

**THE 2008 MISSISSIPPI  
SCHOOL WELLNESS POLICY  
PRINCIPAL SURVEY**

*Prepared for:*

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## EXECUTIVE SUMMARY

This report summarizes findings from the 2008 Local School Wellness Policy Principal Survey and, where possible, compares these findings with those from the 2006 Survey. The purpose of this study was to assess the implementation of the 2007 Mississippi Public School Accountability Standards (Standard 37.2), the 2007 Mississippi Healthy Students Act, the Child Nutrition and WIC Reauthorization Act of 2004 (PL #108-265), and the Mississippi Code of 1972 (Annotated Section 37-13-134).

Between October and November 2008, surveys were sent to principals in all 911 public schools in Mississippi. While a total of 635 surveys were submitted (70%), a total of 540 complete surveys were used in the analysis for a response rate of 59.3% (up from 41.8% in 2006).

The following paragraphs of the Executive Summary provide information regarding key findings of the study. Where comparisons between 2006 and 2008 were made, statistical differences between the years are noted.

### ***Key Findings: Changes in Implementation of the Policy***

Since 2006, statistically significant increases were found in the percentages of schools that partially or fully:

- Implemented the Local School Wellness Policy (96.0% vs. 78.2%)
- Used a monitoring instrument for self-assessment (78.0% vs. 45.4%)
- Established a School Health Council (84.2% vs. 66.5%)

Full implementation of the Local Wellness Policy was highest among middle schools (73.3%), followed by high schools (73.0%) and elementary schools (69.4%). Use of a

monitoring instrument was highest among high schools (43.8%), followed by elementary (43.1%) and middle schools (41.7%). Full implementation of a School Health Council was highest among elementary schools (61.4%), followed by middle (59.3%), and high schools (59.1%).

### ***Key Findings: Changes in Knowledge of the Policy***

Since 2006, principals reported statistically significant increases in the percentages of principals, faculty, students, parents, and community members' levels of knowledge of the Local School Wellness Policy. For example, in 2008, 92.9 % of principals (a statistically significant increase from 83.3% in 2006) described themselves as having a “fair amount” or a “great deal” of knowledge. Knowledge of the policy was highest among all five groups in the elementary schools, followed by middle and then high schools.

### ***Key Findings: Changes in Nutrition***

Since 2006, statistically significant increases were found among the:

- Percentage of schools with 75% - 100% of students receiving nutrition education (72.3% vs. 35.2%)
- Percentage of schools serving at least three different fruits weekly (99.6% vs. 97.0%)
- Percentage of schools serving whole grains (31.7% vs. 21.5%)

Percentages of students receiving nutrition education were highest among elementary (83.0%), followed by middle (82.4%) and high schools (69.2%)

### ***Key Findings: Changes in Physical Education***

A statistically significant increase was found in the percentage of schools with 75% - 100% of students receiving a Physical Education curriculum (84.2% vs. 57.1%). Elementary school students were the most likely to receive Physical Education (95.76%), followed by middle (90.39%), and high schools (73.0%).

Also, a statistically significant increase was found in the percentage of schools with 75% - 100% of students being physically active in Physical Education (73.8% vs. 64.1%). Highest percentages of students receiving Physical Education were among elementary (82.5%), followed by middle (81.5%), and high school students (75.4%).

### ***Key Findings: Changes in Comprehensive Health Education***

In 2008, much higher percentages of students received a Comprehensive Health Education, and higher percentages of students received health education from classroom teachers, nurses, PE teachers and certified staff. A statistically significant increase was found in the:

- Percentage of schools with 75% - 100% of students receiving Health Education (75.9% vs. 38.4%)
- Percentage of schools with 75% – 100% of Health Education taught by classroom teachers (61.1% vs. 38.2%)

In 2008, the highest percentages of students receiving a Comprehensive Health Education were among elementary (88.0%), followed by middle (85.4%), and high schools (70.1%).

***Key Findings: Full Implementation of the 11 Components of the Policy***

Of the 11 components of the Local School Wellness Policy, highest percentages of full implementation of the minimum requirements in 2008 were among the Commitments to:

- Food Safe Schools (87.2%)
- Counseling, Psychological and Social Services (84.0%)
- Nutrition (81.0%)

The highest percentages of full implementation were among middle schools in 9 of the 11 components. High schools had the highest rates in the other two components (Nutrition and Comprehensive Health Education).

Of the 11 components, lowest percentages of full implementation in 2008 were among the commitments to:

- Quality Staff Wellness Program
- Marketing a Healthy School Environments

It should be noted that the Mississippi Healthy Students Act did not state minimum requirements for these two components. Of these two components, the lowest percentage of implementation was found in the high schools (38.0% and 33.8% respectively).

***Key Findings: Policies, Programs, or Legislation Principals Would Like to See Enacted***

Principals were given an opportunity to identify any policies, programs, or legislation that they would support regarding school health. The most common responses were:

- Additional funding for PE (38.3%)
- Mandate certified Health/PE teachers (18.1%)
- Provide more school nurses (11.7%)

***Key Findings: Effects of the Local School Wellness Policy***

Nearly two-thirds (65.9%) of principals believed there was a correlation between implementation of the Local School Wellness Policy in their school and the academic performance of their students (includes 30% reporting “A Great Deal” and 35.9% reporting “A Fair Amount”). The highest rates were among elementary (83.0%), followed by middle (80.0%) and high schools (71.8%).

Principals reported believing the School Health Council was most effective at:

- Generating parental involvement (35.2%)
- Facilitating the implementation of coordinated school health programs (35.0%)
- Helping in new policy development (29.6%)

Elementary schools were the most likely to report the positive effects of the School Health Council on generating parental involvement (42.2%) and helping in new policy development (31.9%). High schools were most likely to report the School Health Council helped in facilitating the implementation of school health programs (37.8%).

## INTRODUCTION AND BACKGROUND

The prevalence of obesity has been documented as steadily increasing over the past several years. The National Health and Examination Surveys (NHANES) provide evidence of the increasing prevalence of obesity (having a body mass index—BMI—above the age and sex-specific 95<sup>th</sup> percentile of the U.S. growth reference) among United States children and youth, aged 2–18 years.<sup>1</sup> According to the most recent NHANES (2005-2006), 16.3% of children and youth were obese and another 15.6% were overweight.<sup>2</sup>

A series of studies by researchers at The University of Southern Mississippi's College of Health have found prevalence rates of obesity among children and youth in Mississippi equal to or higher than other states conducting similar studies, higher than national estimates (i.e., NHANES and the Youth Risk Behavior Survey), and increasing between 2003 and 2005. The 2003 Child and Youth Prevalence of Obesity Survey (CAYPOS) of students in grades 1 – 8 found that 24.0% were obese and another 14.7% were overweight, with a combined prevalence of 38.7%.<sup>3</sup> Similarly, an Arkansas study reported a combined prevalence 38.0% among all public school students.<sup>4</sup>

In the 2005 CAYPOS, 25.5% of Mississippi students in grades K – 12 were obese and 18.4% were overweight, giving a combined total rate of 43.9%.<sup>5</sup> In 2005, these estimates would include approximately 215,000 students in Mississippi. The prevalence of obesity differed by student grade level. The highest prevalence was among middle school students (28.9%), followed by elementary (25.0%) and high school students (23.5%).

In 2007, researchers at The University of Southern Mississippi's College of Health again found high prevalence rates, though slightly lower than in 2005. In the 2007 CAYPOS, 23.5% students in grades K–12 were obese. Another 18.6% were overweight, for a combined total of



42.1%.<sup>6</sup> In 2007, these rates would include over 204,000 students in Mississippi. Among elementary level students, the prevalence rate was relatively unchanged in 2007 (25.0%) as compared to 2005 (25.3%). However, among middle school students the rate dropped in 2007 (22.8%) from 2005 (28.9%), and among high school students the rate dropped in 2007 (20.8%) from 2005 (23.5%).

Research indicates several adverse health and psychosocial consequences of overweight and obesity among children and youth including hypertension, atherosclerosis, dyslipidemia, metabolic syndrome, type 2 diabetes, obstructive sleep apnea, non-alcoholic liver disease, and depression.<sup>7</sup> These conditions threaten students' learning capacity, productivity and academic success.

Since the majority of children and youth aged 5–17 years are enrolled in school, and the majority of their waking hours are spent at school each day, schools provide an ideal setting for them to receive interventions, such as health, nutrition, and physical education in order to make positive choices in regard to their health and wellbeing, as well as enhance their academic performance.<sup>8-10</sup>

### ***Local School Wellness Policy Legislation***

In response to increasing rates of overweight and obesity and the impact on student health, well-being and academic performance, a mix of state and federal legislation has been enacted and implemented in Mississippi in recent years. A brief review follows.

In 2004, Congress enacted the Child Nutrition and WIC Reauthorization Act (Section 204 of Public Law 108-265) mandating any local education agency participating in a program authorized by the Richard B. Russell National School Lunch Act (NSLA) or the Child Nutrition

Act of 1966 (CNA) to establish a school wellness policy no later than the first day of the school year beginning after June 30, 2006. The primary objective of the law was to prevent inactivity and obesity among children. The law established that, at a minimum, the local wellness policies shall contain: goals for nutrition education and physical activity; nutrition guidelines for foods available at each school; assurance that guidelines for the wellness policy are not less restrictive than those set forth by the NSLA or the CNA; plans for measuring implementation of the local wellness policy; and involvement of a representative group of community and school stakeholders in the development of the school wellness policy.<sup>11</sup>

In addition to requiring implementation of the Local Wellness Policy, the Mississippi State Board of Education approved Beverage Regulations for Mississippi Schools in October 2006. This legislation established phased implementation of strict guidelines for the types of beverages that could be served at school campuses during the regular and extended school day. In phase one of the implementation, beginning in August 2007, sale of all full-calorie, sugared carbonated beverages was prohibited to students at Mississippi public schools during the school day. In phase two, beverage vending was further restricted to only include bottled water, low-fat and non-fat milk, and 100% fruit juice in age-appropriate servings for elementary and middle schools. High schools are allowed bottled water, no- or low-calorie beverages and age-appropriate servings of low- or non-fat milk, 100% juice, light juice/light sports drinks, and at least 50% of beverages must be water or no-calorie options.<sup>12</sup>

In 2007, the Mississippi Code of 1972 was amended (section 37-13-134, The Mississippi Healthy Students Act) and the Mississippi Public School Accountability Standards were revised establishing stricter nutrition, physical activity, and physical education standards for Mississippi schools.<sup>13, 14</sup> Based on this legislation, the Mississippi Department of Education created two

interpretive documents: 1) Nutrition Standards and 2) Physical Education/Comprehensive Health Education Rules and Regulations.<sup>15, 16</sup>

The Nutrition Standards established specific requirements for food choices offered in the cafeteria and on campus, how food is prepared at schools, marketing of healthy foods to students and staff, minimum and maximum time allotments for students' and staff meal periods, and methods for increasing participation in the child nutrition school breakfast and lunch programs. The Physical Education/ Comprehensive Health Education Rules and Regulations provided time requirements, sample curriculum, and schedules for physical education, physical activity, and activity-based instruction for students in grades K-8; fitness testing for fifth grade students; and guidelines for physical education, comprehensive health education, and fitness testing for students in grades 9-12.<sup>16</sup>

In May 2008, the Mississippi Department of Education revised the Local School Wellness Policy: *Guide for Development*. The document was created as a resource for school districts and contains the minimum requirements necessary for compliance with federal law and Mississippi statutes and standards regarding school wellness. This document also provides additional policy options that schools are encouraged to utilize when developing wellness program goals.<sup>17</sup>

### ***Summary of the 2006 School Wellness Policy Principal Survey***

At the time of the Fall 2006 Survey, the only legislation in place was the Child Nutrition and WIC Reauthorization Act of 2004 (PL #108-265). Although implementation of the Local Wellness Policy was required by July 2006 as part of this legislation, less than half of the principals who responded (44.4%) reported implementation at the time of data collection.

