THE 2010 MISSISSIPPI

SCHOOL WELLNESS POLICY

PRINCIPAL SURVEY

Prepared for:

The Center for Mississippi Health Policy

Conducted by:

Elaine Fontenot Molaison, PhD, RD
Jerome R. Kolbo, PhD, ACSW
Lei Zhang, PhD, MSc, MBA
Bonnie Harbaugh, PhD, RN
Geoffrey Hudson, PhD, CSCS
Rebecca Masters

September 2011

TABLE OF CONTENTS

EXECUTIVE SUMMARY

The purpose of this survey 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). In addition to evaluating overall level of implementation of the policies in the 2010-2011 academic school year, differences in level of implementation were compared whenever possible between 2006, 2008, and 2010.

During Fall Semester, 2010, a total of 907 Mississippi public school principals were contacted and invited to participate in the survey. A total of 506 surveys were submitted (55.84%). Of those submitted, 417 were included in the final analysis (46.0%), compared to 540 (59.3%) in 2008, and 369 (41.8%) in 2006.

Key Findings: Changes in Implementation of the Policy

A statistically significant increase was found in the level of partial or full implementation of the Local School Wellness Policy (LSWP) over time, with 78.2% in 2006, 96.0% in 2008, and 97.2% in 2010 ($p < 0.0001$). Similar to findings in 2008 (85.2%), 86% of the principals reported that the overall quality of the implementation of the LSWP was either good or excellent in 2010 (this was not reported in 2006). Statistically significant increases were found for the following areas of LSWP implementation:

- Use of a monitoring instrument for self-assessment, where rates increased from 45.4% in 2006 to 77.6% in 2008 and up to 87.6% in 2010 ($p < 0.0001$).
- Establishment of a School Health Council, with 90.7% of the principals reporting at least partial implementation in 2010 as compared to 84.2% in 2008 and 66.5% in 2006 ($p <$

0.0001).

- The percentage of principals that reported having at least partial implementation of submission of an annual report on the progress on implementing the policy increased from 62.6% in 2008 to 76.5% in 2010 ($p < 0.0001$).

Similar to 2008, full implementation of the LSWP was highest among middle schools (76.1%), followed by high schools (64.1%) and elementary schools (58.3%). Use of a monitoring instrument was highest among middle schools (54.4%) in 2010, followed by elementary schools (50.0%) and high schools (43.8%), unlike 2008 where high schools were highest.. Also unlike 2008, full implementation of a School Health Council was highest among middle schools (68.1%) in 2010, followed by high schools (66.7%) and elementary schools (62.5%), where elementary schools were highest. Submission of an annual report was also highest among middle schools (53.2%) in 2010, followed by high schools (47.6%) and elementary schools (43.8%).

Key Findings: Changes in Knowledge of the Policy

Knowledge of the requirements related to the LSWP increased among the principals, faculty members, and students.

- Principals who have a fair amount or a great deal of knowledge of the LSWP have significantly increased from 82.3% in 2006, to 92.9% in 2008, and 94.7% in 2010 ($p < 0.001$).
- Faculty who have a fair amount or a great deal of knowledge of the LSWP have significantly increased from 66.1% in 2006, to 78.2% in 2008, and 81.7% in 2010 ($p < 0.001$).

- Students who have a fair amount or a great deal of knowledge of the LSWP have significantly increased from 32.3% in 2006, to 52.5% in 2008, and 54.6% in 2010 ($p < 0.001$).

Knowledge of the requirements related to the LSWP was highest among principals and faculty in the elementary schools and highest among students in the middle schools.

Key Findings: Changes in Nutrition

Commitment to implementation of the nutrition components remained high. The highest levels of full implementation were reported for healthy food preparation (97.3%), meeting the optimal time allotted for student and staff lunch and breakfast (97.3%), menus that meet USDA and MDE guidelines (97.0%), having qualified staff in school foodservice (97.0%), availability of foods during breakfast and lunch (96.7%), and following state board of education policies on competitive foods and extra food sales (96.2%). Other findings include:

- Principals reported that 75%-100% of the students receiving nutrition education significantly decreased from 72.3% in 2008 to 64.3% in 2010 ($p = 0.016$).
- The percentage of principals reporting they needed additional funds to implement nutrition education adequately decreased from 16.3% in 2008 to 12.5% in 2010 ($p = 0.097$). The change was not statistically significant.
- An increase was seen in the percent of schools reporting full implementation of health food preparation at 97.3%, up from 94.0% in 2008 ($p = 0.077$). This increase was not statistically significant.
- The percent of schools reporting in healthy food and beverage choices stands at 94.8%, down slightly from 95.3% in 2008. The change is not significant ($p = 0.808$).

- Parent groups (26.8%) and students (27.4%) were still allowed to sell food for fundraising efforts in 2010; however, the percentages were down from the 2008 percentages (36.3% and 30.1%, respectively) ($p = 0.01$ for parents; $p = 0.545$ for students). The percent for parents group allowed to sell food has significantly decreased.

Key Findings: Changes in Physical Education

In 2010, 86.5% of the principals reported full implementation of the Physical Education/Physical Activity minimum requirements. This percentage was up from 79.1% in 2008. However, this increase was not statistically significant. ($p = 0.071$). Schools with 75-100% of students that received a sequential physical education curriculum have increased from 57.1% in 2006, to 84.2% in 2008, and decreased to 76.5% in 2010. The increase between 2006 and 2010 was statistically significant ($p < 0.001$). The decrease between 2008 and 2010 was also statistically significant ($p < 0.001$). Other findings include:

- Nearly one-third (31.6%) of the principals reported that students spend at least 180 minutes per week in physical education (up from 27.1% in 2008). The increase was not statistically significant ($p = 0.551$).
- However, 61.6% spend a minimum of 75% of the time or more being physically active during class (down from 73.8% in 2008). This decrease was statistically significant ($p < 0.001$).

Key Findings: Changes in Comprehensive Health Education

More than 180 minutes per week of health education was reported by 20.3% of the principals in 2010, as compared to 16.7% in the 2008. Other statistically significant findings include:

- Schools with 75-100% of students that received a Comprehensive Health Education have decreased from 75.9% in 2008, to 67.0% in 2010. The decrease was statistically significant ($p < 0.001$).
- The percentage of those health courses taught by classroom teachers dropped from 61.1% in 2008 to 42.9% in 2010 ($p < 0.0001$). Drops were also seen in the percent of nurses that taught health education from 14.2% to 6.1% ($p < 0.0001$).
- The percent of PE teachers teaching health education dropped from 40.3% to 28.4% ($p < 0.0001$).
- The percent of those certified to teach health education dropped from 57.3% to 47.8% ($p = 0.03$).

Key Findings: Implementation of the Other Components of the Policy

- Full implementation of a Healthy School Environment was reported by 83.9% of the principals (up from 76.7% in 2008). This increase was not statistically significant ($p = 0.084$).
- A total of 76.9% of the principals in the 2010 survey reported full implementation to Quality Health Services, up from 71.4% in 2008. This increase was not statistically significant ($p = 0.130$).

- Full implementation of Counseling, Psychological, and Social services increased from 84.0% in 2008 to 83.6% in 2010. This increase was not statistically significant ($p = 0.937$).
- Principals reported a higher level of full commitment to including families and the community in implementing the wellness policies. In 2008, only 51.5% of the principals reported full implementation for the minimum requirements for Family and Community Involvement. This percentage significantly increased to 67.7% in 2010 ($p < 0.0001$).
- More than half (53.4%) of the principals reported implementing a plan for establishing a staff wellness program. This is nearly a 10 percent increase from 44.1% in 2008. This increase was statistically significant ($p = 0.003$).
- Full implementation of the marketing of a Healthy School Environment was reported by 50.3% of the principals, as compared to 42.5% in 2008. This increase was not statistically significant ($p = 0.118$). In 2008, 36.7% of the principals reported establishing a plan for marketing a healthy school environment. This number increased to 40.9% in 2010. This increase was not statistically significant ($p = 0.379$).

Key Findings: Effects of the Local School Wellness Policy

More than three-quarters (76.6%) of principals felt that there was either "A Fair Amount" (40.8%) or a "A Great Deal" (35.8%) of correlation between implementation of Coordinated School Health Programs and the academic performance of the students. This compared to 65.9% in 2008, with 30% reporting "A Great Deal" and 35.9% reporting "A Fair Amount".

When asked which outcomes were most indicative of the effectiveness of the school health council, 25.4% of the principals reported that the coordination of the school health programs was part of the effectiveness of the council. This was followed by 20.7% of the principals reported that the council helped to generate parental involvement and the development of new health policy (18.1%). Only 8.4% of the principals reported that there was no evidence of the effectiveness of the school health council.

INTRODUCTION AND BACKGROUND

In the United States, obesity rates have dramatically increased in recent decades. In 1990, 12% of the American population was obese. In 2005, these rates had almost doubled with 23% of the population being obese (Menifield, Doty, & Fletcher, 2008) The most recent statistics show that Mississippi also has the highest obesity rate among youth ages 10-17 with 21.9% of children in the state being obese (2007 National Survey of Children's Health).

Previous research was conducted in Mississippi concerning the trends of children's weight status utilizing heights and weights and was collected from a sample of children in public schools throughout the state in 2005, 2007, and 2009. This research showed that between 2005 and 2007, the prevalence of obesity in Mississippi's children decreased by 2%, but remained the same between 2007 and 2009 (Kolbo, 2006; Kolbo, 2008; Molaison, 2010).

In these studies, factors such as gender and race were taken into consideration. Researchers found that, in general, white children had lower incidence of overweight and obesity than nonwhite children. Hopefully, these findings will prove helpful for health professionals, as they will be able to use this data to focus interventions to the specific populations that have a higher prevalence of overweight and obesity (Kolbo, 2006; Kolbo, 2008; Molaison, 2010).

Overweight and obesity in childhood dramatically increases the risk for type 2 diabetes, heart disease, stroke, hypertension, high cholesterol, certain cancers, sleep apnea, and various other medical complications, which raises much concern for the health of Americans (Dwyer, 2009; Pi-Sunyer, 2002; Xu, Kochanek, 2010). Researchers have correlated numerous factors with this sudden increase in weight such as region of the country, education level, income, race, and health care spending. Because American children now have a higher prevalence of overweight and obesity than in recent years, they are now exposed to these health risks at a much

earlier age than previous generations. This is a cause for concern for health professionals and motivation to quickly find a solution for this growing problem (Menifield, Doty & Fletcher, 2008).

Because of this significant increase in overweight and obesity and the health risks that accompany it, the United States Congress enacted legislation that all states' school programs that have been authorized by the National School Lunch Act or the Child Nutrition Act of 1966 must develop a local school wellness policy by the 2006 school year. These wellness policies were intended to help schools commit to providing a healthy environment for their children. While individual school districts are responsible for creating their own wellness policy in order to better meet the needs of their specific children, some states have created guidelines for the districts to follow. In the Mississippi Local School Wellness Policy, there are guidelines for nutrition, safe foods, physical activity, physical education, comprehensive health education, healthy school environment, quality health services, counseling, psychological and social services, family and community involvement, as well as the implementation of all of these elements. According to this policy, all children in the Mississippi public school system will have the same access to these resources, which will improve their overall health (MDE, 2008; United States Department of Agriculture, 2011).

Since the wellness policy implementation in 2006, much research has been conducted on its effectiveness in improving the health of Mississippi's children (MDE, 2008). Research has shown that in 2008, 96% of schools had implemented a wellness policy versus 78.2% in 2006 (ref). Significant improvements were made in nutrition among schools including an increased number of schools implementing a nutrition education for students (72.3% vs. 35.2%). Also, more schools served whole grains and at least three different fruits every week. Significant

improvements were likewise made in physical education among schools including an increased number of schools implementing a physical education class for students (84.2% vs. 57.1%). Schools also had a significant improvement in comprehensive health education as 75.9% of schools educated 75-100% of their students on health, while only 38.4% of schools were in this category (75-100 %) in 2006. From this data, it is evident that the local wellness policies in Mississippi have had increased implementation since 2006, which should help to improve the overall health of Mississippi's children (Kolbo, Molaison, Rushing, Zhang, & Green, 2009).

In addition to the implementation of local wellness policies in 2006, Mississippi also adopted the Mississippi Healthy Students Act in 2007. This act mandates that students in public schools have increased physical activity and health education. Students in grades K-8 are required to receive 45 minutes of health education and 150 minutes of physical activity per week. In grades 9-12, students are required to achieve a number of class credits for both health education and physical education in order to graduate. These health requirements were put in place in hopes of continued improvement of the overall health of the children of Mississippi (Mississippi Office of Healthy Schools, 2008).

According to these studies, altering a child's environment at school can greatly impact their learning abilities, overall health, and weight status (DeMattia & Denney, 2008). A study by Lambert, Monroe, and Wolff (2010) showed evidence that teachers realize the importance of the health benefits that will occur if they are able to implement the wellness policies of their school effectively. However, the study found that teachers have not been given adequate time, resources, or education to execute these policies. Because of this, the teachers surveyed were unable to implement the local school wellness policies as effectively as needed. This gives

evidence that even if good policies are put in place to positively change a child's environment at school; additional support for teachers is needed to make the ideals in these policies a reality.

Another looming problem related to childhood obesity is the lack of responsibility being taken by all the parties involved. One study involving students, parents, and teachers revealed that each group placed the blame for the childhood obesity problem on someone or something else and no group took the responsibility (Power et al., 2010). The students in the study placed the blame for their weight status on situational factors such as their schedules. The teachers in this study blamed the parents for the children's unhealthy habits. Lastly, the parents placed the blame on their children for their high weight status. This study suggests that nutrition interventions for children should include the students as well as the parents and teachers in order to provide the optimum environment for a healthy change in students. This could also reduce the blaming that currently is spreading throughout these groups, as all groups will be incorporated in some way into the nutrition intervention (Power et al., 2010).

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. 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 (Molaison et al., 2008)

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, beginning in August 2007, sale of all full-calorie, sugared carbonated beverages was prohibited to students at Mississippi 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. At least 50% of beverages must be water or no-calorie options (Kolbo et al., 2008).

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 (Daniels, 2006, Ogden, 2006). Based on this legislation, MDE created two interpretive documents: 1) Nutrition Standards and 2) Physical Education/Comprehensive Health Education Rules and Regulations (IOM, 2005; Ogden, 2008)

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 (IOM, 2005).

In May 2008, MDE 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 statues and standards regarding school wellness. This document also provides additional policy options that schools are encouraged to utilize when developing wellness program goals (ADA 2003).

Summary of the 2008 School Wellness Policy Principal Survey

In 2008, large increases were reported from 2006 in the percentages of schools that have partially or fully: Implemented the Local School Wellness Policy (96% vs. 75.9%), used a monitoring instrument for self-assessment (78% vs. 43.9%), and established a School Health Council (84.2% vs. 64.5%). Full implementation of the Policy was highest among middle schools (73.3%), followed by high schools (73%), 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%).

In addition, large increases from 2006 to 2008 were noted in the percentages of principals, faculty, students, parents, and community knowledge of the Local School Wellness Policy. In 2008, 93% of principals (up from 82.3% 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.

With relation to implementation of nutrition components, the 2008 survey results again revealed higher percentages of students received nutrition education (79.87% vs. 51.20%). Percentages of students receiving nutrition education were highest among elementary (83.98%), followed by middle (82.38%) and high schools (69.23%). In addition, lower percentages of foods and beverages were accessed through vending machines, school stores, and concessions than in 2006. In addition, the following were noted: higher percentages of schools served at least four different entrees; served at least five different vegetables; and served at least three different fruits and fewer full calorie soft drinks were served. In 2008, the percentage of all students in grades K – 12 receiving a Physical Education curriculum increased (88.7% vs. 68.52%). Elementary school students were the most likely to receive Physical Education (95.76%), followed by middle (90.39%), and high school (73%) students. Highest percentages were among elementary (82.50%), followed by middle (81.49%), and high school students (75.44%). In terms of activity-based instruction, highest percentages were among middle (74.49%), then elementary (71.64%) and high school students (62.58%).

