



**Illinois State Board of Education**

**School Wellness Policy Task Force**

**Report on Barriers to Implementing  
School Wellness Policies  
and  
Recommendations to Reduce Those  
Barriers**

January 2006

## Illinois School Wellness Policy Task Force Report

This report is submitted in compliance with Public Act 94-0199 which created the School Wellness Policy Task Force and amended the School Code by adding Section 105 ILCS 5/2-3.137. The complete text of this amendment is available at <http://www.ilga.gov/legislation/94/SB/PDF/09400SB0162lv.pdf>.

Pursuant to Public Act 94-0199, the School Wellness Policy Task Force has been created and is composed of all required members as listed in Attachment A. The initial meeting of the task force took place November 16, 2005, in Springfield, Illinois. As specified in the Act, the first charge to the task force was to identify barriers to implementing school wellness policies and recommendations to reduce those barriers and to report the findings to the General Assembly and the Governor on or before January 1, 2006.

During the meeting, task force members received an orientation of state and national legislative issues regarding wellness policies and several model wellness policies were distributed. The group was then directed to brainstorm what they perceive to be barriers to implementing school wellness policies. A total of 27 barriers were identified by task force members (Attachment B) who were then asked to prioritize and identify the top five barriers from the list. Task force members were then asked to identify specific recommendations and/or actions that could be taken to overcome these top five barriers. The following section of this report identifies the top five barriers, a brief statement on the general discussion of task force members, and selected recommendations identified by members to reduce the barriers to implementation of school wellness policies. A complete list of all recommendations identified by task force members is included in Attachment C.

**Barrier #1**—Schools are dealing with other priorities perceived as having more significant consequences, e.g. No Child Left Behind (NCLB), Illinois Learning Standards, etc.

General Discussion: Schools are being challenged to increase academic achievement levels of students in order to meet the requirements of NCLB and other state-level testing. Rather than viewing wellness issues as a potential avenue to increase academic achievement, they are seen as *another unfunded mandate*.

### Recommendations:

- The Illinois State Board of Education (ISBE) must provide leadership in wellness areas to ensure schools understand it is a priority.
- Develop a step by step process to assist schools in the development and implementation of wellness policies. Help schools understand this is an evolutionary process and change takes time.
- Implement the Illinois Standards Achievement Test (ISAT) for physical development and health that was developed but never conducted.

- Through inservice and resource development, show the link between wellness and academic achievement so school districts see it as a way to help with student success in the academic areas.
- Integrate physical activity and nutrition education into the traditional curricular areas of science, math, etc.

**Barrier #2**—Policy development and implementation are not viewed as requiring a coordinated team approach.

General Discussion: In many school environments implementing wellness policies is seen as the responsibility of food service staff, physical education faculty, or that of a school nurse. In order for wellness policies to be meaningful and purposeful, they must be developed and implemented with input and leadership at all levels of the school environment and the community.

Recommendations:

- Include wellness, nutrition education, and physical activity goals in teacher and administrator preparation (preservice) programs.
- Conduct district-wide survey of the exercise and eating habits of students, faculty, and staff to form a baseline on current status and future improvements.
- Conduct team training seminars throughout the state geared toward participation of administrators, teachers, school nurses, food service staff, parents, students, and community members.
- Provide examples of *exemplary practices* involving team members in development, implementation, and evaluation of school wellness policies.

**Barrier #3**—Lack of resources available to schools to implement wellness goals, e.g. time, staff, money, and facilities.

General Discussion: With only so much time in the school day, financially strapped school districts, inadequate facilities for physical activity in some schools, and a lack of qualified staff to implement wellness goals, the task force members felt schools lack the necessary resources to implement wellness policies. Assistance at the state and local levels is needed to overcome these barriers.

Recommendations:

- Support the development and implementation of a statewide data collection system that measures and reports the health status of school aged children (as outlined in Public Act 093-0966).
- Provide financial incentives to districts to implement model policies, e.g. mini-grants for staff training, purchase of resources, and curriculum alignment.
- Provide the necessary tools, information, and resources to save staff time in policy development and implementation.

- Develop and provide needs assessment instruments for schools to use with staff, parents, and students to determine the most critical areas of wellness, nutrition education, and physical activity on which to focus.
- Identify and provide alternative funding options to vending, sponsorships, and fundraising.