Approximately one-third (38.40%) of the 2006 respondents indicated that they knew a great deal and another 44.9% indicated that they knew a fair amount about the Local Wellness Policy. However, knowledge of the policy did not necessarily translate into implementation. For example, among those indicating a great deal of knowledge, more than 20% did not establish a school health council, more than 30% did not implement all five requirements, and more than 40% did not conduct a needs assessment.

Implementation of the requirements did not translate into all students were receiving nutrition, health or physical education. For example, one-quarter of those reporting to have implemented all five components indicated that less than one-quarter of their students (between 0% - 24.9%) received a sequential health education curriculum. Similarly, nearly a third of these same respondents indicated that less than one-quarter of their students received nutrition education as part of a structured and systematic unit of instruction.

Differences existed in the implementation of nutrition, health, and physical education. Approximately 37.6% of respondents indicated that less than one-quarter of their students received nutrition education as part of a structured and systematic unit of instruction. Approximately one-third (34.0%) indicated that less than one quarter of their students were receiving a sequential health education curriculum, and 17.0% indicated that less than one-quarter of their students were receiving a sequential physical education curriculum that was consistent with state or national standards. There appeared to be a need for certified staff, as 20.2% of the physical education and 40.7% of the health education were taught by non-certified staff.

The highest rates of involvement in nutrition, health, and physical education were in the elementary schools, followed by middle schools, and then in high schools. The highest

percentages of participation were in physical education, followed by health, and then nutrition education. Nutrition and health education appeared to drop off during middle school. All three types of education appeared to drop off by high school.

### ***Purpose of the 2008 Study***

The purpose of this study was to assess the implementation of the 2007 Mississippi Public School Accountability Standards (Standard 37.2), the 2007 Mississippi Healthy Students Act, the Child Nutrition and WIC Reauthorization Act of 2004 (PL #108-265), and the Mississippi Code of 1972 (Annotated Section 37-13-134). Since many of the questions in this study are identical to the 2006 School Wellness Policy Principal Survey, these findings have been compared, whenever possible, to those from the 2006 Survey.

## **METHODOLOGY**

### ***Subjects***

As with the 2006 Survey, the 2008 Local School Wellness Policy Principal Survey was intended to be completed by principals in all public schools in Mississippi. Due to the large number of questions and areas covered by the survey, it was designed so that other school personnel could complete different sections (e.g., school food service director answer nutrition questions or school health nurse answer health services questions). Ultimately, the principal was responsible for submission of the completed survey.

### *Instrumentation*

The items on the 2008 Survey were developed through input from several representatives of the Mississippi Department of Education's Office of Healthy Schools, a review of recent state and federal legislation and scientific literature and, where appropriate, directly from the 2006 Survey. The 2008 Survey was set up to follow closely the wording and format of the revised Local School Wellness Policy: *Guide for Development*. The 11 categories that were assessed included the school's commitment to:

1. Implementing the Local School Wellness Policy
2. Nutrition
3. Food Safe Schools
4. Physical Activity/Physical Education
5. Comprehensive Health Education
6. Healthy School Environment
7. Quality Health Services
8. Providing Counseling, Psychological, and Social Services
9. Family and Community Involvement
10. A Quality Staff Wellness Program
11. Marketing a Healthy School Environment

In addition, the 2008 Survey addressed general school and student demographics; knowledge, overall implementation, and quality of the Policy; health status measures of students; participation in Office of Healthy Schools' programs; performance classification of the school; and indicators of evidence as to the effectiveness of the School's Health Council.

### *Administration of the Survey*

The survey was conducted between October and November, 2008. During the first week of October, all principals and superintendents were sent a written letter from Dr. Kolbo, Principal Investigator of this study at The University of Southern Mississippi, informing them of the study, that the survey would occur online, and that access to the survey would be available through an email coming from Dr. Kolbo. Also during the first week of October, Dr. Hank Bounds, Superintendent of Education, State Department of Education, sent an email to all superintendents and principals encouraging them to participate in the study.

The following week, all principals and superintendents were sent the email from Dr. Kolbo. The email explained the purpose of the study and provided a link to the online survey. The survey was set up for online use by Qualtrics, Inc. Over the next three weeks, principals and superintendents were reminded through additional emails by Dr. Kolbo and Dr. Bounds to complete the survey.

While individual responses to survey questions could not be traced, the software provided by Qualtrics, Inc. indicated which schools had not completed a survey. In those cases, superintendents and principals were contacted by phone to determine whether assistance would be needed in order to complete the survey.

### *Data Analysis*

Responses to each survey item (question) related to the 11 Commitments were tabulated and percentages were calculated. Corresponding tables in the narrative include both the number (*n*) and the percentages. School grade level (elementary, middle, and high school) crosstabulations of each survey item were also conducted and reported in the appendices. It

should be noted that the percentages reported in the 2008 study and used for comparison with the 2006 study were “valid percents” which excluded non-responses.

Open-ended items pertaining to barriers to nutrition education, and to the policies, programs or legislation principals would like to see enacted were summarized included both the number (*n*) and percentages. Due to the smaller number of responses to these questions, the reader is encouraged to use caution when interpreting the findings.

For survey items that were asked in both 2006 and 2008, statistical significance of difference was determined through the calculation and comparison of confidence intervals (CIs). Comparisons were considered significantly different if their associate 95% CI did not overlap. For example, in 2008, 96.0% of schools implemented the local school wellness policy (with the associate 95% CI being 94.3% - 97.7%). In 2006, 78.2% implemented the policy and the associate 95% CI were 73.9% - 82.5%). There was no overlap in the CI and, as such, there was a significant increase between 2006 and 2008. See Appendix A for a listing of all comparisons, percentages and 95% CIs.

### ***Study Limitations***

It is important to note that the 2006 and 2008 surveys were administered differently in that the 2006 survey was completed by paper and pencil, and the 2008 survey was completed online. There is no way of knowing whether the different way the survey was administered may have affected the responses to the survey items.

While the response rate was much higher in 2008 (59.3% vs. 41.8%), the findings cannot be considered necessarily representative of all schools. Due to the anonymous nature of the survey, there is no way of knowing which schools responded in either year, nor if the same



schools responded each year. Another aspect of the anonymous nature of this survey is that while principals were asked to submit their data, there is no way of knowing who actually completed the survey in any of the schools.

Another limitation is related to the nature of self-report. The question of accuracy arises when school administrators are being asked whether they are implementing required policies and programs. As stated previously, the surveys have been designed to be anonymous and confidential, hopefully prompting more honest and accurate responses. Also, examining responses from one collection point in time, might leave one less confident in the accuracy of the data than when examining responses over several points in time. This survey is scheduled to be administered two more times, in 2010 and 2012.

## **FINDINGS**

Surveys were sent to principals of all 911 public schools in Mississippi. A total of 635 surveys were submitted (70.0%). Among the 635 surveys that were submitted, 95 were excluded due to a majority of questions not being answered or responses being duplicated. Thus, a total of 540 surveys were used in the final analysis for a final response rate of 59.3%. This is a much higher participation rate than was achieved in 2006, in which a total of 329 principals (41.8%) completed the survey.

### ***Demographic Characteristics of Schools and Students in 2008***

Of the 540 schools, 48.7% were elementary, 11.1% were middle, 16.6% were high schools, and 23.5% were either K – 6, K – 8, or K – 12 schools. In 2006, 39.5% were from elementary schools, 15.5% were from middle or junior high schools, and 21.3% were from high

schools. Another 16.6% were K-6 or K-8 schools and 6.9% were from K-12 schools.

Principals reported an average of 582 students enrolled in their schools, with 35.4% having an enrollment of less than 400, 48.7% with an enrollment size between 400-799, 11.1% with an enrollment between 800-1199, and 4.8% with more than 1,200 students. In 2006, 50.7% of the schools had an enrollment size of 500 or less, 40.1% of schools had enrollment between 500 and 1000 students, and 6.9% had more than 1,000 students.

In 2008, 26.5% of the respondents were from Level 5: Superior Performing, 27.7% were from Level 4: Exemplary, 35.8% were from Level 3: Successful, 9.1% were from Level 2: Under Performing, and 0.9% were from Level 1: Low Performing schools. An average of 71.8% of the students qualified for free or reduced lunch. The highest rates were among elementary (71.8%), followed by middle (70.3%), and high schools (62.6%). Academic classification and qualification for free and reduced lunch were not collected in 2006.

In 2008, nearly one-third of the responding principals (30.0%) reported that their schools participated in the USDA Fruits and Vegetables Program, 15.9% participated in the Food Safety Resources program, and 7.2% participated in the Health is Academic Start Up Grants. Middle and high schools (33.3%) were most likely to participate in the USDA Fruits and Vegetables Program, followed by elementary schools (27.0%). Participation in the Food Safety Resources Program was highest among middle (21.7%), followed by high (20.0%) and then elementary schools (13.3%). Participation in the Health is Academic Start Up Grants was highest among elementary (13.7%), followed by high (5.6%), and middle schools (5.0%).

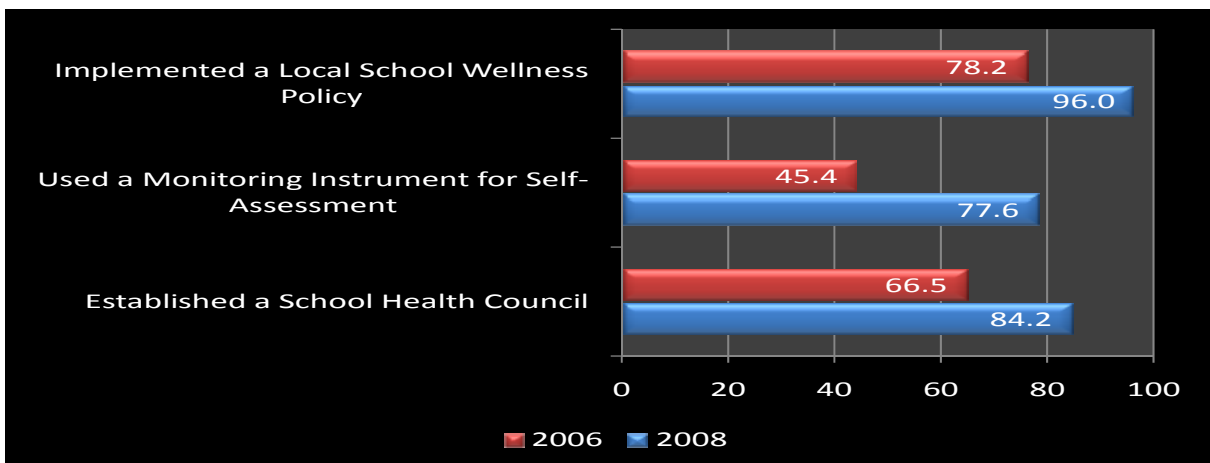
### *Commitment to Implement a Local School Wellness Policy*

Commitment to implement a Local School Wellness Policy changed dramatically since 2006 (see Figure 1). In 2008, 96.0% percent of the respondents (a statistically significant increase from 78.2% in 2006) reported that the Local School Wellness Policy was being partially or fully implemented in their school (refer to Appendix A for more information). Also, 85.2% of the principals rated the quality of the implementation of the Policy as either good or excellent.