Compared to 2006, results in 2008 showed much higher percentages of students received a Comprehensive Health Education, and higher percentages received it from classroom teachers, nurses, PE teachers, and certified staff. Findings revealed 82% of students received a Comprehensive Health Education curriculum (up from 51.2%), 68.4% were classroom teachers

(up from 38.6%), 49.2% were PE teachers (up from 35.2%), 19% were nurses (up from <1%), and 59.1% were certified (up from 48.22%). In 2008, the highest percentages of students receiving a Comprehensive Health Education were among elementary (88.03%), followed by middle (85.42%), and high schools (70.11%). The highest percentage of health education was being taught by classroom teachers in elementary schools (72%), PE teachers in middle schools (56.56%), nurses in elementary schools (25.89%), and certified staff in high schools (82.75%).

Of the 11 components of the Local School Wellness Policy, highest percentages of full implementation of the minimum requirements in 2008 were among the Commitment to Food Safe Schools (87.2%), Counseling, Psychological and Social Services (84%), and Nutrition (81%). 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). The lowest percentages of full implementation in 2008 were among the Commitment to Quality Staff Wellness Program and Marketing a Healthy School Environment.

Principals were given an opportunity to identify any policies, programs, or legislation that they would support regarding school health. The most common responses included additional funding for PE (38.3%), mandate certified Health/PE teachers (18.1%), and provide more school nurses (11.7%). More than three-quarters (78%) 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 42.5% reporting “A Great Deal” and 35.4% reporting “A Fair Amount). The highest rates were among elementary (83%), followed by middle (80%) and high schools (72%). In addition, principals reported believing the School Health Council was most effective at generating parental involvement (21.9%), facilitating the implementation of

coordinated school health programs (21.6%), and helping in new policy development (11.8%). Elementary schools were the most likely to report the effects of generating parental involvement (42.2%) and helping in new policy development (31.9%). High schools were most likely to report the effects of facilitating the implementation of school health programs (37.8%).

Purpose of the 2010 Study

The purpose of the 2010 Principal's study was to assess the overall level of implementation of four pieces of legislation aimed at improving the health of students. Implementation and quality of implementation was assessed for the 2007 Mississippi Public School Accountability Standards (Standard 37.2), the 2007 Mississippi Healthy Students Act, the Child Nutrition and WIC Reauthorization Action (PL #108-265), and the Mississippi Code of 1972 (Annotated Section 37-13-134). In addition, changes to the level of implementation of the various components of the legislation were compared between years 2006, 2008, and 2010.

2010 METHODOLOGY

Subjects

As with the 2006 and 2008 surveys, all public school principals in the State of Mississippi were the target population for the survey. Due to the large number of topic areas and questions, the survey was designed in such a way that various components could be completed by different individuals (i.e. school foodservice manager or physical education instructor answered questions specific to their content area). However, the principal was ultimately responsible for assuring that the survey was completed and submitted.

Instrumentation

The 2010 survey was identical to the 2008 survey, which was developed through input from several representatives of MDEs Office of Healthy Schools, a review of recent state and federal legislation and scientific literature, and was set up to follow closely with the wording and format of the revised Local School Wellness Policy: *Guide for Development*. To ensure its validity, the 2010 survey was evaluated by content experts; however, no changes were recommended. 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

As with the 2008 survey, the 2010 survey addressed quality of overall implementation of the local wellness policy; 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

In October 2010, all principals and district superintendents were mailed a letter from the principal investigator explaining the purpose of the study, the timeline for completion of the survey, and the availability of the survey via e-mail. In addition, Dr. Tom Burnham, State Superintendent of Education, sent an e-mail to all superintendents and principals encouraging their participation in the study.

During the first week of November 2010, all principals and superintendents were sent an e-mail from the researchers. The e-mail explained the purpose of the survey and provided a link to the online survey (created through Qualtrics™). By the first week of December, researchers were able to identify schools that had not completed the survey; yet, no data directly related to the schools could be identified. Those school principals were then contacted personally via phone to determine whether assistance would be needed in order for them to complete the survey. Data collection continued until January 2011.

Data Analysis

For each of the 11 commitments to implementation of the policies total number (n) and percentages (%) of responses for each category were tabulated. Cross tabulations of school grade level to implementation were also conducted and are reported in the appendices. It should be noted that the percentages reported and used for comparison to the 2006 and 2008 surveys are "valid percents" which exclude missing data. Open-ended items pertaining to barriers to nutrition education, and to the policies, or programs and legislation that the principals wanted to see enacted were summarized and included as number (n) and percentages.

For survey items that were asked in 2006, 2008, and 2010, statistical significance of difference was determined through the Chi-square test for trend. Comparisons were considered significantly different if the p-value was less than 0.05.

Study Limitations

The length of the survey was a significant limitation in conducting this research. In 2008, many of the principals complained about the length of the survey. The decision to keep the 2010 survey the same length was made so that changes in implementation could be assessed consistently across years for all questions. This decision may account for the decreased response rate. In addition, there was no way of verifying that the principal was the one who actually completed the whole, portions, or none of the survey; as the survey may have been delegated to others. As with any self-report survey, there is the limitation of accuracy in reports and response bias to those that have higher (more positive) perception of levels of implementation.

2010 FINDINGS

A total of 907 Mississippi public school principals were e-mailed the link to the survey. A total of 506 surveys were answered and emailed back to the researchers (55.84%). Of those that were submitted, 417 were included in the final analysis (46.0%), down from 59.3% in 2008, but still higher than the 41.8% in 2006.

Demographic Characteristics of Schools and Students in 2010

In 2010, 12.7% were elementary, 12.2% were middle, 16.7% were high schools, and 58.4% were either K – 6, K – 8, or K – 12 schools. These compare to 2008, where 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.

Enrollments of the respondents' schools were quite similar between 2008 and 2010. In 2010, principals reported an average of 569 students enrolled in their schools, with 34.3% having an enrollment of less than 400, 49% with an enrollment between 400-799, 11.5% with an enrollment between 800-1199, and 5.1% with an enrollment of greater than 1200 students. This compares to 2008, where 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 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 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 2010, an average of 65.4% of the students qualified for free or reduced lunch. In 2008, 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 2010, 14.7% of the principals reported being Level 5: Superior Performing, while 17% were Level 4: Exemplary, 35.3% were Level 3: Successful, 24.7% were Level 2: Under Performing, and 8.2% were Level 1: Low Performance. 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.

Commitment to Implement a Local School Wellness Policy

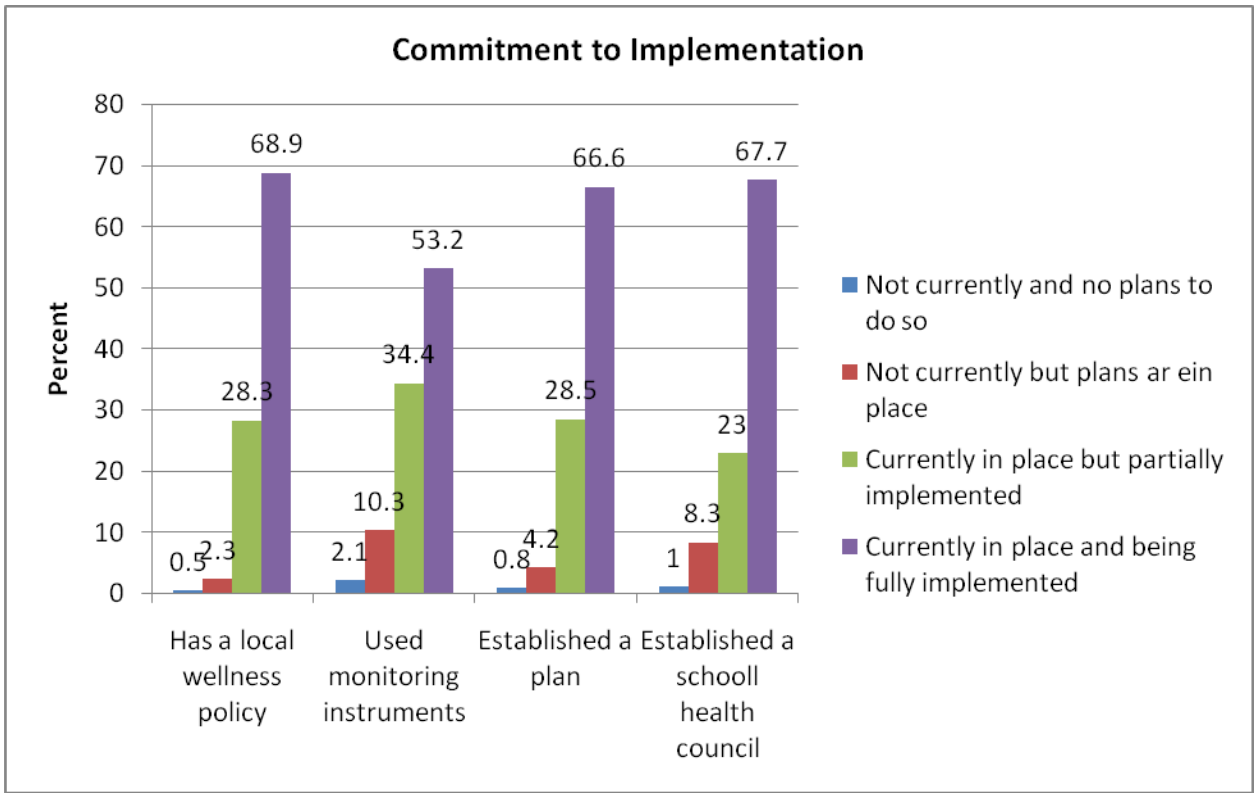
A statistically significant increase was found in the level of partial or full implementation of the Local School Wellness Policy (LSWP) over time, with 78.2% in 2006, 96.0% in 2008, and 97.2% in 2010 ($p < 0.0001$) (Table 1/Figure 1). Similar to findings in 2008 (85.2%), 86% of the principals reported that the overall quality of the implementation of the LSWP was either good or excellent in 2010. A complete summary of the perceived quality of the programs and activities that are part of the LSWP is presented in Appendix A. A larger increase was seen in the use of a monitoring instrument for self-assessment, where rates increased from 45.4% in 2006 to 77.6% in 2008 and up to 87.6% in 2010 ($p < 0.0001$). In addition, 95.1% of the principals reported having a plan for implementing the LSWP (up from 90.7% in 2008) and 95.3% reported having at least one individual responsible for implementing the policy (up from 90.4% in 2008).

A significant increase was seen in the establishment of a School Health Council, with 90.7% of the principals reporting at least partial implementation in 2010 as compared to 84.2% in 2008 and 66.5% in 2006 ($p < 0.0001$). It is interesting to note that the percentage of principals that reported having at least partial implementation of submission of an annual report on the progress on implementing the policy increased from 62.6% in 2008 to 76.5% in 2010 ($p < 0.0001$).

Table 1: Commitment to Implementation for 2010

Question	Responses (n/%)			
With regard to implementation of the local wellness policy, your school…	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 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?	2/0.5%	9/2.3%	110/28.3%	268/68.9%
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.	8/2.1%	40/10.3%	133/34.4%	206/53.2%
Established a plan for implementation of the local wellness policy.	3/0.8%	16/4.2%	110/28.5%	257/66.6%
Designated one or more persons to insure that the school wellness policy was implemented as written.	2/0.5%	16/4.2%	89/23.1%	278/72.2%
Established a School Health Council that addresses all aspects of a coordinated school health program, including a school wellness policy.	4/1.0%	32/8.3%	89/23.0%	262/67.7%
Has the School Health Council meet three times per year and maintains minutes of each meeting.	5/1.3%	47/12.2%	120/31.1%	214/55.4%
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.	13/3.4%	78/20.2%	94/24.4%	201/52.1%

Figure 1


Commitment to Implementation
Percent
80
70
60
50
40
30
20
10
0
68.9
66.6
67.7
53.2
34.4
28.3
28.5
23
10.3
8.3
2.3
4.2
0.5
2.1
0.8
1
Has a local wellness policy
Used monitoring instruments
Established a plan
Established a schooll health council
Not currently and no plans to do so
Not currently but plans ar ein place
Currently in place but partially implemented
Currently in place and being fully implemented

Knowledge of the Local School Wellness Policy

Knowledge of the requirements related to the Local School Wellness Policy increased slightly for the principals and faculty members. A greater percentage either knowing a fair amount or a great deal more about the LSWP was observed, while those that had either no knowledge or somewhat of knowledge of the policies decreased. It is interesting to note that in 2010, all of the principals reported having at least "somewhat" of knowledge of the policies. Principals who have a fair amount or a great deal of knowledge on the local wellness policy have increased from 82.3% in 2006, to 92.9% in 2008, and 94.7% in 2010. The increase was statistically significant ($p < 0.001$). Faculty who have a fair amount or a great deal of knowledge on the local wellness policy have increased from 66.1% in 2006, to 78.2% in 2008, and 81.7% in 2010. The increase was statistically significant ($p < 0.001$). Students who have a fair amount or a great deal of knowledge on the local wellness policy have increased from 32.3% in 2006, to 52.5% in 2008, and 54.6% in 2010. The increase was statistically significant ($p < 0.001$). Figures 2 through 6 provide a summary of the number and percentages of participants in each category related to knowledge of the policies in 2006, 2008, and 2010.

