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# An Examination of Educators' Perceptions of the School's Role in the Prevention of Childhood Obesity

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AN EXAMINATION OF EDUCATORS' PERCEPTIONS OF THE SCHOOL'S ROLE IN THE  
PREVENTION OF CHILDHOOD OBESITY

by

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A Dissertation  
Submitted in Partial Fulfillment of the Requirements for the  
Doctor of Philosophy Degree

Department of Educational Administration and Higher Education  
in the Graduate School  
Southern Illinois University Carbondale  
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DISSERTATION APPROVAL

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in the field of Educational Administration and Higher Education

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AN ABSTRACT OF THE DISSERTATION OF

SHARON KAY HARRIS JOHNSON, for the Doctor of Philosophy degree in EDUCATIONAL ADMINISTRATION, presented on JUNE 21, 2011, at Southern Illinois University Carbondale.

TITLE: AN EXAMINATION OF EDUCATORS' PERCEPTIONS OF THE SCHOOL'S ROLE IN THE PREVENTION OF CHILDHOOD OBESITY

MAJOR PROFESSOR: Dr. Kathryn A. Hytten

Childhood obesity is a prevalent subject of research currently, and many researchers have studied the effectiveness of school programs in battling obesity among students. This case study, utilizing ethnographic tools of observation, interviews, and investigation of artifacts, examines educators' perceptions of the role of the school in the prevention of this epidemic, how perceptions affect practices, and the barriers to prevention efforts. The lens of caring theory, social justice, and critical theory frame the analysis of how educators in a medium-sized elementary school contend with the problem of childhood obesity.

Educators in this setting perceived their role in the prevention of childhood obesity as limited and tended to blame parents for the condition of obese students. Because of this perception, attempts at prevention were somewhat sporadic and individualistic in nature. Barriers included a lack of training in critical reflection and the stresses of mandated testing and budget cuts. Teachers and staff members cared for their obese students' well-being, but generally lacked the resources to help them. They were often uncomfortable discussing obesity with parents and tended to avoid the subject, and unfortunately, this conversation needs to occur in order to find help for their obese students.

## ACKNOWLEDGMENTS

First, I acknowledge my family members who have supported me throughout my life. My parents, Maurice (Slim) and Madge Harris loved me unconditionally and did not bat an eye when I, as a young child, told them that I intended to be the first woman President. The self-confidence they instilled in me has provided a pillar of strength for my ambitious plans and endeavors. My husband, Dennis, has stood beside me in the worst of times and the best of times during our 40 years of marriage. From cooking for me and helping me make long trips to the university to take graduate classes to sitting in the car and waiting patiently for me to defend my dissertation, he has loved me and always been there for me. My daughter, Katharine (Katie) Johnson Suski, keeps me squarely planted in the “real world” and inspires me by her wit, intelligence, and kindness to others.

My advisor, Kathy Hytten, not only patiently read, reread, and edited my study from beginning to end, but has encouraged and believed in me when I was not sure I could do it. She also has enlarged my worldview and touched me with her compassion and impeccable ethics.

Finally, I can do nothing on my own, but can do all things through Christ who strengthens me. Whatever accolades come to me, I must always defer to Him, who is worthy of all glory.

## DEDICATION

This paper is dedicated to my son, Joseph D. Johnson, who was the true writer in our family. I so wish he could have been here to help me through the writing of my dissertation. Joe would have loved the social justice component of this paper and would have served as a wonderful resource. I love him and miss him every single day of my life.

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## CHAPTER I

### INTRODUCTION

Approaching Admiral James C. Mason Elementary School, I drive to the large parking lot in front of the school. It is adjacent to a concrete plaza with benches around its circular parameter and anchored with three large flagpoles containing national and state flags along with one honoring those veterans who are missing-in-action from the Vietnam Conflict. I then proceed to the playgrounds behind the one-story, tan, stucco school building with brick colored trim outlining the flat roofline and the small windows arranged in various geometric shapes. After navigating through several usually locked gates, I find the students noisily engaged in a variety of games and activities celebrating the end of the school year at the annual Fun Day. I soon see my granddaughter with the other first graders busily taking turns blasting each other with huge water guns. Almost every child is soaking wet when the principal sounds the air horn signaling the final event of the day—a tug-of-war activity involving the entire student population.

As the children line up to help pull the other side across a chalked line on the grass, I notice two extremely overweight students slowly walking to the sidelines. They observe the action, and not one fellow student or staff member calls to them or approaches them about joining the game. I wonder what the two girls' remembrance of Fun Day will be. It is evident that their memories will be as spectators, not participants. One of my goals in this study is to establish a better understanding of these students—and the many obese children like them. I also intend to examine perspectives on how educators can help students learn to obtain healthy weights for participation in school and life.

### **Purpose Statement**

The purpose of this study is to examine the perceptions of teachers, support staff, and school administrators on the role of schools in the prevention of childhood obesity. I also examine how perceptions ultimately shape practices in the school and what barriers exist in attempts to address childhood obesity effectively. I develop a case study utilizing ethnographic methods, including observation and interviewing, in a medium-sized elementary school in a Midwestern state to study the issue of childhood obesity in schools. I also conduct a focus group with classroom teachers and individual interviews with the school nurse, head cook, social worker and physical education teacher, along with the principal of the building and superintendent of the district. Acting as a participant researcher, I assist staff members and interact with students while observing during breakfast and lunch periods, recesses, and class time, particularly physical education classes.

### **Context/Background**

Children, like their adult counterparts in the United States and other industrialized countries, are becoming obese at an alarming rate, and there are no obvious answers to this serious problem (Berg, 2005; Dietz, Bland, Gortmaker, Malloy, & Schmid, 2002; Okie, 2005; Toiano & Flegal). According to testimonies from a recent Congressional Subcommittee on Healthy Families and Communities hearing, an estimated nine million children in our country who are over the age of six are considered to be obese (U. S. Government Printing Office, 2007). This epidemic is spreading to pre-school aged children and even toddlers (Brazelton, 2005). By the time they reach the teen years, two-thirds of females and one-fourth of males, whether they are actually over-weight or are

simply concerned about becoming heavy, will be restricting their diets to lose weight (Berg, 2005). With links to physical, emotional, and social impairment, this obesity scourge looms as threatening over the United States as an outbreak of a new highly infectious disease or the resurgence of a deadly one such as polio (Troiano & Flegal, 1998).

Physicians have traditionally used several methods to determine if an individual is obese. One method involves calculating the percentage of body fat. With some variance among ethnicities, a level of 30% fat in females and 20-25% in males commonly indicates obesity. Most in the health field, however, prefer to compare weight to height when checking for obesity. Following standards set by the World Health Organization, a standard for obesity is 120% median weight when compared to height or +2.0 standard deviations. However, the most common measurement for determining whether a person is overweight or obese is by assessing a person's Body Mass Index (BMI), defined as weight in pounds divided by height in inches squared (Sweeting, 2007). A BMI of 30 or more indicates obesity, while those with BMI of 25 to 29.9 are considered as overweight.

Troiano and Flegal (1998) studied the results of the National Health and Nutrition Examination Surveys (NHANES) conducted in three stages between 1963 and 1994. They found that the number of obese children had increased over time, with the most dramatic increase between NHANES II (1963 to 1965) and NHANES III (1988 to 1994). They also noted that the heaviest children in the final stage of the study were markedly heavier than students in the first stage. By the final survey, ending in 1994, approximately 11% of children and adolescents (6 to 17 years old) in the United States were overweight and an additional 14% were at risk for becoming overweight.

A wealth of information exists concerning the need for dietary control and increased exercise, but the phenomenon of childhood obesity has not reversed and is steadily increasing. In fact, diseases related to obesity are quickly overtaking the leading cause of preventable death in the United States--cigarette smoking (Dietz, Bland, Gortmaker, Malloy & Schmid, 2002). With so many components impacting obesity in both adults and children, the health threat is both complex and difficult to treat.

Whereas inheritance and physical make-up affect the size of an individual, environmental and behavioral causes certainly influence the recent and widespread health problem of childhood obesity. Genes influence the body's ability to gain weight, but surroundings provide a vast array of opportunities for adults and children to become obese. A person's biology causes weight gain by affecting food preferences, metabolic rate, and conversion of excess calories to body fat (Brownell & Horgen, 2004; Levin, 2000), but, with the dramatic increase in recent decades of rates of obesity, human behavior in a changed environment must play a large part in this occurrence. This includes an environment where foods laden with fat, sugar, and calories are prevalent, accessible, and cheap. Indeed, according to United States Drug Administration data, the inflation-adjusted price for soda fell nearly 24 percent from 1985 to 2000. During the same time, the cost of fresh fruit and vegetables rose 39 percent (Wallinga, 2010).

With more than 95% of American youth ages 5-17 enrolled in schools, no other institution has as much contact with children. Since school attendance is compulsory and students typically spend 180 days or so a year inside schools for 13 years—and even more for those now attending pre-kindergarten classes and before and after school programs—schools seem to be a natural arena for the struggle against obesity to occur.

Also, “the combination of classroom health education, physical education programs, food service, health services, and family contact make schools a viable location for providing obesity interventions in a comprehensive manner” (Hey, 2005, p. 217).

Although schools could potentially have a large impact on preventing childhood obesity (Carter, 2002; Hey, 2005), results of studies examining school-based interventions have been varied. With so many complex factors, from parental control of eating to amounts of time spent viewing television and using computers contributing to this problem, the question arises of what educators can do in the battle against childhood obesity.

According to some recent findings, many U.S. schools are not doing much (Kolbe, Kann, & Brener, 2001; Okie, 2005; Smith 1999). Kolbe, Kann, and Brener (2001) summarized the second School Health Policies and Programs Study (SHPPS) conducted by the Centers for Disease Control and Prevention in 2000 and found that many schools were not actually following through on requirements for teaching healthier lifestyles. For example, most states require the teaching of health education at elementary and secondary levels. However, between 1994 and 2000, 33% of schools offered health education in kindergarten and 44% offered it in the fifth grade between 1994 and 2000, but by sixth grade only 27% of the schools had these classes. A mere two per cent of the schools offered health classes in grade 12. Most states also mandate schools to teach some physical education, but only about one-half of all schools required physical education in grades one through five. Even fewer (25%) required it at grade eight, and only five per cent required it in the twelfth grade. In addition to this troubling information, SHPPS provided no insight into the quality of instruction in physical

education classes or the qualifications of the instructors in those classes. As of 2007, legislators in only one state, Illinois, required that physical education be taught daily in schools (Brownell & Horgen, 2004; Lack of mandatory PE is making our kids fat, 2007).

The National School Lunch Program, established by the 1946 National School Lunch Act and administered through the U. S. Department of Agriculture, operates in more than 101,000 public and private schools and residential childcare institutions. In 1990, over 24 million students received low-cost or free lunches every school day, and Congress passed a law in 1998 also to provide snacks for children enrolled in after-school programs. Schools receive both cash reimbursements from the USDA program and food available through agricultural stocks surplus (United States Department of Agriculture, 2009). Schools in the National School Lunch Program must serve meals that provide no more than 30 percent of calories from fat and less than 10 percent of calories from saturated fat. Yet, food purchased from vending machines and other commercial sources at school do not have to meet these guidelines. In 2006, federal law demanded that schools participating in the national lunch program must have wellness policies that contained guidelines for these snacks. Yet, the law included no restrictions of sales or on types of food sold in the vending machines and through other sources outside the cafeteria (Robert Wood Johnson Foundation, 2007).

Greves and Rivara (2006) found that of the 51 largest school districts in the United States with a total 5.9 million students, 39 percent had policies restricting food sales outside the cafeteria. Sixty-one percent of these constraints included bans on the sale of soft drinks, and 74 percent monitored the nutritional content of food and beverages sold at school. Only ten percent of the policies contained consequences for

non-compliance, however, and none of the schools in the study had restrictions on food sold for fundraising after school or at concession stands during athletic and other extracurricular events.

In an overview of data for the American School Health Association, Kolbe, Kann, and Brener (2001) further reported that while most schools in the United States provided students with a variety of healthy food choices in the cafeteria, about one-third of schools did not offer students a daily choice between two or more types of fruits, vegetables, or entrees. School administrators in most school districts admitted that guidelines for limiting sodium, fat, and sugar in school meals were not “always or almost always” followed and that food such as soft drinks, salty snacks, and cookies, was readily available outside the cafeteria. Lastly, the survey findings indicated that administrators in most schools with these types of available food allow their students to purchase them during the lunch period.

There are undoubtedly many reasons that many schools are not providing support for obese students through such means as offering daily physical education classes, sequential health education courses, and healthy, nutritional food for consumption. For example, one explanation could be the stress placed on teachers for accountability. Sheldon and Biddle (1998) examined the overall educational effects of national learning standards and the testing of students’ achievement of those standards. Educators assess students only on core subjects, such as reading, mathematics, social studies, and science. Therefore, teachers gear efforts toward instruction in those academic areas. With No Child Left Behind (NCLB) legislation, federal government officials sanction schools in a variety of ways such as losing governmental funding and students to other school districts,

if certain percentages of pupils do not pass state-mandated tests in these subjects. Too much focus on testing can lead teachers to adopt narrowed curriculum, according to Sheldon and Biddle (1998). There is simply less time in the school day to dedicate to subjects such as the arts and health and physical education. Furthermore, with threats of funding cuts, administrators and Board of Education members are probably less likely to spend additional money on cafeteria offerings and less likely to give up lucrative vending machines filled with soda and junk food. Learning of these problematic situations influences my desire to examine perceptions of the problem of childhood obesity, and my personal background and worldview leads me to certain perspectives or theories to direct that examination.

### **Research Questions**

I addressed the following research questions in this study.

1. What are the perceptions of teachers, school administrators, and school support personnel about the role of schools in preventing childhood obesity?
2. How have perceptions of the problem of childhood obesity shaped school practices?
3. What barriers to prevention interventions are present in the school setting?

