustainability:	Several student wellness traditions have been established at the school and continue to be supported by school staff.	Support for student wellness opportunities shrank to the purview of the physical educator who transferred to another school.
Staff Definitions of Student Wellness Staff at each school share common definitions about student wellness:	Staff see students as a whole child with variety of problems who need their help.	Staff see students as healthy children who need wellness knowledge.
Roles Are Related to Motivations Reasons staff gave to support student wellness are related to their job roles:	Administrators – worry about their own health and the health of staff members. Teachers and nurses – want to help the students and families with their health issues. Parents – no organized group at this school.	Administrators – worry about their own health. Teachers and nurses – want to help the students and families. Parents – focus on the health of their own children and the larger school community.
Influences of Leadership in Wellness Policy Localization Wellness champions in schools strongly influenced what implementation looked like:	Principal held vision, shared information, and delegated responsibilities. Teachers accepted and carried out wellness-related tasks.	Physical educator set goals, withheld information, and micro-managed activities. Principal support varied from highly active to actively unsupportive.
Family Nights and Fundraisers Actions and attitudes about student wellness came out during family nights and fundraisers:	Wellness champions held at least one heavily resourced and attended family fitness night a year that included the efforts of all school staff.	Family fitness nights were discontinued, and controversy around the healthfulness school fundraisers was never resolved.

Theme	Magnet School	Neighborhood School
Wellness Opportunities – Curricula School staff showed strong effort, resourcefulness, and collaboration to make student wellness opportunities happen.	Multiple staff managed structured recess and healthy afternoon snacks; physical educator, music teacher, and nurse created healthy activities; partnered with American Heart Association and several other groups.	Physical educator developed health and fitness programs; ran track & field day and health tutorial; earned bronze level awards from Alliance for a Healthier Generation.
Track and Field Day This annual event at both schools looks different in terms of organization, resources and visual appeal:	The physical educator with the help of other teachers in the school created a scrappy yet enthusiastically welcomed track and field day.	The physical educator, mostly working alone, used lots of time and marshaled considerable resources to run an event that appeared highly professional.
Relationships with Outside Organizations Staff at both schools had access to outside organizations for additional resources and information:	The school staff put time and energy into taking advantage of several opportunities to gain endorsements, benefits, goods, and services.	Staff used outside organizations to enhance curricula and gain specific goods, but not to provide support services for their students.

District Wellness Policy as Catalyst

The district wellness policy had mixed impact as a catalyst to increase student wellness opportunities. On the one hand, wellness activities at the magnet school had begun years before the policy was written. The principal at the magnet school felt that the belated nature of the student wellness mandate was egregious, and while there is no clear evidence that the policy requirements changed the implementation habits of either school, the principal at the magnet school expressed his distaste for placing the importance of policy over the other work school staff do for their students.

On the other hand, at the neighborhood school, there was a marked increase in the development of student wellness opportunities that coincided with the advent of the district wellness policy. There were, however, problems with the level of integration of the district wellness policy into the school culture. While there were many conversations about what could happen to improve student health and wellness in the neighborhood school, there were few profound and long-lasting changes made to the rituals and routines of the school, and overall the policy integration process was shallow and short-lived.

Since the introduction of the wellness policy occurred after many of the student wellness activities were well established in the magnet school and while there was an uptick in student wellness activities that were unsustainable in the neighborhood school, it is difficult to generalize about whether or not the wellness policy acted as catalyst to increase student wellness opportunities.

Policy Integration Process

Each school had a different timeline for policy integration. At the magnet school, the policy guidelines were not strictly followed because many of the policy's goals were already in place at the time of the policy's introduction to the school sites. Regardless of the integration timeline, student wellness opportunities at the magnet school were deeply and meaningfully embedded in the school culture. The principal attributes this fundamental integration of wellness policy mandates to the gradual layering of programming and his ability to hold the vision of improved health for his students. The evidence of this is in the ways that the school staff talk about the activities and events as part of the fabric of the school's daily and yearly progress. All interviewees expressed

unified and professional messages about making things happen for their students, rather than blaming others for circumstances beyond their control. School staff also continued to make wellness events happen without top-down directives because they believed that their job at the school was to assist their students with health-related problems because these supports were not in place at their homes.