Figure 2

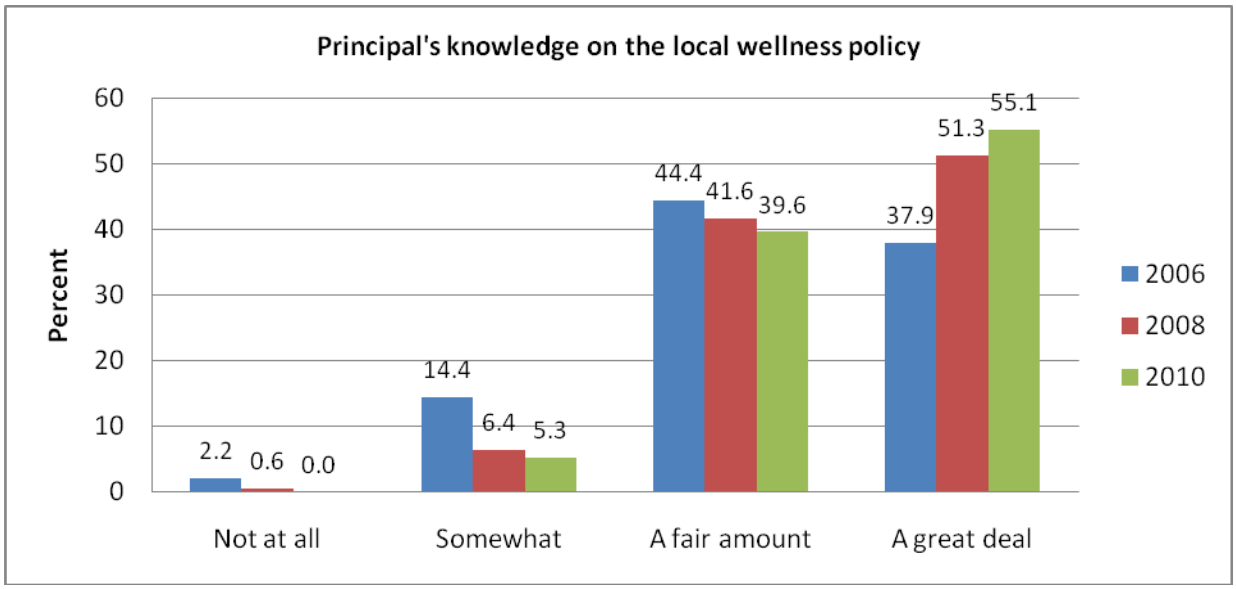


Figure 3

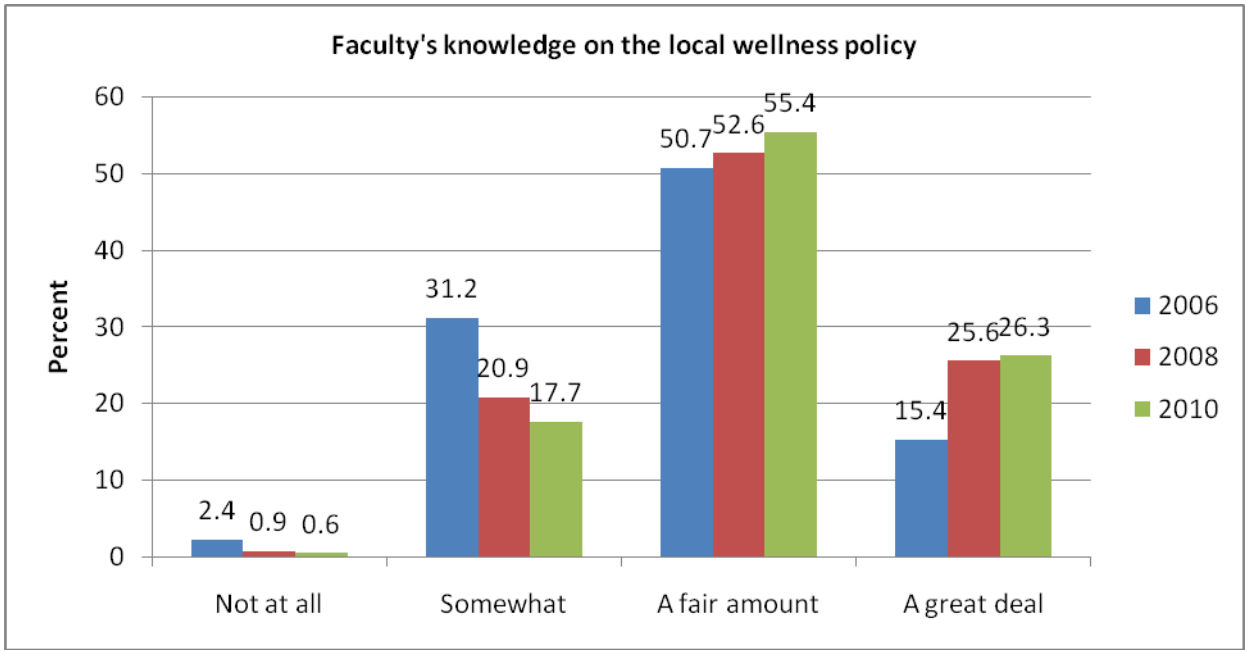


Figure 4

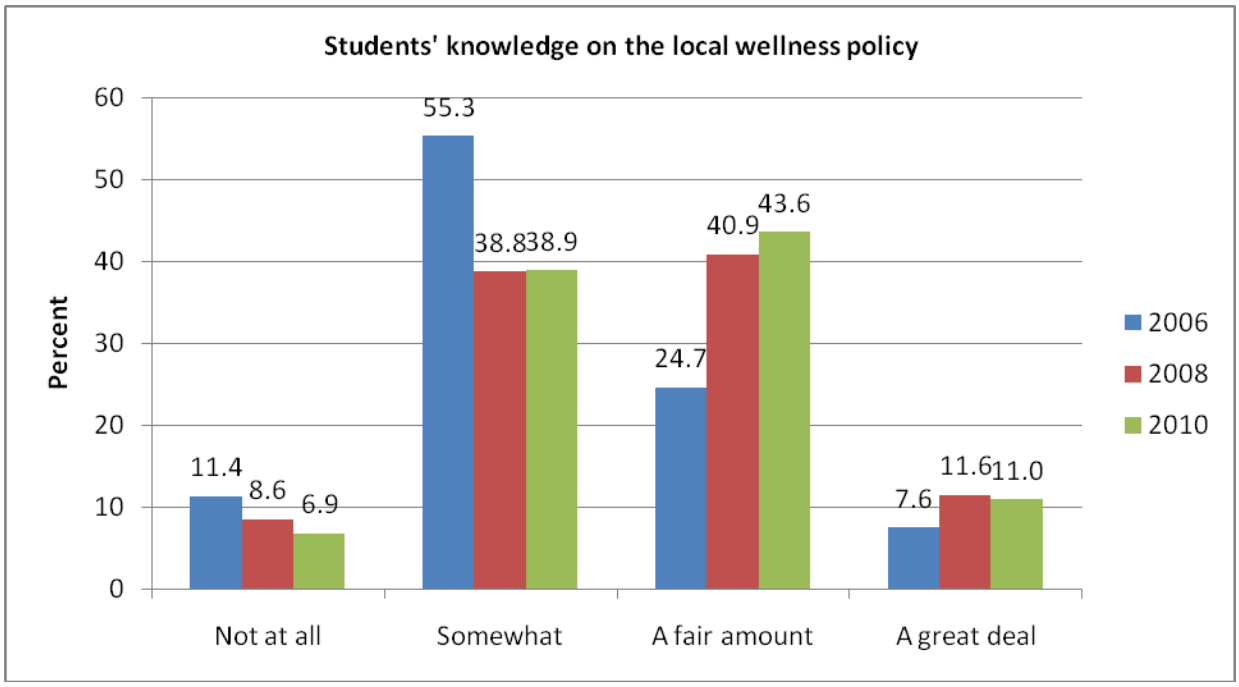


Figure 5

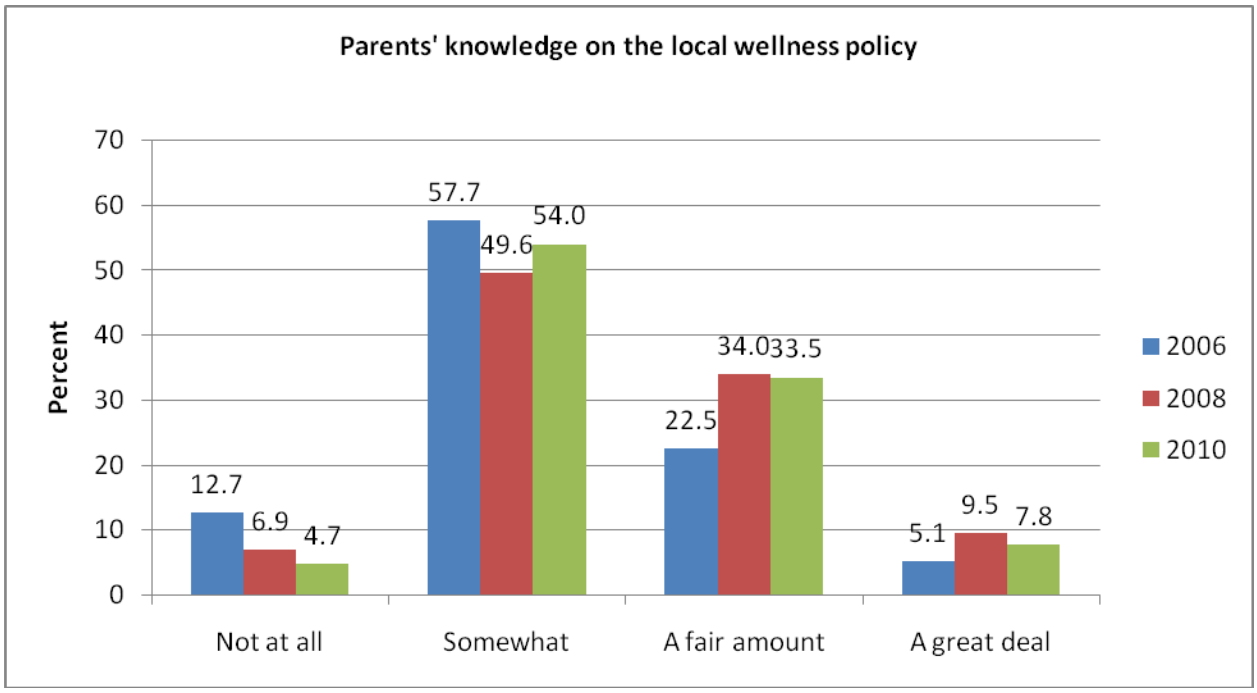
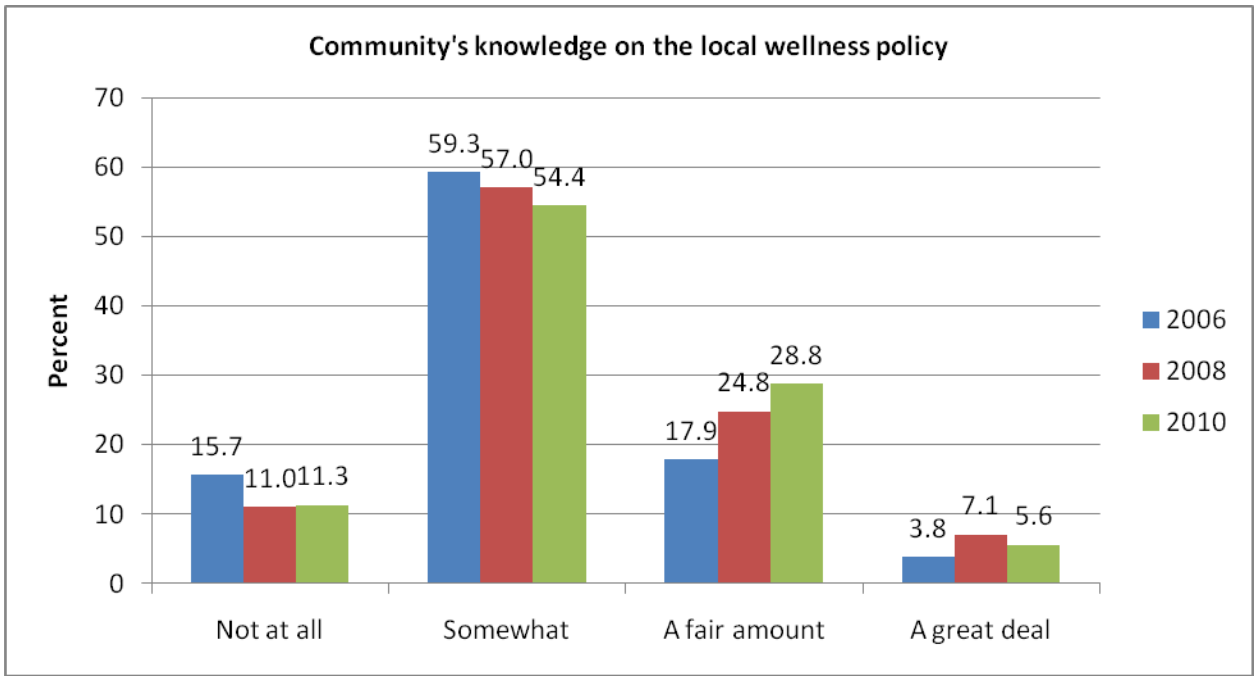


Figure 6


Community's knowledge on the local wellness policy
Percent
70
60
50
40
30
20
10
0
15.7
11.0
11.3
59.3
57.0
54.4
17.9
24.8
28.8
3.8
7.1
5.6
Not at all
Somewhat
A fair amount
A great deal
2006
2008
2010

Commitment to Nutrition

Commitment to implementation of the nutrition components remained high, with few changes between 2008 and 2010 were noted in percentages reported of full implementation of the nutrition components of the local and state policies. The highest levels of full implementation were reported for healthy food preparation (97.3%), meeting the optimal time allotted for student and staff lunch and breakfast (97.3%), menus that meet USDA and MDE guidelines (97.0%), having qualified staff in school foodservice (97.0%), availability of foods during breakfast and lunch (96.7%), and following state board of education policies on competitive foods and extra food sales (96.2%). Of these, the largest increase was seen in the percent of schools reporting full implementation of health food preparation at 97.3%, up from 88.1% in 2008. However, percent of schools reporting in healthy food and beverage choices stands at 94.8%, down from 95.3% in 2008. The change is not significant ($p = 0.808$). Table 2 provides a full summary of the responses related to the degree of commitment to implementation of the nutrition components of both federal and state policies.

Table 2: Degree of Commitment to Nutrition

Question	Responses (n/%)			
With regard to nutrition and the local wellness policy, your school…	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
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.	1/0.3%	1/0.3%	9/2.5%	357/97.0%
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.	26/7.1%	5/1.4%	13/3.5%	325/33.1%
Promotes participation in school meal programs to families and staff.	14/3.8%	11/3.0%	41/11.1%	303/82.1%
Operates all Child Nutrition Programs with school foodservice staff who are properly qualified according to current professional standards.	3/0.8%	1/0.3%	7/1.9%	356/97.0%
Follows State Board of Education policies on competitive foods and extra food sales.	1/0.3%	3/0.8%	10/2.7%	353/96.2%
Established guidelines in accordance with the Mississippi Beverage and Snack regulations for foods available on the school campus during the school day.	2/0.6%	4/1.1%	17/4.6%	343/93.7%
Has your school implemented the following nutrition standards, as adopted by the State Board of Education in accordance with the Mississippi Health Students Act?				
Healthy food and beverage choices	1/0.3%	0/0.0%	18/4.9%	347/94.8%
Healthy food preparation	2/0.6%	0/0.0%	8/2.2%	355/97.3%
Marketing of healthy food choices to students and staff	0/0.0%	0/0.0%	36/9.9%	329/90.1%
Food preparation ingredients and products	3/0.8%	1/0.3%	17/4.6%	345/94.3%
Minimum/maximum time allotted for students and staff lunch and breakfast	2/0.6%	1/0.3%	7/1.9%	354/97.3%
Availability of food items during breakfast and lunch	1/0.3%	1/0.3%	10/2.7%	354/96.7%
Methods to increase participation in Child Nutrition School Breakfast and Lunch Programs	9/2.5%	10/2.8%	47/12.9%	298/81.9%

The data suggest that a high percentage of the schools are meeting minimum guidelines for the preparation and availability of healthy foods in the school breakfast and lunch programs. While all grade levels had high percentages of free and reduced lunch (78%), 52.0% of elementary school principals reported that 75-100% were eligible for free and reduced lunch followed by 40.9% of high school principals and 36.7% of middle school principals.

Principals reported that 75%-100% of the students receiving nutrition education significantly decreased from 72.3% in 2008 to 64.3% in 2010 ($p = 0.016$) (Figure 7). A decrease in the percentage of principals reporting barriers to implementing the nutrition components of the LSWP occurred between 2008 and 2010. The largest decrease was in the percentage of principals reporting they needed additional funds to implement nutrition education adequately (16.3% in 2008 vs. 12.5% in 2010). However, this was not statistically significant. Barriers related to teachers also showed a decrease in percentage of principals reporting issues related to the delivery of nutrition education, with the largest decrease in the amount of time demanded from the teachers (11.1% in 2008 vs. 6.7% in 2010). Other barriers are summarized in Table 3.