With the epidemic of childhood obesity negatively affecting both the quality and quantity of life, insight into prevention and viable methods of weight loss can be not only be helpful, but also vital, for hundreds of thousands of children and adolescents.

## **Method**

I utilized ethnographic tools, including observation and interviewing, in a medium-sized, multicultural elementary school to study the issue of childhood obesity in schools. Approximately 500 students in pre-kindergarten through fifth grade attend this school, and over half of them receive free or reduced meals, according to the state-required 2009 School Report Card. I convened a focus groups of classroom teachers, including a third grade regular education teacher, a fourth grade regular education teacher, a primary special education teacher, and a reading specialist who saw students from grades one through five. I individually interviewed the school nurse, head cook, social worker, and physical education teacher, along with the principal of the building and district superintendent. I also observed interactions among students and staff members during breakfast and lunch periods, recesses, and class time, particularly physical education classes. I was in the school approximately one-half day each week for the spring semester beginning in January and ending at the start of summer vacation in May.

## **Theoretical Frame**

To understand better the role of educators in preventing childhood obesity, I rely on certain theories to guide and frame my research. These theories or lenses directly influence my thinking about how teachers choose to relate with obese children and how they teach about obesity prevention. They also act as frameworks for my research during observations, interviews, and analysis. The theories are caring theory and critical theory, especially as they relate to a broader notion of education for social justice. Caring theory rests on the core belief that teachers should respond to each student in such a way that establishes a caring relationship. Supporters of this particular theory believe that the

development of democratic character, critical thinking and caring are essential in our schools (Noddings, 2005), while critical theorists confront injustice in particular areas of society to establish a more democratic social order (Kincheloe & McLaren, 1998).

I am particularly interested in the interaction between educators and obese students. How these students experience school can certainly magnify or ease other weight-related, social, and emotional problematic issues facing them. Students who receive equitable opportunities for learning will more likely live richer and more productive lives. The need for their fair treatment in school drives my research, and I believe both caring and critical theories set a road map illustrating the need for social justice. Both of these supporting theories also outline a definitive picture of the destination: equitable and just schooling.

### **Social Justice**

While public school educators undoubtedly believe that treatment of youngsters under their care should be fair and equitable, working for social justice requires constant vigilance. Educators seeking fairness for students must first examine their own backgrounds and life experiences. This is a difficult process because it involves questioning one's ideas of what is normal and right, and when one is part of the dominant culture, it involves questioning some basic, widely held beliefs. For example, it feels comfortable and "natural" to believe that everyone in our nation intrinsically has similar opportunities and with hard work, can accomplish individual dreams and goals (Hinchey, 2004).

Social justice theorists reject the notion that the problem of marginalization lessens when students who do not look like the majority individually make life changes to

conform and be accepted. Instead, teachers should help excluded students express their unique experiences, needs, and perspectives (Kincheloe, 2005). Since individuals from the dominant culture often find it difficult to empathize with the trials of those who are “different” and are unlikely to notice how marginalized students are judged by particular norms, it becomes especially important that oppressed voices are heard. Without this amplification, anger, depression, and anxiety can occur from humiliation when those of the dominant culture assume that unfamiliarity with habits and values common to the school culture is not simply difference but deficiency. Teachers who desire social justice must further realize that an unjust culture shapes both the classroom and relations between teachers and students. Through understanding how the dominant culture operates, teachers can better use the new knowledge not to “save” marginalized students but “provide a safe space for them and to learn with them about personal empowerment, the cultivation of the intellect, and the larger pursuit of social justice” (Kincheloe, 2005, p. 25).

When educators and students challenge oppressive conditions, they can expect to experience varying levels of discomfort (Kumashiro, 2004). Students, including those who are overweight, and their teachers need to work through the discomfort or “crisis” caused by unjust conditions. After instructors establish an environment where all students feel “safe, addressed, and affirmed” (Kumashiro, 2004, p. xxv), they then can focus on changing knowledge that students have concerning those labeled “different,” and eventually, they can lead students in challenging and resisting societal dynamics that privilege some and disadvantage others. This, of course, can be the most difficult process of bringing about social justice as we regard traditional interactions as simply the way

things are and are supposed to be. Continuing to think and behave within parameters of the widely accepted worldview seems natural, and working to change these conditions forces people from their comfort level.

A basic theme in critical theories of education is the interaction of privilege and oppression in the marginalization of some students. Critical theorists aim to transform inequities and to empower students to work for a more just society for all. Several concepts used by critical theorists are particularly important to my study, including understanding privilege, oppression, and systemic thinking.

### **Critical Theory**

If environmental factors play a dominant role in the recent growth of childhood obesity, it is especially appropriate to look at critical theory to help explain this phenomenon. Critical theorists assume that social or historic power relations mediate and inform all thinking. Certain privileged groups of people receive more goods or resources at the expense of other groups (Dalton, 2003). This is especially oppressive when these “others” accept their social status as natural or necessary (Freire, 1972).

Privilege and oppression occur through social groupings more than through the individual actions of people belonging to those groups (Johnson, 2006). According to critical theorists, for example, teaching individual children to restrict their diets and exercise more will not stem the systemic epidemic of childhood obesity. In fact, when those in dominant groups think obese children are overweight due simply to gluttony or lethargy they are subscribing to the myth of “blaming the victim” (Ryan, 1976). The belief that obese individuals are responsible for their condition through personal failings parallels the supposition that those suffering from acquired immune deficiency syndrome

(AIDS) deserve to have the disease because of perceived misbehavior (Brownell & Horgen, 2004). Indeed, children in our culture live in a world where it seems commonsensical to eat fast food and be spectators instead of participants in physical activity, and until escalating disease rates become too high to ignore, focus will likely continue to be on needed changes in individuals' lives instead of societal transformation.

Obese children are not only at risk for physical diseases, such as diabetes, hypertension, and sleep apnea, they often suffer psychosocial and emotional consequences as well (Dietz, 1998; Smith, 1999). Their peers often have negative attitudes toward those who are heavy and associate obesity with negative traits such as laziness and sloppiness. These insidious views seem to be both culture-bound and systematic in a society with widespread preference for thinness. Within the school setting, students considered talented and popular often deem obese peers as "different" and unworthy of participation (Kincheloe, 2005). Often obese children are isolated, ignored, bullied, and marginalized. If teachers and other school officials reinforce the beliefs of the dominant groups, as many critical theorists contend (de Marrais & LeCompte, 1999), obese students lose privilege, and the concept of social justice is in peril.

Using the lens of critical theory while observing at the school, I watched for incidents in which other students or staff members did not treat obese children fairly, and I asked interviewees to describe interactions of obese students with their peers and their own perceptions of the causes of childhood obesity. Furthermore, I looked for subtle and overt ways that teachers and support staff members might show preferential treatment to thinner students during classroom observations and checked documents for bias toward

those who are overweight. When possible, I informally engaged in conversation with the adults in the school setting about possible reasons for their actions and those of others.

With critical theory providing an overview for understanding the alienation and marginalization of some students, I now turn to theoretical concepts that influenced my beliefs on how to bring about fairness in the classroom. I believe the tenets of caring theory best illustrate how to establish socially just classrooms. By responding to specific, crucial needs of students, students are able to learn and thrive in schools.

### **Caring Theory**

Most teachers would probably assume that caring is a vital characteristic in their chosen career. Certainly if they did not care about the education and general welfare of young people, they would not be in the classroom. However, many educators underestimate the importance of developing caring relationships with their students as a major purpose of education and in teaching students to care for self and for others. As caring theorists Gilligan (1982) and Noddings (1984) have expressed in defining this theoretic perspective, our attachments to others can strongly affect behaviors. I agree with Noddings (1995) who wrote that teachers have meager success in overall instruction and specifically in improving student achievement “unless our children believe that they themselves are cared for and learn to care for others” (p. 675).

When teachers’ lives become so hectic that there is little time left to interact or connect with students, many of these students can become alienated and resentful at school, and some may even feel that school officials are using them for what they can produce such as passing scores on state testing. Without a caring relationship or connection between teachers and students, there is little trust building, and students do

not feel comfortable talking with faculty members about personal problems, such as those that obese students encounter on a daily basis. However, caring should underlie all teaching activities and relationships. It should not simply be an addition to the curriculum, lengthening an already long list of duties facing public educators (Noddings, 2005).

There are three concepts within caring theory that are particularly useful in my study: modeling, dialogue, and confirmation. Modeling is important in most educational schemes, but it is a vital component of caring theory (Noddings, 1988, 2005). Caring teachers not only model learning on an intellectual and academic level, but they demonstrate to their students how to care for themselves and for others. Students learn to imitate respectful, encouraging, and considerate actions of their teachers and school staff. In other words, these teachers do not tell students how to care. They show them.

Dialogue is also a central component of caring theory. The ethic of caring does not include the traditional view that adults automatically know what is best for children. A caring relationship between teachers and students provides the opportunity for dialogue and learning together (Berg, 2005; Noddings, 1988, 2005, 2006). This dialogue is open-ended with neither teacher nor students holding preconceived conclusions, and the conclusion or problem solution is mutual and reciprocal. However, participants in dialogue do maintain their beliefs and principles. They do not enter the dialog if they feel a wrong has been committed, for example, but instead they share personal reflections with the other involved parties. Of course, this type of dialogue requires time as the teacher and student must know each other well enough for building trust.

Along with modeling and establishing dialogue, confirmation within the classroom is another component of caring theory (Noddings, 1988, 2005). Noddings (2005) defines confirmation as “an act of affirming and encouraging the best in others” (p. 25). Teachers cannot do this without recognizing their students’ personal traits. By entering a relationship and becoming truly acquainted with students, teachers can point out positive traits the students already possess and help them build on these attributes to become more caring themselves. When students are intolerant or cruel to others, for example, teachers clearly show disapproval of the particular act but make it clear that they know that good people sometimes make bad choices.

A variety of domains make up caring theory, including care for self, care for intimate others and distant others, care for nonhuman life and human-made objects, such as possessions, and lastly, care for ideas (Noddings, 1988, 1995, 2005). Since I was interested in the role of schools in helping obese children, I examined the domains of care for self in developing healthy lifestyles, care for others in the treatment of those of all body sizes, and care for ideas in battling childhood obesity. To this end, individuals need to learn to make healthy choices in what they eat and how active they are, and caring for others involves encouragement and support for those battling any type of disease. Noddings (2005) has provided specific proposals on teaching about caring for self in particular, and her approach includes engaging students in open dialogue on issues of fitness and nutrition. Students and teachers can examine and discuss ideas such as systemic reasons for the obesity epidemic and the myriad problems associated with it. The classroom then becomes a nurturing environment where students are encouraged to

think for themselves, to respect others' thoughts, and work together to find ways to prevent obesity.

While both observing in the school and interviewing teachers and other personnel on-site, I looked for examples of the caring ethic in educators' actions and in their beliefs. In my case study, I also searched for marginalization of students as they played and worked at school. Finally, critical theory along with caring theory and a broad social justice framework steered my descriptions of practices and barriers to preventive practices that most effectively serve the needs of these students.

### **Significance**

Since 95 percent of young Americans regularly attend school, eat one or two meals there, and acquire basic knowledge promoting productive interaction in society, much research on childhood obesity is focused on the role of education in treating this terrible disease. At the same time, researchers usually stress the problems that restrict the ability of school personnel to make concrete changes (Okie, 2005; Smith, 1999). Few school districts have adopted comprehensive health education curricula, and many have discontinued daily physical education programs due to dwindling funds and a lack of qualified personnel. In remaining PE classes, an emphasis on competitive activity often exists rather than participation based on students' various developmental levels, and only one state, Illinois, mandates daily physical education classes (Brownell & Horgen, 2004; Lack of mandatory PE is making our kids fat, 2007). Other mixed messages sent to students include learning about healthy living habits in the classroom but having fat-laden meals in the cafeteria. Concerned educators must find time to address obesity issues as one concern among so many other pressing social problems such as adolescent pregnancy,

sexually transmitted diseases, and drug and alcohol abuse facing the student body. They often feel additional pressure from community members who believe that schools should primarily be concerned with educating children in basic languages, mathematics, and sciences, rather than health education.

Yet these problems and my curiosity about the reasons for their existence drove my research. Obstacles, unnoticed and unchallenged, become part of the status quo and excuses for inaction. I believe it is only by critical scrutiny that we define issues as problematic and start making progress toward finding solutions. My goal in this study is to add to that discussion by analyzing perspectives of educators concerning the role of schools in the prevention of childhood obesity, current practices, and existing barriers.

The issue of creating more just educational conditions for overweight students is the overriding consideration in my research and may be my most important addition to the study of childhood obesity. While I chose not to single out obese students in my case study for interviewing, I observe their behavior at school and their daily interactions with adult staff members and peers. Furthermore, I believe that by examining their school lives and exposing the challenges they encounter, I offer perspectives on inequities and marginalization through the lens of the less privileged and thereby challenge unfair practices that we tend to accept as normal and thereby unquestioned.

Inclusion of the theory of caring in my study also provides for a substantial contribution to the study of childhood obesity. I believe this theoretical concept provides a roadmap for educators to follow in developing social justice for their students through the use of such concepts as confirmation, dialogue, and modeling. Ultimately, I hope through this research that I can uncover insight into ways educators may better meet the

needs of students suffering consequences from their obesity, as well as make systematic changes in schools that help to address unhealthy lifestyles as a social problem, not primarily an individual one. First, however, I explore the existing literature on the topic of childhood obesity to form a scholarly context for my study and to provide a background for interpreting the information gathered during my case study (Bryant, 2004). That literature review follows in Chapter Two. I then discuss the methodology I employed in Chapter Three, my findings in Chapters Four and Five, and my conclusions in Chapter Six.