In 2008, 77.6% of respondents (a statistically significant increase from 45.4% in 2006) reported using a monitoring instrument to conduct a self-assessment in developing the Policy (refer to Appendix A for more information). Of the respondents, 90.7% had established a plan for implementing the Local School Wellness Policy, and 90.4% reported having one or more individuals to insure that the Policy was being implemented as intended.

In 2008, 84.2% (a statistically significant increase from 66.5%) had established a School Health Council (see Appendix A for more information). However, only 71.5% reported that the School Health Council met at least three times a year, and only 62.6% indicated they submit a yearly report to the school board outlining progress on the implementation of the policy.

**Figure 1: Commitment to Implementing a Local Wellness Policy (2006 - 2008)**



Data relating to all survey questions regarding the degree of commitment to implementation are summarized in Table 1.

**Table 1: Commitment to Implementation**

Question	Responses (n/%)			
	Not currently and no plans to do so	Not currently, but plans are in place	Currently in place, but not fully implemented	Currently in place and fully implemented
<i>With regard to implementation of the local wellness policy, your school...</i>				
Has a local wellness policy as required by Section 37-13-134 Mississippi Code of 1972 annotated, Mississippi Public School Accountability Standard 37.2, and the 2004 Child Nutrition and WIC Reauthorization Act	1/0.2%	19/3.6%	148/27.9%	363/68.4%
Used monitoring instruments, developed by the Office of Health Schools to conduct a self assessment that identified strengths and weaknesses toward implementation of the minimum requirements	14/2.7%	102/19.7%	177/34.2%	225/43.4%
Established a plan for implementation of the local wellness policy	3/0.6%	46/8.8%	140/26.7%	336/64.0%
Designated one or more persons to insure that the school wellness policy was implemented as written	4/0.8%	46/8.8%	108/20.8%	362/69.6%
Established a School Health Council that addresses all aspects of a coordinated school health program, including a school wellness policy	11/2.1%	71/13.7%	136/26.2%	301/58.0%
Has the School Health Council meet three times per year and maintains minutes of each meeting	16/3.1%	133/25.4%	172/32.9%	202/38.6%
Prepares and submits a yearly report to the school board regarding the progress toward implementation of the school wellness policy and recommendations for any revisions to the policy, as necessary	39/7.5%	156/29.9%	141/26.1%	186/35.6%

Appendix B presents the principals' responses to the full implementation of the Local School Wellness Policy by the school level (elementary, middle, high).

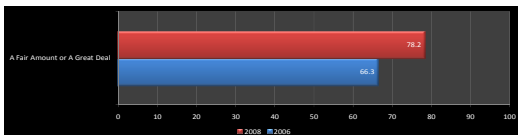
### *Knowledge of the Local School Wellness Policy*

Knowledge of the Local School Wellness Policy was much higher in 2008 than in 2006 among principals, faculty, students, parents, and the community (see Figures 2-6). As in 2006, principals considered themselves most knowledgeable of the five groups. While the changes were statistically significant among all five groups, the largest increases between 2006 and 2008 were among principals and faculty (refer to Appendix A for more information). It may also be worth noting the small and declining percentage of individuals who are “Not at All” knowledgeable of the Policy. Highest percentages of those with a great deal of knowledge were all five groups in elementary schools, followed by middle and high schools (see Appendix C).

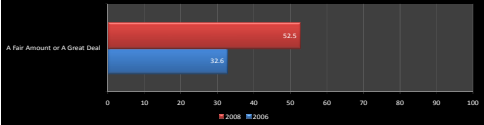
**Figure 2: Principal Knowledge of the Policy (2006-2008)**



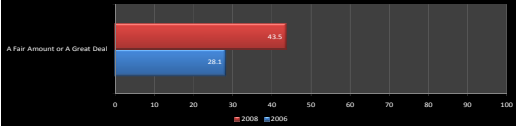
**Figure 3: Faculty Knowledge of the Policy (2006-2008)**



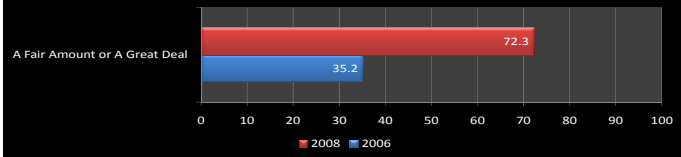
**Figure 4: Student Knowledge of the Policy (2006-2008)**



**Figure 5: Parent Knowledge of the Policy (2006-2008)**



**Figure 6: Community Knowledge of the Policy (2006-2008)**



### *Commitment to Nutrition*

Most (81.0%) principals indicated fully implementing the minimum nutrition requirements of the Policy. The highest percentages of full implementation were among high schools (87.3%), followed by middle (82.7%) and elementary schools (79.9%). Refer to Appendix D.

Of the respondents, 96.7% reported having established guidelines in accordance with the Mississippi Beverage and Snack regulations as well as having a minimum/maximum time allotted for meals (see Table 2).

**Table 2: Degree of Commitment to Nutrition**

Question	Responses (n/%)			
	Not currently and no plans to do so	Not currently, but plans are in place	Currently in place, but not fully implemented	Currently in place and fully implemented
<i>With regard to nutrition and the local wellness policy, your school...</i>				
Offers a school lunch program with menus that meet the meal patterns and nutrition standards established by the USDA and the MDE Office of Child Nutrition Programs	1/0.2%	1/0.2%	17/3.3%	499/96.3%
Offers school breakfast and snack programs (where approved and applicable) with menus that meet the meal patterns and nutrition standards established by the USDA and MDE Office of Child Nutrition Programs	31/6.0%	4/0.8%	13/2.5%	468/90.7%
Promotes participation in school meal programs to families and staff	25/4.9%	15/2.9%	57/11.1%	418/81.2%
Operates all Child Nutrition Programs with school foodservice staff who are properly qualified according to current professional standards	2/0.4%	5/1.0%	19/3.7%	484/94.9%
Follows State Board of Education policies on competitive foods and extra food sales	1/0.2%	4/0.8%	16/3.1%	491/95.9%
Established guidelines in accordance with the Mississippi Beverage and Snack regulations for foods available on the school campus during the school day	2/0.4%	2/0.4%	13/2.5%	496/96.7%
<i>Has your school implemented the following nutrition standards, as adopted by the State</i>	Not currently	Not currently,	Currently in place, but	Currently in place and

<i>Board of Education in accordance with the Mississippi Health Students Act?</i>	and no plans to do so	but plans are in place	not fully implemented	fully implemented
Healthy food and beverage choices	2/0.4%	7/1.4%	52/10.2%	450/88.1%
Healthy food preparation	2/0.4%	6/1.1%	32/6.3%	468/92.1%
Marketing of healthy food choices to students and staff	2/0.4%	7/1.4%	52/10.2%	450/88.1%
Food preparation ingredients and products	2/0.4%	6/1.2%	32/6.3%	468/92.1%
Minimum/maximum time allotted for students and staff lunch and breakfast	3/0.6%	14/2.7%	495/96.7%	495/96.7%
Availability of food items during breakfast and lunch	2/0.4%	3/0.6%	14/2.8%	484/96.2%
Methods to increase participation in Child Nutrition School Breakfast and Lunch Programs	8/1.6%	14/2.8%	64/12.6%	422/83.1%

A higher percentage of elementary schools (89.0%) did not allow commercial advertising on school premises of food and beverage companies, compared to middle schools (76.9%) and high schools (60.0%). A higher percentage of high schools (56.5%) served fresh fruit daily, compared to middle schools (50.9%) and elementary schools (45.2%). Middle schools (98.2%) were more likely to have fully implemented healthy food and beverage choices at school compared to elementary schools (96.8%) and high schools (96.6%). These findings are presented in Table 3 and in Appendix E.

Principals indicated three nutritional areas where there were low levels of implementation (see Table 4). Only 49.4% of high schools, 45.3% of elementary schools, and 44.9% of middle schools had fully implemented the area “developed a food safety education plan.” Only 56.3% of elementary schools, 17.7% of high schools, and 13.4% of middle schools had fully implemented for the area “minimum requirements for being a food safe school.” Only 56.5% of high schools, 50.9% of middle schools, and 45.2% of elementary schools reported serving fresh fruit daily.



**Table 3: Implementation of Nutrition Requirements by School Level**

Percentage of schools that do not allow commercial advertising on school premises:

	Elementary	Middle	High
Do not allow commercial advertising on school premises by food or beverage companies	89.0%	76.9%	60.0%

Percentage of schools that serve fresh fruit on a daily basis:

	Elementary	Middle	High
Serve fresh fruit daily	45.2%	50.9%	56.5%

Percentage of schools that have wellness policies in place and fully implemented:

The following areas are currently in place and being fully implemented:	Elementary	Middle	High
Healthy food and beverage choices	96.8%	98.2%	96.6%
Developed a food safety education plan	45.3%	44.9%	49.4%
Implemented a food safety program	96.1%	94.1%	83.5%
Meet minimum requirements for food safe school	56.3%	13.4%	17.7%
Offer a school lunch program	95.6%	98.2%	98.9%
Operate all Child Nutrition Programs	95.1%	96.4%	96.4%
Implementing the minimum requirements for nutrition	79.9%	82.7%	87.3%
Promote participation in school meal programs	83.1%	83.6%	76.1%

In 2008, an average of 57.5% of the students participated in the school breakfast program, while an average of 85.8% participated in the school lunch program. The highest percentages of participation in the breakfast program were among elementary students (62.8%), followed by middle (51.8%) and high school students (37.3%). Participation in the lunch program was highest among middle school students (87.7%), followed by elementary (86.4%) and high school students (81.6%). Refer to Appendix F.

In 2008, a statistically significant increase was found in the percentage of schools with 75% - 100% of students receiving nutrition education (72.3% vs. 35.2%). Refer to Appendix A for more information. Highest percentages were among elementary school students (83.9%),

followed by middle (82.3%) and high school students (69.2%). Refer to Appendix F.

When asked about the barriers that prevented nutrition education in the schools, 73.0% of the principals responded to this question. Of the entire study sample, 16.7% of the principals in 2008 indicated that nutrition education leaves less time for the “No Child Left Behind” program. Other barriers that were frequently reported included needing additional funding to implement nutrition education adequately (16.3%) and teachers not being qualified to teach nutrition (12.6%). Reasons included for nutrition education not being included as part of the curriculum are in Table 4.

**Table 4: Barriers to Implementation of Nutrition Education**

Reported Barrier	n	%
Lack of support from teachers	17	3.1
Lack of support from parents	22	4.1
Leaves less time for “No Child Left Behind” program	90	16.7
Demands a lot of time from teachers	60	11.1
Teachers not qualified to teach nutrition	68	12.6
Need funding to implement nutrition education adequately	88	16.3
Other	51	9.4

Overall, the majority of the schools did not allow any groups to sell food for fundraising efforts. However, of those schools that did allow food to be sold to raise money, 30.1% allowed the items to be sold by student groups, while 36.3% allowed parent groups to sell food for fundraising. Only 11.9% allowed faculty to raise money through the selling of food items.

Principals reported allowing the high calorie/high fat snacks for student parties (61.0%), after school or extended day programs (15.8%), staff and faculty meetings (68.2%), meetings attended by parents and families (56.1%), and concession stands (47.9%). Almost half (49.2%) of the principals reported that food or food coupons were allowed for use as rewards for good

performance or good academic behavior at their schools. Results are summarized in Table 5 and by educational level in Appendix G.

