

“On a Positive Path”: School Superintendents’ Perceptions of and Experiences With Local School Wellness Policy Implementation and Evaluation

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Renewed federal requirements for local school wellness policies highlighted the continued importance of supporting school districts as they implement and evaluate wellness initiatives. Superintendents—as school district leaders—play a critical role in wellness policy implementation and evaluation; however, to our knowledge, no studies examine their perspectives or experiences with the most recent federal rule or wellness initiatives more broadly. This study qualitatively examined superintendents’ perspectives, experiences, and recommendations with wellness policy implementation and evaluation. Focus groups (n = 39) and follow-up interviews (n = 14 of the focus group participants) were conducted with superintendents from March to July 2017. Coders organized and coded transcript data using Atlas.ti, Version 8 to facilitate thematic analysis. Superintendents had overall positive perceptions of wellness policies and reported that implementation improved over time. Most described wellness approaches beyond typical wellness policy domains, including social-emotional learning and staff wellness. Evaluation of wellness policies was noted to be a challenge, and superintendents requested more tools and resources, as well as opportunities to learn from “best practices.” Increased local and state accountability were recommended to facilitate motivation for other superintendents to engage with wellness. This study adds to the literature on a critical stakeholder in the school wellness

field. Advocates and technical assistance providers can apply superintendents’ recommendations to engage more district leaders in these initiatives.

Keywords: *child/adolescent health; environmental and systems change; qualitative research; health research; school health*

► INTRODUCTION

Since the 2006-2007 school year, the U.S. Department of Agriculture (USDA) has required that school districts receiving federal Child Nutrition funds—roughly 100,000

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TABLE 1
Final Rule Provisions for Local School Wellness Policies

<i>Provision</i>	<i>Additional Requirements</i>
Wellness policy content	At minimum, wellness policies are required to include the following <ul style="list-style-type: none"> • Goals for nutrition promotion and education, physical activity, and other school-based activities • Standards and nutrition guidelines for all foods and beverages sold and provided to students on school campus during the school day • Policies for food and beverage marketing that allow marketing/advertising of only those foods and beverages that meet Smart Snacks in School nutrition standards
Leadership	Wellness policy leadership should consist of one or more district or school official who have authority and responsibility to ensure school complies with the policy.
Public involvement	Permit participation by general public (including parents, students, representatives of school food authority, teachers of physical education, school health professionals, the school board, and school administrators) in the wellness policy process.
Triennial assessments	State agencies will assess compliance as part of the general areas of the administrative review every 3 years. Districts must conduct an assessment of the policy every 3 years, at minimum.
Documentation	State agencies will review the current wellness policy, documents on how the policy and assessments are publically available, the most recent assessment of the policy, documentation about reviewing/updating the policy; how stakeholders were made aware of their ability to participate.
Updates	Updates and modifications to the policy are required.
Public updates	Districts must make the wellness policy available to the public; wellness policy and triennial assessments must be made available.

NOTE: From U.S. Department of Agriculture. (2016). *Local school wellness policy implementation under the Healthy, Hunger-Free Kids Act of 2010: Summary of the final rule*. https://fns-prod.azureedge.net/sites/default/files/tn/LWPsummary_finalrule.pdf

public and nonprivate schools—adopt and implement a local school wellness policy (LWP; USDA, 2019). The LWP was required to include, among other things, (1) goals for nutrition promotion and education, (2) goals for physical activity and other school-based activities that promote wellness, and (3) nutrition guidelines for foods and beverages available on school campus during the school day (USDA, 2016b). In the 2014-2015 school year, 97% of public school districts nationwide had adopted an LWP; however, only 57% addressed all required provisions (Piekarz-Porter et al., 2017). Furthermore, only 19% of districts required a plan for evaluation, suggesting that LWP assessment may be less of a focus for districts (Piekarz-Porter et al., 2017). Effective 2017-2018, the USDA expanded the LWP mandate (hereafter, final rule) to include additional provisions related to (1) food and beverage marketing in schools, (2) expanding stakeholder involvement, as well as (3) updating and reporting on LWP implementation and evaluation/assessment (USDA, 2016a). Table 1 highlights the additional provisions and requirements noted in the LWP final rule.

Such renewed federal requirements illustrated the continued importance of supporting school districts as they fully implement, monitor, and evaluate their LWPs.

