

Research

School Administrators' Efforts to Maintain and Improve School Wellness Environments: A School-University Partnership Monitoring Factors Affecting School Wellness

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Abstract

This project involved a university-community partnership to support wellness efforts in a Midwestern school district. Researchers and Extension FCS professionals collaborated with district leadership to conduct triennial assessments of the school wellness policy and develop targeted programming. The study explored principals' views on wellness-related needs, resources, and pandemic-related changes in school environments. Findings highlighted persistent challenges in student emotional and behavioral health and the value of community-linked partnerships in supporting wellness policy compliance and advancing student and family health. Potential roles of Extension FCS professionals include providing educational programs, facilitating policy implementation, and fostering community partnerships to enhance wellness outcomes.

Introduction

School and their environments impact students' nutrition, physical activity, health, and academic achievement (Harvey et al., 2018). Federal policies and legislation, including the 2010 Healthy, Hungry-Free Kids Act, mandate that schools participating in the National School Lunch and/or Breakfast Program develop and monitor the implementation of school wellness policies (Belansky et al., 2010). Local wellness policies are designed to promote health, well-being, and learning by increasing opportunities for healthy eating and physical activity throughout the school day. Policy adherence is monitored at least triennially and is designed to document compliance, evaluate policy quality, and measure progress towards stated goals.

In response to federal policies promoting children's health, many schools are expanding services for students and their families. These efforts follow holistic frameworks that recognize the interconnected nature of wellness within schools and communities (Jones et al., 2020). Sustainable, strategic models can benefit children and adults alike but require collaboration among diverse stakeholders to redesign policies and practices (Jones &

Eberline, 2021). Extension Family and Consumer Science (FCS) professionals are well-positioned to partner with school systems in these initiatives. The required triennial assessments of local school wellness policies offer a key opportunity to evaluate and improve current structures that advance health equity and reduce barriers to affordable services.

This study grew from a university-community partnership aimed at monitoring, supporting, and strengthening student and family well-being within a Midwestern school district. University researchers and Extension personnel collaborated with district leadership to conduct required triennial assessments of the wellness policy and design targeted initiatives to enhance physical activity and nutrition programs. While the assessments target district-level compliance, efforts were made to capture specific characteristics of individual schools to identify challenges and successes of policy implementation, highlighting the need for building-level perspectives. Recognizing the critical role principals play in shaping and sustaining school wellness environments (Weemer et al., 2023), the assessment team interviewed principals to gain insights into the contextual factors affecting student experiences and needs. The timing of the assessment in spring 2022 provided an opportunity to address questions about changes in children's health concerns before, during, and after the COVID-19 pandemic (see Hamilton & Gross, 2021, for a summary of child behavioral health challenges revealed and exacerbated during the pandemic). The purpose of this study, therefore, was to explore principals' views about wellness-related needs and resources within their schools, as well as their observations of pandemic-related changes that impacted wellness programming and policies.

Methods

Setting and Context

The study was conducted in a Midwestern school district with nine schools: one early childhood school, six K–5 elementary

schools, one middle school, and one high school. The district serves 5,423 students, with a race/ethnicity makeup of 47.2% White, 23.9% Black or African American, 14.3% Hispanic or Latino, 10.5% Two or More Races, 3.7% Asian, 0.4% American Indian, and 0.1% Pacific Islander. The district has 58.2% of its students from low-income households, and 7% are English language learners.

Participants

Building-level administrators from each school were invited to participate in the study through email invitations from the research team members. Before participant recruitment or data collection occurred, approval was obtained from the institutional and school review boards.

Data Collection Procedures

Semi-structured interviews occurred with building-level administrators (n=9). Each interview lasted approximately 60 minutes and was conducted on-site at the respective school building. Two research team members were present to conduct the interviews. The semi-structured interview guide included questions such as 1) reflections on school wellness changes since 2019, 2) inventory of current wellness-related efforts, and 3) future opportunities for growth to improve the wellness climate. Data were captured using extensive hand-written field notes by both researchers to reflect participant responses to interview questions. The field notes provided rich, contextual details, and qualitative insights. Researchers noted nonverbal behaviors, captured contextual details of responses, and background or historical information provided by the participants (Phillippi & Lauderdale, 2017).

Data Analysis

Data were analyzed using inductive qualitative methods (Elo & Kyngas, 2008) and a within- and cross-case analysis approach. Field notes were transposed into a digital transcription of the interviews and read thoroughly by the research team members to be understood holistically, within each school setting, and concerning the research questions. Constant comparative analysis techniques were employed throughout the

data analysis (Lincoln & Guba, 1985). Open-axial coding occurred to reveal initial patterns, codes, and categories (Nowell et al., 2017). Peer debriefing sessions and research triangulation occurred until theme refinement and operational definitions were finalized. A final step included an examination of the themes across schools (cases) to determine the extent to which each theme persisted across cases. The research team members examined field notes and codes, and any discrepancies were discussed until agreement was reached.