**Table 5: Foods and Snack Sold and Served**

Question	Responses (n/%)		
	Yes, it is allowed	Yes, but it is discouraged	No
Do you allow student groups to sell foods for fundraising?	141/30.1%	60/12.8%	268/57.1%
Do you allow individual students to sell food for fundraising?	11/2.7%	4/1.0%	393/96.3%
Do you allow faculty to sell food for fundraising	50/11.9%	21/5.0%	350/83.1%
Do you allow parent groups to sell food for fundraising?	169/36.3%	77/16.6%	219/47.1%
Do you allow high calorie/high fat snacks to be served at student parties?	80/16.3%	219/40.6%	191/39.0%
Do you allow high calorie/high fat snacks to be served at after school or extended day programs?	24/5.3%	48/10.5%	385/84.2%
Do you allow high calorie/high fat snacks to be served at staff/faculty meetings?	162/33.4%	169/34.8%	154/31.8%
Do you allow high calorie/high fat snacks to be served at meetings attended by parents and families?	123/25.8%	144/30.3%	209/43.9%
Do you allow high calorie/high fat snacks to be served at concession stands?	149/32.6%	70/15.3%	238/44.1%
Do you allow food coupons to be used as a reward for good performance or good academic behavior?	159/31.9%	86/17.3%	253/50.8%
Do you allow commercial advertising on school premises by food or beverage companies	69/12.8%	28/5.2%	406/80.7%

The results indicated that a wide variety of items are served on a daily basis in the schools represented by the study. The vast majority of principals reported serving at least three different fruits (99.6%), which was a statistically significant increase (refer to Appendix A for more information). Principals also reported a statistically significant increase in the provision of whole grain foods.

Principals reported offering five different vegetables (97.2%) and four different entrees (96.8%) each week. In addition, 46.1% served fresh fruits on a daily basis, while 26.2% served

fresh vegetables on a daily basis. Other healthy choices such as low-fat/fat free milk, beans and peas, etc. also were reported to be served on a regular basis. A summary of the frequency at which various foods/food items are served is provided in Table 6. Refer to Appendix G for findings by educational level.

**Table 6: Items served in the Cafeteria**

Question	Responses (n/%)		
	At least once a week	At least three times a week	Daily
How often does your school serve fresh fruits?	55/11.1%	213/42.9%	229/46.1%
How often does your school serve raw vegetables?	146/29.9%	215/44.0%	128/26.2%
How often does your school serve whole grain foods?	110/22.9%	218/45.4%	152/31.7%
How often does your school serve low fat or fat-free milk?	24/4.9%	29/5.4%	436/89.2%
How often does your school serve cooked dried peas or beans?	197/41.7%	221/46.8%	54/11.4%
How often does your school serve two or ore sources of iron?	57/11.9%	219/45.5%	205/42.6%
How often does your school serve dark green and/or orange fruits and vegetables?	46/9.5%	234/48.1%	206/42.4%
How often does your school serve good sources of vitamin C?	30/6.2%	137/28.2%	319/65.6%

Three additional questions were used to assess the commitment to implementation of the nutrition component of the Policy. When asked if the school has plans for reducing fried foods, 90.9% reported they either have partially or fully implemented plans to reduce the number of fried foods served at the school. Also, 95.0% also reported they have plans in place to allow at least 24 minutes for lunch, while 91.8% indicated they allow at least 10 minutes for breakfast.

When asked when the food was available to the students, snack and break times was the most common response (25.2%), followed by in the afternoon (after lunch) (22.3%), and after school (20.4%). A total of 11.5% reported that food and/or beverages are available to the students before school, during lunch, or in the morning (before lunch).

In 2008, fewer students than in 2006 were able to access food and beverages through

vending machines (28.3% vs. 52.8%), school stores (17.5% vs. 35.8%), and concessions (13.5% vs. 35%). It is notable that 23.9% of the principals reported never allowing vending machines or other sources of food or beverages to be available to the students.

In 2008, difference percentages of beverages were available in schools than in 2006, including full calorie soft drinks (10.8% vs. 21.5%), less than 100% fruit juice (15.1% vs. 36.5%), light juices/teas (8.6% vs. 36.9%), diet soft drinks (24.5% vs. 41.9%), and sport drinks (21.7% vs. 42.9%). Compared to the new percentages in 2008, a higher percentage of water (58.3%) and 100% fresh fruit juice (34.9%) were available. Table 7 summarizes food items available to students in 2008. Refer to Appendix G for findings by educational level.

**Table 7: Foods Available to Students**

Food items available in vending machines, food bars/carts, or school stores on campus	N	%
Chocolate candy	30	4.8
Other kinds of candy	35	5.6
Cookies or crackers	68	10.8
Crackers with cheese/peanut butter	123	19.6
Cakes or pastries	15	2.4
Potato chips or other fried chips	58	9.2
Ice cream	44	7.0
Low-fat cookies	120	19.1
Low-fat crackers	126	20.1
Low-fat cakes or pastries	53	8.4
Low-fat salty snacks	237	37.7
Bread sticks, rolls, bagels, or pita	9	1.4
Low-fat or fat-free ice cream, frozen yogurt, or sherbet	65	10.4
Low-fat or non-fat yogurt	19	3.0
Full calorie soft drinks, lemonade, or sweet tea	68	10.8
Diet soft drinks	154	24.5
Sports drinks	136	21.7
Fruit juice that is less than 100% real fruit juice	95	15.1
Diet/light juices or teas	54	8.6
1% or fat-free milk	64	10.2
Bottled water	366	58.3
100% fruit juice	219	34.9
100% vegetable juice	13	2.1

### *Commitment to Food Safe Schools*

Principals reported that 87.2% were fully implementing the minimum requirements for Food Safe Schools. The highest percentages were among middle (92.2%), followed by high (88.6%) and elementary schools (86.4%). See Appendix H. Most schools currently have plans in place for implementing a food safety program (97.0%), providing access to hand washing facilities (98.1%), and to have developed a plan to minimize risks for food allergies (91.1%). However, they were less likely to have plan in place for a food safety education plan (Table 8).

**Table 8: Food Safe Schools**

Question	Responses (n/%)			
<i>For the following statements, please check the response that best represents what has been or is currently taking place in your school. Your school...</i>	Not currently and no plans to do so	Not currently, but plans are in place	Currently in place, but not fully implemented	Currently in place and fully implemented
Implemented a food safety program based on HACCP principles for all school meals, as required by the USDA and MDE Office of Child Nutrition Programs and ensured that the food service permit was current for the school site	2/0.4%	12/2.6%	40/8.5%	416/88.5%
Developed a food safety education plan for all students, consistent with Fight Bac ( <a href="http://www.fightbac.org">www.fightbac.org</a> ) and other national standards for safe food handling at home and in school	60/11.1	97/20.9%	95/20.5%	213/45.8%
Ensures that all staff have viewed the video developed by the Office of Healthy Schools to support food safety on the school campus. All staff have completed and signed the pre- and post-test developed by the Office of Healthy Schools and maintain documentation of completion	57/12.3%	165/35.6%	102/22.0%	140/30.2%
Ensures all school personnel (school board members, administrators, teachers, school nurses, instructional and health service paraprofessionals, foodservice staff, custodians and facilities managers, and administrative support staff) have received copies of the Local School Wellness Policy to include food safety policies and procedures and relevant professional development	12/2.5%	60/12.6%	124/26.0%	281/58%
Provides adequate access to handwashing facilities and supplies have been made available whenever and wherever students, staff, and families prepare, handle, or consume food	1/0.2%	8/1.7%	24/5.0%	444/93.1%
Developed a food safety assurance plan addressing strategies that minimize risks for students and staff who have food a food allergy and/or intolerance	12/2.5%	30/6.4%	62/13.2%	367/77.9%

### ***Commitment to Physical Education/Physical Activity***

Principals reported that 79.1% had fully implemented the minimum requirements for Physical Education/Physical Activity. The highest percentages of full implementation were among middle schools (88.2%), followed by elementary schools (81.1%), and high schools (78.6%). Refer to Appendix I.

In 2008, a statistically significant increase was found in the percentage of schools with 75% - 100% of students receiving a Physical Education curriculum (84.2% vs. 57.1%) (refer to Appendix A for more information). The highest percentages were among elementary schools (95.2%), followed by middle schools (87.8%) and high schools (58.0%).

In 2008, a statistically significant increase was found in the percentage of schools with 75% – 100% of students being physically active during PE (73.8% vs. 64.1%). Refer to Appendix A for more information. Levels of activity in PE were highest among elementary school (82.50%), followed by middle school (81.49%) and high school students (75.4%).

In 2008, 62.6% of elementary students were in PE 5 days per week, compared to 74.1% of middle school and 76.6% of high school students. Also, 60.9% of elementary students were involved in other activity-based instruction 5 days per week, compared to 59.3% of middle school students, and 63.6% of high school students.

In 2008, 84.9% of elementary students averaged 50 or more minutes in PE and 49.6% averaged 100 or more minutes of activity-based instruction. Similarly, 87.0% of middle school students averaged 50 or more minutes in PE and 70.4% averaged 100 or more minutes of activity-based instruction. Among high school students, 90.9% averaged 50 or more minutes in PE and 74.0% averaged 100 or more minutes of activity-based instruction. The average number of students in PE classes was 85.4 for high, 72.2 for elementary, and 51.3 for middle schools.

### ***Commitment to Comprehensive Health Education***

Principals reported that 65.5% had fully implemented the minimum requirements for a Comprehensive Health Education. High schools had the highest percentages of full implementation (85.7%), followed by middle (72.5%) and elementary schools (59.3%).

In 2008, a statistically significant increase was found in the percentage of schools with 75% - 100% of students receiving Health Education (75.9% vs. 38.4%). Refer to Appendix A for more information. Also, in 2008 a statistically significant increase was found in the percentage of schools with 75% – 100% of Health Education was taught by classroom teachers. In 2008, 84.8% of elementary, 82.2% of middle and 56.1% of high school students received health education (See Appendix J for more information).

In 2008, the percentage of schools with 75%-100% of Health Education that were taught by certified teachers was 55.3% as compared to 44.0% in 2006 (a non-significant difference). Refer to Appendix A for more information. The percentage of those taught by PE teachers was 40.3% as compared to 34.7% in 2006 (a non-significant difference). The percentage of those taught by nurses was 14.2% as compared to 22% in 2006 (a non-significant difference).

Elementary schools were most likely to have health education taught by classroom teachers (67.0%), followed by middle schools (51.3%) and high schools (49.260.4%). Middle schools were most likely to have used Physical Education teachers (48.7%), followed by elementary schools (41.5%) and high schools (34.9%). Elementary schools were most likely to use nurses (19.7%), followed by high schools (2.1%) and middle schools (0.0%). High schools had the highest percentage of those teaching health education to be certified (80.6%), followed by middle school (64.3%) and elementary schools (46.4%).



In 2008, middle school students received health education for an average of 85.3 minutes per week. Elementary school students averaged 59.4 minutes per week.

**Table 9: Commitment to Comprehensive Health Education**

Question	SD
Percent of schools with 75% - 100% of student receiving Health Education.	75.9%
Percent of schools with 75% - 100% of student receiving Health Education that was taught by certified teachers.	55.3%
Percent of schools with 75% - 100% of student receiving Health Education that was taught by classroom teachers.	61.1%
Percent of schools with 75% - 100% of student receiving Health Education that was taught by PE teachers.	40.3%
Percent of schools with 75% - 100% of student receiving Health Education that was taught by nurses.	14.2%

### ***Commitment to a Healthy School Environment***

Principals reported that 76.7% had fully implemented the minimum requirements for a Healthy School Environment. Middle schools were most likely to fully implement this component (86.3%), followed by high schools (84.5%) and elementary schools (76.5%). Refer to Appendix J for more information on findings by educational level.