School districts, as hierarchical organizations, are heavily influenced by the leadership of principals (school level), and superintendents (district level), particularly for policy implementation processes. While studies have investigated school leaders' roles and perspectives on educational policy implementation (Durand et al., 2016), no studies—to our knowledge—focused specifically on leaders' roles with LWP implementation or with school wellness initiatives. In addition, previous studies have documented superintendents' critical role as change agents in improving school wellness environments (Asada et al., 2015; Lucarelli et al., 2014), but their exact roles in engaging with wellness and ensuring wellness policies are implemented are less clear in the literature. Superintendents as leaders create the vision of the school district, and their strategic priorities and goals for the district heavily influence the direction of various initiatives; thus, it is important to understand

superintendents' unique perspectives and roles in wellness independent of other school leaders and administration. However, only a few relevant studies including superintendents and school wellness have found a narrow focus on mental health (O'Malley et al., 2018), were limited to other administrative stakeholders (e.g., school board members and state public health nutrition directors), and were focused on nutrition or physical activity policy and not LWPs more broadly (Agron et al., 2010; Brown et al., 2004; Cox et al., 2011). Other researchers studied the importance of superintendents in relation to LWP implementation but did not ask about their specific experiences (Gollub et al., 2014; Probart et al., 2010; Sanchez et al., 2014). Finally, while the USDA developed a range of resources since the final rule (USDA, 2016c), and state and regional governments provided technical assistance to districts, it is unclear what types of LWP outreach were made directly to superintendent groups and if they have been effective. Taken together, few studies solely examined superintendents' direct experiences with LWP implementation or wellness in general, particularly since the final rule was adopted. This is a critical gap in the literature for a stakeholder group that is influential in the implementation of district-wide policy.

The objective of this study was to understand superintendents' experiences, perspectives, and recommendations for LWP implementation and evaluation. These insights are critical to inform the ongoing sustainability of wellness initiatives nationwide.

► **METHOD**

This study is one component of a larger mixed-methods study—The National Wellness Policy Study—that examines implementation of Healthy, Hunger-Free Kids Act–related policies (National Wellness Policy Study, 2018). To guide the study, we applied an overarching framework, Consolidated Framework for Implementation Research, to examine implementation of school wellness initiatives and policies (Damschroder et al., 2009). In addition, we applied adaptive leadership theory to specifically examine the role of leaders within implementation (Durand et al., 2016). These frameworks provided guidance on constructs related to participants' perceptions, awareness about the policy, and motivations for engagement (described further below) that ultimately influence implementation.

Participants and Setting

We conducted focus groups with superintendents and assistant superintendents (hereafter referred to

collectively as superintendents); follow-up interviews were then conducted with participants from the focus groups. Focus groups occurred on March 2 and March 3, 2017, at The School Superintendents Association (AASA)'s annual meeting in New Orleans, Louisiana. AASA is a professional organization that includes over 13,000 superintendents, chief executive officers, and senior school administrators (<http://www.aasa.org/home/>). Eligible participants were superintendents registered for AASA's annual meeting, employed at any level of public K-12 school district, and English-speaking. This study was approved by the Institutional Review Boards at University of Illinois at Chicago (2015-0720) and University of Connecticut (H15-165).

Sampling and Recruitment

Prior to the AASA meeting, preregistered superintendents were sent an email from AASA staff, inviting them to participate in a focus group. We assigned respondents to one of six focus groups using district demographic data from the National Center for Education Statistics Common Core of Data (school years 2013-2014), primarily by percentage of students eligible for free and reduced-price meals (a proxy for socioeconomic status; Nicholson et al., 2014). We also considered region (e.g., Northern state), locale (e.g., urban vs. rural), district size, and race/ethnicity of the district's students. This step was taken to create homogenous groups—to the extent possible—to facilitate the discussion (Krueger & Casey, 2015). During each focus group, superintendents were asked whether they would be willing to participate in follow-up interviews. Those who agreed were contacted by email and telephone to schedule individual telephone interviews.

Instruments

A focus group guide was developed based on the theoretical frameworks and research questions and iteratively revised after pilot testing with two superintendents to refine the flow and appropriateness of questions (Krueger & Casey, 2015). The open-ended questions were based on constructs related to theoretical frameworks; these were grouped into overall perspectives on wellness initiatives, awareness of LWPs, motivation for engaging with implementation, oversight and evaluation of LWPs, technical assistance and resources, perceived benefits and barriers, and food and beverage marketing policies. The follow-up interview guide was developed after focus group analysis was under way to reflect additional topics that emerged, and to ask more in-depth questions about experiences with implementation. Both guides are available upon request.