Results

Qualitative findings reveal two overarching themes related to perceived changes in the School Wellness Context. Specifically, administrators described 1) *Exacerbated Mental, Emotional, and Behavioral Health Concerns* and 2) *Establishing Community-Linked Partnerships and Services*.

Mental, Emotional, and Behavioral Health Concerns

The mental, emotional, and behavioral health concerns identified during the principal interviews were categorized into three areas: (a) decreased ability of students and parents to self-regulate, (b) reduced school readiness, and (c) emergent student and family needs exacerbated by the COVID-19 pandemic.

Self-Regulation Challenges Among Students and Parents

Principals reported widespread challenges in self-regulation among both students and parents, though the nature of these challenges varied by age group. At the elementary level, there was a notable increase in the levels of dysregulation, with students struggling to manage emotions and behaviors. Students were arriving at school tired from a lack of sleep and what appeared to be an increase in screen time and video games. Educators observed heightened anxiety among students, including an increase in panic attacks among children. In response, one school implemented a check-in/check-out mentoring system (see Wolfe et al., 2015) to provide students with additional emotional support.

At the high school level, school counselors reported an increase in student referrals, with more students seeking support than in previous years. Staff also observed a rise in physical altercations between students and destructive behaviors, in part due to social media challenges to destroy and vandalize school property. These behaviors necessitated a shift in focus, diverting time away from academic instruction to prioritize mental health support and relationship building among students. At the district level, there was an increased commitment to Social-Emotional Learning (SEL) and expanded resources to support students' mental and emotional well-being. One principal reported that they had grossly underestimated the impact the pandemic would have on SEL and student behaviors.

Decline in School Readiness

Decreased school readiness was particularly evident among early learners and elementary students. Principals reported that COVID-19 disrupted crucial opportunities for socialization, particularly in structured learning environments. As a result, many children were not able to regulate themselves in classroom settings. Additionally, some children entered school without having achieved key developmental milestones, such as toilet training. Truancy was also identified as a factor contributing to lower school readiness, further complicating students' ability to transition successfully into school.

Emerging Student and Family Needs

The pandemic amplified existing student and family needs while introducing new challenges. Several elementary and junior high schools cited this as a major area of concern. At one elementary school, the principal personally visited the homes of students in need, ensuring they had access to Wi-Fi hotspots and meals to support their learning. Through these efforts, the school's food distribution program expanded, increasing the number of meals provided from 40 to 180.

Housing instability also became more pronounced. One elementary school, which already had served students facing placement-related challenges, reported an

increase in children living in homeless shelters during the pandemic. The principal noted that, despite the hardship, shelter living provided some students with greater structure and stability, including regular mealtimes.

Employment challenges were another significant factor affecting families. While job opportunities existed, many families remained unemployed, exacerbating financial instability. Principals reported an increase in family structure changes, with more children being raised by single fathers or in father-led households. Separately, there was a reported rise in domestic violence, substance use, and investigations by the Department of Children and Family Services, underscoring the complex challenges schools faced in supporting students and their families.

Establishing Community-Linked Partnerships

Administrators highlighted the crucial role of strategic partnerships during and after the COVID-19 pandemic, particularly in strengthening connections with families and community agencies. They emphasized that these partnerships were instrumental in expanding student services and resources.

Faith-based and non-profit organizations played a pivotal role in promoting physical activity by offering after-school and weekend programs. Additionally, the local Extension Agency supported nutrition education by providing food tasting and instructional programming for teachers. Community businesses also contributed by donating specialized equipment, such as running shoes and sports uniforms, at no or low cost, facilitating student participation in these programs.

Healthcare-related partnerships were also strengthened, enhancing access to services such as vision screenings, vaccination/immunization clinics, child welfare, and counseling support. A key development was the hiring of a full-time Family Facilitator, a district employee dedicated to building or sustaining community partnerships that would benefit students and families. Through this role, the district established a collaboration with a non-profit organization specializing in housing assistance, homelessness resources, youth

empowerment, restorative justice, crisis intervention, and substance use and suicide prevention. Additionally, a revitalized partnership was formed with a health service provider to offer primary care, mental health treatment, substance use services, dental care, and housing support based on a referral system from school counselors and social workers.

Community contributions extended beyond healthcare. A local business donated \$5,700 to fund the development of a school greenhouse and eight hydroponic gardens within classrooms. The funding also integrated agricultural lessons into the 5th-grade curriculum, teaching students gardening and harvesting skills while providing fresh produce for families. The initiative was further supported by a partnership with the area career center and a high school industrial technology instructor, allowing students to construct a garden shed for gardening supplies storage.