At the neighborhood school, there was a flurry of activity when the policy was put into place. The physical educator began a health tutorial program, and several parents attempted to bring healthier practices to the school. Over time, however, many of the wellness initiative fizzled out due to a lack of urgency and sense of community on the part of the staff. Many believed that the students were already physically healthy and that they would have access to quality health care, fitness opportunities, and nutritious foods at home. Some staff also cultivated a culture of blame and chose to deflect the responsibility for the health and wellness of others onto others.

Leadership Landscape in the Schools

The magnet school principal held his leadership position and student health vision for many years. He was able to leverage the trust he earned by building relationships with school staff, students, and families to make cultural and structural changes to the magnet school that led to transformative student wellness opportunities. He was clever in the way that he used increased physical activity to not only reduce student behavior problems, but also to make school staff aware of the connections between greater exercise and increased attentiveness in class. At the neighborhood school, the presence of three principals in a short amount of time with a range of support for the district wellness

policy caused disruptions in the consistent delivery of student wellness activities. The fact of multiple principals also created a situation where faults in leadership could be used as an excuse for ineffective wellness policy implementation.

Establishing Sustainability

It is possible to measure the success of wellness policy integration by analyzing the sustainability of the student wellness activities over time. Several student wellness traditions at the magnet school continue to be supported by school staff. It may be because they were at the school when they were instituted by the principal or because the staff have a strong belief in the health of their student body, but even if those reasons were not present, the wellness activities would continue because they have become an unquestioned part of the school culture. At the neighborhood school, that level of acculturation had not been accomplished so the fervor and momentum around student wellness was lost when the physical educator moved to another school.

Staff Definitions of Student Wellness

To understand how school staff understood their role in district wellness policy implementation, I asked them for their definitions of student wellness to identify their implicit goals for wellness policy implementation. Generally, staff at the magnet school saw their students as children with varied problems who needed their help, while staff at the neighborhood school saw their students as healthy children who had their health needs met outside of school and only needed school to learn information about health. Interview data were collected to answer a secondary research question, “How do beliefs

and norms in [the case study] schools impact implementation of the district wellness policy?”

The themes that emerged from the data were clustered into the ways that school staff defined student wellness. Staff definitions of student wellness determined the ways in which the district wellness policy was localized within each school. In general, staff at the magnet school believed that student wellness referred to the mental, physical, emotional, and psychological health of their students. That is, staff considered the health of the whole child, rather than one of those areas alone, as the measure of wellness. Furthermore, staff at the magnet school assumed that when their students were well, they would be able to learn. The connection that staff made between their students’ health and their ability to learn meant that at times staff made choices that privileged student wellness opportunities over formal learning. For example, the staff supported the substitution of daily outdoor recess over district-mandated time for reading and math instruction. The staff’s logic was that if students had a 30-minute dose of walking and running, it would improve their overall health and put them in a better mood for learning. In this way, the magnet school staff also showed that they thought that they could have some impact on the health of their students by providing student wellness opportunities at their school.

Meanwhile, at the neighborhood school, where standardized test scores were higher and district directives about amounts of learning time were less rigid, staff took flexible scheduling (such as the chance to have daily recess) and overall student health for granted. In interviews, the staff explained that their students had the chance to eat

healthy foods and participate in physical fitness opportunities at home. School staff definitions about student wellness were therefore about how to support what the students experienced outside of school. For instance, the physical educator taught the students how to find credible information about health issues so that they would be able to research topics of interest on their own. His assumption was that the students were able to take care of their own health, but they would need to be able to gather the knowledge to make their own healthy choices.

Compared with the staff at the magnet school, the staff at the neighborhood school expressed less concern over the current health of their students and greater interest in teaching lifelong health habits and solving short-term health problems. This difference in their point of view signaled that the magnet school staff in the study felt some responsibility for their students' overall health, whereas the educators at the neighborhood school indicated that they understood that the students' health needs were being supervised at home. In terms of possible future research, it would be interesting to follow-up with the staff at both schools to find out how they developed their sense of responsibility with respect to student wellness. The educators at the magnet school took on their students' health problems and used labels like "low-income school" and "at-risk students" to influence their perceptions and actions, and there may be something about the absence of negative labels at the neighborhood school that lead staff to assume that their students' health was taken care of at home.