Data Collection

We conducted six focus groups each lasting approximately 60 minutes, with a total of 39 participants (6-7 participants per focus group). Participants were given \$50 gift cards for their participation in the focus group; no additional incentives were offered for follow-up interviews. Superintendents completed a brief written survey before the focus group that included questions about their demographics and their awareness and engagement with their school district's LWP activities. A moderator and room assistant ensured that superintendents signed the consent form prior to commencing the focus groups. All focus groups and interviews were audio recorded with participants' permission and audios were transcribed verbatim by a research assistant or professional transcription service. After the focus groups, 14 superintendents completed follow-up interviews by telephone, which lasted 45 to 70 minutes.

Analysis

Transcripts were uploaded into Atlas.ti, Version 8, for team coding. We created a coding guide (available upon request) using focus group instruments and iteratively revised throughout coding. A team of three trained analysts met weekly to discuss discrepancies to coding, revisions to code meanings, and emergent themes. Memos were used to document progress, study decisions, and themes (Friese, 2014). We employed Atlas.ti, Version 8, exploratory functions as a tool throughout to aid and deepen the analysis and confirm/disconfirm trends (Friese, 2014). We applied principles of constant comparison analysis to conduct a thematic analysis (Sandelowski, 2000). Follow-up interview transcripts were analyzed by revising the original coding guide and undergoing the same process. During the analysis process, preliminary themes were presented to experts (e.g., USDA Food and Nutrition Service officials) for additional questioning and to extend the analysis.

Findings

Superintendents from all four Census regions attended the focus groups, with a majority employed in suburban school districts (54%), in small school districts (72%), and in school districts with a majority of White students (64%). Table 2 lists the superintendents' school district characteristics.

The themes are presented within two overarching categories that describe (1) overall implementation and (2) evaluation experiences. Grouping the results into these two overarching categories enables us to highlight superintendents' experiences with wellness policy implemen-

TABLE 2
Characteristics of Superintendents' School Districts
(n = 39)

<i>Characteristic</i>	<i>n (%)</i>
Census region	
West	6 (15)
Northeast	15 (38)
South	7 (18)
Midwest	11 (28)
Locale	
Rural	9 (23)
Suburb	21 (54)
Township	6 (15)
Urban (large to mid-size city)	3 (8)
Socioeconomic status (tertiles)	
Low (0%-33%)	19 (49)
Medium (34%-66%)	12 (31)
High (67%-100%)	8 (20)
District size (tertiles)	
Small ($\leq 5,312$)	28 (72)
Middle (5,313-10,624)	9 (23)
High ($\geq 10,625$)	2 (5)
Race/ethnicity	
Majority White	25 (64)
Majority Hispanic	3 (8)
Majority Black	4 (10)
Other	7 (18)

tation and oversight while, at the same time, honing in on the new federal requirements related to evaluation and reporting. Table 3 provides illustrative quotes that support these two overarching themes.

► OVERALL IMPLEMENTATION THEMES

Positive Perceptions of LWPs: Wellness Environments Improved Over Time

Broadly, superintendents reported initial challenges with LWP implementation, such as student resistance to the revised nutrition standards, but noted that with time, the changes were increasingly accepted by students, faculty, and staff. Furthermore, most participants agreed that, overall, implementation has facilitated positive changes to both awareness about wellness and school wellness practices. Taken together, superintendents' perceptions about LWPs included positive changes to student awareness and improvements to school health environments. For example, superintendents noted a