Figure 7

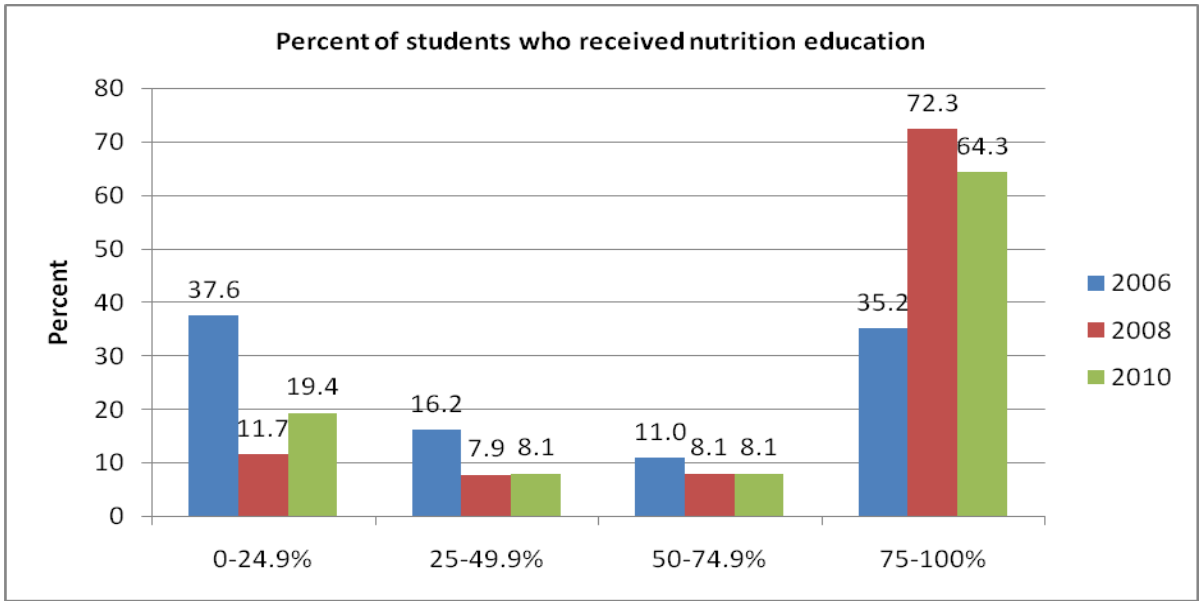


Table 3: Barriers to Implementation of Nutrition Education

Reported Barrier	2008 n/%	2010 n/%
Lack of support from teachers	17/3.1%	3/0.7%
Lack of support from parents	22/4.1%	12/2.9%
Leaves less time for "No Child Left Behind" program	90/16.7%	57/13.7%
Demands a lot of time from teachers	60/11.1%	28/6.7%
Teachers not qualified to teach nutrition	68/12.6%	42/10/1%
Need funding to implement nutrition education adequately	88/16.3%	52/12.5%
Other	51/9.4%	55/13.2%

Overall, principals reported that selling food for fundraising was not allowed by any student groups. While parent groups (26.8%) and students (27.4%) were still allowed to sell food for fundraising efforts, the percentages were down from the 2008 percentages (36.3% and 30.1%, respectively). While the percent of principals reporting that food could be used as a reward dropped from 32.6% to 29.2%, the percentage that allowed advertising by food or beverage companies remained relatively unchanged at 12.7% (as compared to 12.8% in 2008). See Table 4.

Table 4: Foods and Snacks 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?	96/27.4%	41/11.68%	214/61.0%
Do you allow individual students to sell food for fundraising?	11/3.4%	5/1.56%	306/95.0%
Do you allow faculty to sell food for fundraising?	32/9.9%	25/7.8%	265/82.3%
Do you allow parent groups to sell food for fundraising?	92/26.8%	56/16.3%	195/56.9%
Do you allow food coupons to be used as a reward for good performance or good academic behavior?	159/29.2%	68/18.9%	187/51.9%
Do you allow commercial advertising on school premises by food or beverage companies?	45/12.7%	25/6.9%	292/80.4%

It is positive to note that principals reported that a variety of foods are offered in the cafeteria. Ninety-eight percent of the principals reported that at least 3 different fruits per week were served in the cafeteria, followed by 97.7% reporting five different vegetables, and 97.4% reporting four different entrees. The largest increase in the percent reporting daily servings of whole grain foods was noted at 36.1%, up from 31.7% in 2008 ($p = 0.003$). A slight increase was seen in the daily servings of iron at 13.9%, up from 11.4% in 2008. However, a small decrease in the number of daily servings between 2010 and 2008 was noted for daily servings of low-fat/fat free milk (87.6% vs. 89.2%). See Table 5.

Table 5: Items Served in the Cafeteria

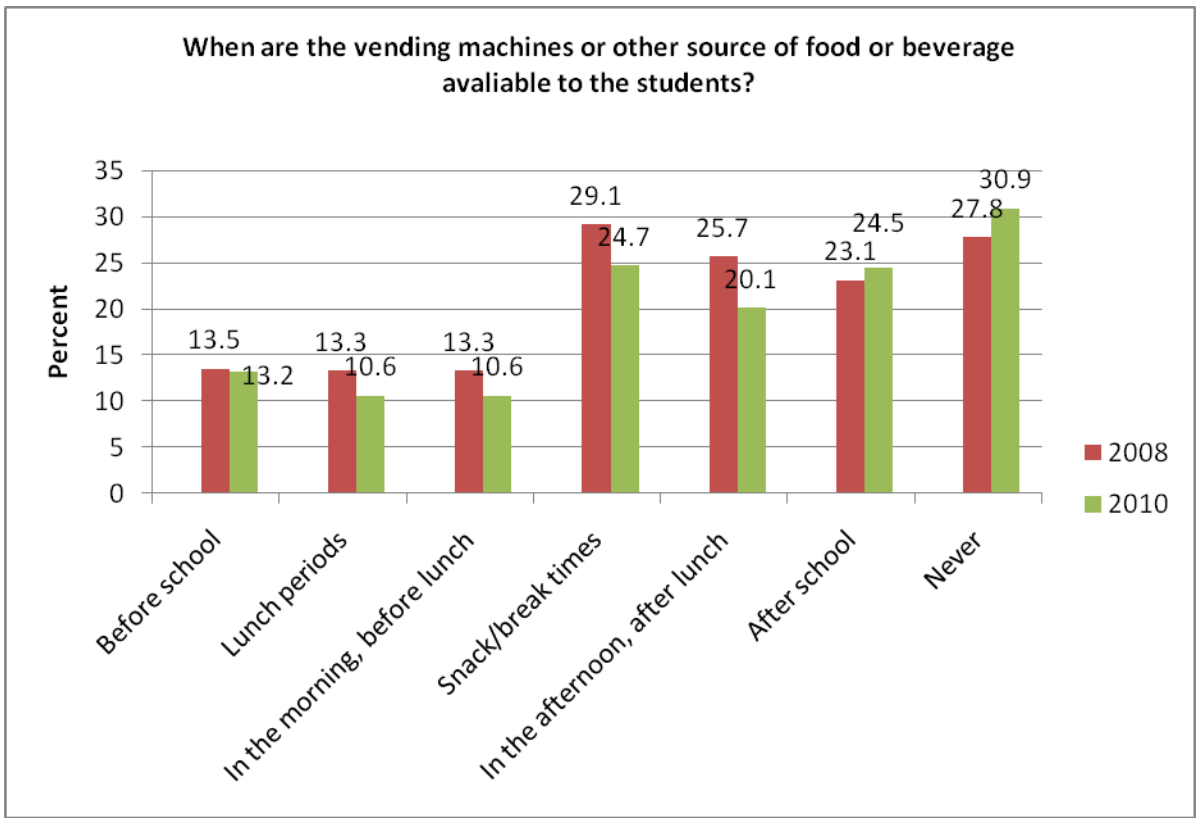
Question	Responses (n/%)		
	At least once a week	At least three times a week	Daily
How often does your school serve fresh fruits?	35/9.8%	155/43.2%	169/47.1%
How often does your school serve raw vegetables?	88/24.7%	171/48.0%	97/27.3%
How often does your school serve whole grain foods?	48/13.5%	179/50.4%	128/36.1%
How often does your school serve low fat or fat-free milk?	12/3.4%	32/9.0%	311/87.6%
How often does your school serve cooked dried peas or beans?	142/40.3%	161/45.7%	49/13.9%
How often does your school serve two or ore sources of iron?	40/11.3%	151/45.6%	152/43.1%
How often does your school serve dark green and/or orange fruits and vegetables?	31/8.7%	169/47.5%	156/43.8%
How often does your school serve good sources of vitamin C?	23/6.5%	101/28.6%	229/64.9%

The data did not have information on the reduction of fried foods or the number of minutes that students are allowed for lunch/breakfast.

Of the schools that reported having other sources of food or beverage available to the students (i.e. vending, school stores, snack carts), 13.2% reported that the food was available before school, followed by 10.6% for both lunch periods and in the morning before lunch. However, the highest availability was during snack/break time (24.7%) followed by after school

(24.5%) and after lunch (20.1%). Thirty-one percent of the principals reported that no vending was allowed on their campus (Figure 8).

Figure 8

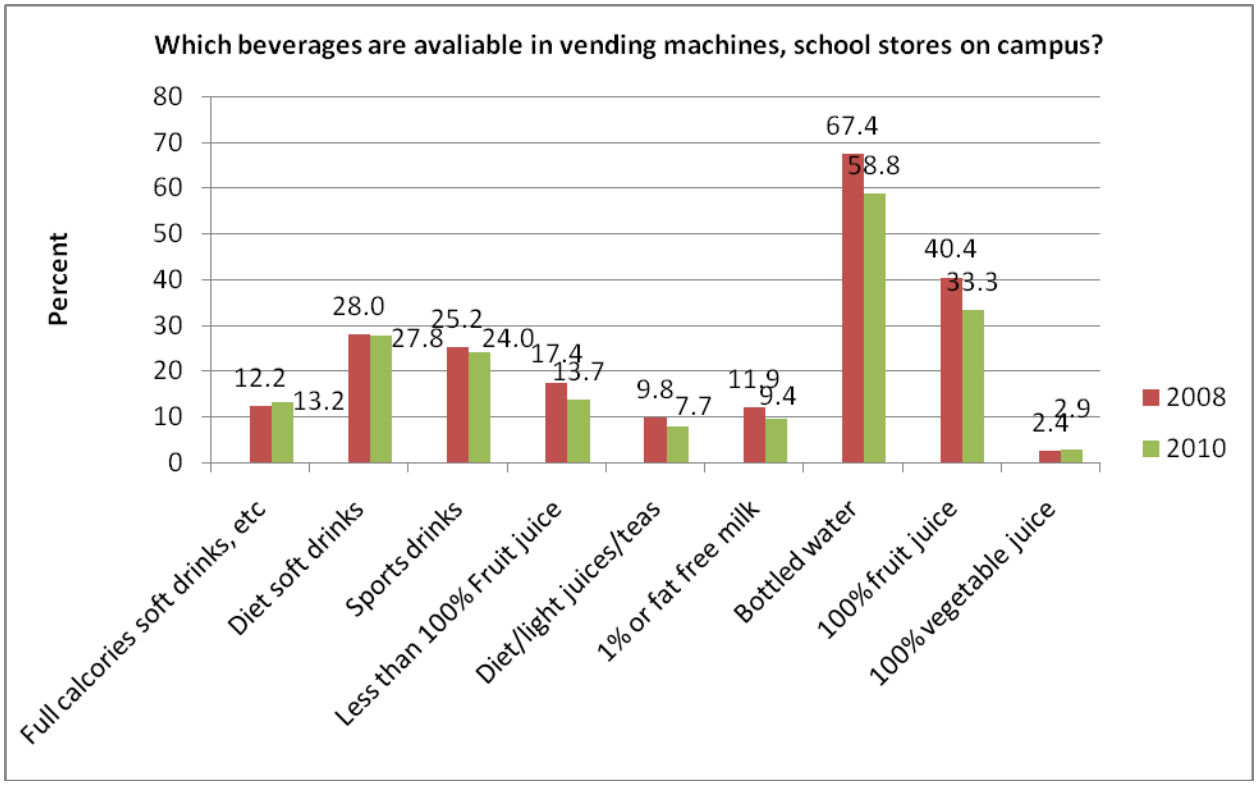


When questioned further as to what types of foods are available to the students, percentages between 2008 and 2010 remained similar. Unfortunately, the highest increase in availability was seen for chocolate candy at 7.0%, up from 4.8% in 2008. Other slight increases in availability were seen for cookies or crackers, potato chips or other fried foods, low-fat cookies, low-fat crackers, low-fat cakes, low-fat salty snack, full calorie drinks, diet soft drinks, and sports drinks. Small decreases were seen for ice cream, low-fat ice cream, and fruit juice that is less than 100% real juice. All percentages for 2008 and 2010 are summarized in Table 6 and Figure 9.

Table 6: Foods Available to Students

Food items available in vending machines, food bars/carts, or school stores on campus	2008 N	2008 %	2010 N	2010 %
Chocolate candy	30	4.8	29	7.0
Other kinds of candy	35	5.6	27	6.5
Cookies or crackers	68	10.8	53	12.7
Crackers with cheese/peanut butter	123	19.6	78	18.7
Cakes or pastries	15	2.4	18	4.3
Potato chips or other fired chips	58	9.2	51	12.2
Ice cream	44	7.0	22	5.3
Low-fat cookies	120	19.1	90	21.6
Low-fat crackers	126	20.1	95	22.8
Low-fat cakes or pastries	53	8.4	43	10.3
Low-fat salty snacks	237	37.7	165	39.6
Bread sticks, rolls, bagels, or pita	9	1.4	2	0.5
Low-fat or fat-free ice cream, frozen yogurt, or sherbet	65	10.4	36	8.6
Low-fat or non-fat yogurt	19	3.0	8	1.9
Full calorie soft drinks, lemonade, or sweet tea	68	10.8	55	13.2
Diet soft drinks	154	24.5	116	27.8
Sports drinks	136	21.7	100	24.0
Fruit juice that is less than 100% real fruit juice	95	15.1	57	13.7
Diet/light juices or teas	54	8.6	32	7.8
1% or fat-free milk	64	10.2	39	9.4
Bottled water	366	58.3	245	58.8
100% fruit juice	219	34.9	139	33.3
100% vegetable juice	13	2.1	12	2.9

Figure 9


Which beverages are avaliable in vending machines, school stores on campus?
Percent
80
70
60
50
40
30
20
10
0
12.2
13.2
28.0
27.8
25.2
24.0
17.4
13.7
9.8
7.7
11.9
9.4
67.4
58.8
40.4
33.3
2.4
2.9
Full calcories soft drinks, etc
Diet soft drinks
Sports drinks
Less than 100% Fruit juice
Diet/light juices/teas
1% or fat free milk
Bottled water
100% fruit juice
100% vegetable juice
2008
2010

Commitment to Food Safe Schools

In 2010, principals reported that 89.9% (up from 88.5% in 2008) were fully implementing the minimum requirements for Food Safe Schools. Full implementation was higher for developing a food safety program (58.6%, up from 45.8% in 2008), ensuring all students viewed the OHS video (44.1%, significantly increased from 30.2% in 2008; $p < 0.0001$), all personnel receiving copies of the LWP (70.1% - significantly increase from 58.0% in 2008; $p = 0.021$), and developing a food assurance plan (84.6% - up from 77.9% in 2008). See Table 7.

Table 7: Food Safe Schools

Question	Responses (n/%)			
For the following statements, please check the response that best represents what has been or is currently taking place in your school. Your school…	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.	1/< 0.1%	7/< 0.2%	25/0.8%	294/89.9%
Developed a food safety education plan for all students, consistent with Fight Bac (www.fightbac.org) and other national standards for safe food handling at home and in school.	29/0.9%	40/12.4%	64/19.8%	189/58.6%
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.	22/0.7%	98/30.2%	61/18.8%	143/44.1%
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.	61/18.5%	33/10.1%	62/19.1%	227/70.1%

Provides adequate access to handwashing facilities and supplies have been made available whenever and wherever students, staff, and families prepare, handle, or consume food.	0/0.0%	6/1.8%	12/3.6%	307/94.5%
Developed a food safety assurance plan addressing strategies that minimize risks for students and staff who have food a food allergy and/or intolerance.	41/12.6%	11/3.3%	37/11.4%	275/84.6%

Commitment to Physical Education/Physical Activity

In 2010, 86.5% of the principals reported full implementation of the Physical Education/Physical Activity minimum requirements. This percentage was up from 79.1% in 2008 Schools with 75-100% of students that received a sequential physical education curriculum have increased from 57.1% in 2006, to 84.2% in 2008, and 76.5% in 2010. The increase was statistically significant ($p < 0.001$). Nearly one-third (31.6%) of the principals reported that students spend at least 180 minutes per week in physical education (up from 27.1% in 2008), and 61.6% spend a minimum of 75% of the time being physically active during class (down from 73.8% in 2008). The percentage of students receiving a PE curriculum dropped from 84.2% in 2008 to 76.5% in 2010. All other information can be found in Figures 10 through 12.