Almost all of the principals reported at least partial implementation of nearly all of the rules and regulations. The principals' responses are summarized in Table 10.

**Table 10: Commitment to a Healthy School Environment**

Question	Responses (n/%)			
	Not currently and no plans to do so	Not currently, but plans are in place	Currently in place, but not fully implemented	Currently in place and fully implemented
<i>With regard to a healthy school environment, your school...</i>				
Ensures that there are no pad locks or chains on exit doors; exits should never be obstructed (in accordance with Mississippi State Fire Code). Ensures that all exit signs are illuminated and clearly visible	1/0.2%	5/1.1%	17/3.7%	440/95.0%
Ensures that all chemicals are stored with the Material Safety Data Sheet ( <a href="http://www.msdssearch.com">www.msdssearch.com</a> )	3/0.7%	11/2.4%	43/8.0%	402/87.6%
Ensures that fire extinguishers are inspected each year and properly tagged	0/0.0%	1/0.2%	11/2.4%	455/97.4%
Completes yearly maintenance of the heating and cooling system in your school; checks coils, filters, belts, etc in order to maintain safe operation and healthy air quality	0/0.0%	4/0.9%	26/5.6%	434/93.5%
Conducts at least one emergency drill each month	0/0.0%	9/1.9%	80/17.3%	374/80.8%
Ensures that two means of egress are available in each classroom in case of an emergency; if there is only one door, designate a properly sized window as a means of egress	29/6.4%	24/5.3%	68/14.9%	334/73.4%
Never uses extension cords as a permanent source of electricity anywhere on a school campus	27/5.9%	25/5.4%	96/20.9%	311/67.8%
<i>Does your school comply with the applicable rules and regulations of the State Board of Education in the operation of its transportation program (in accordance with the MS Code 37-41-53; State Board of Education Policies 7903, 7904, and 7909; and Accreditation Standard #35) including the following?</i>	Not currently and no plans to do so	Not currently, but plans are in place	Currently in place, but not fully implemented	Currently in place and fully implemented
Inspects all buses on a quarterly basis and ensures that they are well maintained and cleaned	9/0.7%	2/0.4%	18/4.0%	423/94.8%

Requires that all bus drivers have a valid bus driver certificate and a commercial driver's license and operates the bus according to all specified safety procedures.	2/0.4%	0/0.0%	4/0.7%	441/98.7%
Maintains a record of yearly motor vehicle reports on each bus driver and evidence that each driver has received two hours of inservice training per semester	5/1.1%	3/0.7%	14/3.2%	419/95.0%
Ensures arrival of all buses at their designated school sites prior to the start of the instructional day	5/1.1%	1/0.2%	18/4.0%	421/94.6%
<i>Does your school provide facilities that meet the criteria of: (MS Code 37-7-301 (c) (d) (j); 37-11-5, 49 and 45-11-101; and Accreditation Standard #36, including the following?</i>	Not currently and no plans to do so	Not currently, but plans are in place	Currently in place, but not fully implemented	Currently in place and fully implemented
Provides facilities that are clean	0/0.0%	0/0.0%	12/2.2%	425//63%
Provides facilities that are safe	0/0.0%	0/0.0%	8/1.7%	451/98.3%
Provides proper signage that explains tobacco, weapons, and drugs are prohibited on the school campus and at school functions	0/0.0%	6/1.1%	20/4.3%	437/94.4%
Provides operational facilities that are equipped and functional to meet the instructional needs of students and staff (in accordance with the Mississippi School Design Guidelines at <a href="http://www.edi.msstate.edu">www.edi.msstate.edu</a> )	0/0.0%	0/0.0%	17/3.7%	441/96.3%
Provides air conditioning in all classrooms	0/0.0%	0/0.0%	5/1.1%	457/98.9%
<i>Does your school comply with the requirements for Safe and Healthy Schools, including the following?</i>	Not currently and no plans to do so	Not currently, but plans are in place	Currently in place, but not fully implemented	Currently in place and fully implemented
Maintain a comprehensive School Safety Plan on file that has been approved annually by the local school board	1/0.2%	5/1.1%	30/6.5%	424/92.2%
Prohibits the possession of pistols, firearms or weapons by any person on school premises or at school functions. Any student who possesses a knife, a handgun, other firearm or any other instrument considered to be dangerous and capable of causing bodily harm or who commit a violent act on educational property be subject to automatic expulsion for one calendar year	0/0.0%	0/0.0%	10/2.2%	449/97.8%
Prohibits students from possessing tobacco on any educational property, Criminal Code §97-32-9 (2000) further prohibits the use of tobacco on any educational property for adults who, if in violation, would be subject to a fine and issued a citation by a law enforcement officer	1/0.2%	0/0.0%	8/1.7%	451/98.0%
Prohibits students from using or possessing illegal drugs on any educational property, further prohibits the use or possession of illegal drugs on any educational property for adults, violation of which would be reported to law enforcement authorities.	0/0.0%	0/0.0%	3/0.6%	459/99.4%

### *Commitment to Quality Health Services*

Principals reported that 71.4% had fully implemented the minimum requirements for Quality Health Services. Middle schools were most likely to fully implement this component (80.0%), followed by high schools (72.9%) and elementary schools (71.8%). Refer to Appendix L for more information of findings by educational level.

Commitment to quality health services was assessed by questions regarding the presence of and quality of services rendered by school nurses. When asked if the school nurses work under the guidelines of the Mississippi School Nurse Procedures and Standards of Care, a total of 87.3% of the principals reported that they had at least partial implementation of these standards in their schools (82.8% of the total had full implementation). Only 9.3% of the principals reported not having these standards in place with no plans to implement the standards. On average, each school had 0.8 nurses employed at the school, and they worked at the school an average of 18.9 hours per week.

***Commitment to Counseling, Psychological and Social Services.***

Principals reported that 84.0% had fully implemented the minimum requirements for Counseling, Psychological, and Social Services. Middle schools were most likely to fully implement this component (88.2%), followed by high (87.1%) and elementary schools (84.0%). Refer to Appendix M for findings by educational level.

Ninety-seven percent of respondents reported their school fully adheres to licensure guidelines when hiring counselors and psychologists, 95.6% reported their school provides, at a minimum, one-half time licensed counselor at their school, 92.7% of schools hire counselors with a minimum of a master’s degree, and 96.2% hire counselors who agree to abide by the American School Counselor Association Code of Ethics (refer to Table 11).

**Table 11: Commitment to Counseling, Psychological and Social Services**

Question	Responses (n/%)			
	Not currently and no plans to do so	Not currently, but plans are in place	Currently in place, but not fully implemented	Currently in place and fully implemented
<i>With regard to providing counseling, psychological and social services your school</i>				
Adheres to the details outlined in the Licensure Guidelines when hiring guidance counselors and psychologists	5/1.1%	3/0.7%	12/2.6%	434/95.6%
Provides, at a minimum, ½ time licensed guidance counselor for high school and ensures that all elementary school students have access to qualified student support personnel such as: guidance counselors, social workers, nurses, psychologists, psychometrists, and others	4/0.9%	3/0.7%	16/3.5%	434/95.0%
Hires school guidance counselors with a minimum of a Master’s Degree in Guidance and Counseling, or in an emergency situation, an appropriate certification, as determined by the Commission on Teacher and Administrator Education, Certification and Licensure.	10/2.2%	6/1.3%	17/3.8%	420/92.7%
Hires school counselors who agree to abide by the American School Counselor Association Code of Ethics	7/1.6%	4/0.9%	6/1.3%	430/96.2%

***Commitment to Family and Community Involvement***

Principals reported that 51.5% had fully implemented the minimum requirements for Family and Community Involvement. Middle schools were most likely to fully implement this component (62.7%), followed by elementary schools (52.4%) and high schools (47.1%). Refer to Appendix N for findings by educational level.

Sixty-three percent of the respondents reported that the Policy requirement to give parents the opportunity to serve on the School Health Council was fully implemented, and 67.0% of respondents reported their school had fully implemented the optional MDE-GFD requirement to promote healthy lifestyles to students, parents, teachers, administrators, and the community at school events. All data relating to family and community involvement are summarized in Table 12.

**Table 12: Commitment to Family and Community Involvement**

Question	Responses (n/%)			
	Not currently and no plans to do so	Not currently, but plans are in place	Currently in place, but not fully implemented	Currently in place and fully implemented
Does your school give parents and community the opportunity to serve on the School Health Council?	12/2.6%	58/12.6%	101/22.0%	289/62.8%
Does your school promote healthy lifestyles to students, parents, teachers, administrators, and the community at school events?	6/1.3%	22/4.8%	124/27.0%	308/67.0%

***Commitment to a Quality Staff Wellness Program***

There are no minimum requirements, only optional requirements for implementing a quality staff wellness program. Principals reported that 42.8% had fully implemented requirements for a Quality Staff Wellness Program. Middle schools were most likely to fully implement this component (51%), followed by elementary schools (44.9%) and high schools (38%). Refer to Appendix O for findings by educational level.

Forty-four percent of the respondents reported that their school has a fully established and implemented plan for promoting staff wellness and 59.3% reported that the promotion of staff participation in the school wellness program is fully implemented. Data related to the commitment to a quality staff wellness program are summarized in Table 13.

**Table 13: Commitment to a Quality Staff Wellness Program**

Question	Responses (n/%)			
	Not currently and no plans to do so	Not currently, but plans are in place	Currently in place, but not fully implemented	Currently in place and fully implemented
Has your school established a plan for promoting staff wellness?	16/3.5%	85/18.6%	155/33.8%	202/44.1%
Does your school promote staff participation in the wellness programs provided by the State and School Employee’s Health Insurance Plan?	10/2.2%	44/9.6%	133/28.9%	273/59.3%

### ***Commitment to Marketing a Healthy School Environment***

There are no minimum requirements, only optional requirements for marketing a healthy school environment. Each school, however, was required to adopt a minimum of one policy as appropriate for local school goals. Principals reported that 42.5% had fully implemented requirements for Marketing a Healthy School Environment. Middle schools were most likely to fully implement this component (51.0%), followed by elementary schools (44.2%) and high schools (33.8%). Refer to Appendix P for findings by educational level.