TABLE 3
Key Themes and Illustrative Quotes

<i>Key Theme</i>	<i>Illustrative Quote</i>
Overall implementation	
Implementation experiences and the wellness environment improved with time	<p><i>I do think, this is just my personal opinion, that students are learning about healthy choices about food, based on the food served to them. So when they go in there, they get to choose certain amounts and it's all good food there. So I do think it's making an impact, but I have no data to support it.</i></p> <p><i>I think the more data you can provide as evidence . . . but to be perfectly honest, who doesn't already know that? I mean, sorry, but are we really doubting that healthier kids do better [academically]? . . . So I think having data to support it is great, but I can't believe that any audience you talk to wouldn't have people who aren't believers that the healthier our kids are the better it is.</i></p>
Wellness approaches expanded beyond LWPs	<p><i>I would absolutely echo that 100%. Totally resonates with the understanding that kids who are chronically absent are . . . those are the ones who are ill, maybe they have mental health issues, physical health issues that are impacting their attendance and therefore missing instructional time. That's the single strongest correlate. If you can get 'em there, everything described about creating that kind of environment is so important in nurturing and welcoming and creating a culture in a school that's not strictly about academic achievement. It messages to kids that we care about the whole child.</i></p> <p><i>It really is about the wellness of everybody, because if your staff isn't healthy, they can't meet the needs of kids who come with varying degrees. And if we can't help meet the needs of families, then we can't help meet the needs of our students.</i></p>
Partnerships and grant funding advanced wellness initiatives	<p><i>It's expensive to eat healthy, in most places. That is an ongoing challenge. One of the pieces we've done is to partner with nonprofit organizations that have opportunities for large quantities of vegetables and fruits to be purchased at low cost. We are making sure our parents are aware of those and giving opportunities for that access.</i></p> <p><i>We've partnered with a Let's Move kind of organization. We have a local organization in our city, so the elementary district has partnered with that group to try to increase physical activity for the community, but focusing on starting in schools.</i></p>
"Flexible" standards will not drastically change school meal practices	<p><i>It's almost like if you were required to save energy and they required you to put solar panels on all your school buildings. Then they say now we're not going to require that anymore. Well, you're not going to rip them out and say we're going to back an inefficient system that costs us more. It gives us a little more wiggle room to make our students happier . . . I think we restrict them, based on what they eat at home vs what we feed them at school . . . with less restrictions, I think our students will be happier with the choices.</i></p>
Evaluation	
Challenges with LWP monitoring and evaluation	<p><i>I think it's really hard to put it as causation but when you start to look at rising test scores and there are a lot of things, I think it's one of the things affecting that. It's one factor. We can't say this caused that but we can say we know we're improving and as we've been working on implementing a wellness policy and the whole child</i></p> <p><i>Everybody wants to tie the work that you're doing to academics, no matter what it is. Whether it's wellness or . . . everyone is like, "how does that impact learning?"</i></p>
Access to best practice evaluation tools and resources	<p><i>If you gather best practices and create an inventory, one of the things that could be done is promoting the practicality and awareness of what's possible and what's out there. It's not insurmountable. There's a good reason to do it and you can connect it to the evaluation of the principal and not in a negative way. Have it be a lens for public relations.</i></p>
Increase accountability for LWP evaluation	<p><i>I know for a lot of my peers, everything we're focused on is about student achievement and improving test scores because that's how we're being graded at the state level. Any policy or practice is really a second thought, an afterthought, because I have to stay focused on academic achievement. . . . so I think about wellness, but a lot of my colleagues would be like, that's just kind of a checkbox. What do I need to do, what's the bare minimum I need to do?</i></p>

NOTE: LWP = local school wellness policy.

“cultural shift,” in which infrastructure and activities related to wellness, such as “brain breaks” (physical activity breaks), salad bars, water fountains, to name a few, are now the norm and well accepted by both students and staff.

As I said earlier, I still think it's a process and if you asked our teachers, principals, nutrition services folks . . . They would tell you yes, it's been positive. Again, it's been a process. I think it's on a positive path.

I think it's built awareness, so when I see teachers taking a brain break or an activity break, which is routine in our elementary classrooms, they realize that kids can't just sit all day. That they need to get up and they'll be more alert and focused if they have a little break and get around and move.

Wellness Approaches Expanded Beyond LWPs

Superintendents expressed that their approaches to LWP and wellness expanded beyond provisions of the LWP—notably nutrition and physical activity standards—to include a consideration for the “whole child.” Specifically, wellness initiatives that addressed social-emotional learning and staff wellness were commonly reported. For some, such approaches evolved after they had fully implemented the LWP provisions; while for others, these approaches were concurrent responses to the emergent issues in their respective student populations. While some districts had more formally included social-emotional learning components and staff wellness provisions in their LWPs, others had implemented initiatives without policy; regardless, both components were perceived to be important aspects of the districts’ wellness approach.

If we emphasize working with the whole child, take a holistic educational approach that we're in it for the kids. As long as we remember that, “we're mindful of how important, how profoundly important, student health is to outcomes but also how central it is to our mission.

It really is about the wellness of everybody, because if your staff isn't healthy, they can't meet the needs of kids. . . . And if we can't help meet the needs of families, then we can't help meet the needs of our students.

Interestingly, despite a strong focus on these areas, only one superintendent who participated in follow-up

interviews ($n = 14$) was aware of the Association for Supervision and Curriculum Development and Centers for Disease Control and Prevention’s Whole School, Whole Community, Whole Child framework (Association for Supervision and Curriculum Development & Centers for Disease Control and Prevention, 2014; CDC, 2015), although many expressed interest in learning more.

