

Parental Awareness and Perceptions of School Wellness Policies

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Introduction

The childhood obesity epidemic is prevalent in elementary schools today. School wellness policies can have a healthy impact on children. Parents and caregivers' awareness and perception of school wellness policies may play a role in the overall policy effectiveness.

Purpose

The purpose of this study is to describe parents' awareness of school wellness policies and their perceived benefit to the child's nutritional health.

Methods

Parents and caregivers of children enrolled in kindergarten through fourth grade in public, private and charter schools in the United States were recruited through social media and provided with a link to a seventy-five-question survey. This survey determined parents' knowledge of school wellness policies, vending machines, concessions and snacks served at school parties. Demographics and information regarding types of school foodservice operations and school wellness policies were collected.

Results and Discussion

Participants ($N=273$) were mostly mothers (90%), white, non-Hispanic (90%) and approximately 1/3 held a graduate degree (35%) and had a household income greater than \$100,000 (37%), or were members of the Parent Teacher Association (34%).

Participants reported that the majority of foodservice operations (66%) were operated by the district. A majority (77%) reported that their child's school had policies related to health and wellness and they had become aware of these policies through the parent/student handbook (47%), school orientation (11%), letters from school (11%), teachers or other methods (8%). When asked whether their child's school had a student council for nutrition, four percent reported yes, 52% reported no, and 42% were unsure. When asked if their child's school had a parent nutrition advisory council, 7% said yes, 47% no, and 45% were unsure. Of the 16 that stated there was a student advisory council, only one stated that their child was a member. There was no significant difference in participant's awareness of school wellness policies by foodservice operation type.

Almost half (42%) of the parents indicated that their child's school regulated foods or beverages brought from home for lunch and 47% of those thought the regulations were beneficial to their child's health. Approximately half (52%) indicated that their child's school regulated foods or beverages brought from home for classroom snacks, and 53% of those thought the regulations were beneficial to their child's overall health. The majority indicated their child's school did not sell food via vending machines during or after lunch, 78% and 74%, respectively.

Independent T test of PTA members

Source	t	df	M	SD	p
Frequency of school lunch consumption	-1.984	251	1.57	0.704	0.048
Confidence in their own ability to provide healthy lunch	1.743	269	5.12	1.609	0.083

Parents/caregivers who are members of PTA have a child that frequently consumes school lunch. Parents/caregivers who were involved in PTA had strong confidence in their own ability to provide their child with a healthy school lunch. Also, it was identified that parents with a background in healthcare and those involved in PTA have strong confidence in themselves to supply their child with a nutritionally-sound lunch. Due to the large number of respondents reporting having healthcare experience, further research among this population should be investigated.

Conclusion

Educating parents on the premise of regulations could be beneficial for buy-in to school wellness policies. Additionally, schools may consider strategies, such as implementing parent-faculty-foodservice councils, to encourage parents to take a more active role in school in the implementation of school wellness policies as they appear to be unaware of those opportunities.

Limitations

The majority of the participants were Caucasian, mothers and had children attending public schools. There was also limited responses related to vending machines in schools. While vending machines, contracted food vendors and concession stands during lunch were noted in research, middle and high school children would have greater exposure. Further research directly comparing public, private and charter school's foodservice operation and school wellness policies would be beneficial. There was also limited research regarding school wellness policies regulating lunches brought from home.