Specific roles and responsibilities staff in the two schools assumed were mediated by their perceptions of the extent to which student wellness needs were met outside of

school. In short, staff at the magnet school tried to help students be healthy, and staff at the neighborhood school wanted to make the students more knowledgeable about healthy choices. Interestingly, when school staff were asked about *why* they were interested in working with their students about health, educators at both schools said that they wanted to help themselves, the students and their families, and the community at large. They did not say that they were fighting childhood obesity per se, but they did say that they were combating ignorance about healthy nutrition and physical activity practices.

During the data analysis process, relationships emerged between the reasons that study participants promoted student wellness opportunities and the roles that those individuals played in the schools. The motivations of individual administrators aligned with those of other administrators, teachers with other teachers, nurses with each other, and parents tended to share similar reasons for working to improve student wellness conditions within their schools. All three administrators in the schools were focused on improving their own health and the health of their staff. While it is not surprising that principals would be interested in the wellbeing of their staff, it was unexpected to hear administrators talk so much about their own health. All three principals at the case study schools discussed how difficult it was for them to make time to eat healthy foods and to exercise and shared their interest in acting as a healthy role model for their students and staff. The reason their responses were unanticipated was because they were responding to the interview question, “What motivates you to promote student wellness?” and their answers seemed more suited to a question like, “What are your personal challenges when it comes to making healthy choices?” It was surprising that they referred to their own

issues instead of make a statement about the need to create healthy opportunities for their students.

Teachers and nurses, on the other hand, were united in their conviction that they wanted to teach their students skills and knowledge that would lead to long-lasting healthy behaviors. They were committed to the language of the district wellness policy, “Students shall demonstrate an understanding of skills and techniques to achieve and maintain life-long personal fitness” (Saint Paul Public Schools Policy 533.00). Teachers and nurses dealt with the students and their families on a daily basis and were highly motivated to help students practice healthy dietary and fitness habits. An example of this is when the physical education teacher at the neighborhood school explained that he taught his students how to find credible wellness knowledge so that they would always know how to look up information on their own. The nurses, in particular, spent lots of time working with students and their families to educate them about short- and long-term health solutions as well as getting students connected with healthcare resources in their communities. These examples show that irrespective of *why* the school staff were motivated to provide wellness opportunities to their students, they all made choices to do their part within the scope of their professional role to bring wellness to their students.

Influence of Leadership in Wellness Policy Localization

School leaders have strong influence to positively support or negatively erode wellness policy implementation. Levinson wrote that people who shape policy have an “irrevocable influence” over the people who implement policy (2009, p. 3). In schools, it is the wellness champions, that is, school staff who make student wellness opportunities,

who have the most sway over policy localization. In the magnet school, the former principal took on student wellness issues and made and achieved nutrition and fitness goals for his students. He did this by holding the vision of student wellness, sharing relevant policy information, and delegating implementation tasks at his school. At the neighborhood school, it was the physical educator who set implementation goals, received important policy information, and managed student wellness activities.

The principal at the magnet school who made many of the positive wellness changes that took place before the district wellness policy was put into place had strong leadership characteristics. He was a vocal champion for student wellness who showed a continuous commitment to making progress by being a role model who exercised with his students and empowered others to champion the cause of student wellness. The principal positively supported wellness policy implementation by communicating an overall implementation plan, setting clear staff and student expectations, sharing responsibility for task completion with others, and creating the conditions for change within the building. He also wielded power at the district office when there was something he needed for his students, challenged the school culture about things like bringing treats to celebrate birthdays, and worked to prove to school staff that the modifications like structured recess minimized student misbehaviors at school.

The physical educator at the neighborhood school made many student wellness opportunities happen at his school, among them, the health tutorial program and a successful track and field day. He trained students at the elementary school to run physical fitness activity stations and taught them how to research the best available

information about personal health habits. Over time, however, the physical educator gave up on his student wellness implementation efforts when he encountered too many roadblocks like spotty principal support, disinterested teachers, and projects that became too large for him to handle himself. It is possible that since the physical educator, rather than the principal, assumed leadership for the district wellness policy this strategy negatively eroded wellness policy implementation. A possible interpretation of these data is that it is essential to have the strong and consistent backing of the principal in order for wellness policies to be adequately integrated into the culture of the school.