Figure 10

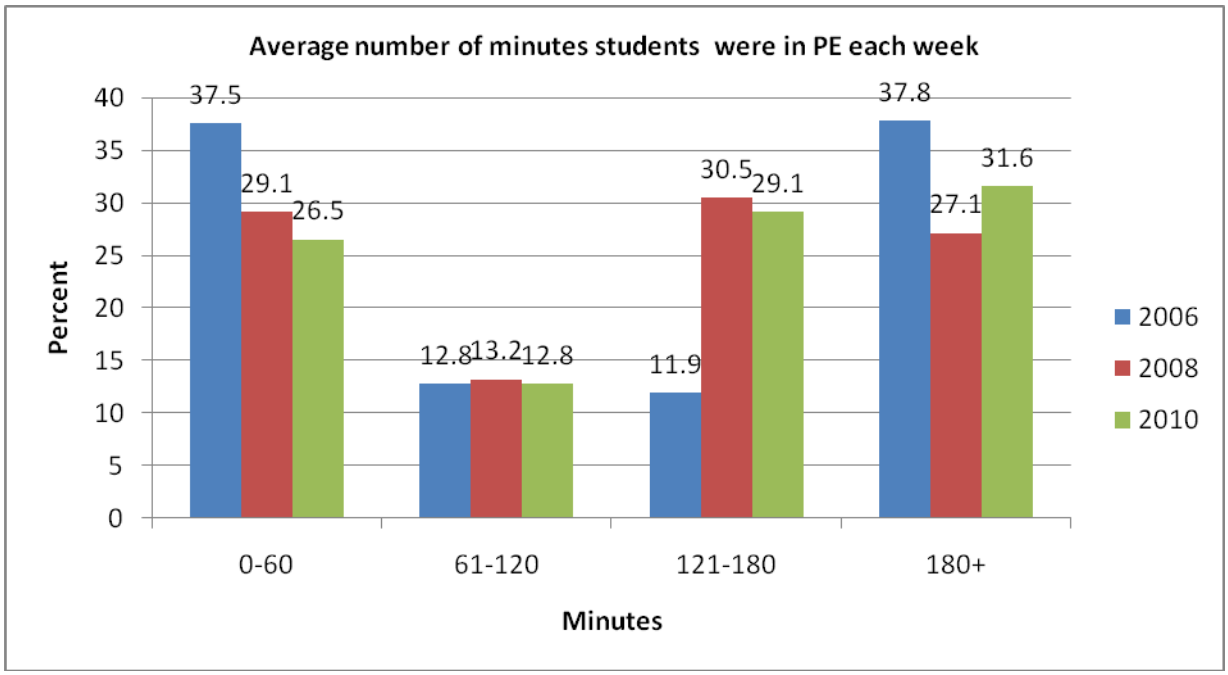

Average number of minutes students were in PE each week
Percent
40
35
30
25
20
15
10
5
0
37.5
29.1
26.5
12.8
13.2
12.8
11.9
30.5
29.1
37.8
27.1
31.6
0-60
61-120
121-180
180+
Minutes
2006
2008
2010

Figure 11

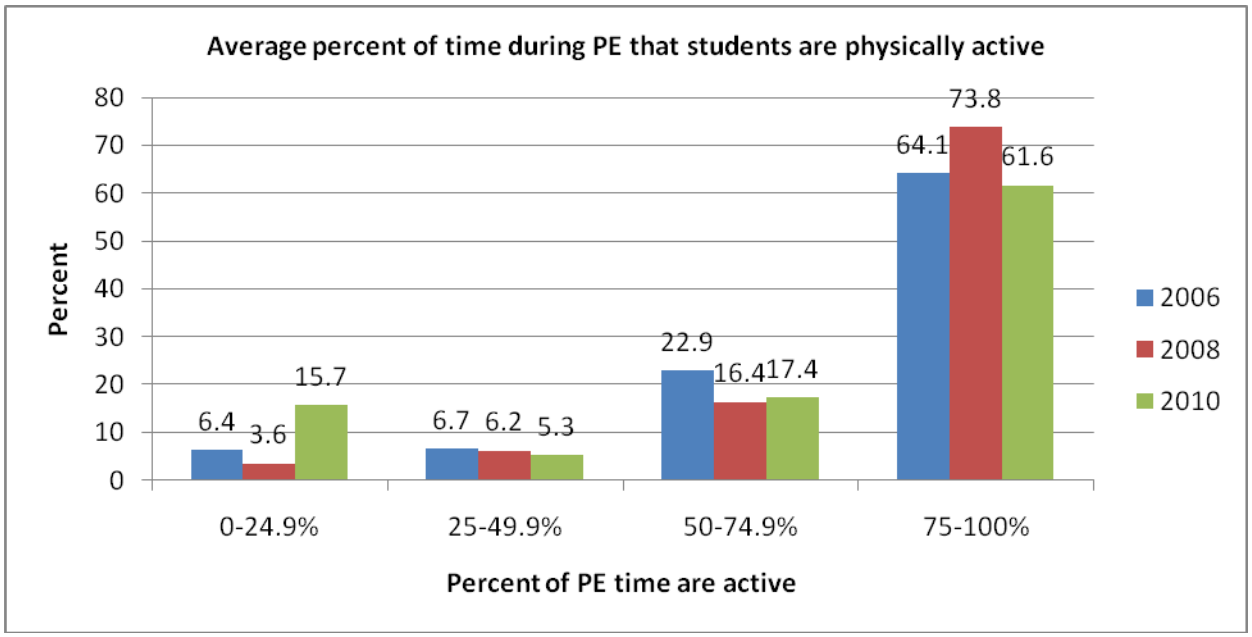
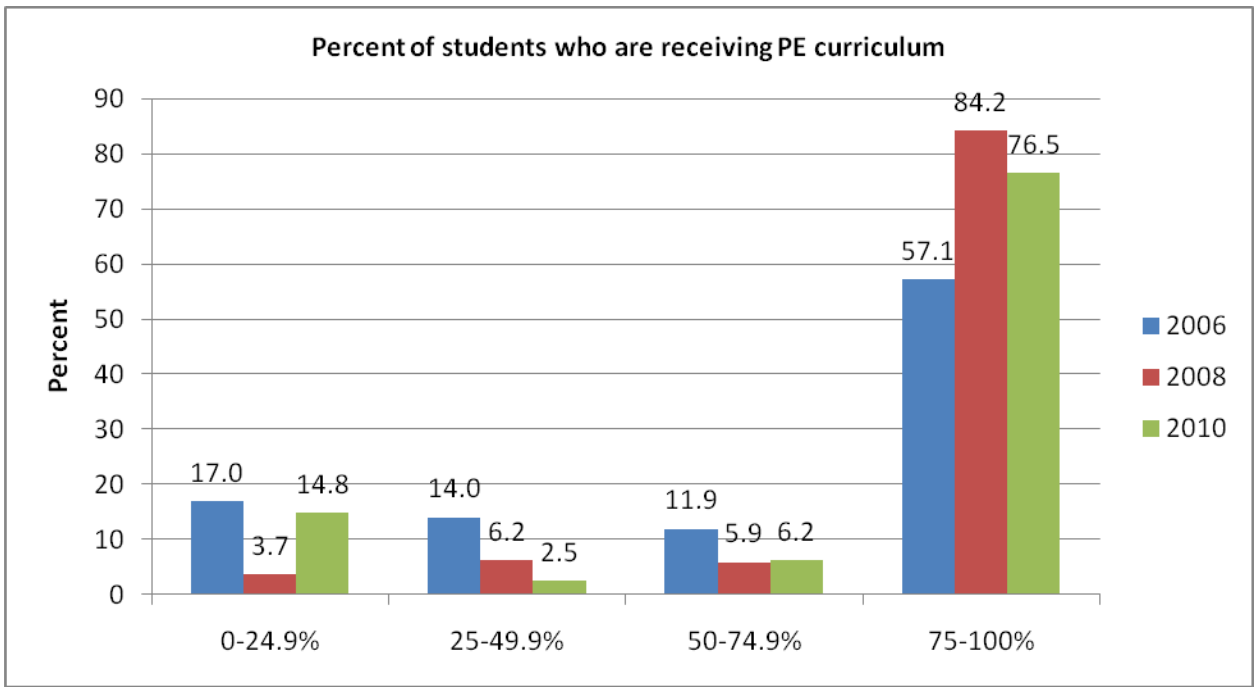

Average percent of time during PE that students are physically active
Percent
80
70
60
50
40
30
20
10
0
6.4
3.6
15.7
6.7
6.2
5.3
22.9
16.4
17.4
64.1
73.8
61.6
0-24.9%
25-49.9%
50-74.9%
75-100%
Percent of PE time are active
2006
2008
2010

Figure 12



Commitment to Comprehensive Health Education

More than 180 minutes per week of health education was reported by 20.3% of the principals in 2010, as compared to 16.7% in the 2008. However, the percentage of those health courses taught by classroom teachers dropped from 61.1% in 2008 to 42.9% in 2010 ($p < 0.0001$). Drops were also seen in the percent of nurses that taught health education from 14.2% to 6.1% ($p < 0.0001$). The percent of PE teachers teaching health education dropped from 40.3% to 28.4% ($p < 0.0001$), while the percent of those certified to teach health education dropped from 57.3% to 47.8% ($p = 0.03$). All these drops are statistically significant. See Figures 13 through 17.

Figure 13

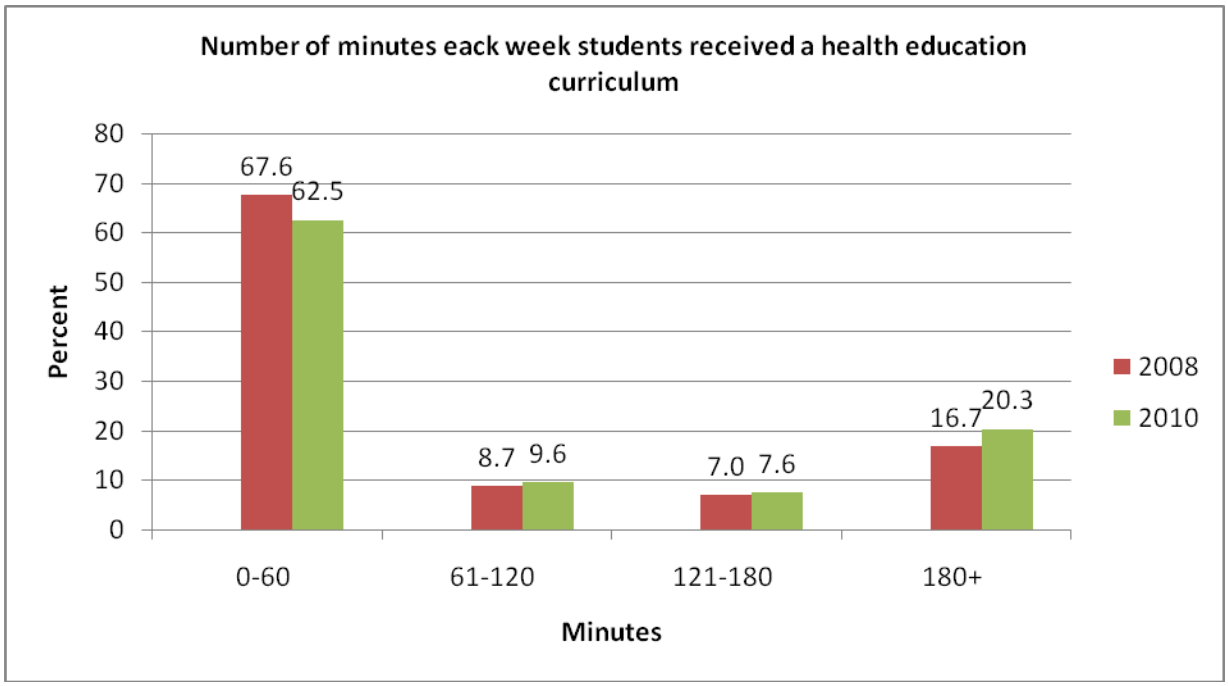

Number of minutes eack week students received a health education curriculum
Percent
80
70
60
50
40
30
20
10
0
67.6
62.5
8.7
9.6
7.0
7.6
16.7
20.3
0-60
61-120
121-180
180+
Minutes
2008
2010

Figure 14

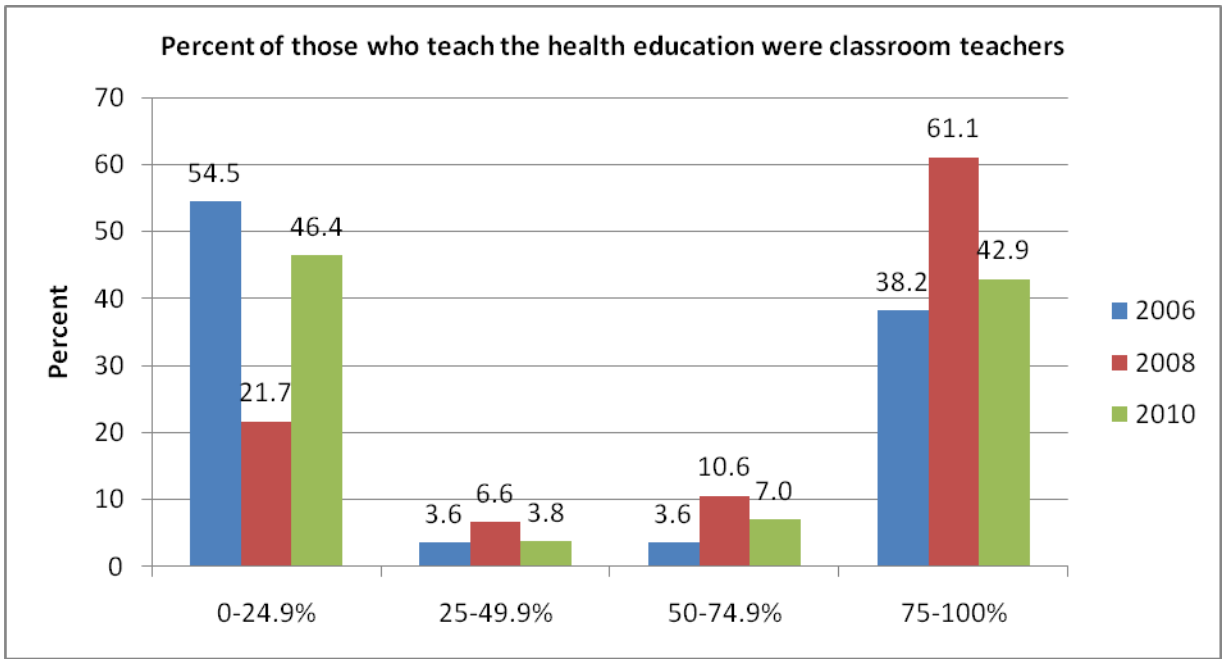

Percent of those who teach the health education were classroom teachers
Percent
70
60
50
40
30
20
10
0
54.5
21.7
46.4
3.6
6.6
3.8
3.6
10.6
7.0
38.2
61.1
42.9
0-24.9%
25-49.9%
50-74.9%
75-100%
2006
2008
2010