## CHAPTER II

### REVIEW OF THE LITERATURE

As the problem of childhood obesity has grown to epidemic proportions during the last few decades, the amount of literature describing and analyzing it has likewise increased at a tremendous rate. With the enormous quantity of available research, I chose to limit my search to the causes of childhood obesity, the serious consequences of the disease, and the impact of various types of school-based programs aimed at preventing obesity among students. Searching for the roots and results of this potentially deadly condition in obese youngsters entering the schoolhouse doors increases my ability to understand the impact of preventive strategies on students' lives. With this awareness, I developed a context for my research questions and ultimately posed additional questions to study that are not adequately addressed in the literature.

Overeating, unhealthy food choices, and sedentary lifestyles are obvious causes of childhood obesity, and they are not only occurring at home but increasingly in our nation's schools. I examine research focused on analyzing these current phenomena in a cultural setting. I am not as interested in medical explanations or methods of weight reduction for individuals but more concerned instead with how living in a system that promotes unhealthy food choices and limits physical exertion plays a major role in children becoming obese.

Regardless of the causes, obese and overweight children suffer serious physical, psychological, and social consequences. In what follows, I examine the types of challenges faced by obese youngsters. I purposely searched for illustrations of obese

youngsters, as members of a social category, who had experienced exclusion and mistreatment in some way by others.

Since the goal of my study is to examine educators' perceptions about what should be occurring within a school setting to battle childhood obesity, I looked at a variety of prevention school programs for the final section of this literature review. The preventive efforts run the gamut of what appears to be short-lived quick fixes to costly, long-term and comprehensive programs. Some have been successful, and others have failed. Whatever the outcomes, inspection of these endeavors is critical, especially in the face of the looming problem of ever-increasing numbers of obese and consequently suffering children.

### **Causes of Childhood Obesity**

Eating unwholesome food is clearly an important factor in becoming overweight and obese, and much of the literature shows that many school-aged youngsters are routinely choosing unhealthy over nutritious items. For example, Cullen, Eagan, Baranowski, Owens and de Moor (2000) compared nutritional choices and food intake of 430 fourth graders and 422 fifth graders in Texas. The fifth graders had access to a snack bar in their middle school, while the fourth graders either brought their lunches or ate food prepared at school according to National School Lunch Program (NSLP) guidelines. Fifth graders reported significantly lower intakes of fruit (by more than 50%) both at school with the snack bar and outside school. Fruit, juice, and vegetable intake for fifth graders who ate only a snack bar meal was also significantly lower than those fifth graders who ate only the NSLP meal (by more than 50%).

The findings of this study seem representative of what is routinely happening in schools across the United States, according to researchers who conducted the School Health Policies and Programs Study (SHPPS) in 2000. SHPPS researchers collected data from a nationally representative sample of 2000 public and private elementary, middle/junior high, and senior high schools. Using that information, Wechsler, Brener, Kuester, and Miller (2001) found that while most school districts required a daily offering of milk, fruit, vegetables, and foods containing whole grain in the school cafeteria, many of these schools also offered foods and beverages a la carte during breakfast and/or lunch. Approximately one-fifth (19.4%) of these school districts required fruits and vegetables offerings in the a la carte line, while 29.1% only recommended the serving of fruits and vegetables there. Additionally, 43% of elementary schools, 73.9% of middle/junior high schools, and 98.2% of high schools sold food and beverages from a school store, canteen, or snack bar. While school officials from a few of these districts (11.5%) recommended the inclusion of fruits and vegetables in these settings, only those from 3.7% of the districts required it. Anderson and Butcher (2006) also used data from SHPPS to study the impact of junk foods in schools and the obesity rate in students. They found that a 10 percentage increase in the proportion of schools with easily available junk food was correlated with an approximately one percent higher BMI for the average student, and even worse, the ten percentage point increase in the proportion of schools with junk food availability raised the BMI of students with an overweight parent by more than two percent.

A survey of California school board members by Brown, Akintobi, and Pitt (2004) echoed the earlier findings. They examined board members' attitudes, perceptions, and

motivations related to enactment of policies that support healthy eating. Almost one-half (48%) of those surveyed (n = 174) reported at least one school in their district that had an exclusive contract with a beverage vendor. While a majority of the school officials supported banning food and soda advertising in schools (52%), banning fast food in elementary schools (53%), having healthy food options in a la carte lunches (97%), limiting hours of a la carte food availability (97%), and restricting soda vending machines to low traffic areas (58%), the majority opposed the total banning of fast food sales in schools (75%) and banning of a la carte foods (85%). Finally, the respondents reported several barriers to healthier food choices in schools. These included student food preferences, parents being uninformed about health issues, the impact of the food program on the school budget, and nutrition not being considered a priority.

Students who have established food preferences early in their life seem to be prepared to take advantage of the unwholesome food readily available in most of our nation's schools. One study examined the opinion by some that the preference for such unhealthy food is fueled by the abundance of fast food and media promotion directed at children from birth. In Australia, where trend data show similar increases in the prevalence of obesity to that in the United States, more than half of the 315 adults surveyed by Hardus, van Vuuren, Crawford, and Worsley (2003) reported these two factors to be extremely important as causes of childhood obesity.

Whatever the reason for the preference of harmful food, children, even the very young, in the United States and other industrialized countries seem to be eating a wide variety of unhealthy food on a regular basis. In a summary of presentations at a national conference on preventing childhood obesity, Lederman, Akabas, and Moore (2004) cited

a study in which researchers surveyed food consumed by young children. Their research revealed that “one in 10 toddlers consumed candy on the day of recall, 23% consumed sodas or other sweetened beverages, 27% consumed salty snacks such as chips, popcorn, or cheese puffs, and 27% consumed hot dogs, sausages, or cold cuts (p. 1158)”. Bowman, Gortmaker, Ebbeling, Pereira, and Ludwig (2004) found that on a typical day, 30.3% of 6,212 children and adolescents surveyed as part of a national study reported eating fast food. Those who had fast food, compared with those who did not, took in more fat, carbohydrates, and added sugars, less milk, and fewer fruits and non-starchy vegetables. Plus, on the days when they did not eat fast food, the youngsters continued to consume more total energy than those who did not generally eat fast food and had poorer diet quality overall.

In addition to poor diets, another primary cause of childhood obesity is sedentary lifestyles in American children. Dietz, Jr. and Gortmaker (1985) demonstrated that obesity (skinfold equal to or greater than the 85<sup>th</sup> percentile for children or adolescents of the same age and sex), and superobesity (skinfold equal to or greater than the 95<sup>th</sup> percentile for children or adolescents of the same age and sex), and television viewing were associated in children aged six to 11 years old and for adolescents aged 12 to 17 after studying data collected in the National Health Examination Survey. A dramatic finding showed that each hourly increment of television viewing by adolescents was associated with a two percent increase in the prevalence of obesity. More recently, Strauss, Rodzilsky, Burack, and Colin (2001) found that obese children in their study were generally inactive for 75% of the day, including almost two hours a day watching television, sitting at the computer, and doing homework. The 92 participants ranged from

10 to 16 years of age, and as they aged, the children, particularly girls, spent less time involved in physical activity. Andersen, Crespo, Bartlett, Cheskin, and Pratt (1998) discovered similar results when they analyzed data from the National Health and Nutrition Examination Survey III to compare physical activity and television watching with body weight and level of fatness among children. Only 64% of older girls, aged 14 through 16 years, reported vigorous exercise three or more times a week outside of school, while 80% of all the 4,063 participants, who were 10 to 16 years of age, said they experienced this amount of arduous physical activity weekly. In addition, non-Hispanic Black children reported the highest rate of television watching among U. S. children, with 42% saying they watched four or more hours daily.

Regardless of the cause, children and adolescents in certain groups generally tend to be more at-risk of being overweight (Berg, 2005; Haas, Lee, Kaplan, Sonneborn, Phillips, & Liang, 2003; Morrison, Payne, Barton, Khoury, & Crawford, 1994). Haas and fellow researchers (2003) examined the correlation among race, socioeconomic status, possession of health insurance and the prevalence of young people's being overweight. Among 3,775 participants in the 1996 Medical and Expenditure Survey, a national study of the U. S. civilian, non-institutionalized population, they found race to be a factor in the rate of those who were overweight. Black and Latino children were more likely to be overweight than those of other races, while Asian/Pacific Islander and Latino adolescents were significantly more likely to be overweight than Whites were. In addition, after including factors that enabled access to health care services, children from parents with lower educational attainment and from households with income below the federal poverty level had greater risks of being overweight. For adolescents, poverty and

public insurance were also significantly associated with an increase in overweight youngsters. In another study on familial associations for obesity and cardiovascular risk factors, Morrison, Payne, Barton, Khoury, and Crawford (1994) found that more African-American girls and their mothers were overweight than the white girls and mothers in their study. Like their mothers, the Black girls were heavier and taller and had higher systolic blood pressure as well.

Gable and Lutz (2000) also argued that children from impoverished backgrounds are more likely than youth from wealthier homes to be obese. They found that the annual household income was lower in obese children's families than in families with thinner children (for each \$5,000 decrease in family income, the odds of obesity increased by 0.78). Overweight children more frequently lived with an unmarried parent or caregiver as well. Not surprisingly, unmarried parents were more likely to have smaller incomes. According to the study, 30% of unmarried parents earned less than \$20,000 yearly, while only 14% of married parents were in this income bracket. On the other end, 22% of the unmarried parents earned more than \$40,000, compared to 62% of the married parents. The authors also cited research (Crockett & Sims, 1995) that reported higher consumption of prepared food items, which tend to be high in fat and sodium, in lower income homes. They concluded that healthy foods may be expensive and require more time to prepare than other options.

Low-income parents may also live in unsafe neighborhoods with little or no access to sidewalks or walking paths, recreation centers, playgrounds, and parks. Using data from the 2007 National Survey of Children's Health with 91,642 participants, Singh, Siahpush, and Kogan (2010) found that children living in neighborhoods with

unfavorable social conditions such as the above-mentioned ones were 20 to 60 percent more likely to be overweight or obese. While greater numbers of black (26%) and Hispanic (23%) children than white (8%) counterparts lived in impoverished surroundings, girls of all races who lived in poor neighborhoods were often heavier. Indeed, girls between the ages of 10 and 11 were two to four times more likely to be overweight than girls of the same age who resided in safer, more affluent neighborhoods.

As maintained by current literature on childhood obesity, girls and those with non-White, poor parents are more likely to be heavier than children from other demographic groups. Even before birth, researchers suggest that the food choices of pregnant women can affect those of her children as they mature, and babies are generally larger at birth than in the past, as cited by Lederman, Akabas, and Moore (2004) in summarizing presentations at a national conference on preventing childhood obesity. They found that after giving birth, fewer mothers than in the past are choosing to breastfeed, and they then control feeding practices. In contrast, nursing infants self-regulate and stop taking milk when content. Of course, poor mothers may be handicapped in this decision as well. For example, working mothers cannot provide milk for their infants without the aid of a breast pump which Medicaid usually will not pay for unless the child is hospitalized (Shipler, 2007).

Even parental perceptions of childhood obesity and their understanding of obesity preventions might play a part in the increase in childhood obesity. Jain, Sherman, Chamberlin, Cater, Powers, and Whitaker (2001) studied 18 low-income mothers of preschool children who were at risk for obesity. Instead of weight and height, the mothers seemed to consider teasing by others or developing physical limitations as

indicators of their child being overweight. They tended to believe that children were not overweight if they were active or had a healthy diet and/or a good appetite. Primarily, they described obesity as inherited and not affected by the environment, and the mothers were reluctant to deny their children's requests for additional food. Similar results came from other researchers (Baughman, Chamberlin, Deeks, Powers, & Whitaker 2000; Myers & Vargas, 2000). Myers and Vargas (2000) surveyed 200 parents receiving federally funded assistance for women, infants, and children (WIC). Using the National Center for Health Statistics growth chart, all of the two to five year old children in this study scored above the 90<sup>th</sup> percentile in weight. Yet 35.5 percent (n = 71) of the parents did not consider their child to be obese, and 43% (n = 129) felt there was no reason for concern over their child's weight.

When Baughcum, Chamberlin, Deeks, Powers, and Whitaker (2000) evaluated mothers' perceptions of overweight children (n = 622), 79 percent of mothers of the 99 overweight children in the study did not identify their child as overweight. Mothers with fewer years of education (high school or less) were less likely to recognize their child as overweight than those mothers with education beyond high school (21% vs. 23%).

There are many environmental reasons for the increase in childhood obesity—from unwholesome food consumption inside and outside school, sedentary lifestyles for various reasons, and stressed parents who are not able, because of multiple factors, to help their children in this battle for good health and possibly, even, for their lives. The consequences of childhood obesity can indeed be life threatening.

## Consequences of Childhood Obesity

Several potentially serious diseases and health issues directly correlate to obesity in adults and children. One of these is diabetes, and in the last few decades, there has been a dramatic rise in occurrences of pediatric Type 2 diabetes (Dietz, 1998; Mallory, Fiser, & Jackson, 1989; Pyle, Sharkey, Yetter, Felix, Furlong, & Poston, 2006). Obese children and adults often have high blood lipid levels, a risk factor for cardiovascular disease. Dietz (1988) reported that obese youth were nine times more likely to have persistently high blood pressure than non-obese youth. Pyle et al. (2006) also discovered the presence of liver enzymes in obese children. These enzymes cause an increased risk for fatty liver, other forms of liver disease, and gallbladder inflammation. Along with orthopedic complications, obese children also frequently suffered from sleep apnea, which is typically uncommon among youngsters. In fact, Mallory, Fiser, and Jackson (1989) concluded that as many as 30 percent of morbidly obese children (those with BMI greater than 50 compared to BMI of 18.5 to 24.9 for children of normal weight) in the United States may suffer from apnea, a sleep disorder often associated with learning and memory problems, depression, and increased risk of accidents. Finally, obese adolescents reported ovarian difficulties at high rates, and this condition can put young women at a high risk of polycystic ovary disease, a link to menstrual difficulties and infertility (Pyle et al., 2006).