**Barrier #4**—Lack of awareness on the relationship between wellness issues and academic achievement.

General Discussion: The link between nutrition, physical activity, and learning is well documented; however, many school and community stakeholders are not aware of this correlation. In order for stakeholders to recognize the relationship between wellness issues and academic achievement, efforts must be taken to expand this awareness.

Recommendations:

- Create research-based schools that agree to collect longitudinal data on physical activity, diet, obesity, etc. and their relationship to learning.
- Develop a public awareness campaign on the link between wellness and learning and gear the information toward parents and community.
- Include information on the correlation between wellness and academic achievement in training seminars and workshops.
- Use existing newsletters and the Internet to cite literature documenting the link between wellness and academic achievement.

**Barrier #5**—Schools fear a loss of revenue streams.

General Discussion: It is a well known fact many school districts depend on revenue generated from vending and corporate sponsorships. Rather than identifying the positive outcomes of implementing wellness policies, schools fear what may happen should this revenue stream no longer be available.

Recommendations:

- Develop monitoring criteria to determine if school districts are in compliance with school wellness policy requirements.
- Provide funding at an adequate level so schools are not so dependent on vending revenue and corporate sponsorships.
- Provide examples of successful programs as evidence that substitute revenue streams do exist.
- Include health indicators on the School Report Card.
- Communicate to school administrators and school boards that wellness goals will help enhance performance on standardized tests and other measures related to NCLB and student achievement as well as improved health and well-being of students and staff.

## School Wellness Policy Task Force Members

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## Barriers to Schools Implementing Wellness Policies

The School Wellness Policy Task Force identified 27 barriers (listed below) to implementing a school wellness policy. The School Wellness Policy Task Force then prioritized and identified the top five barriers from the list and provided recommendations to reduce those barriers. The main body of the report identifies those barriers and selected recommendations.

NOTE: Barriers are listed exactly as stated by task force members.

1. Communication barriers and lack of awareness
2. Who is responsible at the local level? Who is best qualified to lead this effort?
3. Lack of resources, i.e. staff, time, money, facilities/adequate space
4. Lack of commitment
5. Lack of model behavior—administrators, faculty/staff, family
6. Not enough time in the school day to allow for all aspects of school wellness
7. Lack of community engagement
8. Lack of understanding on the relationship between wellness and academic achievement
9. Takes time to actually implement wellness policies
10. Lack of any compliance or monitoring tied to implementation
11. School staff are not trained in all areas of wellness
12. Not viewed as a coordinated team approach
13. May not be in the best interest of districts on a monetary level
14. Viewed as only food service in some schools (combined with #12)
15. Nutritional quality lacking for some USDA commodities
16. Students do not want to participate in physical education due to a lack of accountability and creativity of physical educators
17. Mandated physical education is not enforced (combined with #16)
18. Food service environments are not always conducive to change
19. Schools have not taken ownership of the need for wellness policies—do not have a philosophical basis for the need
20. Little information and data available on success stories such as success with vending substitutions, etc. What are the pros and cons?
21. Difficult to get schools to buy in and see how this policy can be viewed as meaningful—just another unfunded mandate
22. Lack of healthier options from vendors
23. The system in place in schools for rewards and punishment, such as no recess or running laps for misbehavior and/or providing candy as a reward
24. Status quo of school culture
25. Schools have other priorities with higher consequences, i.e. NCLB and meeting learning standards
26. Given the timeframe of legislation passing and required implementation, schools have not had adequate time to study issues and conduct a needs assessment
27. School fundraising efforts are usually food-based (candy and other sweets)

## Prioritized Barriers with Task Force Recommendations

The School Wellness Policy Task Force identified the top five barriers to implementing a wellness policy and identified the following recommendations to reduce those five barriers. The main body of the report identifies the top five barriers and selected recommendations from the task force members.

NOTE: Recommendations are listed exactly as stated by task force members.

**Barrier #1**—Schools are dealing with other priorities perceived as having more significant consequences, e.g. No Child Left Behind, Illinois Learning Standards, etc.