Figure 15

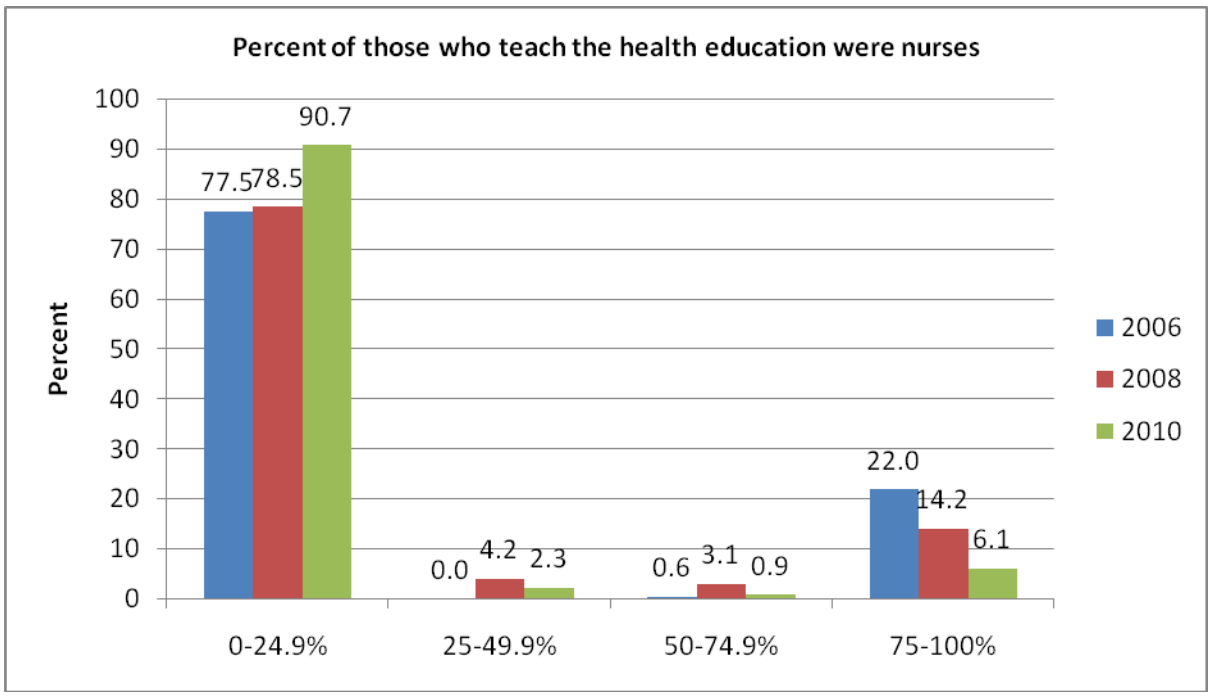


Figure 16

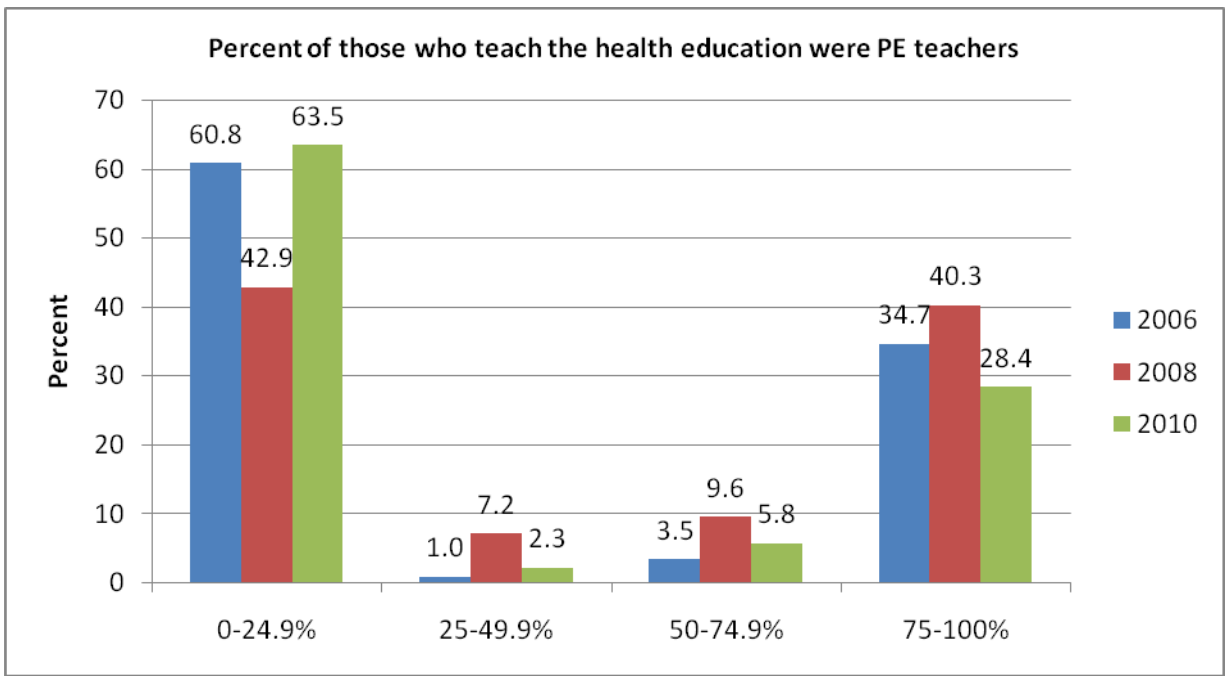
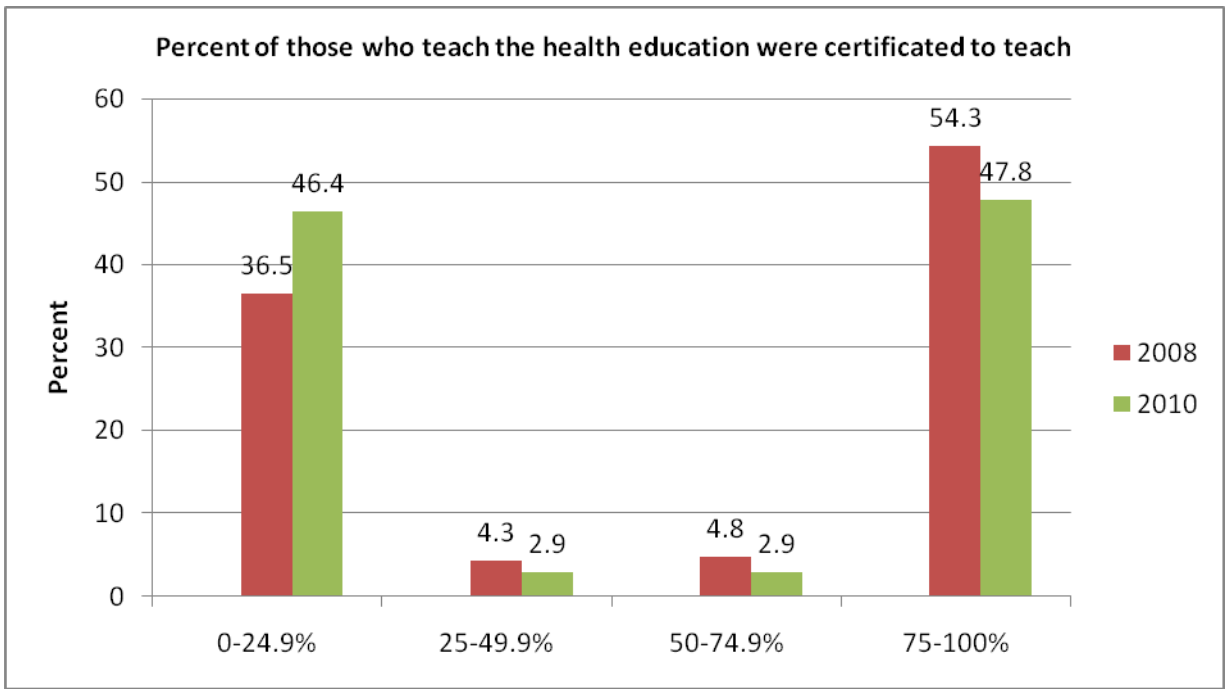


Figure 17



Commitment to a Healthy School Environment

Full implementation of a healthy school environment was reported by 83.9% of the principals (up from 76.7% in 2008). Increases were noted in the maintenance of heating and air cooling systems (97.1% - up from 93.5% in 2008), ensuring the means of egress (85.0% - up from 73.4% in 2008), and never using extension cords (76.2% - up from 67.8%). When asked specifically about the various components of the legislation, more than 99 percent of the principals reported full implementation of the following: bus drivers having a valid driver's license, having safe facilities, and prohibiting the possession firearms, tobacco, and drugs. The principal's responses are summarized in Table 9.

Table 9: Commitment to a Healthy School Environment

Question	Responses (n/%)

With regard to a healthy school environment, your school…	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
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/< 0.1%	1/< 0.1%	8/2.6%	296/96.7%
Ensures that all chemicals are stored with the Material Safety Data Sheet (www.msdsearch.com).	1/< 0.1%	10/3.3%	18/5.8%	227/74.2%
Ensures that fire extinguishers are inspected each year and properly tagged.	0/0.0%	0/0.0%	4/1.3%	300/98.7%
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%	2/< 0.1%	10/3.3%	239/97.1%
Conducts at least one emergency drill each month	1/< 0.1%	5/1.6%	61/19.9%	239/78.1%
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.	10/3.3%	12/3.9%	21/6.9%	261/85.0%
Never uses extension cords as a permanent source of electricity anywhere on a school campus.	8/2.6%	11/3.5%	54/17.5%	234/76.2%
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?	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.	2/0.7%	1/0.3%	9/2.9%	295/96.1%
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.	2/0.7%	0/0.0%	1/0.3%	304/99.0%
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.	3/1.0%	1/0.3%	8/2.6%	291/96.4%
Ensures arrival of all buses at their designated school sites prior to the start of the instructional day.	2/0.7%	0/0.0%	12/3.9%	294/95.5%
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?	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%	4/1.3%	313/98.7%
Provides facilities that are safe.	0/0.0%	0/0.0%	2/0.6%	314/99.4%
Provides proper signage that explains tobacco, weapons, and drugs are prohibited on the school campus and at school functions.	0/0.0%	2/0.6%	4/1.3%	311/98.1%
Provides operational facilities that are equipped and functional to meet the instructional needs of students and staff (in accordance with the Mississippi School	0/0.0%	1/0.3%	5/1.6%	309/98.1%

Design Guidelines at www.edi.msstate.edu).				
Provides air conditioning in all classrooms.	1/0.3%	0/0.0%	2/0.6%	314/99.1%
Does your school comply with the requirements for Safe and Healthy Schools, including the following?	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.	0/0.0%	0/0.0%	14/4.4%	305/95.6%
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%	1/0.3%	2/0.6%	317/99.1%
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.	0/0.0%	0/0.0%	3/1.0%	313/99.1%
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%	1/0.3%	0/0.0%	317/99.7%

Commitment to Quality Health Services

A total of 76.9% of the principals in the 2010 survey reported full implementation to Quality Health Services, up from 71.4% in 2008. To assess individual components of quality health services, questions were included in the survey to evaluate the presence and quality of services rendered by school nurses. Principals reported that 88.1% of the school nurses work under the guidelines of the Mississippi School Nurse Procedures and standards of care (87.3% in 2008). In addition, the percent of principals reporting that they did not have a plan in place with no plans to implement this policy was down from 9.3% in 2008 to 6.1% in 2010.

Commitment to Counseling, Psychological and Social Services.

Full implementation of Counseling, Psychological, and Social services increased from 84.0% in 2008 to 97.5% in 2010. Greater than 95% of the principals reported full implementation of the specific components that were included in the survey, with the highest level of implementation being reported for adhering to licensure guidelines when hiring counselors and psychologists (97.8%). All other data are summarized in Table 10.

Table 10: Commitment to Counseling, Psychological and Social Services

Question	Responses (n/%)			
With regard to providing counseling, psychological and social services your school …	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
Adheres to the details outlined in the	2/0.6%	2/0.6%	3/1.0%	308/97.8%

Licensure Guidelines when hiring guidance counselors and psychologists.				
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, and others.	3/1.0%	0/0.0%	8/2.5%	307/96.5%
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.	5/1.6%	3/1.0%	6/1.9%	300/95.5%
Hires school counselors who agree to abide by the American School Counselor Association Code of Ethics.	4/1.3%	2/0.6%	2/0.6%	308/97.5%

Commitment to Family and Community Involvement

Principals reported a higher level of full commitment to including families and the community in implementing the wellness policies. In 2008, only 51.5% of the principals reported full implementation for the minimum requirements for Family and Community Involvement. This percentage significantly increased to 67.7% in 2010 ($p < 0.0001$). In addition to the increase in overall commitment, 67.7% of the principals reported that they involved parents and the community in the School Health Council (up from 62.8% in 2008) and 71.0% reported that they promote healthy lifestyles to families and communities (up from 67.0% in 2008). See Table 11.

Table 11: 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?	6/1.9%	23/7.1%	76/23.4%	220/67.7%
Does your school promote healthy lifestyles to students, parents, teachers, administrators, and the community at school events?	2/0.6%	9/2.8%	83/25.6%	230/71.0%

Commitment to a Quality Staff Wellness Program

More than half (53.4%) of the principals reported implementing a plan for establishing a staff wellness program. This is nearly a 10 percent increase from 44.1% in 2008. In addition, a large increase in the percent of principals reporting staff participation in wellness programs affiliated with insurance programs was seen between 2008 and 2010 (59.3% vs. 71.8%). See Table 12.

Table 12: 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?	8/2.5%	41/12.8%	100/31.3%	171/53.4%
Does your school promote staff participation in the wellness programs provided be the State and School Employee's Health Insurance Plan?	5/1.6%	19/6.0%	66/20.7%	229/71.8%

Commitment to Marketing a Healthy School Environment

Full implementation of the marketing of a Healthy School Environment was reported by 50.3% of the principals. In 2008, 42.5% of the principals reported establishing a plan for marketing a healthy school environment. However, this number decreased to 40.9% in 2010. The decrease in the percentage of full implementation of this component may be related to the fact that there are no minimum requirements for implementing a marketing plan for promoting a healthy school environment. See Figures 18 and 19.