The economic toll in the treatment of childhood obesity is steadily rising as well. Using multiyear data from the National Hospital Discharge Survey, 1979-1999, Wang and Dietz (2002) analyzed changes in obesity-associated diseases and economic costs over time for youth from six to 17 years of age ( $n = 257,016$ ). Hospitalization for

diabetes nearly doubled (1.43% to 2.36%) and for treatment of sleep apnea, hospitalization increased almost fivefold (0.14% to 0.75%). In this study, ninety-six percent of discharges from hospital stays included a secondary diagnosis of obesity. Obesity-associated hospital costs for the treatment of these young people increased from \$35 million (0.43% of total hospital costs) during 1979-1981 to \$127 million (1.70% of total hospital costs) during 1997-1999.

Obese children not only often have physical health problems, but they can also suffer negative social and psychological consequences. These problems can begin early in the child's life, as demonstrated by Davison and Birch (2001). They examined the relationship between weight status and self-concept in a sample (n = 197) of five-year-old girls and found significantly lower body esteem, lower perceived cognitive ability, and in some cases, lower perceived physical abilities in obese girls as compared to girls of lower weight. Furthermore, parents in this study seemed to be troubled with weight gain among their young daughters, and some of the parents restricted access to food in attempts to regulate weight gain in their girls.

Intensive and expensive therapy may be required to help children with problems brought on by obesity. According to Flodmark, Ohlsson, Ryden, and Sveger (1993), privileged parents who can afford family therapy may most be able to help their obese offspring. In their study, they divided ninety-four Swedish children who were obese into three groups: one received dietary counseling, one received therapy along with their other family members, and one received no outside help. Those in the family therapy group showed less increase in BMI than those in the conventional treatment group and those in the control group. The children who were in the family therapy group also displayed

significantly lower mean BMI, and their overall physical fitness was better as well. The results of this study indicate children from poor families may not receive benefits of this type of treatment if their parents cannot afford it.

According to Schwimmer, Burwinkle, and Varni (2003), esteem problems in overweight children can be extreme. The researchers surveyed 106 obese children by parent proxy and 57 obese adolescents concerning health-related quality of life (QOL) and compared their scores with previously published scores for healthy children and adolescents and with children and adolescents diagnosed with cancer. Obese children and adolescents reported significantly low QOL in all domains. They were more likely to have impaired health-related QOL than healthy children and adolescents and were similar to those children and adolescents diagnosed with cancer. The obese children and adolescents were most likely to demonstrate impairment in psychosocial health when compared with healthy children and adolescents—5.9 times for child self-report and 13.6 times for the parent proxy report. The obese youngsters were also four times more likely than healthy children and adolescents to report impaired functioning at school. In another study on this subject, Swartz (2002) showed that obese children often felt inferior in a culture that values a slim body shape. The researcher interviewed and observed four students (two overweight and two who were not overweight) in this multi-case study to provide insight into the social interaction and physical activity patterns of both overweight and non-overweight children. The overweight students in his research struggled particularly in school settings, especially in physical education classes where, because of their size, slower mobility, and poor coordination, they were often frustrated and embarrassed.

Not only are obese youngsters more likely to be unhealthy and dysfunctional, according to Datar, Sturm, and Magnabosco (2004), they tend to perform lower in academics than their healthier counterparts. Datar et al. (2004) investigated the association between children's overweight status in kindergarten and their academic achievement in kindergarten and first grade. Using the results of a national study of 11,192 children, they found that the overweight children had significantly lower math and reading test scores in kindergarten, and since both groups gained similarly, overweight children also had significantly lower test scores at the end of first grade. The researchers did note that being overweight was more of a marker than causal factor when factoring socioeconomic and behavioral variables, such as race/ethnicity and mother's education level. However, these children's peers are more likely to notice obesity than other factors, and therefore, the relationship between obesity and lower academic performance may contribute to the stigma experienced by these young people (Pyle et al., 2006). In addition, according to the 2007 National survey of Children's Health data files prepared by the Data Resource Center for Child and Adolescent Health, obese children experienced more health problems and missed more days of school than children who were not overweight. They also were 32 percent more likely to repeat a grade in school (Bethell et al., 2010), and retention can cause increased degradation and stress for students.

While the quality of life for obese children and adolescents is often compromised, it also seems many of them do not have such great futures in store. In a study of the predictive value of childhood BMI for being overweight later in life, Guo, Chumlea, Gardner, and Sievogel (1994) found that obese children and youth were more likely to

become obese adults. Indeed, their findings showed that the BMI at younger ages could predict being overweight at 35. For example, in eight-year-olds with a BMI value above the 60<sup>th</sup> percentile, the odds of being overweight at 35 were 34% for men and 37% for women, and as adults, the problems of the overweight, particularly for women, multiply. Overweight adults suffer discrimination in multiple forms. Gortmaker, Must, Perrin, Sobol, and Dietz (1993) followed the lives of 370 overweight, young men and women over seven years. These participants were from the National Longitudinal Survey of Labor Market Experience, Youth Cohort. The researchers showed that the overweight women had completed fewer years of school, were 20 percent less likely to be married, had lower household incomes (\$6,710 less per year), and had 10 percent higher rates of household poverty than those from the original cohort who were not overweight. These stark statistics only highlight the importance of developing preventive efforts to help obese youth from becoming victims later in life. Schools play an important role in these efforts. In the next part of this review of literature, I explore research on an extensive sampling of these very programs.

### **Obesity Prevention Programs in Schools**

Since I am examining educators' perceptions of childhood obesity in this study, I reviewed research on school programs created by educators to address this serious disease. The prevention efforts I uncovered were both short-lived and long-term. They involved changing some characteristics in one or two classes or were comprehensive in coverage. Some included a small group of children, and some programs impacted students in several schools. More importantly, however, some school programs were successful in reducing BMI among the young participants, and in others, while children

learned about the causes of obesity, they did not change their behavior. Through investigating these programs and their impact, I am able to establish points of reference for my own case study.

A great deal of prevention programming relates to the importance of physical education (PE) classes. In fact, Datur and Sturm (2004) showed that even a one-hour increase in physical education instruction per week could benefit young girls. The researchers analyzed data from the Early Child Longitudinal Study, which included 9,751 kindergarten students. While there was no significant effect for overweight or at-risk-for-overweight boys or among boys and girls with a normal BMI, a small weekly increase in PE between kindergarten and first grade led to a .31-point greater reduction in BMI in first grade for girls who were overweight or at risk for being overweight in kindergarten.

If youngsters in certain groups are more likely to be obese, it also seems that those who attend impoverished schools are more prone to suffer from this condition. According to the literature, this is particularly true in the offering of physical activities and PE classes. If their schools have space and equipment readily available for student use, and if they have staff to supervise before school, after lunch, and after school, Sallis, Conway, Prochaska, McKenzie, Marshall, and Brown (2001) found that students will be more physically active at school. They studied physical activity areas in 24 public middle schools in San Diego, California and observed that the percentage of physically active boys and girls was four-fold and five-fold respectively, in school environments that had high levels of physical improvements, such as basketball courts, and adult supervision than in those that did not have these improvements. Of course, space, equipment, and staffing cost money, as does running an effective PE program.

DeCorby, Halas, Dixon, Wintrup, and Janzen (2005) investigated the quality of PE at two elementary schools in the Canadian province of Manitoba. In this qualitative study, one poorer school used regular education teachers to instruct PE, and the other wealthier one had a specialist deliver a school-wide PE program. The researchers found several barriers for effective physical education instruction in the impoverished school, which was similar in size and in geography to the other school, where regular education teachers acted as PE instructors. The teachers' lack of training and knowledge was detrimental to developing appropriate instruction. They also unwittingly reinforced stereotypical constructs of boys being aggressive and good at sports and girls as being passive and less skilled, and they designed lessons that seemed to socialize girls and lesser skilled boys off the playing court. The developmentally inappropriate lessons at times produced unsafe conditions for the youngsters, and since they shared a gymnasium with the high school, the space and equipment were often inadequate. There were also few opportunities for students to engage in extracurricular and intramural activities.

In contrast, the researchers observed multiple benefits at the school that employed a full-time PE specialist. The school emphasized developmentally appropriate basic movement skills taught in progression. Lesser skilled students were not stigmatized. The specialist created a noncompetitive environment and did not allow score keeping in a large variety of the activities. The instructor incorporated conflict resolution into lessons, and students led planned events during lunch periods.

In another study, girls were more likely to participate in physical activities and in PE classes after initiatives were made, but, again, many of these changes required additional money. Clearly, however, with teacher empowerment and some increased

funding, positive differences can occur. Felton, Saunders, Ward, Dishman, Dowda, and Pate (2005) studied a high school in South Carolina with a student body of approximately 1700. The researchers examined girls' participation in physical activities after the development of an intervention program tailored by teachers and staff to fit the context of the school. This program involved the initiation of girls-only PE classes; individual fitness programs; input from students (e.g., choosing music played during class); parental involvement; new activities, such as kickboxing and self-defense training; and after-school programs for female teachers and students. Qualitative measures showed that girls were more involved in physical activity after these interventions. A survey reported that 90% of the affected students preferred the girls-only classes, and in the second year of the program, all ninth-grade females taking PE chose the girls-only offerings. Quantitative measures showed increases in both moderate-to-vigorous physical activity and vigorous activity among the students.

Lawson (2005) conducted another study on the characteristics of successful PE programs. The researcher studied four Southern California public schools with PE programs that seemed to be preventing and reducing the incidence of obesity and gathered perspectives from relevant stakeholders. The 357 students and nine school administrators in the survey provided the following characteristics as essential components of PE programs that are effective in preventing and reducing the number of obese students: (a) daily PE; (b) mandatory wearing of PE uniforms; (c) students' running one mile or more weekly during PE; (d) creative and motivational class activities; (e) visible rewards and reinforcement techniques; (f) teachers as role models; and (g) instruction about negative consequences of eating junk food, watching too much

television, and exercising too little. Teachers for daily classes, uniforms, highly trained instructors, and health education, or four of the above, unfortunately require additional funding. No wonder that PE teachers surveyed by Barroso, McCullom-Gomez, Hoelscher, Kelder, and Murray (2005) listed inadequate financial resources, inadequate indoor and/or outdoor facilities, and large class size as barriers to quality PE curriculum.

At elementary schools, students also benefit from active play during recess. This unstructured activity allows time for physical exercising, relieving stress, and developing social skills (Evans & Pellegrini, 1997; Pellegrini & Smith, 1993). However, many school officials have cut the amount of recess time (Roth, Brooks-Gunn Linver, & Hofferth, 2003). Ross et al. (2003) examined the amount of time students spend at school and their activities while there. Teachers (N = 533) of first through fifth graders kept a time diary with exact times for all student activity on a randomly selected day. While schools with more affluent, mostly white students tended to have longer school days, all teachers in the study reported spending a majority of their time at school teaching academic subjects. Teachers in schools with longer days also allotted more time for enrichment activities and for recess. Yet, students spent a small amount of time at recess. In the typical school day of six hours and 35 minutes, students represented in this study received one recess period daily that was less than 30 minutes in duration, and students attending schools with higher rates of poverty received an average of 11 minutes less recess time than students in more affluent schools did.

Quality PE programs and unstructured time for physical activity during recess can make a difference in the amount of exercise experienced by students, especially females. At the same time, healthier food offered at schools can equate to healthier eating—at

least, while at school—for young people. Teaching students skills essential to lifelong healthier eating and physical activity impacts life-altering decision making, as demonstrated by Simons-Morton, Parcel, Baranowski, Forthofer, and O’Hara (1991). They studied a school-based program in a Texas school district that contained three major components: health education curriculum stressing knowledge for healthier eating and physical activity, modification of the school lunch program to provide meals with less fat and sodium, and units in physical education increasing moderate to vigorous activity. At the conclusion of their three-year study of 824 third and fourth graders, the researchers reported that total fat, saturated fat, and sodium content in the intervention school lunches declined and that students in those schools self-reported eating fewer calories and less total fat, saturated fat, and sodium content than those attending the control schools. Children (n=389) in the intervention schools also spent a greater percent of time engaged in moderate-to-vigorous activity during PE classes. Post-test results showed an increase from 10% to 40% of time involved in this type of activity. Imbur (2005) also found positive results, at least in health education and attitude among participating students, from the introduction of experience-based health education lessons. This type of instruction uses processes that involve child-centered activities, concrete experiences, and student reflection.

Therapeutic counseling and intensive staff training can help overweight and obese students lose weight as well. Brownell and Kaye (1982) examined the effect of a comprehensive school program on obese students in grades five through 12. This program in Ft. Meyers, Florida involved a combination of behavior modification, nutrition education, and training for the nurse’s aide (director of the program), parents

and teachers, in particular, the PE teacher. Cafeteria workers even prepared special meals for the 63 students in the experimental group. Overall, the affected youngsters lost more weight than those in the control group (obese students whose parents did not consent to having their children in the program). Of those in the program (n = 63), 90.2% lost weight compared to 21.4% of those in the control group (n = 14). Weight losses were comparable to those found in clinical weight-loss settings.

However, even students who are fortunate enough to attend schools with interventions in place live in a culture with easily available sources for unhealthy food and multiple enticements to remain sedentary. These problems permeate the social systems in which the youngsters live. As they live in the systems, it “appears” normal and acceptable to eat junk food and not exercise. This is the behavior they see modeled by many adults around them. To bring about lasting change, individuals must recognize what is occurring in the social system and choose to be involved in the solution (Johnson, 2006).