Partnerships and Grant Funding Advanced Wellness Initiatives

Many superintendents reported that their districts had formed partnerships with a wide range of organizations to advance their wellness initiatives. Table 4 lists examples of partnerships formed with community and government organizations. In addition, some participants facilitated the securing of grant funds to support wellness initiatives such as acquiring physical activity equipment. Superintendents’ roles varied in forming these partnerships; while some were directly involved, others delegated these tasks.

It's expensive to eat healthy, in most places. That is an ongoing challenge. One of the pieces we've done is to partner with nonprofit organizations that have opportunities for large quantities of vegetables and fruits to be purchased at low cost. We are making sure our parents are aware of those and giving opportunities for that access.

Flexible Nutrition Standards Will Not Drastically Change School Meal Practices

The USDA Secretary announced in May 2017 that the agency would allow greater “flexibility” with the implementation of federal school meal standards—one provision of LWPs—to expand allowances for whole grain–rich components and milk products, as well as delay sodium target requirements (USDA, 2017). When asked how their respective school districts may respond to this update, the majority of superintendents noted that this would not drastically change their current practices.

While I appreciate that thought, it might be easier for districts to have less rigorous standards, that's not the direction that I think my district needs to go in, or will be going in. I think that given the fact that we live in a food oasis [referring to the opposite of a food desert] where we are it is really incumbent on us who provides two meals plus a snack a day to make sure that the quality of food that these children are getting is top notch, and so we will not be “relaxing” our standards.

TABLE 4
Partnerships and Examples of Collaborative Efforts

<i>Type of Partner</i>	<i>Examples of Collaborative Efforts of District With External Partners</i>
Health insurance agency	Participated in insurance agency’s wellness program to reduce health insurance rates (for staff wellness primarily)
Mental health center	Partnered to create a mental health center managed by a private company
Local health foundation	Obtained grants from local foundations to assist with wellness policy implementation
Local hospitals	Partnered with local hospitals to provide safety equipment, health screenings, or satellite clinics on school campus
Local nursing schools	Partnered with student nurses from area colleges to assist with mandated physicals and collection of body mass index
State health and education agencies	Utilized state-level expertise for sample wellness policies and programs
University extension	Received nutrition and wellness education curriculum for students and parents
County extension	Organized nutrition education for students, e.g., taste testing and nutrition information
Nonprofit organization	Partnered to provide cooking classes for students after school and for parents
National organization for physical activity	Received playground equipment from a national nonprofit organization
Off-site wellness center	Partnered to provide comprehensive wellness activities (e.g., physical activity, drug education, healthy eating)
Third-party food services management company	Partnered with a third-party food services management for enhanced purchasing power and assistance with knowledge of federal guidelines
Local food bank	Partnered with local food banks that offer fruits and vegetables to families

Notably, a handful of superintendents expressed relief that the “flexible” standards will allow for “wiggle room;” most comments were specific to delaying sodium targets, which were perceived to be the most challenging component of the school meal standard.

We support the delaying of moving forward to the next step . . . particularly as it relates to sodium, just because it’s been challenging to get to where we’ve gotten and I think we’re at a relatively comfortable and acceptable point.

► EVALUATION

Potential for Improving Academic Achievement but the Challenge With Making That Linkage

Most superintendents agreed that LWP changes had the potential to improve academic performance, citing “common sense” that healthier students are better learners.

We have tried to message, repeatedly and routinely over the years around student health, it is that there are logical positive correlations between proactive health behaviors and student achievement and that cognitive performance is often a reflection of student health and therefore it is the business of schools to be involved in physical activity, nutrition literacy, and other health supports for our students to ensure that they are successful, that every student thrives.

However, despite this common perception, most participants reported struggling with measuring the relationship between wellness initiatives and academic performance in their districts. Challenges related to isolating direct relationships and limited capacity—staff or other resources—to conduct evaluations.

How do you determine whether it’s [LWP implementation] effective either to academic performance or to anything in general? Because you’re spending time

and money on it, so what's the benefit of this policy and practice? We've had conversation about that and we really haven't collected data . . . we feel like every time we are trying to decide whether that made a difference academically, we look back and go "yeah but we made these other 18 different changes."

Access to Evaluation Tools and Resources

Superintendents were asked what types of resources would facilitate their LWP monitoring and evaluation activities. Many reported a need for better access to existing tools, mechanisms to promote sharing of best practices, and direct technical assistance for their responsibilities of evaluating LWP implementation.

If there was a tool we could use that had been vetted, that would help us evaluate our wellness program, that would be easy to administer to principals and teachers and provide reasonable data to help us gauge over the course of 5 years to say . . . we're making a difference, we're not making a difference . . . and where can we make changes.