Overall Implementation and Quality of the Policy

Figure18: Overall Commitment to Implementation of all Policy Components (2008 vs. 2010)

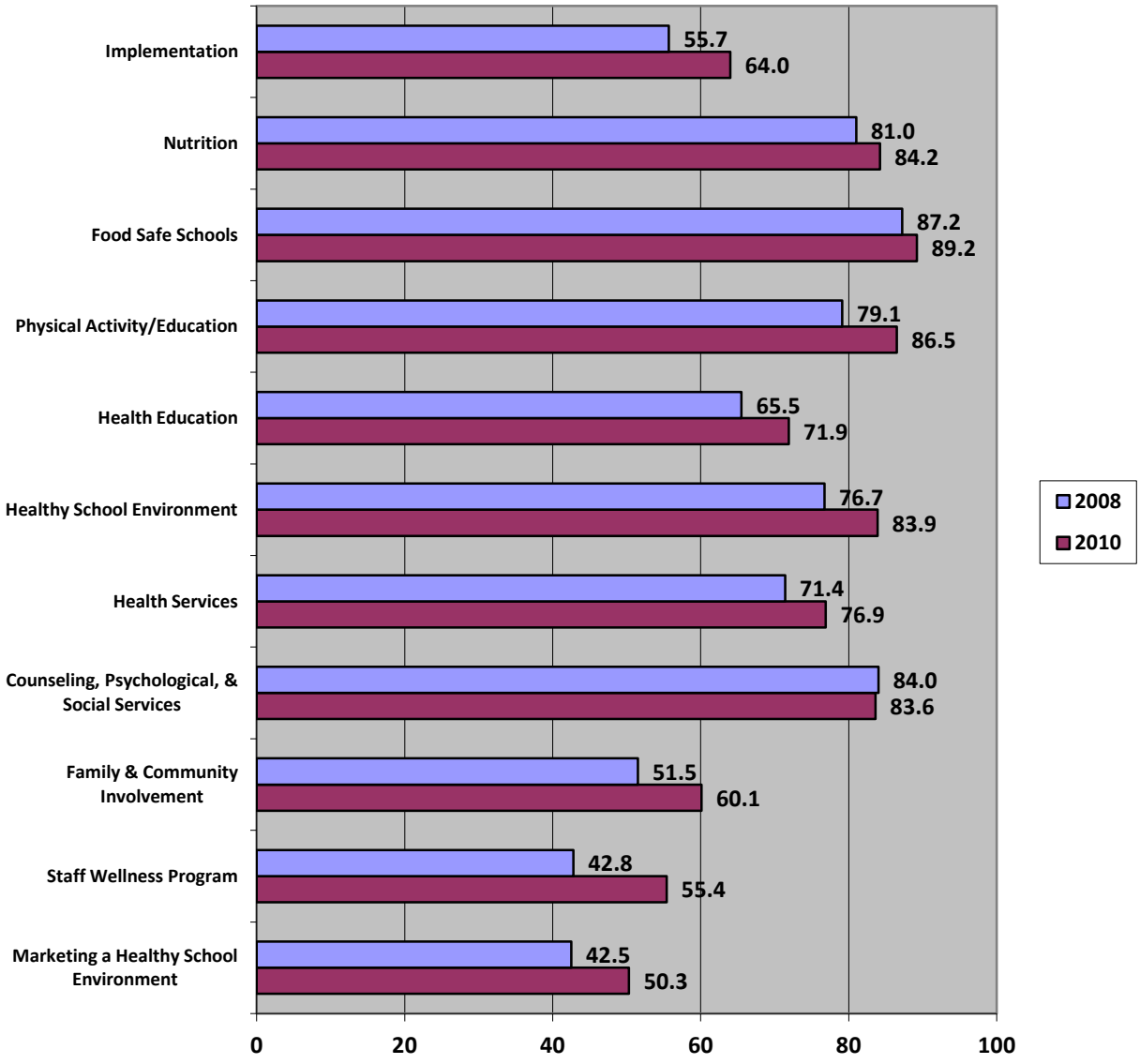


Table 14: Overall Commitment to all Policy Components

Question	Responses (n/%)			
Please indicate to what extent you believe your school is implementing the minimum requirements for each of the 11 commitments.	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
Implementation	0/0.0%	10/3.2%	103/32.8%	201/64.0%
Nutrition	2/0.6%	4/1.3%	44/13.9%	267/84.2%
Food Safe Schools	1/0.3%	4/1.3%	29/9.2%	282/89.2%
Physical Activity/Physical Education	1/0.3%	3/0.9%	39/12.3%	275/86.5%
Comprehensive Health Education	4/1.3%	11/3.5%	74/23.3%	228/71.9%
Healthy School Environment	0/0.0%	4/1.3%	47/14.8%	266/83.9%
Quality Health Services	1/0.3%	11/3.5%	61/19.3%	243/76.9%
Providing Counseling, Psychological and Social Services	2/0.6%	4/1.3%	46/14.5%	265/83.6%
Family and Community Involvement	0/0.0%	11/3.5%	116/36.5%	191/60.1%
Quality Staff Wellness Program	2/0.6%	31/9.8%	108/34.2%	175/55.4%
Marketing a Healthy School Environment	7/2.2%	33/10.4%	117/37.0%	159/50.3%

Figure 19. Percent of Principals Rating Quality of Implementation of Policy Components as Excellent

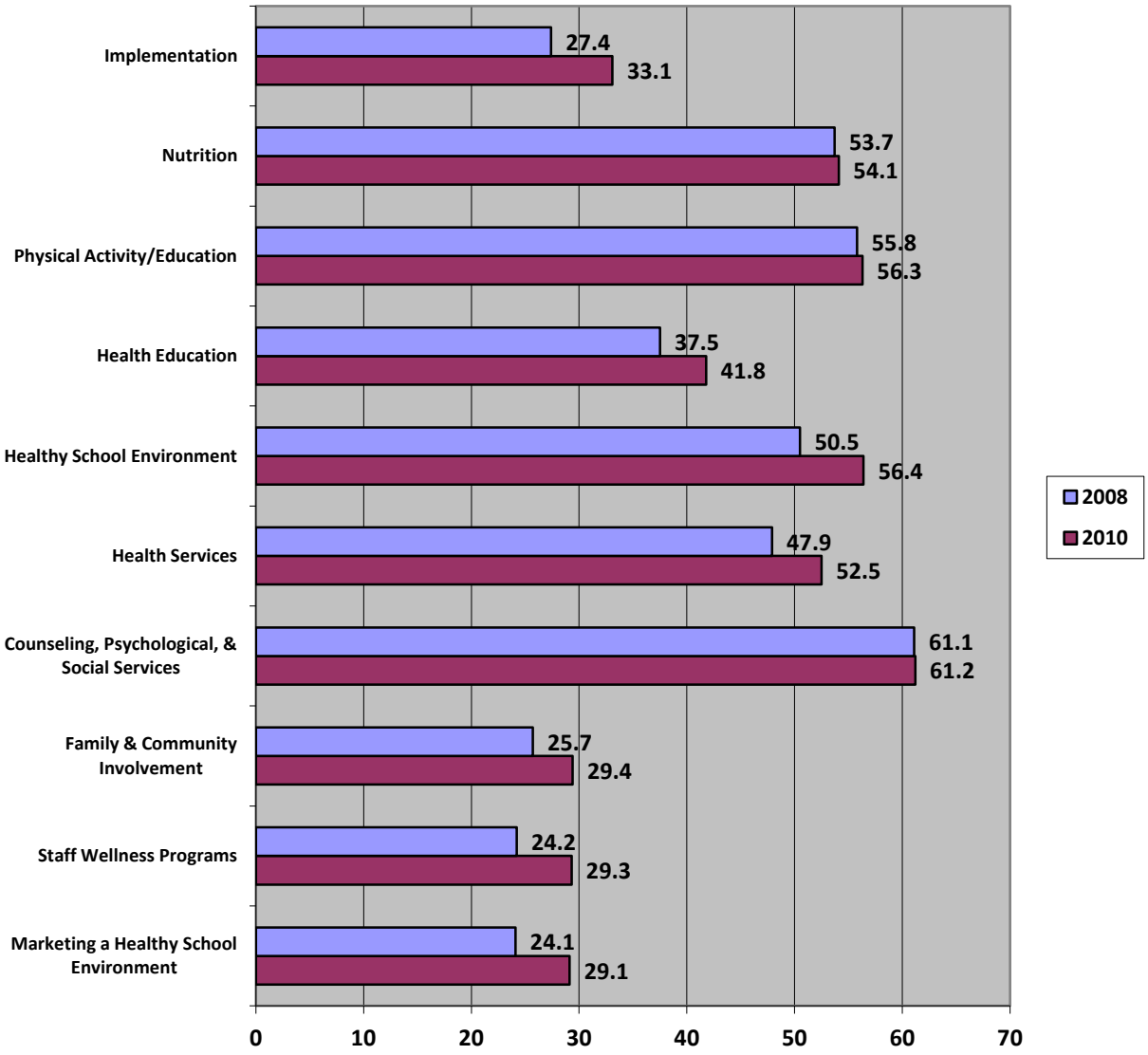


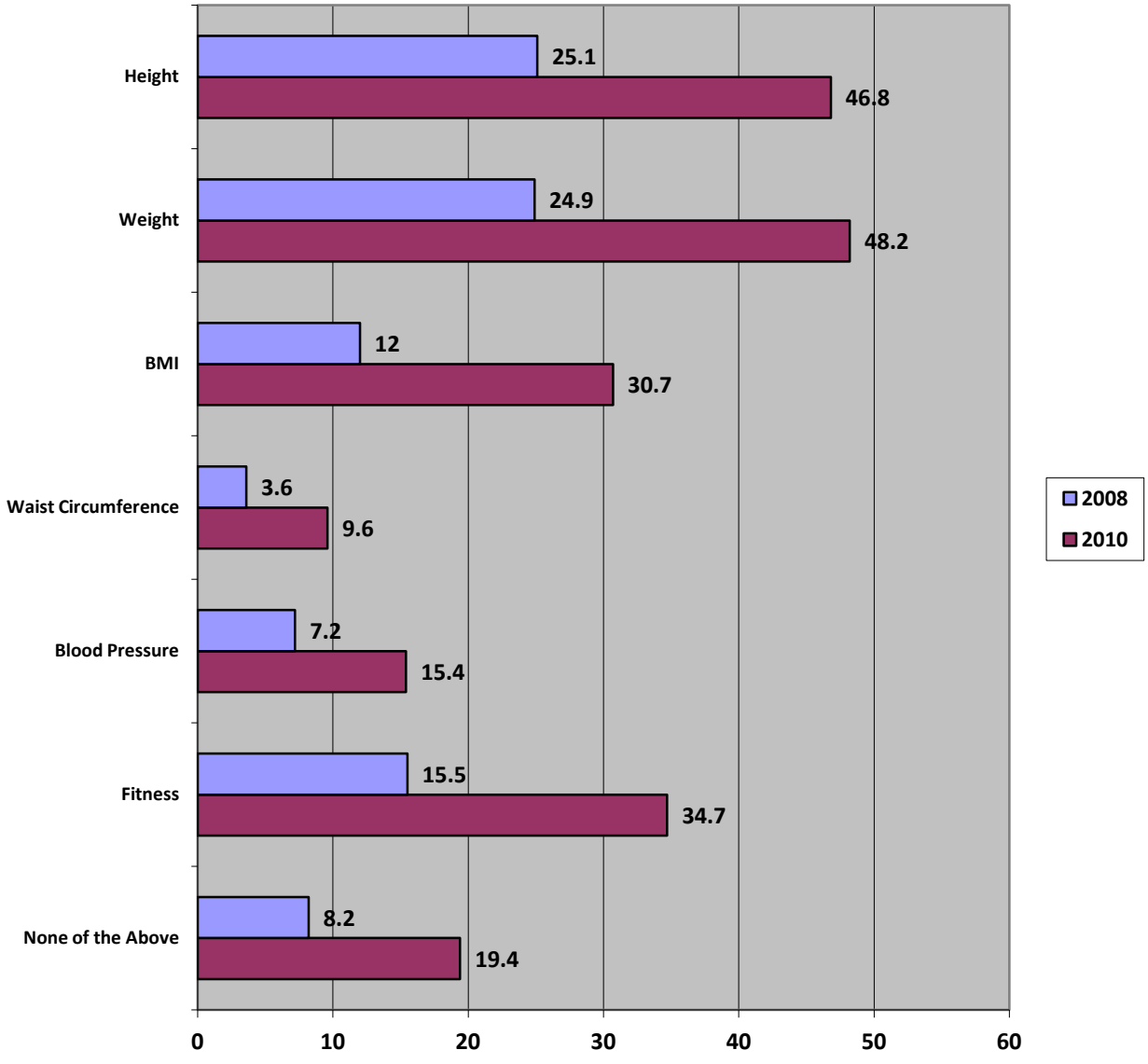
Table 15: Overall Quality of all Policy Components

Question	Responses (n/%)				
Please indicate to what extent you believe your school is implementing the minimum requirements for each of the 11 commitments.	Not part of our Local School Wellness Policy	Poor	Fair	Good	Excellent
Implementation	1/0.3%	1/0.3%	42/13.4%	166/52.9%	104/33.1%
Nutrition	1/0.3%	2/0.6%	16/5.1%	126/39.8%	170/54.1%
Food Safe Schools	2/0.6%	1/0.3%	11/3.5%	100/31.9%	200/63.7%
Physical Activity/Physical Education	2/0.6%	2/0.6%	27/8.5%	107/33.9%	178/56.3%
Comprehensive Health Education	2/0.6%	6/1.9%	39/12.3%	137/43.4%	132/41.8%
Healthy School Environment	1/0.3%	1/0.3%	18/5.6%	117/37.3%	177/56.4%
Quality Health Services	3/1.0%	2/0.6%	20/6.4%	125/39.6%	166/52.5%
Providing Counseling, Psychological and Social Services	3/1.0%	0/0.0%	20/6.4%	99/31.5%	192/61.2%
Family and Community Involvement	1/0.3%	12/3.8%	65/20.8%	143/45.7%	92/29.4%
Quality Staff Wellness Program	2/0.6%	16/5.1%	66/21.0%	138/44.0%	92/29.3%
Marketing a Healthy School Environment	4/1.3%	17/5.4%	70/22.4%	131/41.9%	91/29.1%

Health Status

Principals were asked what type of health assessment data were collected on the students. Higher percentages of principals reported collecting a variety of health status data in all areas in 2010 as compared to 2008. All data are presented in Figure 20.

Figure 20: Health Status Data Collected on Students



More than three-quarters (76.6%) of principals felt that there was either “A Fair Amount” (40.8%) or a “A Great Deal” (35.8%) of correlation between implementation of Coordinated School Health Programs and the academic performance of the students. This compared to 65.9% in 2008, with 30% reporting “A Great Deal” and 35.9% reporting “A Fair Amount”.

When asked which outcomes were most indicative of the effectiveness of the school health council, 25.4% of the principals reported that the coordination of the school health programs was part of the effectiveness of the council. This was followed by 20.7% of the principals reported that the council helped to generate parental involvement and the development of new health policy (18.1%). Only 8.4% of the principals reported that there was no evidence of the effectiveness of the school health council.

REFERENCES

American Dietetic Association. (2003). Position of the American Dietetic Association, Society for Nutrition Education, and American School Food Service Association-Nutrition services: An Essential Component of Comprehensive School Health Programs. *Journal of The American Dietetic Association*, 103 (4).

Centers for Disease Control (2011, March 3). U.S. obesity trends. Retrieved from http://www.cdc.gov/obesity/data/trends.html

DeMattia, L., & Denney, S. (2008). Childhood obesity prevention: successful community-based efforts. *The ANNALS of the American Academy of Political and Social Science*, Retrieved from http://ann.sagepub.com/content/615/1/83.full.pdf+html doi: 10.1177/0002716207309940.

Dwyer, T., Magnussen, C.G., Schmidt, M.D., Ukoumunne, O.C., Ponsonby, A.-J., Raitakari, O.T…Venn, A. (2009). Decline in physical fitness from childhood to adulthood associated with increased obesity and insulin resistance in adults. *Diabetes Care*, 32(4):683-687.

Institute of Medicine. (2005). Preventing Childhood Obesity-Health in the Balance. The National Academies Press, Washington, DC.

Kolbo, J.R., Armstrong, M.G., Blom, L.C., Bounds, W., Dickerson, H., Harbaugh, B., Molaison, E.F., & Zhang, L. (2008). Prevalence of obesity and overweight among children and youth in Mississippi: current trends in weight status. *Journal of the Mississippi Medical Association*, *49*(8), 1-8.

Kolbo, J.R., Molaison, E.F., Rushing, K., Zhang, L., & Green, A. (2009). The 2008 Mississippi school wellness policy principal survey.

Kolbo, J.R., Penman, A.D., Meyer, M.K., Speed, N.M., Molaison, E.F., & Zhang L. (2006, July). Prevalence of overweight among elementary and middle school students in Mississippi compared with prevalence data from the youth risk behavior surveillance system. *Preventing Chronic Disease: Public Health Research, Practice, and Policy*, *3*(3), 1-10.