### Recommendations:

- ISBE must provide leadership in wellness areas to ensure schools understand it is a priority.
- Develop a step by step process to assist schools in the development and implementation of wellness policies. Help schools understand this is an evolutionary process and change takes time.
- Implement the Illinois Standards Achievement Test for physical development and health that was developed but never conducted.
- Through inservice and resource development, show the link between wellness and academic achievement so school districts see it as a way to help with student success in the academic areas.
- Integrate physical activity and nutrition education into the traditional curricular areas of science, math, etc.
- Lengthen the school day.
- Help schools prioritize.
- ISBE needs to make it a priority.
- Show how a wellness policy supports other school initiatives.
- Offer efficient training sessions for administrators and be receptive to feedback from individual school districts.
- Show the links between nutrition and achievement so districts can see this as a way to help with success in academic areas and not just an *add on* or something else to do.
- Explain the need for monitoring so it becomes a priority.
- Share *best practice* plans that can be easily adopted and make them user friendly.
- Make physical education part of NCLB, make nutrition and fitness knowledge part of NCLB, and then integrate into curriculum.
- Use data to show the relationship between wellness, NCLB, and standards.
- Develop a step by step process for implementation.
- Include results on the school report card.
- Assign district mentors to help districts write and implement wellness policies.

- Could wellness be combined with NCLB? Could it be a part of what makes a great school?
- Implement statewide fitness testing.
- Make nutrition education a more important part of the Illinois Learning Standards.
- Assess the standards in place as to where this policy can be implemented.
- Is it possible to work with the creators of these other priorities to have them encompass wellness as part of their standards so wellness is not something additional?
- ISBE should recommend nutrition education curriculum to schools.
- Encourage community and schools to work together on this issue.

**Barrier #2**—Policy development and implementation are not viewed as requiring a coordinated team approach

Recommendations:

- Include wellness, nutrition education, and physical activity goals in teacher and administrator preparation (preservice) programs.
- Conduct district-wide survey of the exercise and eating habits of students, faculty, and staff to form a baseline on current status and future improvements.
- Conduct team training seminars throughout the state geared toward participation of administrators, teachers, school nurses, food service staff, parents, students, and community members.
- Provide examples of *exemplary practices* involving team members in the development, implementation, and evaluation of school wellness policies.
- Provide training for all school staff to share ways to incorporate health/wellness into their own subject area and why it is important.
- ISBE should help schools develop a coordinated approach without added costs.
- Schools need to develop wellness teams that look at coordinating wellness in all aspects of the school day. We should give some recommendations of who should be on the team, i.e. math teacher, English teacher, physical education teacher, food service, administrator, parent, etc.
- Develop a community team to look at the philosophies of community.
- Facilitate the coordination of community-based agencies and local school districts.
- Implementation should be exempted as a mandatory subject of collective bargaining.
- Provide training on other aspects of school health environments beyond the gym and cafeteria.
- Need to build a case for physiologic impact and inter-relationship between nutrition and physical activity.
- Implement simple ways to work as a team and divide and conquer; for example lunch program, vending, after-school.
- Show proof of other similar districts which have tried comprehensive wellness to show success and generate support.
- Provide training/best practice examples of communities working together as well as curriculum integration.



- Include school nurse and teachers on the team.
- Stress team approach in all communication.
- Conduct team training seminars where district actually sends team to conference on the concept. Could possibly be supported by the Regional Offices of Education (ROEs).
- Provide a PowerPoint presentation to educate administrators, school boards, parents, and staff about coordinated school wellness, nutrition, and physical activity connections to academic success.

**Barrier #3**—Lack of resources available to schools to implement wellness goals, e.g. time, staff, money, and facilities

Recommendations:

- Develop and implement a statewide data collection system that measures and reports the health status of school aged children.
- Provide financial incentives to districts to implement model policies, e.g. mini-grants for staff training, purchase of resources, and curriculum alignment.
- Provide the necessary tools, information, and resources to save staff time in policy development and implementation.
- Develop and provide needs assessment instruments for schools to use with staff, parents, and students to determine the most critical areas of wellness, nutrition education, and physical activity on which to focus.
- Identify and provide alternative funding options to vending, sponsorships and fundraising.
- Provide outside resources for training of staff members.
- Appropriate funds for mini grants to schools to assist in implementation of projects.
- Provide more time for groups to work together and not reinvent the wheel.
- Build case that healthy behaviors can be modeled as well as mandated.
- Something needs to be done to help schools creatively approach these subjects.
- Provide funding targeted to wellness projects that can help pay for staff training and facility additions/updates to help with compliance issues.
- Team training through ROEs can show how to partner with local agencies to improve access to resources that may exist in the community.
- Incorporate wellness into already planned activities, lessons, etc.
- Identify and promote best practices in Illinois schools for school wellness.
- Fund school construction grant program allowing schools to count the noneducational space in the calculation for state funding (cafeteria, kitchen facilities, and gyms).
- Provide Illinois NET (Nutrition Education and Training Program) tool kits for schools.
- Take into account regional differences that impact (example of chocolate in Hershey, Pennsylvania).
- Allow a phase in of implementation where sponsorship contracts exist (honor these commitments).