Childhood obesity is at least in part a consequence of the culture found in present-day United States and other industrialized nations, and it is clearly a systemic problem, as demonstrated in two different studies. Cabellero, Clay, Davis, Ethelbah, Holy Rock, Logman, Norman, Stoy, Stone, Stephenson, and Stevens (2003) studied results of a comprehensive program, Pathways, in 41 schools serving 1,700 students in Native American communities in Arizona, New Mexico, and South Dakota. Changes in dietary intake, increases in physical activity, modifications in health education curriculum, and family involvement were parts of the inclusive plan. Self-reports showed a significantly lower total daily energy intake and percentage of energy from fat, and data from school

lunches confirmed a lower fat intake in the intervention group that included the schools in American Indian communities in Arizona, New Mexico, and South Dakota not selected for inclusion in Pathways. Meals in the intervention schools contained lower fat amounts and fewer calories, and knowledge about healthy eating and self-efficacy to be physically active were both higher in the intervention group. Assessed by attendance rate, the parental programs attracted, on the average, 0.9% adults per child. However, the students reported no improvement in physical activity outside school, and there was no significant reduction in percentage of body fat in the students from the intervention sites. Obviously learning about the prevention of being overweight or becoming obese does not always—or, often—translate into changed behavior for individuals.

Sahorta, Rudolf, Dixey, Hill, Barth, and Cade (2001) assessed effectiveness of another multi-component school program in reducing risk factors for obesity. In all, 636 (314 in the intervention schools and 322 in the control schools) children from ten primary schools in Leeds, United Kingdom participated in this study. The intervention schools received teacher training, modification of school meals, and the development of an action plan targeting curriculum, PE, and playground activities. While the students participating in the program acquired factual knowledge concerning obesity, they did not transfer the information to activities outside school. Generally, the program seemed to have had little effect on the children's behavior other than a modest increase in consumption of vegetables by 24-hour recall in children in the intervention group.

Questions outnumber answers in the school's role in battling the childhood obesity epidemic. Is the funding available? How do we address this issue and still meet national and state academic standards? How comprehensive will the program be—

changes in PE and health classes, more nutritional food in the cafeteria, a ban on junk food and poor snack choices, counseling services, and most important, how will students be led to ask questions about our culture's encouragement of overeating, eating the wrong foods, and being sedentary?

A good starting point may be asking students what they need in a school program. Neumark-Sztainer and Story (1997) did just that. They developed a study to obtain recommendations from overweight youth on the construction of school-based weight control programs, to determine their level of interest, and to learn their desired outcomes from such a program. After interviewing high school students in St. Paul, Minnesota, the researchers found a major theme was the belief that such a program should be supportive and caring. While the students wanted group activities, they also stressed the fear of stigmatization and teasing by others for being in such a group. The participants also wanted a caring and empathetic leader who was or had been overweight. These desires directly connect to tenets of caring theory. The most desirable outcomes from the program included weight loss and maintenance, support/making friends, and learning about healthy eating and physical activity and how to feel better about oneself. The students responded that they wanted to be cared for, and they wanted others to hear their concerns. However, they needed to be actively involved in the relationship in learning to care for their own bodies as well, and generally their comments reflected strongly the theory of caring.

### **Summary**

In my review of the literature, I found much information about childhood obesity—some surprising and some not so surprising. However, what I did not find

bothers me a great deal. Researchers offered little to explain their findings, particularly to delve deeper into the causes of this recent epidemic. For example, I discovered from the literature review that children who ate a la carte meals at schools were not eating as healthy as those who consumed lunches from home or those prepared according to governmental guidelines (Cullen, Eagan, Baranowski, Owens, & de Moor, 2000). However, I found no reason given for the fact that only 30% of schools in the United States require fruits and vegetables on a la carte lunch lines (Wechsler, Brener, Kuester, & Miller, 2001). While researchers pointed out that students were developing an appetite for unhealthy food before reaching school age, I saw nothing in the reviewed literature that accounted for the prevalence of junk food in most schools, the abundance of it outside schools, and the media's promotion of that unhealthy food. Surely, a public uproar would demand such scrutiny if tobacco, alcohol, or narcotics were readily available, and even promoted, for use by children, and schools would not play a role in their promotion.

I counter that an ethic of caring for young people and their well-being insists on the resolve to challenge the obesity epidemic. As explained by Noddings (2005), a caring relationship is nothing more than a connection between teacher and student. This connection provides an avenue for them to collaborate in learning together. As educators and students learn to question critically a society in which unhealthy food is cheaply produced and sold at huge profits, they can then question their own practice and the participation of schools in the acceptance and promotion of unhealthy food. Finally, together they become critical and active researchers of this phenomenon.

The literature showed that children, especially girls, were much more sedentary in general than in the past (Andersen, Crespo, Bartlett, Cheskin, & Pratt, 1988; Dietz, Jr. & Gortaker, 2001), and the studies I reviewed demonstrated the importance of quality physical education classes. Students also need to know of the importance of life choices such as regular physical exercise. Comprehensive health classes in school include this type of information (Cabellero et al., 2003; Datur & Sturm, 2004; DeCorby et al., 2005; Felton et al., 2005; Lawson, 2005; Sahota et al., 2001; Simons-Morton et al., 1991). The research I explored mentioned the lack of facilities and after-school programs and ineffective PE and health classes but contained little about unsafe neighborhoods or the cutback in non-academic courses in schools due to high-pressure testing. Likewise, I found little reporting of parents who must work long hours and rely on television as a babysitter or the dearth of governmental funding for public education and for evening and summer physical activities for youngsters, such as soccer leagues or dance classes.

Living in a highly competitive capitalistic system, a high percentage of U.S. parents are struggling to find jobs to supply basic needs for their families and often have little hope of finding positions that offer benefits such as health insurance for themselves, let alone their children. For several decades, workers have lived with the threat of downsizing or relocation overseas by their companies, and now with the current recession, companies are closing at a record rate, causing even higher anxiety among employees. With the constant strain of providing for their families and the increasing fear over the possibility of becoming unemployed, the last thing on parents' minds may be the lack of physical activity of their children.

These same struggling parents often must live in impoverished neighborhoods that offer no well-equipped playgrounds or recreational areas, and since their communities are prone to violence, these parents do not allow children to play outside (Singh, Siahpush, & Kogan, 2010). With the widespread practice of reliance on property taxes to pay for public education, it is an unpleasant fact across the United States that poor children attend poorly funded schools, and these schools seldom have adequate physical education facilities and classes or opportunities for non-athletic students to be physically active. Additionally, while there is not a tradition of widespread public, after-school programming for children in the United States, state and local governments are now financially strapped due to economic upheaval and do not typically have the resources to change the current state of affairs even when they are interested in doing so.

Some of the literature focused on the consequences of obesity. Overall, the obese children in the studies had a lower quality of life—physically, psychologically, and socially (Davison & Birch, 2001; Pyle et al., 2006; Schwimmer, Burwinkle, & Varni, 2003; Swartz, 2002). I argue for a lessening of these circumstances through caring relationships with educators and in-depth instruction that encourages young people to care for their bodies and develop healthy habits. Furthermore, teachers should actively work to secure a safe environment for all students. There is no room in the public school for bullying, humiliating, or ignoring obese children and teenagers. With the reviewed literature showing that poor children of color are more likely to be obese (Crockett & Sims, 1995; Gable & Lutz, 2000; Haas et al., 2003; Morrison et al., 1994), there is even a greater urgency to assure that we address this problem as part of a comprehensive approach to social justice education.

Finally, most of the school programs I studied in this review of the literature centered on concrete, individualistic changes—more and better PE and health education classes, better training for educators, counseling for the students, and healthier food in school cafeterias. However, I did not find many critical educational approaches to obesity, where students learn to name the problem, critically reflect and to act (Wink, 2005, p. 3). None of the research showed students engaged in problem posing: asking uncomfortable questions and seeking answers before forming new ones. Nowhere were teachers and students researching and learning together what is causing the problems and why most school programs—and all the other weight-loss plans in the general population—are not succeeding. Indeed, educators seemed implicitly to follow the popular view that obesity is the result of individuals' irresponsibility, not environmental causes.

Childhood obesity is a serious and ubiquitous problem, particularly among impoverished families, and schools must be accountable for preventive measures. What these measures look like and how they are developed are in question, however. In my research, I explored perceptions of educators on what is necessary in their school setting to address effectively obesity and how their perceptions were informing current practices in the school. I searched for both caring and critical education approaches. Finally, I examined barriers to prevention efforts on-site, along with how these obstructions came about and how to overcome them. The widespread, life-threatening damage following the epidemic of childhood obesity calls for this type of systemic research, and this study can act as a beginning point for that to occur.

## **CHAPTER III**

### **METHODS**

The problem of childhood obesity is so immense that research, particularly the impact of school prevention programs, is vital. With so many complex factors contributing to the problem and with mixed results from school-based prevention programs, it is especially important to examine the perceptions of educators concerning the role of schools in battling childhood obesity. Likewise, a study of current practices and barriers to prevention programs will shed light on possible ways to develop effective practices in fighting obesity in students.

#### **Qualitative Design**

There are several reasons I chose a qualitative design for this study. First, while a great deal of research has been aimed at examining the problem of childhood obesity, few researchers have framed their studies from a standpoint of social justice and even fewer have used the lens of caring theory. If obese students were being marginalized in the school setting, qualitative methods provide necessary procedures for uncovering how this occurs, and qualitative methods such as interviewing and observation generally served me well in revealing perceptions and consequential behavior of teachers when interacting with obese students.

My study was primarily descriptive in design. I examined the perceptions and practices of educators in one elementary school. Qualitative research is inductive and heuristic in nature (Merriam, 1988), and I followed that vision by interpreting processes and adding insights to what I observed in a particular setting. The data, grounded in the

context of the research, added to the broad conversation of educational treatment of childhood obesity.

In order to collect rich and detailed examples of how obese students are treated and taught, I immersed myself within the school setting. My choice of qualitative research as the design for my study allowed me to be a participant researcher. In terms of my role as a “participant,” I held current state teaching and administrative certification, and I assisted with recess and cafeteria supervision and even helped teachers with various activities while observing in the classrooms. By being interactive with students and staff members over an extended period, I was able to observe routine and natural interactions as educators and students went about their everyday tasks. This need for conducting in-depth research in the field made qualitative research the appropriate methodology for my study.

Because of my goals in this research and the research questions I created, it made sense for me to proceed with an emergent design and analysis. The conceptual framework guiding the development of these questions served as a guide that was modified while I conducted the research. Indeed, at times, I altered the questions themselves (Rossman & Rallis, 2003). Qualitative research was best suited for describing unplanned discoveries and allowed me routinely to adjust my investigation to understand what I encountered in the field (Schwandt, 2001).

A final reason for choosing qualitative research was that qualitative researchers “can influence social policy in important ways” (Denzin & Lincoln, 2000, p. 23). Since critical theory influenced my research, I placed participants’ behavior and conversations in a background of larger, impersonal political and economic systems (Anderson, 1989).

These systems include issues of privilege and oppression within a capitalistic structure. In addition, a goal of my research was to inspire readers to examine their beliefs and practices in order to find contradictions, inspiring them to think about ways to bring about change (Schwandt, 2001). Qualitative research provided me the flexibility to do this. Weekly observations over several months allowed me to witness and hear views that a written survey for participants to complete may not convey, for instance.

While my stated research purposes were the examination of educators' perceptions, how these perceptions shape practices, and barriers to prevention efforts, the ultimate goal of my study was to use the understandings I developed during research to add to the conversation aimed at the prevention of childhood obesity. As a critical researcher, I believe it is the obligation of schools to meet students' needs holistically. No matter the amount of academic attainment, an unhealthy child cannot fully experience a rewarding life or contribute to improving the lives of others. Wanting to bring about social change, I chose qualitative research in the form of a case study to conduct this important investigation.

### **Reflexivity and Positionality**

Reflexivity about the relationship between the researcher and those being researched is core to qualitative research (Rossman & Rallis; 2003, Schwandt, 2001). It was necessary for me to be mindful of my own personal experiences, theoretical orientation, and knowledge of the subject as I described and analyzed what I saw and heard. Choosing qualitative research offered me substantial time in the field to reflect on my role as a researcher and to examine my beliefs, assumptions, and biases relevant to the subject of child obesity and the role of schooling in its prevention. I also had personal

interactions with students while assisting faculty and staff members in their daily duties and was able to communicate informally with the staff members while helping in the classrooms, hallways, and cafeteria. Within the longer time construct of a case study, my presence was unobtrusive. In addition, study participants seemed to feel comfortable with me and were unlikely to change their normal behaviors. I was then able to gather evidence of their worldviews and understand how the participants made sense of their actions.

Being a small-built woman who works out regularly, I was sensitive to overweight participants and shared stories with them of family members who have struggled with their weight. If being thin was a challenge, my having worked in the district was an advantage. For instance, I was somewhat familiar with established procedures and knew several of the employees at the school. This eased both my entry into the field and navigation through the system. On the negative side of my “insider” status was the possibility of my overlooking behaviors and making assumptions based on prior relationships with some of the participants (Gall, Gall, & Borg, 2003). To counter this risk, I frequently wrote about and then reviewed my attitudes in a reflective journal, and I shared my developing conclusions with participants. In addition, I argue that any researcher would bring certain belief sets and prejudices to their collection of data. Furthermore, it is a common practice for critical researchers to have inside status in their research, and I rely on critical theory to guide my study (Anderson, 1989).

I was interested in the study of childhood obesity and educators’ perceptions toward the prevention of the disease for several reasons. Over the years as a public school teacher and administrator, I saw increasing numbers of students—some as young

as three or four in pre-kindergarten classes—struggling with problems caused by being overweight. I also observed dramatic changes in children’s lives made by committed teachers, and the thought of being involved in research that adds to the conversation of stopping the spread of childhood obesity intrigued me.

For the purpose of this study, I was interested in the perceptions of educators on the role of schools in prevention of childhood obesity. I used qualitative research in conducting a case study to examine these perceptions and how they ultimately shape practices in the school. In addition, I looked for existing barriers to addressing childhood obesity that exist in this setting.