Another question that this study aimed to answer was, “What happens when wellness advocates in schools are provided with a district wellness policy as a way to improve student health?” The stimulus for this question came from the time period when the original district wellness policy was being written. There was much discussion about which words to use to direct implementation activities. Word choices like “shall,” “must,” “will,” and “should” were tried out by the policy writing committee. Principals around the table requested that the policy be written in a way that would back up their wellness-oriented ideas and activities in the event of resistance from teachers, parents, or district administrators. Strong language would be more forceful and easier to use in an arguments, but some committee members worried that if the wording was too directive, then people would not be able to or not want to comply with the letter of the policy. In the end, phrases such as “Schools shall try to...” and “Schools shall work to develop...” were chosen (Saint Paul Public Schools Policy 533.00). In answer to one of the secondary research questions – “How is the language of district wellness policy used to direct

wellness policy implementation in schools?” – it is apparent that the policy language was imprecise and undemanding. In some instances, this ambiguous language was frustrating because it left too much room for interpretation. In the hands of a decisive leader, however, the vague policy demands enabled localization. This raises an intriguing question: Would it be possible to write policies more precisely to provide authority for leaders and guidance for reluctant implementers without losing the potential for localization?

Wellness Opportunities – Curricula

Principals, teachers, nurses, and physical educators put in a lot of effort when it came to what materials they used, how they acquired and modified those materials, how they implemented activities, and who they chose to include (or exclude) from the curricular planning process. A significant way that staff provided student wellness activities was to develop wellness curricula in each school and to teach it throughout the school year. Although the wellness policy stated that the district would provide the curricular tools, in reality the teachers had to go out to look for what to teach, decide how to teach it, and figure out how to integrate wellness curricula with other aspects of their students’ school experience. The first place both physical educators went for information about what to teach was to the national Physical Education and Health Standards. They made this choice because teaching according to the standards was part of their training as licensed instructors within the public school district and because the district wellness policy also instructed schools to “strive to make continuous progress towards physical education classes that meet or exceed the national standards” (Saint Paul Public Schools

Policy 533.00). The standards described the basic skills that students were to learn, and the teachers developed corresponding lesson plans and class activities. In this way the staff at both schools created ways to provide their students wellness opportunities and activities.

Both the standards and the district wellness policy used vague language to describe what should be taught to the students. For example, the policy explains that, “Schools shall engage students in a variety of physical activities throughout all disciplines” (Saint Paul Public Schools Policy 533.00). “Disciplines” may refer to areas of study like reading and math, but there was no mention by any of the school staff about integrating physical activity into the major academic areas. If “engage students in a variety of physical activities throughout all disciplines” means that students used reading and math as part of their fitness class time, then there was some evidence that the both schools incorporated other subject matter during physical education and health classes. That is, during the mock summer camp experience at the magnet school students read song lyrics, and students at the neighborhood school practiced reading comprehension while in the health tutorial program. Either way, the policy was unclear about what content is to be taught in what classroom context.

While this vagueness may have been daunting to some educators, the staff at both schools chose a more independent, professional role for themselves by creating their own curricula. Teachers went out of their way to gather, combine, and create relevant health and physical activity curricula. The physical education teachers in particular created enough coursework for the entire school year, an example of school staff making a

significant modification in student wellness opportunities with limited resources. They combined materials from a variety of sources, including websites, professional conferences, pre-packaged wellness curricula, physical activity cards, student suggestions, and their own classroom experiences. Both teachers knew how to write lesson plans and curricula that they custom-made to fit their student population, and this process points to manifestations of policy localization that may not have occurred if there had been a more prescriptive scope and sequence.

It is important that at the magnet school the physical educator and nurse worked to create and distribute material to the classroom teachers to use as fitness breaks during class; there was no analogous sharing of materials at the neighborhood school. The physical educator at the neighborhood school stated that he disconnected from the classroom teachers because he did not believe it was worth the effort to collaborate with them. This is important because it highlights the difference between the schools when it comes to collaborating with colleagues to support student wellness activities in the classrooms. It seems that if school staff are more collaborative about student wellness practices, then people are more invested in the wellness activities at the school, and even if one person leaves, the school others will continue the work. This discussion supports the argument that the magnet school achieved a greater level of integration of district wellness policy goals than the neighborhood school, and therefore was more likely to reach a more prolonged time period of sustainability.

The district wellness policy makes promises about curricular resources that will be provided to the schools, but does not provide the materials nor funds to purchase them.

School staff who do not want to do the work required to put together cogent curricula think that this is yet another vague and unfunded mandate, but staff who wanted to realize their vision of the student wellness opportunities benefitted from the chance to create their own health and physical fitness curricula.