**Barrier #4**—Lack of awareness on the relationship between wellness and academic achievement

Recommendations:

- Create research-based schools that agree to collect longitudinal data on physical activity, diet, obesity, etc. and their relationship to learning.
- Develop a public awareness campaign on the link between wellness and learning and gear toward parents and community.
- Include information on the correlation between wellness and academic achievement in training seminars and workshops.
- Use existing newsletters and the Internet to cite literature documenting the link between wellness and academic achievement.
- Popularize existing studies to this effect for both students and staff.
- Circulate Action for Healthy Kids' *The Learning Connection* document.
- Conduct training to show the correlation between wellness and academic achievement.
- Use publicity and/or the media to inform how healthy kids learn better, test better, etc. The community needs educated on this as much as school staff.
- The awareness level could rise due to press releases about the connection between wellness and achievement.
- Cite/make available literature that establishes the wellness/achievement connection, i.e. writings/articles by Dr. Ratay-Harvard.
- Provide data specifying the correlation between wellness, good nutrition, exercise, and discipline referrals.
- Show a link between wellness and achievement or support a study to prove or disprove link.
- Set up a framework for regional wellness policy meetings that specifically invite a school representative to attend (e.g. wellness coordinator, nurse, physical education/health teacher). Model after Illinois High School Association (IHSA) Rules Interpretation meetings.
- Contact preservice teaching and nursing school directors about including this information to undergraduates in educational programs.

**Barrier #5**—Schools fear a loss of revenue streams.

Recommendations:

- Develop monitoring criteria to determine if school districts are in compliance with school wellness policy requirements.
- Provide funding at an adequate level so schools are not so dependent on vending revenue and corporate sponsorships.
- Provide examples of successful programs as evidence that substitute revenue streams do exist.
- Include health indicators on the School Report Card.
- Communicate to school administrators and school boards that wellness goals will help enhance performance on standardized tests and other measures related to

NCLB and student achievement as well as improve health and well-being of students and staff.

- Share success stories.
- Be upfront that the benefits may not be immediately seen, major changes take time.
- Show an expected timeline of when effects may be seen, even if it is years.
- Share the notion that the real payoff is kids were better able to learn, improved attendance, and reduced discipline problems.
- Establish health and wellness as an educational priority for Illinois' schools.
- Provide the Action for Healthy Kids' (AFHK) *The Learning Connection* publication to each district.
- Notify schools of benefits including reduced health insurance premiums for staff and include the fact that when children miss fewer days of school they are eligible for increased funding.
- Potentially healthier students could lead to improved test scores, better attendance, and lower discipline issues.
- Find documented studies and provide this information via presentations to stakeholders, boards of education, etc.
- Build a case for: (1) enhanced performance on standardized tests and other measures related to NCLB and student achievement, (2) community connection around common cause, and (3) improved health and well-being of staff and students.
- Share data to show healthy kids learn better through higher standardized test scores (if this exists).
- Include in this area emphasis on need for compliance and develop monitoring criteria for use by ROEs in compliance visits.
- Put *teeth* into noncompliance.
- Full recognition by including wellness policy compliance in the probe document used by ROEs.
- Provide and share data to prove this can work.
- Provide specific information to schools on what to measure to show links between wellness and learning. Could be used as an initial evaluation and then periodically to show progress.
- Provide fact sheets and training to support need for wellness policies and benefits to schools.
- Provide grant/financial incentives for districts with the most improvements over a certain period of time.
- Every day a child is in a desk is money for that district. Healthy children have better attendance records; hence, absences mean loss of state revenue.
- Change the language in ISBE model policy to make the first step that of using an evaluation tool such as the School Health Index, Changing the Scene, etc. Change goals for nutrition education and physical education. Goal 1 would evaluate current status and Goal 2 would determine changes to be made; then list other dot points as criteria to be considered. Convene a team of educators to explore changes in the physical education curriculum and include in policy for physical education. Convene another team of educators to explore incorporating nutrition education across the curriculum.