### **Research Questions**

My research questions were as follow:

1. What are the perceptions of teachers, school administrators, and support staff members about the role of schools in preventing childhood obesity?
2. How have perceptions of the problem of childhood obesity shaped school practices?
3. What barriers to prevention interventions are present in the school setting?

### **The Case Study**

Case study methodology involves holistic description and analysis of a single phenomenon, and it relies on rich description from the researcher (Mirriam, 1988; Stake, 1981). I chose to set my study in a particular organizational setting, an elementary school in Illinois, which contained a high level of impoverished students and a diverse student population including whites, African-Americans and Hispanics. My participants were administrators, teachers, non-certified staff members, and students connected with that

school. I observed their interactions and explored their understandings of those interactions as guided by their individual experiences, beliefs and values. My fieldwork contained face-to-face interactions with participants including long-term observations and detailed interviews, and my analysis was then guided by these detailed or “thick” (Geertz, 1973) descriptions.

Case studies tend to be more concrete and vivid than some other qualitative methods since they are grounded in the long term and in-depth experiences of a researcher in a particular field (Merriam, 1988; Yin, 1995). I strove to present both my own perspective as an outsider to this school district (etic process) and my understanding of how participants are making sense of their own actions (emic process). Guided by my chosen theoretical concepts, I am present in the study and visible to the reader. I was also careful to identify this presence. Although not a member of this particular school culture, I was deeply involved within that group and obtained information from a variety of sources, including interviews, focus group, documents, and observations in a variety of settings.

Readers of case studies bring their own experiences and understanding to the research and form generalizations that become part of the knowledge produced by the case study (Stake, 1981). With so much at stake—literally the lives of thousands of obese children—it is paramount that research is useful in finding answers for battling the problem of childhood obesity. If the research intrigues readers and they become more empathetic to this serious problem, then the case study was successful.

## Design of Methodology

The setting for this case study was Admiral James C. Mason Elementary School (AJCM), in a small town located in Illinois. (For my case study, I used pseudonyms for the school's actual name and participants.) The town with around 9,000 inhabitants serves as the county seat and is located near a large research university. Approximately 460 students attend the Admiral, as local residents refer to it, with grades pre-kindergarten through five, according to the demographic information on the 2009 state School Report Card. The ethnic breakdown of students on this annual report showed 75.6% White, 15.3% Black, 3% Hispanic, and 6% multi-racial/ethnic, and 59.7% of the student body received free/reduced lunches. This compared to 53.3% White, 19.1% Black, 20.8% Hispanic, and 2.5% multi-racial/ethnic and 40.9% receiving free/reduced lunches at the state level. The rate of mobility (students moving in and out of the building over the school year) was 17.6%. That was slightly higher than the state average of 13.5%.

I chose AJCM for this ethnographic case study for several reasons. First, I had worked as a middle school principal in this school district, and I thus had some familiarity with the personnel and procedures at the school. Recently retired, I moved back to the area and have a granddaughter who attends AJCM. Yet, I also have professional distance. Construction of AJMC was completed, and the new school opened to students in fall 2001. Since I left the district at the end of the 1999-2000 year, I have had no direct contact with the majority of staff members or knowledge about specific operations of the school. However, with many acquaintances and friendships among administrators, faculty, and staff members, I easily gained access and acceptance. Since I

reside and am active in the community, research participants felt comfortable with a familiar face in the building and district. These relationships allowed me to establish a level of trust with the participants that would otherwise have taken a significant amount of time to create. Therefore, AJCM met several criteria for selection of a certain setting (Marshall & Rossman, 1989). Entry into the field was possible, and interactions and structures pertinent to my research questions were present. I was also able to establish continuity of presence for a long time.

### **Data Collection**

I collected data during the spring semester 2010, from January through May, and was in the school for at least four hours per week. Students and staff were comfortable with the routine of the school by the second semester and were undisturbed by visitors as the local university regularly sent students to the school. I utilized several methods including observation, individual and focus group interviews, and collection of artifacts and archival data. The bulk of my time in the field involved observing, however. Each week I spent time in the cafeteria during breakfast and/or lunch periods and followed students outdoors or to the gymnasium during recess time. While I planned to attend as many class sessions as possible, my attention was focused primarily on watching physical education and health classes. In addition, I participated in various celebrations, particularly those that included the serving of food to students, such as a Valentine party and the all-district fifth grade track meet and picnic. These events were casual, and I was able to observe informal interactions and food consumption. These first-hand accounts were essential in discovering “complexity in social settings by being there” (Rossman & Rallis, p.194).

The primary reason for my choice of observation as a methodological tool rested on the assumption that human behavior is expressive of internal values and belief systems. Making special effort to be an unobtrusive participant observer, I systematically took note of teacher-student interactions, planned lessons and events, and daily routines and procedures at the school. My early observation was somewhat unstructured and become more focused later as I tried to make sense of reoccurring behavior (Marshall & Rossman, 1995).

In order to uncover perspectives of participants and to elicit their meanings for events and behaviors, I also needed to interview them. Early in the study and after obtaining approval from the Human Subjects Committee at SIUC, I interviewed the district superintendent, principal, director of food services, head cook, social worker, physical education instructor, and school nurse. These individuals either made decisions influencing childhood obesity interventions or dealt directly with obese/overweight children as they ate, learned about healthy lifestyles, or expressed their feelings. Each in-depth, semi-structured, yet open-ended interview was approximately 45 to 60 minutes long and followed an interview guide that I created (Appendix A).

I decided not to interview students. Primarily, I did not want to place a focus on obese children, causing them to feel uncomfortable (Neumark-Sztainer & Story, 1997). The older girls in particular seemed to be aware and somewhat sensitive of body size differences. Heavy students in the older grade levels tended to choose other overweight and obese children as friends and showed signs of discomfort when class discussions centered on healthy eating and exercise. Instead of interviewing children, I engaged students of all sizes in conversation informally in the hallway, the cafeteria, and the

gymnasium, asking for information and explanation of daily activities and special events. They grew accustomed to seeing me at the school, and I routinely overheard discussions among the children and with the adult workers at the school that provided needed information for my research.

Yin (1989) described the role of the interviewee as that of “informant” in these open-ended, conversational types of interviews. The informal tone of having a conversation with the participant helped in trust building and establishing rapport. Interviewing in this manner also provided an opportunity for me to obtain information that the individuals might not otherwise reveal in a more formal or structured interview. I made efforts to convey an attitude of acceptance, reflecting my feeling that the participant’s information was valuable and useful. I encouraged interviewees to give narratives as answers by gently probing for elaboration. Specifically, I purposefully asked clarifying and delving questions following initial responses and allowed time for reflections, insights, and narratives generated from interview questions (Gall, Gall, & Borg, 2003; Hollway & Jefferson, 2000; Mishler, 1986; Spradley, 1979).

With the agreement of participants, I tape recorded the interviews and later transcribed them and took notes as well. These notes contained descriptions of such things as facial expressions and non-verbal behavior, and I wrote them on a copy of the interview guide. I also added comments immediately after leaving the site of the interviews. Tape-recording the interview provided a complete verbal record for extensive review later. Since all of my interviewees gave permission for taping, I did not have to rely solely on note taking (Gall, Gall, & Borg, 2003).

While a great number of the interview questions centered on my three research questions, I first attempted to gain a sense of the participants' perceptions on the issue of childhood obesity. With a goal of learning what was important in the minds of those interviewed, I asked some general questions prior to starting the actual interview (Spradley, 1979; Taylor & Bogdan, 1984). These initial questions were descriptive in nature and typical of an introductory conversation with a new acquaintance. For example, I asked participants to tell me about their current positions in the school and their relationships with cohorts and students.

Generally, qualitative researches utilize somewhat unstructured, open-ended, informal interviews (Schwandt, 2001), and I followed this procedure in developing the interview protocols. Direct questions involved asking interviewees what they felt were the causes of childhood obesity and how serious, in their opinion, the problem was. Concerning the role of schools in preventing childhood obesity, I questioned participants about what types of programs, if any, should be utilized in schools. After gaining some insight in these areas, I asked staff members about existing strategies presently in place at AJMC to help children struggling with obesity. I then inquired about how effective these activities were in addressing the needs of these students. I asked, too, if they were familiar with any barriers to prevention strategies and their beliefs of the causes for any observed barriers. In conclusion, I included questions about obese students' interactions with others at school.

Developing a focus group for interviewing is another strategy for collecting data. An exploratory approach to the focus group helped me in obtaining another perspective of educators' perceptions, feelings, and attitudes (Edmunds, 1999; McMillan &

Schumacher, 2006). The focus group offered collective interaction in a more natural environment than that of an individual interview. Participants shared ideas as they were influencing and influenced by others—just as they did in life (Krueger & Casey, 2000; Madriz, 2000). Initially I had planned to form two such groups of four or five classroom teachers each in my study, with one group including teachers from the primary level (Kindergarten through second grade) and the other group involving those from the intermediate level (third through fifth grade). However, I found it difficult to find that many teachers willing to stay after school for an hour during spring semester as school was winding down. In the end, I was only able to do one focus group. The group was composed of a third grade teacher, a fourth grade teacher, a reading specialist who saw first through fifth graders, and a special education teacher for grades one and two. I took care not to select close friends or teachers from the same grade to participate in the session, as I wanted to encourage an environment in which group members were stimulated by one another's comments. Since focus groups build on a group process, this technique necessitates that people often listen to others' opinions and understandings to clarify their own. My initial and periodic questions were broad and open-ended in an effort to promote interactive talk in an engaging environment, and I used these sporadic questions to keep dialogue flowing and to avoid domination by one or more participants.

As in most case studies, artifact examination played an explicit role in my data collection (McMillan & Schumacher, 2006; Merriam, 1989; Taylor & Bogdan, 1984; Yin, 1989). Documents of all types helped me to uncover meaning and develop insights relevant to the research problem. I allotted time to systematically search for relevant artifacts, such as school policy manuals, curriculum guides, announcements of special

activities, letters sent to parents, copies of administrative policies, and newspaper clippings and other articles appearing in the media and for archival records including attendance reports, school lunch calendars, and organizational charts. I looked at sample report cards and the mid-term reports that teachers sent home four and one half weeks into the nine-week quarters. I also saw special education and disciplinary forms. Since symbols can reveal social meanings and values, I likewise scrutinized tangible objects such as logos, posters, award plaques, and bulletin board displays. Gathering different types of artifacts aided in corroborating and augmenting my data collected from other sources. I checked for contradictory evidence and drew inferences that raised new questions for investigation while I kept in mind that documents are not literal recordings of events that have taken place.

### **Data Management**

Field notes, including notations, diagrams, and lists from my observations, were the “raw” data forming an archive of data and a record of my reactions while in the field (Rossman & Rallis, 2003; Schwandt, 2001; Taylor & Bogdan, 1984). I recorded my impressions, interpretations, and emerging issues to pursue, along with descriptions of settings, people, dialogue, and emotions in a field journal. I not only added notes to the journal after observations but after contacts that were more casual with research participants as well. When note taking became awkward or obtrusive, I set aside time as soon as possible to complete this task while observations were still fresh in my mind. Throughout the research phase, I created labels in the margin of my journals and organized the notes under recurring themes.

I transcribed tapes from individual interviews, but for the session with the focus groups, I also created an interview log to capture main points (Merriam, 1988). While playing the tape, I took notes on important statements or ideas, quoted the phrases or sentences exactly, and coded these notes with the tape counter for location. This made finding the exact words for assessment easier. These notes were in the left margin, and my observations on what I heard during the interview were in the right margin of the interview log.

### **Data Analysis**

Data analysis is the process of making sense from accumulated data. Since qualitative research is emergent, my data collection and analysis was a simultaneous, ongoing process (Goetz & LeCompte, 1984; Merriam, 1988; Taylor & Bogdan, 1984). In other words, I discovered a need to interview additional individuals, such as the school nurse after a chance encounter and discussion with her, ask different questions, or follow another avenue to investigate after being in the field for a while and becoming aware of unforeseen situations and circumstances. This method of concurrently gathering and analyzing information also helped me refine and/or verify my hunches and educated guesses. Keeping a journal of my experiences at the Admiral also aided in recollections of both participants' and my own reactions to daily occurrences at the school.

Of course, after I collected most data and saturation or repeated observations and statements occurred, analysis became more intensive. At this point in the research, I gathered and reviewed all of my field notes, interview transcripts and logs, and artifacts (Patton 1980; Yin, 1984). After making sure that the compilation was complete, I

checked for quality and filled in any missing gaps in the data. At this point, I made four copies of the collected material. I placed one copy, the master copy, in safekeeping and used another copy throughout the analysis. I wrote on the third copy and used the fourth copy for pasting and copying.

Systematically coding field notes, transcripts, and documents was the next step in interpreting my data (Patton, 1980; Rossman & Rollis, 2003). Initially, I relied on categories that directed my data gathering, such as expressed views of the school's role in the prevention of childhood obesity and perceived barriers to prevention efforts. While reading copies of field notes, interviews, and artifacts, I wrote comments in the margin about what I could do with different parts of the data. Patton (1980) says this process is similar to forming an index for a book or labels for a file system (p. 381). The first coding was simple, using four or five large categories. However, as I recoded and immersed myself in the data, I searched for reoccurring ideas and patterns of beliefs and actions that identified underlying themes that are more subtle and complex than the categories.

I used a hard copy and then coded and recoded the data by hand. I copied field notes and other documents in order to rearrange them by cutting and pasting for placement into separate folders. However, I did not attempt to force remaining data into folders if there was no good fit. Colored markers also helped me to distinguish between categories and aided in fitting themes within a category.

### **Trustworthiness of Data Analysis**

To reduce personal bias and ensure credibility, I made every effort to render an accurate representation of participants' views and experiences (Merriam, 1980; Taylor &

Bogdan, 1984). Understanding the overriding importance of ethical conduct (Rossman & Rallis, 2003), I express my own opinions and labeled them as such in the finding and explain how data were collected and interpreted. I also attempt to show how I reached conclusions in a clear manner that readers can easily follow. Several schema, such as triangulation, member checks, an audit trail, and thick description, were essential in accomplishing the goal of trustworthiness (Blumer, 1978).