Increasing Accountability for LWP Evaluation

While the majority of superintendents in our study were advocates (also referred to as “champions”) of wellness initiatives and motivated by improving wellness and focusing on the “whole child,” they observed that most of their colleagues were more motivated by local or state accountability measures that focused on academic outcomes. Consequently, these superintendents recommended that increased accountability for LWPs at the state or local school board level would motivate more of their colleagues to pay attention to wellness initiatives.

I suggest that you interact with school boards and encourage them to encourage their superintendent with hiring as well as evaluation to value these activities [wellness initiatives] as opposed to just counting the number of wins that the football team has . . . so the national school board groups might be helpful, the American Association of School Administrators have indicated in my observation that they are interested . . . because you are certainly accountable, you are hired and evaluated by your school board.

► DISCUSSION

To our knowledge, this is the first study to directly examine superintendents' LWP implementation experiences and perspectives, particularly since the final rule.

Participants shared positive overall implementation experiences, and importantly, the majority perceived that LWP changes have the potential to improve academic performance. Superintendents stressed the importance of social-emotional learning and staff wellness components in their overall approaches. Participants had formed partnerships with external organizations to advance their initiatives. With respect to evaluation, many superintendents reported challenges with effectively evaluating the impacts of LWP implementation on academics and other outcomes of interest, reporting a need for increased tools and resources. Last, participants stressed the importance of local and state accountability to facilitate engagement.

Overall, superintendents shared positive perceptions about LWP implementation, which was consistent with Agron et al.'s (2010) reporting of school leaders' perceptions that the wellness policy mandate will result in “some” or “a lot” of positive impact. In addition, participants' reluctance to roll back current school meal practices indicated a certain level of sustainability with the school meal provision. As described, while the recent USDA “flexibilities” for the sodium targets were noted to be helpful for a handful, the majority of superintendents noted that rather than revert to previous practices, they identified a need for technical assistance and resources to advance evaluation activities and other components of the LWP that required attention.

Many participants in this study had expanded their wellness approaches to include social-emotional learning. This reminds us that while researchers and public health advocates may focus on core components of the LWP related to obesity prevention (nutrition and physical activity), school leaders are responding to students' acute issues. Notably, superintendents' keen focus on social-emotional learning and lack of awareness of the Whole School, Whole Community, Whole Child framework indicates an opportunity to bridge public health and education and offer an evidence-informed framework to facilitate wellness implementation. Furthermore, similar reports have stressed the importance of appropriately qualified support staff and access to services for similar but distinct issues, including emotional and mental health and school climate and culture initiatives (Soloman et al., 2018).

Superintendents' challenges with evaluating the implementation and/or impact of the LWP points to a critical area for future support and technical assistance, given the final rule's provisions for assessment, updating, and reporting. State and local technical assistance bodies—including education agencies and health departments—are optimally positioned to provide

supports for school districts that are struggling to evaluate their LWP implementation and wellness initiatives (National Association of Chronic Disease Directors, 2017). Our participants pointed to partnerships with other external partners as a critical step for success of implementation. Furthermore, Agron et al. (2010) reported that there was a large discrepancy in stakeholders' (school board members, state public health nutrition directors, and others) perceptions of the district's capacity to monitor and evaluate wellness policy. While we did not measure perceived capacity, our study suggests that superintendents, the stakeholder most likely to be held responsible for evaluation, would welcome additional tools and technical assistance. Last, superintendents' suggestion for increased accountability measures points to an opportunity for state governments and local school boards to strengthen policies and laws related to LWP evaluation. As of 2014-2015 (last year for which nationwide state-level data are available), only 22% of states had a law requiring state agencies to monitor schools'/school districts' compliance with state or federal requirements, and no state laws included provisions for corrective action plans as a response to noncompliance (Piekarz-Porter et al., 2017). Furthermore, at the district level, as of 2014-2015, 84% of districts nationwide required an implementation plan for the LWP; however, only 19% required a plan for evaluation and 41% required a plan for revising the policy (Piekarz et al., 2016). Our study suggests that enhancing state laws and district LWPs to better address these issues might facilitate LWP evaluation and reporting.

Limitations

Several limitations are notable. First, participants included only those who attended the AASA annual meeting, and while we did not require a level of prior knowledge, most had some knowledge or level of experience implementing their respective LWPs. Furthermore, participants volunteered to attend a focus group about wellness policies, indicating an interest in the topic. Thus, the sample is not nationally representative. Second, while a subgroup ($n = 14$) participated in focus groups and interviews, both data collection efforts were completed within 5 months, thus missing a longitudinal capture of ongoing implementation or evaluation activities. Our study did not collect additional data about implementation activities in the superintendents' respective districts to triangulate superintendents' accounts of implementation. Future studies may consider data collection efforts that pair qualitative perspectives with additional indicators

such as changes to school practices or student-level health behaviors.