It would be interesting to look into studies that explore whether more prescriptive policies (e.g., NCLB) de-professionalize the affected professionals by leaving them less room to make professional judgments about implementation. It would also be telling to survey staff at schools with comprehensive health and physical education curricula to learn about their experiences as professionals teaching materials prepared in advance. Do they tend to follow the lessons verbatim, or do they seek out additional resources and make modifications to the curricula? Also, what happens in schools where the comprehensive curricula are attached to policy, or where they are taught independently of policy parameters?

To fill a gap in services or to bring interesting health-related resources, magnet school staff looked to outside organizations to provide celebrity endorsements, connections with local health advocates, and donations of goods and services. Collaboration happened when school staff went out into the community on their own or under the direction of their supervisor to bring in wellness services to support the activities created by the schools. Or, as the district wellness policy states, “School district personnel engage in collaborative efforts between school and community services to ensure a continuum of services” (Saint Paul Public Schools Policy 533.00). In the magnet school, there were a variety of connections made with community organizations,

although wellness services such as mental health were not included in the “continuum.” Magnet school staff reached out to many organizations for endorsements, information and resources, while in the neighborhood school this connection was mainly with the Parent Teacher Organization. When the school nurse tried to bring in outside services, such as free eye exams and prescription eyeglasses, there was not enough demand from the students’ families to invite the services to the school.

There are some questions for further research about the role of outside organizations in district wellness policy implementation: How effective are resources garnered from outside organizations when they are short-term and disconnected? What are the implications if schools with middle- to high-income families are not able to qualify for resources from outside organizations? If a school accepts resources from an outside organization, is it perceived to endorse that group’s views on student wellness? These questions are worth investigating because the wellness policy made promises about resources that it does not provide, which necessitated connections with outside organizations.

These findings make the role of the existence of the policy unclear; the policy had little effect in the school where wellness activities already existed and had unsustainable impact in the other school where wellness opportunities were new. To learn more about the impact of the district wellness policy, one could survey other Saint Paul Public Schools and ask what they did in terms of student wellness activities before the policy, in the two to three years following its enactment, and what do they do now. For example, a third school scenario that would be interesting to explore would be a school where there

were minimal student wellness opportunities before and after the introduction of the district policy guidelines. What would that school look like as its staff ignored the policy mandates? While it may appear that school staff intentionally avoided making changes to school wellness programming, there are many variables, such as staffing changes, that influence what happens in schools. For instance, at the neighborhood school there were three different principals at the school throughout the date range of the wellness policy study. Just as the school principals had three different approaches to supporting student health and wellness, the school staff had varied definitions of student wellness.