Patton (1990) defined triangulation as a way to strengthen a study design by combining methodologies in the study of the same phenomena (p. 187). I used this methodological triangulation, or the use of multiple methods, to provide an in-depth understanding of educators' perceptions of the school's role in preventing childhood obesity (Denzin, 1978). By using interviews, observations and examination of physical evidence, I was able to formulate plausible explanations for collected data by looking at things in more than one way. With permission from the principal, I also took pictures with my camera of different parts of the empty school and playground. Triangulation was also beneficial in confirming my emerging findings. Each method had strengths and weaknesses, and the use of one approach helped to compensate for the weakness of another approach. For example, in interviews, participants reported their perspectives, but these perspectives were subject to distortion due to personal bias. However, I was able to check what participants reported in interviews through my observations (Patton, 1990).

I also shared my findings with my participants for elaboration, correction, or extension (Merriam, 1980; Rossman & Rallis, 2003; Stake, 1995). This review of findings with participants, otherwise known as member checks, was particularly valuable

with my emerging analysis. I employed this strategy, too, with interview transcripts in order to elicit additional information. Those interviewed were also able to review their responses to verify the accuracy of my transcription. I asked each participant to read transcribed responses to add to or alter responses for clarification. Except for the social worker who had left the area, I was able to contact all of those interviewed, and I had shared my notes with the social worker before she moved. The participants added few clarifying remarks and easily explained small misunderstandings in the transcripts. As I classified interviews and placed them into categories and themes, informants had access to my preliminary interpretations, as well.

Trustworthiness also grew stronger by maintaining a journal while collecting data. This was similar to an audit trail that documented my progress in the research (Gall, Gall, & Borg, 2003; Guba & Lincoln, 1981). The journal entries helped explain findings in my study by following my progress in the field. Similar to a diary, it provided a chain of evidence revealing how my thinking and procedures changed over the duration of the study. Finally, this documentation assisted me in presenting clear, meaningful links between research questions, raw data, and findings.

Other examples of methods to ensure trustworthiness included engaging in thick description and prolonged engagement in the field (Rossman & Rallis, 2003). Rich, detailed description made interpretation possible, guiding me in making logical conclusions, and spending a long period with participants in my study helped ensure a fairly complete picture of what happened there. Using these varied methods, I build a richly detailed story that connects observed events and discourses to larger issues and theories. I present this story in the next two chapters.

After concluding preparations for data collection, I entered the field for the research phase. The next two chapters contain the presentation of the data found during that time. I then discuss and analyze those findings and present other possibilities for further research in Chapter Six.

## CHAPTER IV

### DESCRIPTIVE FINDINGS

In this chapter, I present findings from my collected data and provide an underlying foundation for discussing conclusions and recommendations to aid educators in supporting obese students in their struggle for healthier lives. First, I offer a description of both the participants and setting in this case study. The portrait of the school includes the physical location and layout of the building, along with the organization of physical education classes, recess times, and breakfast and lunch periods in the cafeteria. I also examine health-related special programs and activities at the school. Beginning with an examination of the participants, including administrators, specialists, teachers, non-certified staff members, and students, I then describe the school and the various activities and programs there that promote healthy living. My purpose is to present a brief background of the participants, the place where they interact daily, and the activities that particularly influence obese students including opportunities to exercise, eat healthful foods, and learn to care for themselves and their bodies.

Over Spring Semester 2010, I was at Admiral James C. Mason Elementary approximately one-half day each week observing, interviewing, and participating in daily life at the school. I visited regular education and special education classrooms and spent time in art, music, and computer education classes, and each visit included time in the gymnasium and cafeteria. I watched and helped with a Valentine party, fifth grade track meet, and a fundraiser entitled Jump Rope for Heart. After days of watching and listening, conducting six formal interviews and one focus group with four teachers, and spending many more days reading and rereading field notes and transcriptions, I

recognized several themes related to how educators and students deal with childhood obesity within the culture of this elementary school. I divide this chapter into 14 sections: Participants, The Setting, Physical Education, Fifth Grade All-District Track Meet, Jump Rope for Heart, Recess, The Cafeteria, Salad Bar, Fresh Vegetable and Fruit Grant, After School Program, Valentine's Day Party, Field Trips, Positive Behavior Interventions and Supports Reward Events, Fun Day, and Summary.

### **Participants**

First, since this is a study of people's perceptions, I introduce the individuals, both adults and students, who interact with each other at this elementary school. Furthermore, I explain the organization of the school as it determines the number of students housed at the school and the types of student services provided by specialists. Because children in certain social categories tend to be more at-risk of becoming obese (Berg, 2005; Haas, Lee, Kaplan, Sonneborn, Phillips, & Liang, 2003; Morrison, Payne, Barton, Khoury, & Crawford, 1994), I also present the socioeconomic data of the students' families in the case study.

Sunnydale School District has two elementary schools, Admiral John C. Mason on the outskirts of town, and Schneider, in a residential section within city limits. Both attendance centers are similar in structure and in size. During the time I collected data, each contained Kindergarten through fifth grade classes with three regular education classes per grade level. Although Pre-Kindergarten students are not included in the attendance counts as they attend school for part of the day, two Pre-K classes were at Schneider, while one was at the Admiral. The two elementary schools shared physical education, art, music, and computer education teachers. A social worker, guidance

counselor, reading specialist, and speech therapist worked at each of the schools. Two nurses, with offices at the high school, taught health careers classes part-time at the high school but responded to calls from the other buildings when a child was ill or injured.

Other attendance centers in the district included the middle school located in the old high school building and the high school that sat on the northern side of the town. Sixth, seventh, and eighth graders attended the middle school before entering the high school. The district office, housing offices for the superintendent, curriculum director, business manager, technology director, and director of food services, was located in a separate building on the main street of the town. The bookkeeper, assistant bookkeeper, and executive secretary to the superintendent also worked in the district office.

Several non-certified staff members, who did not hold teaching credentials, provided valuable services for students attending the Admiral. Staff in the school's cafeteria included a head cook and four assistant cooks. Their work shifts were staggered, from five and one-half to seven hours, but all of the cooks were present during lunch times from 11:00 AM until 12:30 PM for the students. Each of the four special education classrooms contained at least one teacher's aide, and two teacher assistants were attendant aides, each caring for an individual child with extensive special needs. Two secretaries helped the principal receive visitors to the school, answer phone calls, communicate with teachers, and perform a multitude of other jobs daily.

According to the State School Report Card (2009) for the school, 59.7 percent of the 503 children who attended the Admiral during the 2008-2009 year came from homes that have low incomes. This classification is for families that receive public financial assistance or are eligible to receive free or reduced price-lunches. Approximately 76

percent of the students were White, 15 percent Black, three percent Hispanic, and six percent multi-racial or multi-ethnic. Students spent the bulk of the time at school in language arts, such as reading and writing (145 minutes daily) and studying mathematics (60 minutes daily). The 40 minutes in physical education class on most days compared favorably with the time spent in these core academic subjects. However, class size ranged from 20 to 25 students for these disciplines, while 40 to 50 students attended each physical education class.

### **The Setting**

In this section I describe the setting—the building and layout of classes inside the school—and the organizational structure in the district. The availability of a cafeteria, gymnasium, library, and rooms for special needs instructors and counselors shows the importance placed on physical exercise, student meals, student research and study, and counseling and supporting students with problems. Finally, the appearance of the building and ground can be welcoming or not, and security features speak to district officials' interest in safety and well-being of their students.

In telling the educators and students' story, I start with the building itself. With plaques prominently on the front walls documenting the construction of the school, I sensed a well-planned building for both traffic flow and control. The Admiral is a long, single-story building with long, parallel, interior hallways--one primarily for pre-school, kindergarten and first grade classes, another for intermediate grades, and one with fourth and fifth grade classrooms. With this layout, the older children seldom intermingled with the younger ones. The library, special education classrooms, and other specialized classrooms are interspersed among the regular education classrooms. Students from the

different grade levels occupied these rooms at varying times of the day, and this segregation by age undoubtedly reduced the threat of bullying by bigger children directed at the younger ones. The cafeteria, gymnasium, and music rooms are set apart from the classrooms and are located on the east side of the school.

The entrance of the school faces the south, and when coming through the front glass doors, visitors find the second set of doors directly in front of them that lead to the main hall locked. Guests of the school must instead enter the building by passing through side doors that open to the office. Architects designed this entry with security in mind—making it easier to contain a violent intruder in the office area and more difficult for the trespasser to reach areas populated with students.

The school sits approximately a mile from a small, rural Midwestern town with approximately 9,000 people in what was once an open field. A paved road leads off the highway to the Admiral, and runs past a clinic housing several doctors' offices, two professional buildings (one with a dentist and an accountant sharing space and the other containing physical rehabilitation services), and an assisted living facility with older and handicapped residents. A visitor to the school first sees a parking lot and a concrete courtyard with benches around the perimeter and containing three flag posts flying an American flag, a state flag, and a flag for those missing in action. The driveway loops between the courtyard and parking lot winding in front of the school so that parents can safely drop off and pick up children. At the end of the school day, students picked up by parents or caregivers wait for their rides in long lines on a covered patio area bordering the school entry. Bus riders, on the other hand, arrive and leave school through the

gymnasium located at the rear of the building. This system helped control chaos in the mornings and afternoons as children arrived and departed.

Upon leaving the office on the days of my planned visits, I usually entered a large hallway either walking straight ahead into the cafeteria or turning left to find the gymnasium on the opposite side of the hall next to the cafeteria. Physical education classes occurred in the gym almost exclusively, with a few days outdoors on the playground during nice weather. Instructors included one female teacher, who stayed at the Admiral, and a male teacher, who rotated between the Admiral and the other elementary school in the district, Schneider Elementary. During my observations, a female student teacher from the nearby university was present during PE classes as well.

### **Physical Education**

While Illinois state law mandates daily physical education classes for public school students, school districts in this state can easily waive this requirement, usually showing that the daily classes are not financially feasible, and that was the case in this district. However, following a complicated schedule, Admiral students did participate in PE classes most days of the week, with some weeks containing more time for PE than other weeks. Students typically followed this schedule: Day One—40 minutes of PE; Day Two—no PE, 40 minutes of art; Day Three—40 minutes of PE; Day Four—40 minutes PE; Day Five—20 minutes of PE and 20 minutes of music; and Day Six—no PE, 40 minutes of technology class, and this pattern is then repeated. Therefore, on any six school days, students would have three forty-minute PE classes and one 20-minute class. Two instructors taught large classes of two more classrooms during the 40-minute sessions, and one teacher taught just one classroom of students in the 20-minute classes.

Elaborate multi-colored calendars showed teachers and staff members on which day particular classes met and which teachers were at the Admiral on any given school day.

Since each grade at the school contained three regular education classes and one special education class, students from two classrooms attended most PE classes together, making 40 to 55 students in each session. The female instructor, Tracy Landers, co-taught 40-minute sessions with the male teacher, but on the days of 20-minute classes, she taught alone. The male teacher, Tim Larrs, saw 1000 students every week between the two elementary schools in the district. The students addressed him as “Coach,” and he was indeed a coach at the high school as well as a teacher at the two grade schools. In January, while I was observing third graders during PE, Coach Larrs, a tall, slender man with an athletic build, told me that he has difficulty remembering all of the students’ names, but generally enjoyed working at the elementary level. He also served as an assistant coach for the high school football, track, and wrestling teams, and with three sons of his own, his life seemed to center on organized sports and physical activity in general.

On a winter day in late January, I observed a typical PE class. Third graders arrived at the gym in single files behind their teachers and sat in or close to the circle painted on the center of the gym floor. Coach Larrs seemed to be in charge, as a substitute was working for Ms. Landers who was absent. First, he reviewed the rules for playing basketball with the third grade students. After sending the boys to sit on the floor by the pushed-in bleachers on the south wall, he counted the 24 girls in a “1, 2, 1, 2” fashion to divide them into equal teams. Coach then directed the girls to retrieve yellow and red (high school colors) vests from a large netted container, and he explained that the

first group would play while the second group would stand along the sidelines and watch the game. Before the game began, he divided the twelve players into two teams of six each.

After approximately ten minutes, the girls watching and cheering from the sidelines replaced the first group on the floor for their turn. While the score flashed on the large lighted scoreboard hanging high on the east wall, Coach yelled, “What happens when someone scores? What happens to the other team?” Most of the girls did not seem to understand the rules about taking the ball out of bounds before throwing it to team members after the opposing had scored a basket, and a few times the girls forgot which basket was their team’s goal. Almost of all of them participated however, and ran back and forth across the gym floor while flapping their arms and calling for the ball to be thrown to them.

While the second set of girls played their game, the substitute teacher led the boys to the bin to find their red and yellow vests. When Coach announced that it was time for them to participate, the male students yelled as they ran and pushed each other to the gym floor. Coach quickly reprimanded them and told them to stand along the painted sideline, admonishing them with comments such as, “Reds are not getting to play right now because they are not standing on the line.” The boys responded immediately and grew quiet, and Coach Larrs then decided that all the boys could play since there were fewer of them than the number of girls in the class. The third grade boys loudly cheered upon hearing that announcement and ran onto the basketball court.

A few minutes into the game, Coach blew his whistle and ordered the boys to “sit down. We are not following the rules. Simmer down. Calm down.” After a minute or

so, the game resumed—but only for five or six minutes. Again, Coach Larrs blew his whistle as a signal for them to stop playing and to sit on the floor. He told them they were not following the game’s rules, reminding them to “look around before you throw it.” Then, he addressed the lack of team spirit and cooperation with comments such as, “I have kids who aren’t getting the ball saying, ‘I want to quit’. What is that?” Almost all of the boys listened intently and seemed eager to return to play, but fifth graders had started arriving in the gym for the next PE class indicating it was the end of the third graders’ time for the day.