Lambert, L. G., Monroe, A., & Wolff, L. (2010). Mississippi Elementary School Teachers' Perspectives on Providing Nutrition Competencies under the Framework of Their School Wellness Policy. *Journal of Nutrition Education & Behavior*, 42(4), 271-276. doi:10.1016/j.jneb.2009.08.007

Menifield, C. E., Doty, N., & Fletcher, A. (2008). Obesity in America. *ABNF Journal*, 19(3), 83-88. Retrieved from EBSCOhost.

Mississippi Department of Education (2007). *Mississippi Healthy Students Act Senate Bill 2369 Nutrition Standards*. Retrieved from http://www.healthyschoolsms.org/documents/MississippiHealthyStudentsActSenateBill2369NutritionStandards_000.pdf

Mississippi Department of Education, Office of Healthy Schools (2006). *Beverage regulations for Mississippi schools.* Retrieved from http://www.cn.mde.k12.ms.us/documents/VendingRegForMSSchools06.pdf.

Mississippi Department of Education, Office of Healthy Schools. (2008). *Local school wellness policy: Guide for development* Jackson, Mississippi: The Office of Healthy Schools. Retrieved from http://www.healthyschoolsms.org/ohs_main/initiatives/school_wellness_policy.htm

Mississippi Department of Education, Office of Healthy Schools. (2008). *The Mississippi healthy students act*. Retrieved from

http://www.healthyschoolsms.org/ohs_main/MShealthystudentsact.htm

Mississippi Department of Education, Office of Innovation and School Improvement Office of Accreditation (2007). *Mississippi public school accountability standards 2007*. Retrieved from http://www.mde.k12.ms.us/accred/2007_Edition.MS%20Public%20School%20Acct.%20Stds.pdf

Mississippi Legislature, Senate. (2007). *The Mississippi students act*. Retrieved from http://billstatus.ls.state.ms.us/documents/2007/pdf/ham/Amendment_Report_for_SB2369.pdf

Mississippi Secretary of State, Administrative Procedures (2007). *Physical education/comprehensive health education rules and regulations*. Retrieved from http://www.sos.state.ms.us/busserv/AdminProcs//PDF/00014817b.pdf

Molaison, E.F., Kolbo, J.R., Zhang, L.C., Harbaugh, B., Armstrong, M.G., Rushing, K., Blom, L.C., & Green, A. (2010). Prevalence and trends in obesity among Mississippi public schools students, 2005-2009. *Journal of the Mississippi Medical Association*, 1-6.

Pi-Sunyer, F.X. (2002). The obesity epidemic: Pathophysiology and consequences of obesity. *Obesity Research*, 10(2):97S-104S.

Power, T. G., Bindler, R. C., Goetz, S., & Daratha, K. B. (2010). Obesity Prevention in Early Adolescence: Student, Parent, and Teacher Views. *Journal of School Health*, 80(1), 13-19. doi:10.1111/j.1746-1561.2009.00461.x

United States Department of Agriculture (2011, May). *Local wellness policy*. Retrieved from http://www.fns.usda.gov/tn/Healthy/wellnesspolicy.html

United States Department of Agriculture, Food and Nutrition Services. (2004). *Section 204 of public law 108-265-child nutrition and WIC reauthorization act of 2004.* Retrieved from http://www.fns.usda.gov/TN/Healthy/108-265.pdf.

Xu, J., Kochanek, K., Murphy, S., & Tejada-Vera, B. (2010). Deaths: Final data for 2007. *National Vital Statistics Reports*, 58(19). Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

Appendix A: Quality of Implementation of the Local Wellness Policy

Question	Responses (n/%)				
Please rate the quality of the programs and activities that are part of your Local Wellness Policy	Not part of our LSWP	Poor	Fair	Good	Excellent
Overall Implementation	1/0.3%	1/0.3%	42/13.4%	166/52.9%	104/33.1%
Nutrition	1/0.3%	2/0.6%	15/5.1%	125/39.8%	170/54.1%
Food Safe Schools	2/0.6%	1/0.3%	11/3.5%	100/31.8%	200/63.69%
Physical Activity/Physical Education	2/0.6%	2/0.6%	27/8.5%	107/33.9%	178/56.33%
Comprehensive Health Education	2/0.6%	6/1.9%	39/12.3%	137/43.4%	132/41.8%
Healthy School Environment	1/0.3%	1/0.3%	18/5.7%	117/37.3%	177/56.37%
Quality Health Services	3/1.0%	2/0.6%	20/6.33%	125/39.6%	166/52.5%
Providing Counseling, Psychological and Social Services	3/1.0%	0/0%	20/6.4%	99/31.5%	192/61.2%
Family and Community Involvement	1/0.3%	12/3.8%	65/20.8%	143/45.7%	92/29.4%
Quality Staff Wellness Program	2/0.6%	16/5.1%	66/21.0%	138/44.0%	92/29.3%
Marketing a Healthy School Environment	4/1.3%	17/5.4%	70/22.4%	131/41.9%	91/29.1%

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

Question	Response by Grade Level		
With regard to implementation of the local wellness policy, your school…	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.	28/58.3%	35/76.1%	41/64.1%
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.	24/50.0%	25/54.4%	28/43.8%
Established a plan for implementation of the local wellness policy.	31/64.6%	36/76.1%	39/61.0%
Designated one or more persons to insure that the school wellness policy was implemented as written.	32/66.7%	35/76.1%	44/69.9%
Established a School Health Council that addresses all aspects of a coordinated school health program, including a school wellness policy.	30/62.5%	32/68.1%	42/66.7%
Has the School Health Council meet three times per year and maintains minutes of each meeting.	31/64.6%	25/53.2%	30/47.6%
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.	21/43.8%	25/53.2%	30/47.6%

Appendix C: Knowledge of the Local Wellness Policy by Grade Level

Question	Response by Grade Level		
The percentage of those below that had a "great deal" of knowledge of the policy:	Elementary School	Middle School	High School
Principal	25/71.4%	20/50.0%	32/65.3%
Faculty	12/34.3%	13/32.5%	12/24.5%
Students	3/8.6%	7/17.5%	5/10.4%
Parents	3/8.6%	3/7.5%	1/2.0%
Community	3/8.6%	4/10.0%	2/4.1%

Appendix D: Degree of Commitment to Nutrition by Grade Level

Question	*Response by Grade Level*		
With regard to nutrition and the local wellness policy, your school…	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.	45/97.8%	40/95.2%	57/98.3%
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.	40/87.0%	35/81.4%	51/87.9%
Promotes participation in school meal programs to families and staff.	40/87.0%	37/86.1%	42/72.4%
Operates all Child Nutrition Programs with school foodservice staff who are properly qualified according to current professional standards.	46/100.0%	39/92.9%	56/96.6%
Follows State Board of Education policies on competitive foods and extra food sales.	44/95.7%	39/95.1%	55/94.8%
Established guidelines in accordance with the Mississippi Beverage and Snack regulations for foods available on the school campus during the school day.	45/97.8%	38/90.5%	53/91.4%
Has your school implemented the following nutrition standards, as adopted by the State Board of Education in accordance with the Mississippi Health Students Act?			
Healthy food and beverage choices	43/95.6%	38/90.5%	53/93.0%
Healthy food preparation	45/100.0%	41/97.6%	41/97.6%
Marketing of healthy food choices to students and staff	39/88.6%	36/86.7%	51/89.5%
Food preparation ingredients and products	43/95.6%	40/95.2%	53/93.0%
Minimum/maximum time allotted for students and staff lunch and breakfast	43/97.7%	42/100.0%	53/93.0%
Availability of food items during breakfast and lunch	44/97.8%	42/100.0%	55/96.5%

Appendix E: Qualification for and Participation in Free and Reduced Breakfast and Lunch Programs by Grade Level

Question	Response by Grade Level		
75% or more of the students in the school:	Elementary School	Middle School	High School
Qualify for free or reduced lunch	52.0%	36.7%	47.1%
Participate in the school breakfast program	39.6%	22.2%	19.7%
Participate in the school lunch program	72.9%	62.2%	57.4%
Received nutrition education	70.8%	68.9%	47.5%

Appendix F: Items Served in the Cafeteria by Grade Level

Question	Responses (%)		
During an average week, does your school serve:	Elementary	Middle	High
At least three different fruits	44/97.8%	42/100.0%	58/100.0%
At least five different vegetables	44/95.7%	41/100.0%	56/98.3%
At least four different entrees	44/95.7%	41/100.0%	56/98.3%
During an average week, does your school serve daily the following:			
Fresh fruits	19/43.2%	16/38.1%	31/55.4%
Raw vegetables	12/27.3%	13/31.0%	25/45.5%
Whole grain foods	17/38.6%	13/31.7%	23/41.1%
Low fat or fat-free milk	39/88.6%	33/78.6%	50/89.3%
Cooked dried peas or beans	8/18.6%	8/19.1%	8/14.3%
Two or ore sources of iron	15/34.1%	21/52.5%	27/48.2%
Dark green and/or orange fruits and vegetables	20/45.5%	20/47.6%	27/48.2%
Good sources of vitamin C	28/65.1%	30/71.4%	41/73.25

Appendix G: Full Implementation of Food Safe Schools by Grade Level

Question	Response by Grade Level		
For the following statements, please check the response that best represents what has been or is currently taking place in your school. Your school…	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	37/94.9%	37/92.3%	48/87.3%
Developed a food safety education plan for all students, consistent with Fight Bac (www.fightbac.org) and other national standards for safe food handling at home and in school	21/55.3%	22/56.4%	31/56.4%
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	15/29.4%	20/40.8%	27/40.3%
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	24/61.5%	30/75.0%	41/74.6%
Provides adequate access to handwashing facilities and supplies have been made available whenever and wherever students, staff, and families prepare, handle, or consume food	38/97.4%	39/97.5%	50/94.3%
Developed a food safety assurance plan addressing strategies that minimize risks for students and staff who have food a food allergy and/or intolerance	36/92.3%	32/80.0%	45/93.3%

Appendix H: Full Implementation of Physical Education by Grade Level

Question	Response by Grade Level		
	Elementary School	Middle School	High School
Percent receive a Physical Education Curriculum			
75% or more of the students receive the Physical Education Curriculum	86.0%	74.4%	46.4%
Percent of students involved in other activity-based instruction			
Average percent of time students physically active during Physical Education			
Percentage of schools where 75% of more of the time in Physical Education students were physically active	62.8%	60.5%	57.1%
Percent of students participating in Physical Education 5 days per week			
Percent of students participating in other activity-based instruction 5 days per week			
Percent of students participating in 60 or more minutes of Physical Education per week	46.5%	81.8%	67.9%
Percent of students participating in 120 or more minutes of activity-based instruction per week	37.3%	70.5%	58.9%
Average number of students in a Physical Education Class	41.9%	63.6%	50.0%

Appendix I: Full Implementation of Comprehensive Health Education by Grade Level

Question	Response by Grade Level		
During an average week,	Elementary School	Middle School	High School
75% or more of the students receive a Comprehensive Health Education Curriculum	72.5%	72.7%	45.5%

Appendix J: Full Implementation of Commitment to a Healthy School Environment by Grade Level

Question	Response by Grade Level		
With regard to a healthy school environment, your school…	Elementary	Middle	High
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.	33/97.1%	39/97.5%	48/98.0%
Ensures that all chemicals are stored with the Material Safety Data Sheet (www.msdsearch.com).	31/88.6%	37/90.0%	44/89.8%
Ensures that fire extinguishers are inspected each year and properly tagged.	31/100.0%	40/100.0%	48/98.0%
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.	34/97.1%	38/97.4%	46/95.8%
Conducts at least one emergency drill each month.	33/94.3%	34/85.0%	38/77.6%
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.	28/80.0%	35/85.4%	43/87.8%
Never uses extension cords as a permanent source of electricity anywhere on a school campus.	32/91.4%	30/73.2%	42/85.7%
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?			
Inspects all buses on a quarterly basis and ensures that they are well maintained and cleaned.	29/90.6%	38/100.0%	49/100.0%
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.	30/93.8%	38/100.0%	49/100.0%
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.	30/93.8/%	37/97.4%	48/100.0%
Ensures arrival of all buses at their designated school sites prior to the start of the instructional day.	30/93.8%	38/97.4%	47/95.9%
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?*			
Provides facilities that are clean.	34/100.0%	40/100.0%	49/100.0%
Provides facilities that are safe.	35/100.0%	40/100.0%	48/100.0%

Provides proper signage that explains tobacco, weapons, and drugs are prohibited on the school campus and at school functions.	34/97.1%	39/95.0%	48/100.0%
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 www.edi.msstate.edu).	33/94.3%	40/100.0%	49/100.0%
Provides air conditioning in all classrooms.	35/100.0%	40/97.6%	49/100.0%
Does your school comply with the requirements for Safe and Healthy Schools, including the following?			
Maintain a comprehensive School Safety Plan on file that has been approved annually by the local school board.	30/88.2%	40/100.0%	49/100.0%
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.	35/100.0%	40/97.5%	47/97.9%
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.	35/100.0%	36/97.3%	48/98.0%
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.	34/100.0%	40/97.6%	49/100.0%

Appendix K: Full Implementation of Commitment to a Quality Health Services by Grade Level

Question	Response by Grade Level		
	Elementary School	Middle School	High School
School nurses work under the guidelines of the school nurse procedures.	25/86.2%	35/85.4%	40/83.3%

Appendix L: Full Implementation of Commitment to Counseling, Psychological, and Social Services by Grade Level

Question	Response by Educational Level		
With regard to providing counseling, psychological and social services your school …	Elementary	Middle	High
Adheres to the details outlined in the Licensure Guidelines when hiring guidance counselors and psychologists	33/100.0%	37/97.4%	49/96.8%
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, and others.	35/100.0%	38/95.0%	49/96.1%
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.	32/100.0%	37/92.5%	48/94.1%

Appendix M: Full Implementation of Commitment to Family and Community Involvement by Grade Level

Question	Response by Grade Level		
	Elementary School	Middle School	High School
Does your school give parents and community the opportunity to serve on the School Health Council?	24/68.6%	26/65.0%	33/67.4%
Does your school promote healthy lifestyles to students, parents, teachers, administrators, and the community at school events?	27/77.1%	31/77.5%	35/71.4%

Appendix N: Full Implementation of Commitment to a Quality Staff Wellness Program by Grade Level

Question	Response by Grade Level		
	Elementary School	Middle School	High School
Has you school established a plan for promoting staff wellness?	20/60.6%	25/62.5%	28/56.0%
Does your school promote staff participation in the wellness programs provided be the State and School Employee's Health Insurance Plan?	24/70.6%	32/82.1%	34/68.0%

Appendix O: Full Implementation of Commitment to Marketing a Healthy School Environment by Grade Level

Question	Response by Grade Level		
	Elementary School	Middle School	High School
Has your school established a plan for marketing a healthy school environment?	13/37.1%	21/52.5%	22/44.0%

Appendix P: Full Implementation of Minimum Requirements for the Policy Components by Grade Level

Question	Response by Grade Level		
Please indicate to what extent you believe your school is implementing the minimum requirements for each of the 11 commitments.	Elementary School	Middle School	High School
Implementation of the Policy	21/63.6%	27/67.5%	32/65.3%
Nutrition	25/71.4%	36/90.0%	42/85.7%
Food Safe Schools	29/82.9%	36/90.0%	44/89.8%
Physical Activity/Physical Education	32/91.4%	36/90.0%	36/73.5%
Comprehensive Health Education	22/62.9%	25/62.5%	39/79.6%
Healthy School Environment	27/77.1%	32/82.1%	39/70.6%
Quality Health Services	25/73.5%	32/80.0	34/69.4%
Providing Counseling, Psychological and Social Services	30/88.2%	34/85.0%	34/69.4%
Family and Community Involvement	23/65.7%	27/67.5%	25/51.0%
Quality Staff Wellness Program	19/24.3%	25/64.1%	27/55.1%
Marketing a Healthy School Environment	18/52.9%	23/57.5%	27/55.1%