Ecology of Wellness Policy Implementation Games

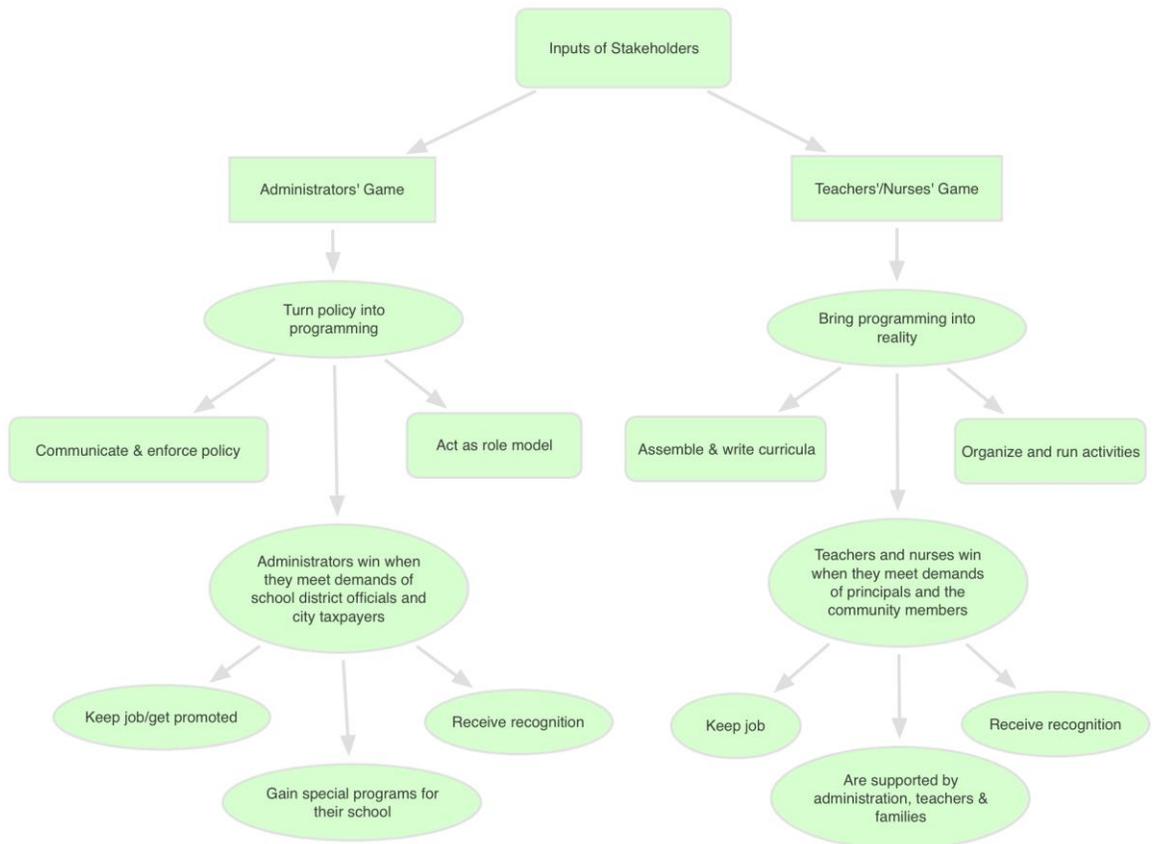
Firestone (1989) explained that policy stakeholders participate in an ecology of games that is a complex system of inputs, activities, motivations and perceptions about what it means to win. Rather than consider policy implementation as a “haphazard affair” that lacks recognizable organization, one is able to recognize the validity of “discontinuities in the policy process” that happen when people make individual choices. Firestone suggests that a “uniformity of response to central policy becomes less critical, and one can take advantage of local variation” (Firestone, 1989, p. 22). That is, the variations in district policy implementation are neither a disorganized process nor an attempt to duplicate policy strategies in all schools, but rather a creative endeavor to by stakeholders to customize policy in each school.

In figure 6-2, the ecology of wellness policy implementation games begins with the inputs of wellness policy stakeholders. School administrators, teachers and nurses play the policy implementation game by inputting efforts to turn policy into programming

and bring wellness programs into reality. Administrators in this study communicated and enforced policy activities and acted as role models for their students and staff while teachers and nurses shared wellness curricula and managed fitness activities. Both groups were motivated to “win” their particular games by similar standards. According to Firestone, but not necessarily supported by participant interviews, school staff may identify that they are motivated to keep their jobs, get promoted, gain programs for their schools, collaborate with their colleagues, and receive recognition for their efforts.

Figure 6-2 Ecology of Wellness Policy Implementation Games

Implications for Policy and Practice



What was learned about policy by asking, “What are the different ways in which district wellness policy is implemented in schools?” In public organizations such as individual school, what appears to be a straightforward rule, such as only one classroom party per month that features a sugary treat, likely has a backstory that is convoluted and involves many competing as well as cooperating stakeholders. No matter the origin and primary intent of a policy, whether it comes from a business or governmental concern, the publication and implementation of a policy will draw attention to the issue named in the policy. The policy will catalyze conversations and plans aimed at choosing how to enact the policy in the public setting. Along the way, the people who come in contact with the policy implementation will intergate the policy elements into their local environment. As shown by the variations in this localization process, it is the motivations and interactions of the *people* in the setting that determine *how* the policy will be operationalized. This study clarifies that policy localization will occur throughout the duration of policy implementation, and that the interesting questions are about the actions and interactions of policy stakeholders with specific case settings.

What was learned from the case study schools that may serve as a guide for successful district wellness policy implementation? Several factors point towards successful implementation, including staff who cared about the health and wellness of their students and were motivated to work collaboratively to create a healthier environment in their school. Their efforts combined with a policy that brought student health issues to the fore generated additional wellness opportunities. Further, a focused and charismatic leader engaged the creativity and industriousness of his staff by

delegating tasks that developed into wellness programs. In this study the principal of one school and the physical educator in the other achieved advancements in student wellness opportunities by leveraging resources within and outside of the school setting.