Implications for Research and Practice

This study adds to the nascent literature that examines superintendents as a critical stakeholder in the implementation and evaluation of LWPs since the final rule. A better understanding of their perspectives and experiences to date can inform how to support school leaders in implementing and sustaining wellness initiatives. While our findings are not intended to be nationally representative of all superintendents, this qualitative study offers insights and potential steps for federal, state, and local government bodies and advocates working to engage leaders in this school wellness space. Superintendents' insights can improve local and state accountability systems in order to motivate colleagues less personally interested in wellness. States can adopt more stringent laws that require school districts to implement, evaluate, and report on LWP provisions. Furthermore, states can also provide—or continue to provide—technical assistance for evaluation and reporting, such as providing “vetted” tools and resources. Each state's agency that oversees the USDA-sponsored child nutrition programs conducts a triennial “administrative review” process that includes detailed review of each district's archival records (e.g., procurement, financial operations, and compliance with meal service requirements; USDA, 2016a); ensuring that state agencies include a review of each district's written wellness policy and school-level evaluations will maximize the utility of this existing regulatory and technical assistance mechanism for supporting LWP implementation. At the district level, by working with active district-level wellness policy teams to include a variety of stakeholders (e.g., teachers, administrators, parents) and ongoing communication to school-level wellness champions, wellness initiatives may be elevated or maintained as a priority for district- and school-level leaders. Making sure that schools have the tools to monitor LWP implementation may increase the likelihood that they can be more successful with engaging in continuous quality improvement. Last, superintendents recommended partnerships with external organizations to facilitate LWP implementation. Such partners could include local health departments, nonprofits, and other organizations invested in child and adolescent health.

REFERENCES

Agron, P., Berends, V., Ellis, K., & Gonzalez, M. (2010). School wellness policies: Perceptions, barriers, and needs among school leaders and wellness advocates. *Journal of School Health, 80*(11), 527-535. <https://doi.org/10.1111/j.1746-1561.2010.00538.x>