### ***Overall Implementation and Quality of the Policy***

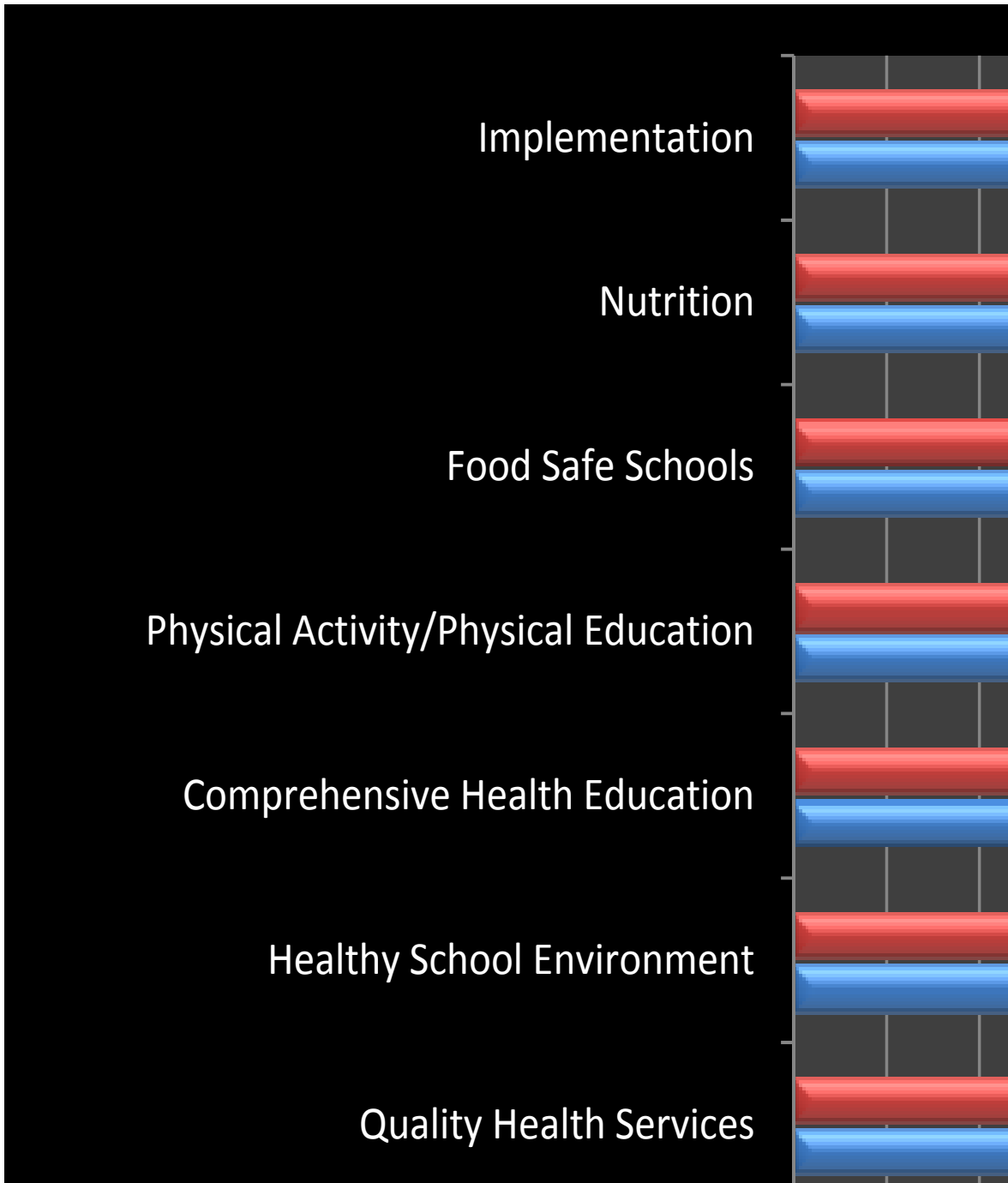
Principals were asked to indicate the extent to which their school was fully implementing the minimum requirements for all 11 components of the policy, and to rate the quality level of each policy component. The highest percentages of implementation were among Food Safe Schools and a Healthy School Environment, followed closely by Nutrition. Likewise, the highest percentages on quality were among Food Safe Schools and Healthy School Environment, and these were followed closely again by Nutrition.

The percentages of “fully implemented” policy components were: 55.7% implementation; 81.0% nutrition; 87.2% food safe schools; 79.1% physical activity/physical education; 65.5% comprehensive health education; 76.7% healthy school environment; 71.4% quality health services; 84.0% providing counseling, psychological and social services; 51.5% family and community involvement; 42.8% quality staff wellness program; 42.5% marketing a healthy school environment (see Figure7). Data pertaining to overall implementation of the policy are summarized in Table 14. Refer to Appendix Q for findings by educational level.

While consistently lower than the extent of implementation, a majority of principals rated the quality of the components favorably, as either “good” or “excellent.” The following is a listing of those percentages: 85.2% commitment to implementation; 91.7% commitment to nutrition; 93.9% commitment to food safe schools; 90.6% commitment to physical activity/physical education; 81.6% commitment to comprehensive health education; 91.9% commitment to healthy school environment; 86.3% commitment to quality health services; 90.6% commitment to providing counseling, psychological and social services; 71.9% commitment to family and community involvement; 65.3% commitment to implementing quality staff wellness program (there was no Policy minimum requirement for this category); and 64.9%

commitment to marketing a healthy school environment (see Figure 7). All the data pertaining to overall quality of the policy components are summarized in Table 15.

**Figure 7: Overall Commitment to and Quality of all Policy Components**



**Table 14: Overall Commitment to all Policy Components**

Question	Responses (n/%)			
	Not currently and no plans to do so	Not currently, but plans are in place	Currently in place, but not fully implemented	Currently in place and fully implemented
<i>Please indicate to what extent you believe your school is implementing the minimum requirements for each of the 11 commitments.</i>				
Implementation	2/0.4%	15/3.3%	185/40.6%	254/55.7%
Nutrition	1/0.2%	7/1.5%	80/17.3%	375/81.0%
Food Safe Schools	0/0	7/1.5%	52/11.3%	402/87.2%
Physical Activity/Physical Education	2/0.4%	6/1.3%	88/19.2%	363/79.1%
Comprehensive Health Education	5/1.1%	21/4.6%	132/28.8%	300/65.5%
Healthy School Environment	1/0.2%	6/1.3%	100/21.7%	353/76.7%
Quality Health Services	8/1.7%	15/3.3%	108/23.6%	327/71.4%
Providing Counseling, Psychological and Social Services	3/0.7%	8/1.8%	62/13.6%	384/84.0%
Family and Community Involvement	3/0.7%	22/4.8%	198/43.0%	237/51.5%
Quality Staff Wellness Program	11/2.4%	52/11.4%	199/43.4%	196/42.8%
Marketing a Healthy School Environment	17/3.7%	62/13.6%	184/40.3%	194/42.5%

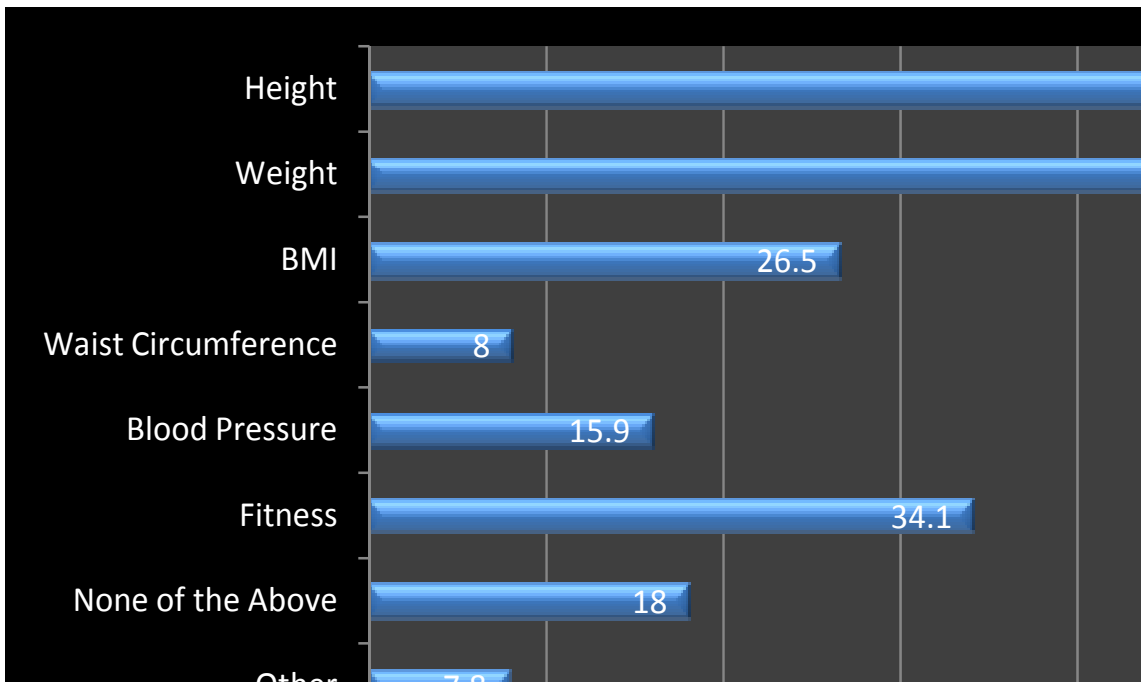
**Table 15: Overall Quality of all Policy Components**

Question	Responses (n/%)				
	Not part of our Local School Wellness Policy	Poor	Fair	Good	Excellent
<i>Please indicate to what extent you believe your school is implementing the minimum requirements for each of the 11 commitments.</i>					
Implementation	3/0.7%	7/1.5%	57/12.6%	262/57.8%	124/27.4%
Nutrition	3/0.7%	4/0.9%	31/6.7%	175/38.0%	247/53.7%
Food Safe Schools	2/0.4%	3/0.7%	3/5.0%	135/29.6%	293/64.3%
Physical Activity/Physical Education	4/0.9%	6/1.3%	33/7.2%	159/34.8%	255/55.8%
Comprehensive Health Education	5/1.1%	18/3.9%	61/13.4%	201/44.1%	171/37.5%
Healthy School Environment	2/0.4%	4/0.9%	31/6.8%	189/41.4%	231/50.5%
Quality Health Services	6/1.3%	14/3.1%	42/9.3%	174/38.4%	217/47.9%
Providing Counseling, Psychological and Social Services	5/1.1%	8/1.8%	30/6.6%	135/29.5%	279/61.1%
Family and Community Involvement	3/0.7%	18/3.9%	108/23.5%	212/46.2%	118/25.7%
Quality Staff Wellness Program	5/1.1%	35/7.7%	118/25.9%	187/41.1%	110/24.2%
Marketing a Healthy School Environment	12/2.6%	45/9.9%	103/22.6%	186/40.8%	110/24.1%

### *Health Status*

Principals were asked what health status data they collected on students in their schools. Eighty two percent responded to this question. Over half reported collecting height and weight, with 26.5% calculating the BMI. Over one-third collected fitness data. Data on health status data are presented in Figure 8.