Additionally, core groups of wellness activists at the schools established fitness traditions that lasted almost a decade. Perhaps these stories suggest that wellness policy localization makes room for an independent and professional role for dedicated school staff and that mimicking these conditions can result in the district wellness policy, and other education policies, having a more robust presence and longer lifespan in schools.

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Appendix A: Saint Paul Public Policy 533.00 Wellness Policy (excerpts)

Introduction

1. The school district provides tools, strategies, techniques and connections to develop healthy and optimistic learners.
2. School district personnel engage in collaborative efforts between school and community services to ensure a continuum of services.
3. The school environment shall promote and protect student safety, well being and ability to learn by providing programming, curriculum and services that address healthy behavior, skills and knowledge.
4. School district personnel shall seek to accommodate special needs by identifying barriers to learning.
5. Future Considerations -- The District Wellness Committee will make additional recommendations to the Board of Education in January 2008.

Physical Activity

1. Schools will strive to make continuous progress towards physical education classes that meet or exceed the National Standards.
2. Students will demonstrate an understanding of skills and techniques to achieve and maintain life-long personal fitness.
3. Students will have access to physical education class and/or fitness-oriented activities regardless of behavioral or academic status.
4. Schools will refrain from using exercise as a consequence for negative behaviors.
5. Schools will work to develop and coordinate physical activity opportunities before, during and after school.
6. Students at the elementary level will participate in frequent, active recess.
7. Schools will engage students in a variety of physical activities throughout all disciplines.
8. Schools will hire physical education teachers that are certified and licensed instructors.
9. Schools will maintain safe and developmentally appropriate fitness equipment and activity areas.

Appendix B: Wellness Policy Rollout Letter of Introduction

Healthy Students Thriving

Saint Paul Public Schools is committed to the health and well being of its students. Research tells us that student health directly impacts academic success, from physical activity boosting brain function to children being more focused in school when they're not distracted by pent up energy or poor health.

With the federal Child Nutrition and WIC Reauthorization Act of 2004 – Section 204, Public Law 108-265, which mandates that all school districts implement a wellness policy by the 2006-2007 school year, communities across the nation have been given an exciting opportunity to improve the health and academic success of our youth. While good nutrition and ample physical activity are the basis for good health, the obesity rates indicate that too many of our youth lack the adequate nutrition and exercise needed to build strong bodies and minds. Persons with obesity are at risk of developing serious medical conditions, such as diabetes and hypertension, which can lead to poor health and premature death.

Over the past few decades, the percentage of children and adolescents who are overweight and obese has risen at alarming rates:

- Approximately 30.3 percent of children (ages 6 to 11) are overweight and 15.3 percent are obese. For adolescents (ages 12 to 19), 30.4 percent are overweight and 15.5 percent are obese. (Source: www.obesity.org)
- Obesity is associated with more than 30 medical conditions, and scientific evidence has established a strong relationship with at least 15 of those conditions.

Schools play a critical part in the health and well being of children. In response, Saint Paul Public Schools is pleased to introduce the District Wellness Committee Procedures Manual for the implementation of the School Board's Wellness Policy 533. The Wellness Policy institutes comprehensive strategies to improve the health and wellness of our students and staff. The policy addresses both the need to increase physical activity opportunities, as well as providing more nutritious food options (while limiting low nutrition foods) so that students will choose healthier foods for their meals and snacks. As a district, we also extend a hand to families, community members and partners in helping us improve the health of children. Together, we can turn the tide of obesity rates and the host of preventable illnesses and deaths.

Sincerely,

Raymond Yu
Associate Director of Health and Wellness
Wellness Policy Steering Committee Chair

Appendix C: Interview Questions

- What do you know about the district wellness policy?
- How have you received information about the district wellness policy?
- What has your role been in wellness policy implementation in your school?
- Describe wellness policy activities and events that happen at your school.
- How do you think the wellness policy has influenced student wellness at your school?
- What role does your school's culture play in the implementation of the district wellness policy?
- What does "student wellness" mean to you?
- What motivates you to promote student wellness in your school?
- Have you noticed any changes in student wellness opportunities in your school before and after the implementation of district wellness policy?
- Think back over the past year --- and describe student wellness opportunities that went particularly well? What challenges have you encountered? What student wellness opportunities need improvement?
- If you would be able to meet with the district school board and superintendent about student wellness what would you say?