- Asada, Y., Ziemann, M., & Chriqui, J.F. (2015). *Food service director experiences implementing revised school meal standards: Summary of qualitative findings*. University of Illinois at Chicago. https://www.ihrp.uic.edu/files/USDA_SWP_Report_KI_SchoolMeals_FINAL_v62_redorange_22Mar16.pdf
- Association for Supervision and Curriculum Development & Centers for Disease Control and Prevention. (2014). *Whole School, Whole Community, Whole Child: A collaborative approach to learning*. <http://www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wssc-a-collaborative-approach.pdf>
- Brown, K. M., Akintobi, T. H., Pitt, S., Berends, V., Mcdermott, R., Agron, P., & Purcell, A. (2004). California school board members' perceptions of factors influencing school nutrition policy. *Journal of School Health, 74*(2), 52-58. <https://doi.org/10.1111/j.1746-1561.2004.tb04199.x>
- Centers for Disease Control and Prevention. (2015). Whole School, Whole Community, Whole Child: A collaborative approach to learning and health. https://www.cdc.gov/healthyschools/wssc/wscmodel_update_508tagged.pdf
- Cox, L., Berends, V., Sallis, J. F., St John, J. M., McNeil, B., Gonzalez, M., & Agron, P. (2011). Engaging school governance leaders to influence physical activity policies. *Journal of Physical Activity and Health, 8*(Suppl. 1), S40-S48. <https://doi.org/10.1123/jpah.8.s1.s40>
- Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science, 4*(50), 40-55. <https://doi.org/10.1186/1748-5908-4-50>
- Durand, F.T., Lawson, H. A., Wilcox, K. C., & Schiller, K. S. (2016). The role of district office leaders in the adoption and implementation of the Common Core State Standards in elementary schools. *Educational Administration Quarterly, 52*(1), 45-74. <https://doi.org/10.1177/0013161X15615391>
- Friese, S. (2014). *Qualitative data analysis with ATLAS.ti* (2nd ed). Sage.
- Gollub, E. A., Kennedy, B. M., Bourgeois, B. F., Broyles, S. T., & Katzmarzyk, P. T. (2014). Engaging communities to develop and sustain comprehensive wellness policies: Louisiana's schools putting prevention to work. *Preventing Chronic Disease, 11*, E34. <https://doi.org/10.5888/pcd11.130149>
- Krueger, R. A., & Casey, M. A. (2015). *Focus groups: A practical guide for applied research* (5th ed). Sage.
- Lucarelli, J. F., Alaimo, K., Mang, E., Martin, C., Miles, R., Bailey, D., Kelleher, D. K., Drzal, N. B., & Liu, H. (2014). Facilitators to promoting health in schools: Is school health climate the key? *Journal of School Health, 84*(2), 133-140. <https://doi.org/10.1111/josh.12123>
- National Association of Chronic Disease Directors. (2017). *Local health department and school partnerships: Working together to build healthier schools*. https://c.ymcdn.com/sites/www.chronicdisease.org/resource/resmgr/school_health/NACDD_Health_Department_and_.pdf
- Nicholson, L. M., Slater, S. J., Chriqui, J. F., & Chaloupka, F. J. (2014). Validating adolescent socioeconomic status: Comparing school free or reduced price lunch with community measures. *Spatial Demography, 2*(1), 55-65. <https://doi.org/10.1007/BF03354904>
- O'Malley, M., Wendt, S. J., & Pate, C. (2018). A view from the top: Superintendents' perceptions of mental health supports in rural school districts. *Education Administration Quarterly, 54*(5), 781-821. <https://doi.org/10.1177/0013161X18785871>
- Piekarz, E., Schermbeck, R., Young, S. K., Leider, J., Ziemann, M., & Chriqui, J. F. (2016). *School district wellness policies: Evaluating progress and potential for improving children's health eight years after the federal mandate. School years 2006-07 through 2013-14* (Vol. 4). Bridging the Gap Program and the National Wellness Policy Study, Institute for Health Research and Policy, University of Illinois at Chicago.
- Piekarz-Porter, E., Schermbeck, R. M., Leider, J., Young, S. K., & Chriqui, J. F. (2017). Working on wellness: How aligned are district wellness policies with the soon-to-be implemented federal wellness policy requirements? National Wellness Policy Study, Institute for Health Research and Policy, University of Illinois at Chicago.
- Probart, C., McDonnell, E. T., Jomaa, L., & Fekete, V. (2010). Lessons from Pennsylvania's mixed response to federal school wellness law. *Health Affairs, 29*(3), 447-453. <https://doi.org/10.1377/hlthaff.2009.0732>
- Sanchez, V., Hale, R., Andrews, M., Cruz, Y., Bettencourt, V., Wexler, P., & Halasan, C. (2014). School wellness policy implementation: Insights and recommendations from two rural school districts. *Health Promotion Practice, 15*(3), 340-348. <https://doi.org/10.1177/1524839912450878>
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health, 23*(4), 334-340. [https://doi.org/10.1002/1098-240X\(200008\)23:4%3C334::AID-NUR9%3E3.0.CO;2-G](https://doi.org/10.1002/1098-240X(200008)23:4%3C334::AID-NUR9%3E3.0.CO;2-G)
- Soloman, B., Katz, E., Steed, H., & Temkin, D. (2018). *Creating policies to support healthy schools: Policymaker, educator, and student perspectives* (Child Trends Publication No. 2018-47). https://www.childtrends.org/wp-content/uploads/2018/10/healthyschoolstakeholderreport_ChildTrends_October2018.pdf
- U.S. Department of Agriculture. (2016a). Administrative reviews in the School Nutrition Programs, final rule. *Federal Register, 81*(146), 51070-50194. <https://www.gpo.gov/fdsys/pkg/FR-2016-07-29/pdf/2016-17231.pdf>
- U.S. Department of Agriculture. (2016b). Local school wellness policy implementation under the Healthy, Hunger-Free Kids Act of 2010, final rule. *Federal Register, 81*(146), 50151-51070. <https://www.gpo.gov/fdsys/pkg/FR-2016-07-29/pdf/2016-17230.pdf>
- U.S. Department of Agriculture. (2016c). *Local school wellness policy toolkit*. <https://www.fns.usda.gov/tn/local-school-wellness-policy-outreach-toolkit>
- U.S. Department of Agriculture. (2017). Child nutrition programs: Flexibilities for milk, whole grains, and sodium requirements, interim final rule. *Federal Register, 83*(238), 63775-63794. <https://www.gpo.gov/fdsys/pkg/FR-2017-11-30/pdf/2017-25799.pdf>
- U.S. Department of Agriculture, Economic Research Service. (2019). *National School Lunch Program*. <https://www.ers.usda.gov/topics/food-nutrition-assistance/child-nutrition-programs/national-school-lunch-program.aspx>