**Figure 8: Health Status Data Collected on Students**

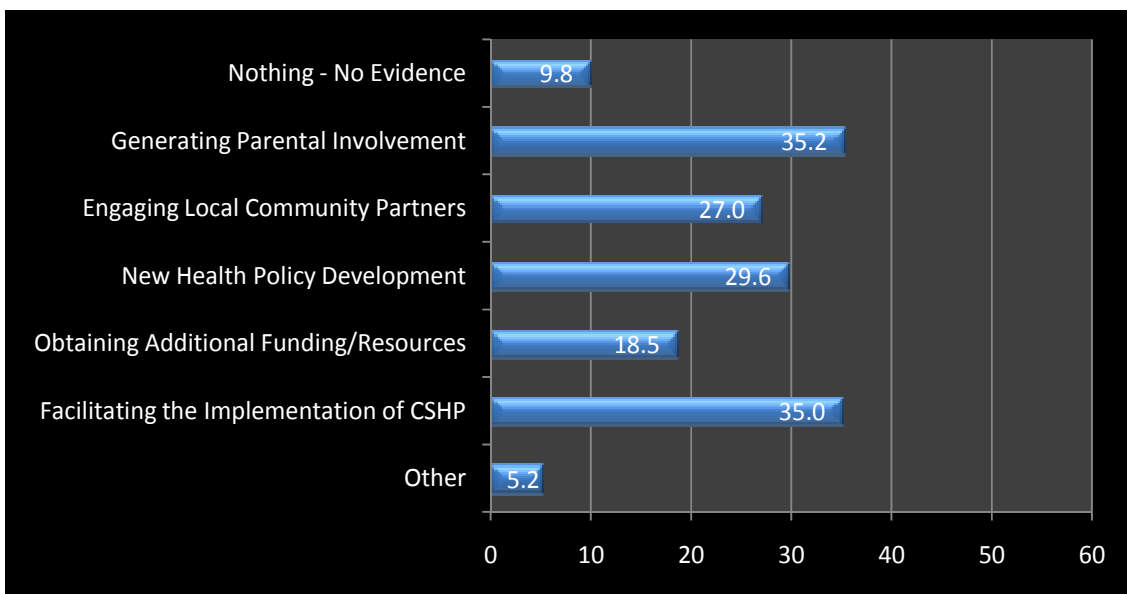


### *Perceived Effectiveness of the Policy*

Principals were asked their perception of the effectiveness of the policy through two questions. When principals were asked “to what extent do you believe there is a correlation between implementation of the Local School Wellness Policy in your school and academic performance of your students”, 84.4% responded. The majority reported “a fair amount” (30.0%) and “a great deal” (35.9%), for a total of 65.9%. The highest percentages were among elementary schools (83.0%), followed by middle schools (80.0%), and high schools (71.8%). Refer to Appendix R for findings by educational level.

Principals were also asked to describe evidence as to the effectiveness of the School Health Council (see Figure 9). The most frequent response was that it generated parental involvement (35.2%), facilitated the implementation of coordinated school health programs (35.0%), and that it helped in new policy development (29.6%). For response by school level, refer to Appendix S.

**Figure 9: Evidence of the Effectiveness of the School Health Council**



***Policies, Programs, or Legislation Principals Would Like to See Enacted***

As in 2006, respondents were given an opportunity to identify any policies, programs, or legislation that they would support regarding school health. In 2006, the most common responses were:

- Mandate PE for graduation (23.8%)
- Restrictions on soft drinks and snacks (14.6%)
- Additional funding for PE (10.0%)

In 2008, only 30.0% of the principals responded to this question. As such, both the number and percentage are reported below for the most common responses:

- Additional funding for PE (47/38.3%)
- Mandate certified Health/PE teachers (22/18.1%)
- Provide more school nurses (14/11.7%)

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## Appendix A: 2006 – 2008 Comparisons, Percentages, and Confidence Intervals

Comparisons were significantly different if their associate 95% CIs did not overlap. Statistically significant increases were indicated by a double asterisk (\*\*), non-statistically significant differences were indicated by “NS”.

### Implemented the local school wellness policy \*\*

	2008 (%)	2006 (%)
Prevalence	96.0	78.2
95% CIs	(94.3- 97.7)	(73.9 -82.5)

### Conducted a self-assessment \*\*

	2008 (%)	2006 (%)
Prevalence	78.0	45.4
95% CIs	(74.4 – 81.6)	(40.2 – 50.6)

### Established a school health council \*\*

	2008 (%)	2006 (%)
Prevalence	84.2	66.5
95% CIs	(81.1 – 87.3)	(61.6 – 71.4)

### Knowledge of the wellness policy - A fair amount or great deal from yourself \*\*

	2008 (%)	2006 (%)
Prevalence	92.9	83.3
95% CIs	(90.6 – 95.2)	(79.5-87.1)

### Knowledge of the wellness policy - A fair amount or great deal from your faculty\*\*

	2008 (%)	2006 (%)
Prevalence	78.2	66.3
95% CIs	(74.4 – 82.0)	(61.5 - 71.1)

### Knowledge of the wellness policy - A fair amount or great deal from students\*\*

	2008 (%)	2006 (%)
Prevalence	52.5	32.6
95% CIs	(48.0 - 57.0)	(27.8 - 37.4)

### Knowledge of the wellness policy - A fair amount or great deal from parents \*\*

	2008 (%)	2006 (%)
Prevalence	43.5	28.1
95% CIs	(39.0 – 48.0)	(23.5 - 32.7)

**Knowledge of the wellness policy - A fair amount or great deal from community \*\***

	2008 (%)	2006 (%)
Prevalence	31.9	22.3
95% CIs	(27.7 – 36.1)	(18.0-26.6)

**Schools with 75-100% of students receiving nutrition education \*\***

	2008 (%)	2006 (%)
Prevalence	72.3	35.2
95% CIs	(68.3 – 76.3)	(29.7 – 40.7)

**Serving fresh fruits daily (NS)**

	2008 (%)	2006 (%)
Prevalence	46.1	40.0
95% CIs	(41.7 – 50.5)	(34.9 – 45.1)

**Serving raw vegetables daily (NS)**

	2008 (%)	2006 (%)
Prevalence	26.2	21.7
95% CIs	(22.3 – 30.1)	(17.4 – 26.0)

**Serving whole grain foods daily \*\***

	2008 (%)	2006 (%)
Prevalence	31.7	21.5
95% CIs	(27.5 – 35.9)	(17.1 – 25.9)

**Serving at least 3 different fruits weekly \*\***

	2008 (%)	2006 (%)
Prevalence	99.6	97.0
95% CIs	(99.0 – 100)	(95.2 – 98.8)

**Serving at least 5 different vegetables weekly (NS)**

	2008 (%)	2006 (%)
Prevalence	97.2	94.9
95% CIs	(95.7 – 98.7)	(92.6 – 97.2)

**Schools with 75-100% of students who are receiving a PE curriculum \*\***

	2008 (%)	2006 (%)
Prevalence	84.2	57.1
95% CIs	(80.8 – 87.6)	(50.1 – 64.1)

**Schools with 75-100% of time during PE that students were physically active \*\***

	2008 (%)	2006 (%)
Prevalence	73.8	64.1
95% CIs	(69.7 – 77.9)	(59.0 – 69.2)

**Schools with 75-100% of students receiving health education \*\***

	2008 (%)	2006 (%)
Prevalence	75.9	38.4
95% CIs	(71.8 – 80.0)	(33.0 – 43.8)

**School with 75% -100% of health education were taught by certified teachers (NS)**

	2008 (%)	2006 (%)
Prevalence	55.3	44.0
95% CIs	( 50.5 – 60.1)	(33.8 – 54.2)

**Schools with 75-100% of health education were taught by classroom teachers \*\***

	2008 (%)	2006 (%)
Prevalence	61.1	38.2
95% CIs	(56.3 – 65.9)	(31.8 – 44.6)

**Schools with 75-100% of health education were taught by nurses (NS)**

	2008 (%)	2006 (%)
Prevalence	14.2	22.0
95% CIs	(10.2 – 18.2)	(15.8 – 28.2)

**Schools with 75-100% of health education were taught by PE teachers (NS)**

	2008 (%)	2006 (%)
Prevalence	40.3	34.7
95% CIs	(35.3 – 45.3)	(28.1 – 41.3)

**Appendix B: Full Implementation of the Local Wellness Policy by Educational Level**

Question	Response by School Level		
<i>With regard to implementation of the local wellness policy, your school...</i>	Elementary School	Middle School	High School
Has a local wellness policy as required by Section 37-13-134 Mississippi Code of 1972 annotated, Mississippi Public School Accountability Standard 37.2, and the 2004 Child Nutrition and WIC Reauthorization Act	69.4%	73.3%	73%
Used monitoring instruments, developed by the Office of Health Schools to conduct a self assessment that identified strengths and weaknesses toward implementation of the minimum requirements	43.1%	41.7%	43.8%
Established a plan for implementation of the local wellness policy	62.5%	75%	66.7%
Designated one or more persons to insure that the school wellness policy was implemented as written	70.5%	70.7%	71.6%
Established a School Health Council that addresses all aspects of a coordinated school health program, including a school wellness policy	61.4%	59.3%	59.1%
Has the School Health Council meet three times per year and maintains minutes of each meeting	41.75%	35.6%	37.5%
Prepares and submits a yearly report to the school board regarding the progress toward implementation of the school wellness policy and recommendations for any revisions to the policy, as necessary	37.1%	40.7%	33%

**Appendix C: Knowledge of the Local Wellness Policy by Educational Level**

Question	Response by School Level		
<i>The percentage of those below that had a “great deal” of knowledge of the policy:</i>	Elementary School	Middle School	High School
Principal	57.2%	54.9%	45.8%
Faculty	33.8%	22%	12.5%
Students	17.5%	14%	1.4%
Parents	13.6%	7.8%	1.4%
Community	10.1%	7.8%	1.4%

## Appendix D: Degree of Commitment to Nutrition by Educational Level

<i>Question</i>	<i>Response by School Level</i>		
<i>With regard to nutrition and the local wellness policy, your school...</i>	Elementary	Middle	High
Offers a school lunch program with menus that meet the meal patterns and nutrition standards established by the USDA and the MDE Office of Child Nutrition Programs	95.6%	98.2%	98.9%
Offers school breakfast and snack programs (where approved and applicable) with menus that meet the meal patterns and nutrition standards established by the USDA and MDE Office of Child Nutrition Programs	92.7%	91.1%	84.1%
Promotes participation in school meal programs to families and staff	83.1%	83.6%	76.1%
Operates all Child Nutrition Programs with school foodservice staff who are properly qualified according to current professional standards	95.1%	96.4%	96.4%
Follows State Board of Education policies on competitive foods and extra food sales	97.2%	98.2%	97.7%
Established guidelines in accordance with the Mississippi Beverage and Snack regulations for foods available on the school campus during the school day	97.6%	96.4%	97.6%
<i>Has your school implemented the following nutrition standards, as adopted by the State Board of Education in accordance with the Mississippi Health Students Act?</i>			
Healthy food and beverage choices	96.8%	98.2%	96.6%
Healthy food preparation	93.1%	94.6%	97.7%
Marketing of healthy food choices to students and staff	88.6%	92.9%	89.5%
Food preparation ingredients and products	92.6%	94.5%	93.1%
Minimum/maximum time allotted for students and staff lunch and breakfast	96%	100%	97.7%
Availability of food items during breakfast and lunch	96.7%	98.2%	95.2%
Methods to increase participation in Child Nutrition School Breakfast and Lunch Programs	84.4%	83.9%	82.1%

## Appendix E: Implementation of Nutrition Requirements by School Level

Percentage of schools that do not allow:

	Elementary	Middle	High
Food or food coupons to be used as a reward for good performance or good academic behavior	45.7%	55.8%	57%
Do not allow commercial advertising on school premises by food or beverage companies	89.0%	76.9%	60.0%

Percentage of schools that serve fresh fruit on a daily basis:

	Elementary	Middle	High
Serve fresh fruit daily	45.2%	50.9%	56.5%

Percentage of schools that have wellness policies in place and fully implemented:

The following areas are currently in place and being fully implemented:	Elementary	Middle	High
Healthy food and beverage choices	96.8%	98.2%	96.6%
Developed a food safety education plan	45.3%	44.9%	49.4%
Implemented a food safety program	96.1%	94.1%	83.5%
Meet minimum requirements for food safe school	56.3%	13.4%	17.7%
Offer a school lunch program	95.6%	98.2%	98.9%
Operate all Child Nutrition Programs	95.1%	96.4%	96.4%
Implementing the minimum requirements for nutrition	79.9%	82.7%	87.3%
Promote participation in school meal programs	83.1%	83.6%	76.1%



**Appendix F: Qualification for and Participation in Free and Reduced Breakfast and Lunch Programs by Educational Level**