Faith-based organizations also played a role by donating active playground equipment and volunteering their time to revitalize outdoor play areas. Additionally, all elementary schools partnered with Peaceful Playgrounds, a non-profit organization, to receive playground equipment, painted activity markings, and professional development for recess supervisors on conflict resolution strategies.

These strategic partnerships reportedly expanded schools' capacity to meet student and family needs through ongoing outreach initiatives while also increasing access to health services through new on-site primary care options and referral systems connecting families to community agencies and organizations.

Discussion

The results indicate that while community-based partnerships and services contributed to perceived improvements in school wellness, mental, emotional, and behavioral health concerns increased. The value of key community partners mobilizing in support of school wellness-focused efforts emerged as an essential finding. Extension FCS professionals are an example of existing community agencies located within many

U.S.-based cities and towns, well-equipped to support schools in addressing noted contemporary challenges through social-emotional learning (SEL), family development, and mental health initiatives. Examples of this work include SEL education (Cromwell, Ure, Everitt, & Everitt, 2022), food insecurity assistance (Cromwell, Nelson, & Prevedel, 2017), community-based service-learning projects (Cromwell & Palmer, 2016), and nutrition education—which align with and are adjacent to the needs identified by school administrators in this study. These findings emphasize the potential that Extension FCS professionals possess to support schools, specifically regarding compliance with the Healthy, Hunger-Free Kids Act of 2010 (Hughes, 2015).

Extension FCS professionals offer regional and disciplinary expertise that can support local schools in achieving wellness goals and complying with federal regulations. With existing resources and educational programs focused on wellness and well-being such as SEL skills development, financial management skills for students and adults, nutrition education, meal planning strategies for families, and staff training on classroom management and stress reduction techniques, FCS professionals are well-positioned to assist those responsible for wellness policy oversight, such as Food Service Directors or dedicated wellness coordinators in larger districts. Raising awareness of the high-quality, evidence-based, comprehensive programs offered through Extension can help ensure school personnel utilize and capitalize on these available resources.

Adhering to wellness policy requires close monitoring of implementation and outcomes. Extension FCS professionals, especially SNAP-Ed educators, are well-equipped to support local schools with data interpretation, goal setting, and action planning. In the partnership described above, the SNAP-Ed educator helped to align the data collected from the administrators with the wellness policy and made recommendations on changes that would strengthen the policy. After the policy was reintroduced to school staff, the educator provided technical assistance to help school staff align their goals with the district policy. Change takes time, but the 2024-2025 school year showed great progress with each school building

having a representative on the wellness committee and each representative setting two goals for wellness at their schools for the school year. In previous years, the Food Service Director had a hard time getting a representative from each school to be on the wellness committee, and they had not been asked to set specific goals for their school.

As connectors, Extension FCS professionals can play a key role in fostering and strengthening community partnerships with local and regional schools. By leveraging their expertise and aligning with post-COVID priorities, they can help address identified needs in collaboration with school administrators who understand their school's specific context (Weemer et al., 2023). Based on the data presented above, it was determined that an asset map should be developed so school social workers, nurses, and other staff could share with families where they could access physical activity opportunities, and other health-promoting services and resources. Through a collaboration with Extension staff, additional community assets, such as food pantries and the county health department, were identified and added to the map, which resulted in the map becoming more holistic. These partnerships are crucial as schools continue to navigate the ongoing impacts of the pandemic.

The current study was limited due to single interviews with each building-level administrator and none with the district superintendent. Additionally, there was a challenge of navigating themes across the district at large compared to individual schools.

Conclusion

These findings highlight the importance of promoting children's and families' physical and emotional well-being as part of a holistic approach to education. FCS Extension professionals can contribute to schools' educational mission by addressing systems-level factors associated with school climate, learner readiness, workforce preparedness, and school-linked programming and services (Jones et al., 2022; Jones & Eberline, 2021; Lawson et al., 2022). In this project, FCS Extension personnel significantly contributed

to the target district by providing essential nutrition and food security education programs for students, adults, and families, thereby addressing critical gaps in community education. Additionally, through continuous involvement in the partnership they offered expertise in policy, environmental assessment, and process evaluation, including goal setting, resource identification, and outcome assessment. The vision and goals for school wellness reported by administrators have import for developing capacity and competencies in those committed to providing new (necessary and re-designed) interdisciplinary systems of support for the well-being of students, staff, and families (MacPhail & Lawson, 2020). Through involvement in district-level strengths and needs assessments, FCS professionals helped to identify priority areas where existing federally funded educational programs—focused on health, nutrition, and financial literacy—could be strategically offered to students and families to reduce equity gaps and expand access to essential knowledge, skills, and services. By aligning federal priorities with locally identified needs, FCS personnel in this project have been instrumental in ensuring these investments result in meaningful, place-based impact.

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