Question	Response by School Level		
	Elementary School	Middle School	High School
<i>75% or more of the students in the school:</i>			
qualify for free or reduced lunch	51.6%	47.5%	34.9%
participate in the school breakfast program	38.9%	33.3%	20%
participate in the school lunch program	83.8%	82.4%	75%
received nutrition education	79.2%	75%	58.2%

**Appendix G: Items Served in the Cafeteria by Educational Level**

Question	Responses (%)		
<i>During an average week, does your school serve:</i>	Elementary	Middle	High
At least three different fruits	100%	100%	98.8%
At least five different vegetables	97.5%	100%	97.7%
At least four different entrees	97.5%	98.1%	96.5%
<i>During an average week, does your school serve daily the following:</i>			
Fresh fruits	45.2%	50.9%	56.5%
Raw vegetables	23.9%	33.3%	37%
Whole grain foods	31.1%	33.3%	41.3%
Low fat or fat-free milk	88.6%	94.3%	85.7%
Cooked dried peas or beans	10.1%	11.5%	16%
Two or ore sources of iron	41.9%	50.9%	50.6%
Dark green and/or orange fruits and vegetables	39.1%	55.6%	50.%
Good sources of vitamin C	65.1%	67.9%	72%

## Appendix H: Full Implementation of Food Safe Schools by Educational Level

Question	Response by School Level		
<i>For the following statements, please check the response that best represents what has been or is currently taking place in your school. Your school...</i>	Elementary School	Middle School	High School
Implemented a food safety program based on HACCP principles for all school meals, as required by the USDA and MDE Office of Child Nutrition Programs and ensured that the food service permit was current for the school site	91.6%	94.1%	83.5%
Developed a food safety education plan for all students, consistent with Fight Bac ( <a href="http://www.fightbac.org">www.fightbac.org</a> ) and other national standards for safe food handling at home and in school	45.3%	44.9%	49.4%
Ensures that all staff have viewed the video developed by the Office of Healthy Schools to support food safety on the school campus. All staff have completed and signed the pre- and post-test developed by the Office of Healthy Schools and maintain documentation of completion	30.9%	36%	27.8%
Ensures all school personnel (school board members, administrators, teachers, school nurses, instructional and health service paraprofessionals, foodservice staff, custodians and facilities managers, and administrative support staff) have received copies of the Local School Wellness Policy to include food safety policies and procedures and relevant professional development	62.9%	55.1%	53.2%
Provides adequate access to handwashing facilities and supplies have been made available whenever and wherever students, staff, and families prepare, handle, or consume food	96.1%	88%	92.3%
Developed a food safety assurance plan addressing strategies that minimize risks for students and staff who have food a food allergy and/or intolerance	82.8%	72%	81%

**Appendix I: Full Implementation of Physical Education by Educational Level**

Question	Response by School Level		
	Elementary School	Middle School	High School
Percent receive a Physical Education Curriculum	95.76%	90.39%	73%
75% or more of the students receive the Physical Education Curriculum	95.2%	87.8%	58%
Percent of students involved in other activity-based instruction	74.49%	71.64%	62.58%
Average percent of time students physically active during Physical Education	82.50%	81.49%	75.44%
Percentage of schools where 75% of more of the time in Physical Education students were physically active	79.9%	74.5%	71.4%
Percent of students participating in Physical Education 5 days per week	62.6%	74.1%	76.6%
Percent of students participating in other activity-based instruction 5 days per week	60.9%	59.3%	63.6%
Percent of students participating in 50 or more minutes of Physical Education per week	84.9%	87%	90.9%
Percent of students participating in 100 or more minutes of activity-based instruction per week	49.6%	70.4%	74%
Average number of students in a Physical Education Class	51.31	72.18	85.41

## Appendix J: Full Implementation of Comprehensive Health Education by Educational Level

Question	Response by School Level		
	Elementary School	Middle School	High School
<i>During an average week,</i> 75% or more of the students receive a Comprehensive Health Education Curriculum	84.8%	82.2%	56.1%

**Appendix K: Full Implementation of Commitment to a Healthy School Environment by Educational Level**

Question	Response by School Level		
	Elementary	Middle	High
<i>With regard to a healthy school environment, your school...</i>			
Ensures that there are no pad locks or chains on exit doors; exits should never be obstructed (in accordance with Mississippi State Fire Code). Ensures that all exit signs are illuminated and clearly visible	97.4%	100%	93%
Ensures that all chemicals are stored with the Material Safety Data Sheet ( <a href="http://www.msdssearch.com">www.msdssearch.com</a> )	88%	91.8%	88.9%
Ensures that fire extinguishers are inspected each year and properly tagged	97%	100%	97.2%
Completes yearly maintenance of the heating and cooling system in your school; checks coils, filters, belts, etc in order to maintain safe operation and healthy air quality	96.5%	96%	94.4%
Conducts at least one emergency drill each month	86.5%	85.4%	71.8%
Ensures that two means of egress are available in each classroom in case of an emergency; if there is only one door, designate a properly sized window as a means of egress	77.4%	79.2%	71.4%
Never uses extension cords as a permanent source of electricity anywhere on a school campus	69%	73.5%	62.9%
<i>Does your school comply with the applicable rules and regulations of the State Board of Education in the operation of its transportation program (in accordance with the MS Code 37-41-53; State Board of Education Policies 7903, 7904, and 7909; and Accreditation Standard #35) including the following?</i>			
Inspects all buses on a quarterly basis and ensures that they are well maintained and cleaned	94.1%	100%	92.9%
Requires that all bus drivers have a valid bus driver certificate and a commercial driver's license and operates the bus according to all specified safety procedures.	98.6%	100%	100%
Maintains a record of yearly motor vehicle reports on each bus driver and evidence that each driver has received two hours of inservice training per semester	96.3%	97.9%	94.3%
Ensures arrival of all buses at their designated school sites prior to the start of the instructional day	95.9%	93.9%	92.9%
<i>Does your school provide facilities that meet the criteria of: (MS Code 37-7-301 (c) (d) (j); 37-11-5, 49 and 45-11-101; and Accreditation Standard #36, including the following?</i>			
Provides facilities that are clean	97.4%	98%	97.2%
Provides facilities that are safe	98.2%	100%	98.6%

Provides proper signage that explains tobacco, weapons, and drugs are prohibited on the school campus and at school functions	96.5%	94%	87.5%
Provides operational facilities that are equipped and functional to meet the instructional needs of students and staff (in accordance with the Mississippi School Design Guidelines at <a href="http://www.edi.msstate.edu">www.edi.msstate.edu</a> )	98.2%	95.9%	97.2%
Provides air conditioning in all classrooms	99.1%	98%	98.6%
<i>Does your school comply with the requirements for Safe and Healthy Schools, including the following?</i>			
Maintain a comprehensive School Safety Plan on file that has been approved annually by the local school board	91.6%	91.7%	94.4%
Prohibits the possession of pistols, firearms or weapons by any person on school premises or at school functions. Any student who possesses a knife, a handgun, other firearm or any other instrument considered to be dangerous and capable of causing bodily harm or who commit a violent act on educational property be subject to automatic expulsion for one calendar year	98.7%	100%	97.2%
Prohibits students from possessing tobacco on any educational property, Criminal Code §97-32-9 (2000) further prohibits the use of tobacco on any educational property for adults who, if in violation, would be subject to a fine and issued a citation by a law enforcement officer	98.2%	100%	97.2%
Prohibits students from using or possessing illegal drugs on any educational property, further prohibits the use or possession of illegal drugs on any educational property for adults, violation of which would be reported to law enforcement authorities.	99.6%	100%	100%

**Appendix L: Full Implementation of Commitment to a Quality Health Services by Educational Level**

Question	Response by School Level		
	Elementary School	Middle School	High School
School nurses work under the guidelines of the school nurse procedures	88.5%	75.5%	82.6%



**Appendix M: Full Implementation of Commitment to Counseling, Psychological, and Social Services by Educational Level**

<i>Question</i>	Response by Educational Level		
	Elementary	Middle	High
<i>With regard to providing counseling, psychological and social services your school ...</i>			
Adheres to the details outlined in the Licensure Guidelines when hiring guidance counselors and psychologists	96.9%	93.9%	98.6%
Provides, at a minimum, ½ time licensed guidance counselor for high school and ensures that all elementary school students have access to qualified student support personnel such as: guidance counselors, social workers, nurses, psychologists, psychometrists, and others	96%	91.8%	98.6%
Hires school guidance counselors with a minimum of a Master’s Degree in Guidance and Counseling, or in an emergency situation, an appropriate certification, as determined by the Commission on Teacher and Administrator Education, Certification and Licensure Department.	93.7%	93.9%	92.6%
Hires school counselors who agree to abide by the American School Counselor Association Code of Ethics	96.8%	98%	95.7%

**Appendix N: Full Implementation of Commitment to Family and Community Involvement by Educational Level**

Question	Response by School Level		
	Elementary School	Middle School	High School
Does your school give parents and community the opportunity to serve on the School Health Council?	65%	64%	60.6%
Does your school promote healthy lifestyles to students, parents, teachers, administrators, and the community at school events?	70.4%	57.1%	75%

**Appendix O: Full Implementation of Commitment to a Quality Staff Wellness Program by Educational Level**

Question	Response by School Level		
	Elementary School	Middle School	High School
Has your school established a plan for promoting staff wellness?	52%	39.6%	38.6%
Does your school promote staff participation in the wellness programs provided by the State and School Employee's Health Insurance Plan?	65.4%	61.2%	48.6%

**Appendix P: Full Implementation of Commitment to Marketing a Healthy School Environment  
by Educational Level**

Question	Response by School Level		
	Elementary School	Middle School	High School
Has your school established a plan for marketing a healthy school environment?	39.6%	48%	31.4%

**Appendix Q: Full Implementation of Minimum Requirements for the Policy Components by Educational Level**

Question	Response by Educational Level		
<i>Please indicate to what extent you believe your school is implementing the minimum requirements for each of the 11 commitments.</i>	Elementary	Middle	High
Implementation of the Policy	60%	58%	52.9%
Nutrition	79.9%	82.7%	87.3%
Food Safe Schools	86.4%	92.2%	88.6%
Physical Activity/Physical Education	81.1%	88.2%	78.6%
Comprehensive Health Education	59.3%	72.5%	85.7%
Healthy School Environment	76.5%	86.3%	84.5%
Quality Health Services	71.8%	80%	72.9%
Providing Counseling, Psychological and Social Services	84%	88.2%	87.1%
Family and Community Involvement	52.4%	62.7%	47.1%
Quality Staff Wellness Program	44.9%	51%	38%
Marketing a Healthy School Environment	44.2%	51%	33.8%

**Appendix R: Perception of Correlation between School Health Programs and Academic Performance by Educational Level**

Question	Response by School Level		
	Elementary School	Middle School	High School
A “Fair Amount” or “Great Deal” of correlation	83.0%	80.0%	71.8%

**Appendix S: Evidence of the Effectiveness of the School Health Council by Grade Level**

Question	Response by School Level		
<i>Principal's perception of the effectiveness of the School Health Council</i>	Elementary School	Middle School	High School
Nothing – No Evidence	8.7%	8.3%	5.6%
Generating Parental Involvement	42.2%	28.3%	26.7%
New Health Policy Development	31.6%	21.7%	22.2%
Obtaining Additional Funds/Resources	31.9%	30.0%	27.8%
Facilitating Implementation of SCHP	36.9%	36.7%	37.8%
Other	5.7%	5.0%	5.6%