Later in the semester, I discovered that a unit on the fundamentals of playing the game of volleyball followed the one on basketball. Although all of the students from kindergarten through fifth grades learned about the same sport, teachers adapted expectations and modified lessons for students with differing developmental skill levels to help prevent injuries and frustration. For example, in volleyball games, younger children tipped large, plastic beach balls over lowered nets, and students in the intermediate grades played a game called “Volley Tennis” where they hit the volleyball after it bounced on the gym floor. Familiarity with skill progressions and the ability to prepare developmentally appropriate lessons that encourage incremental success are indicative of teachers who have received specialist training (DeCorby, Halas, Dixon, Wintrup, & Janzen, 2000), and both of the PE instructors at the Admiral held teaching certificates verifying training and expertise in the subject area.

Although I often observed students playing sports in the PE classes, becoming a skilled athlete is not the goal of physical education classes at the school, according to Principal King, who taught PE at the Admiral before becoming an administrator. When I

interviewed him, Mr. King explained that high rates of obese and overweight children had somewhat changed his perceptions on the ultimate goal of physical education classes. This is evident in the excerpt from our conversation presented below.

SHJ: Were there other ways as a physical education instructor that you saw the problem (of childhood obesity) affecting your position in that role?

I King: Didn't affect my position, but it changes the way you look at things through what you want your kids in class to be doing. And, it helped me move away from more a sports-based physical education program to an activity-based program where, you know, walking is good. Where walking—this may raise the kids' heart rate up all they need. Don't expect a kid to run the same amount of time or laps as someone else, and in that way it was—it made me think 'Okay, as long as these kids are active in PE, having fun, being active, you know, that's going to help them.' And, what I wanted to do as a PE teacher was, you know, not necessarily make these good basketball players. I wanted them to learn that exercise can be fun and beneficial so that they can do something the rest of their lives to help themselves.

Ms. Landers had taught along with Jason King before he became principal of the school and seemed to agree with his opinions on the purpose of the physical education classes. She also elaborated on these beliefs as we sat, alone, in the large gym on metal chairs during a lunch period while I interviewed her. The somewhat pudgy teacher, a local native and a former student athlete while attending district schools, had definite views on what types of activities should be included in physical education classes for students—including the obese ones. Ms. Landers felt children needed to learn social skills and lifelong ways to pursue health, but she also hinted that those who are overweight, especially the older ones, often encountered challenges while trying to develop these skills. She expressed her views in the interview, saying:

They need structure. They need play time. They need time to socialize. You know, PE is so much more than just rolling out the balls. It's

socialization and learning how to play with other kids. Learning how to win and learning to lose and being okay with it and exercising. And, you know, we did an activity today: potato bowling. Are you ever going to do that again? No, probably not. But, you can at least go to the bowling alley, and you can bowl for your whole life.

You could be ninety and bowl. There are so many things that they get taught in PE besides just playing games. It's how to live and socialize and what to do to be healthy. And, that's what we try to tell the kids, 'You should want to go outside every single day and play.'

When I asked Ms. Landers how childhood obesity had affected her job as a PE instructor at the school, she continued to discuss her version of what the physical education curriculum should be.

Well, we try to make sure we have some type of cardiovascular fitness activity which a lot of it is running. At least once a week in our curriculum, we have rewards for them if they, you know, they do it. If they run the way we want them to and for a time and they do it the correct way. The rewards, which you know are kind of like bribing, but sometimes in today's society it's what you have to do to get the kids to do what you want them to do.

While in PE classes, I observed teachers giving several types of rewards to the children. The rewards ranged from placing the students' names on the Hall of Fame bulletin board to small plastic tokens that tied onto students' shoelaces. Except for the pizza party for fifth graders after the annual district wide track meet, I saw no edible prizes presented to the students, however. Because of the large class sizes, students often waited for their turn to participate, but Ms. Landers said that her intention was to involve every child in physical activity.

We try to play games that always involve a lot of movement and not a lot of stopping. We don't like to do games where 'okay you're out; you have to sit down.' No, we play. If we play a tag game, which is a cardiovascular fitness game, and somebody gets tagged, they go out and they do depending, on the level, jumping jacks or push-ups, and then they come back in. So when they get out, they do exercise—you know, a different exercise. And, then they come back in and keep playing so it's

continuous, and we like it to be continuous. When they leave there, the teachers complain that 'my room stinks after they come back from PE.' That's good. That means the kids are sweating, and they are moving. And, they are enjoying, and most, 95%, love PE. You'll always have those kids that don't like it. 'Well, I don't like this,' and there's nothing you can do about that except put them in the game and make them play it. And, if they don't like it, they don't like it. That's not . . .the majority of the kids love to go and play.

The students generally did seem to enjoy PE classes at the Admiral. In fact, youngsters often complained when it was time to leave the gymnasium and return to their regular classrooms. Ms. Landers felt that obese students enjoyed the physical activities in her class as well, but were not always as successful as the thinner students were. When asked specifically about the obese children in her class, she reflected on their attempts and attitudes during PE.

They participate. They don't do . . . they don't go as hard as what some of the other kids do, but a lot of that is 'cause they can't. A lot of, you know, especially fifth grade here . . . We have quite a few kids that are overweight, and they're at the level now that, just age-wise, they feel self conscious. And, they have low self-esteem, and that just adds to all the other things that go on. They don't want to play because they know . . . They feel like if they make an 'out', like in a game, or if they get tagged out, the only reason they got tagged out is because they are fat. And then that makes them feel bad, and so we try to make sure that the games, you know, that there's always a way to come back in. There's never 'Oh you're out. Go sit out.' We, you know, just try to make it as positive of an experience as we can for every child.

During my multiple observations in physical education classes, I saw students, including the overweight and obese youngsters, participating in the cardiovascular types of activities. During most PE sessions, only one or two children asked a teacher about sitting on the sidelines while the others played. These students usually said they were either ill or injured. Occasionally, one of the teachers would have all the children stop participating in a game or activity for a few minutes to listen to instructions or for

scolding, but I never observed teachers excluding individual students from physical activity. However, many students had to watch while others played because there were usually 40 to 50 students in each PE class, and when the entire group of children was involved, as in simultaneous volleyball games, more skilled students were the ones who were physically active while the others were often spectators.

After completing the instructional unit on basketball in February, PE teachers began volleyball instruction in early March. They erected two volleyball nets for the large group of students in each class, with twenty or more students for each game. While Coach Larrs supervised the game on one side of the gym, Ms. Landers and her student teacher worked at the other side of the room. With ten to twelve youngsters on each side during a game, every student had an opportunity to participate with no waiting along the sidelines. Some youngsters were more active than others were, but almost of all of them tried to get the ball over the net when it came close to them. In addition, every student acted as server, putting the ball into play when rotating into that position. Both the volleyball and basketball lessons provided all the students a chance to be physically active.

In a member (participant) check to follow through on previous observations, I asked Ms. Landers about the units of instruction. She told me that the PE instructors taught fundamentals of football, such as punting, passing and kicking the ball, early in the year, and later in the school year, the teachers showed students how to bowl. She also explained that two types of dance instruction were included as well. PE instructors taught dances popular in the 1950's and 1960's in the fall to coincide with the Positive Behavior Interventions and Supports (PBIS) reward program for well-behaved

students—a Sock Hop. In the spring, students learned dance steps from the 1980's helping them participate in the disco-themed PBIS event in April. Each unit lasted for approximately two weeks, due to “their (students) short attention span.”

Teachers interspersed this sport or dance instruction with other types of games, such as one called Fitness Scholarship. First instructors placed children into teams around the gym and gave each team a mat with different numbered cardiovascular exercises. Students then took turns leaving their teams to run to the center of the gym where they threw large dice and moved the game piece the amount of spaces showing on the dice to determine the number of the exercise the team members must perform. They then ran back to their team members and explained which exercise the other students must perform. Ms. Landers explained that this game also helped improve the elementary students' communication skills.

In another attempt to involve all children, teachers insisted that all students engage in a cardiovascular activity, called Keep Moving, once a week. In March, I observed third, fourth, and fifth graders involved in this activity. As students began arriving for class, teachers quickly placed cones around the parameter of the gym to mark the course, and Coach Larrs reminded the students that they are to stay between the cones and the sides of the gym and they were not to step on or otherwise hit the cones. During one class period, he also added, “Do we get drinks of water while we're doing this? No-o-o, we will get drinks after we are done.”

After students filed into place on one side of gym, the student teacher started loud, recorded music that filled the space. For the next 18 minutes, youngsters alternately ran or walked for two minutes and then walked for one minute around the gymnasium while

the music blared from the corner of the room. If students ran during the two-minute sequences and kept moving for the duration, they received a token prize, and if they ran the entire time, they received two tokens. Ms. Landers explained, “Run on ‘run’ and walk on ‘walk’ equals one token, and run the whole time equals two tokens.” The awards were small, plastic, medallions that students can lace onto their shoestrings or string together into a necklace.

Of the approximately 120 students involved in the Keep Moving activity, only two slightly overweight students—one boy and one girl—were among those earning prizes. Ms. Landers said of the male winner, “He’s chunky, but he tries really hard.” During the third grade period, four obese girls walked slowly during the entire two-minute span when they were supposed to try to run at least part of the time. The heaviest of the girls walked with a waddle gait. Later, during the fifth grade session, two heavy boys alternately ran for short sprints and then walked, and about half way through the activity, they started racing. Their obese friend decided to be the starter for their races, calling out “Get ready, get set, and go.” The three boys continued the impromptu game for around ten minutes, laughing and teasing each other, the entire time. During the three class periods, all students, including those who were overweight or obese, kept moving at some level during the allotted time. While all three adults monitored the children as they moved around the large room, Ms. Landers and her student teacher were the ones who recorded the names of winning students and the number of tokens they won.

Students not only won tokens, but those who ran the entire 18 minutes, ostensibly completing one mile, received a green paper cut in an athletic shoe pattern, signifying

that they were a member of the one-mile club. These students wrote their names on the shoe and drew a variety of decorations on it. They then returned their finished products to one of the PE teachers, who posted it on a large bulletin board on the east wall of the gym. Members of the five-mile club earned shoes on blue paper and stapled them over the green ones. Colors changed in increments of five: yellow for ten-miles; pink for 15 miles; orange for 20 miles; and white for 25 miles.

Tokens correlated to the different colored shoes, as well. Before reaching five miles, students could choose from multi-colored small plastic pieces shaped like feet. Members of the five-mile club chose slightly larger octagon-shaped medallions, and after the tenth mile, students earned their choice of foot-shaped tokens that were about three inches in length. Finally, Ms. Landers created a special place on a wall outside the gym in the main hallway for the names of the approximately 15 students who successfully ran 30 miles over the school year. During the semester I collected data, I did not observe any obese students winning tokens, but some overweight students routinely did receive the awards.

Several components of successful physical education classes, such as having specialists as teachers, adequate facilities, and inclusion of cardiovascular exercise, (DeCorby, Halas, Dixon, Wintrup, & Janzen, 2005; Felton, Saunders, Ward, Dishman, Dowda, & Pate, 2005; Lawson, 2005) were evident at the Admiral. However, the large class sizes were detrimental in keeping the children physically active, and I did not observe discussion of healthy lifestyles or other health education issues during PE classes at the Admiral. Several researchers have cited overcrowded classes and the lack of health education instruction as barriers to effective physical education classes

(Barroso, McCullom-Gomez, Hoelscher, Kelder, & Murray, 2005; Imbur 2005; Simons-Morton, Parcel, Baranowski, Forthofer, & O'Hara, 1991).

### **Fifth Grade All-District Track Meet**

Efforts to keep students physically active peaked in late April with the All-District Fifth Grade Track Meet and again in early May with a Jump Rope for Heart fundraiser for grades Kindergarten through five. Elementary PE teachers, with help from all the fifth grade regular education and special education faculty members, planned and coordinated the track meet. On April 30, a windy, overcast day, fifth graders rode school buses from both Schneider and the Admiral attendance centers to the all-purpose track at the district's high school for the event. As the elementary students disembarked from the buses, high school Student Council members directed them, along with their teachers and several teacher aides, to the high metal bleachers that normally house home team fans during high school athletic and music contests. One of the male PE teachers from the high school, flanked by elementary PE teachers, addressed the group over a loudspeaker, reviewing the agenda for the track meet.

Following directions from the high school teacher, boys from one teacher's class at the Admiral and boys from another teacher's class at Schneider made their way to the starting area on the track. Then, the girls from the two respective classes joined them in area designated as the "staging area" behind the starters. Elementary PE teachers and the lone male fifth grade teacher from the Admiral lined the boys up across the track, and at the sound of the starting gun, the students raced around the track four times to complete a metric mile of 1600 meters. At the end of the fourth lap, high school-aged helpers directed each boy into a lane veering into the grassy area inside the track, and

other helpers gave them a sheet of paper noting their places in the race. Waiting PE teachers then compiled lists of students' names and corresponding times.

After settling on a place to sit on the cold metal bleachers, I looked around searching for Jane Madison, a fifth grade teacher at the Admiral, whose class contained the most obese students in the school. When I saw her, I stepped over the bleachers to sit at her side and asked quietly if all her students had come to the meet. She reported that not one student in her class was absent that day, and they all, including the overweight ones, had expressed a great deal of enthusiasm about attending the track meet.

Each teacher from both schools sat with their students across the bleachers with space between them and the other groups. As the fifth graders cheered on the runners, teachers reminded the students not to yell obnoxious remarks about runners from the other elementary school. As I sat with teacher Sara Goodman, several students approached us to ask her for permission to go to the bathroom located under the bleachers near the parking lot, but most of them sat in small groups talking and teasing each other when not watching the racers. The lone male fifth grade teacher, who works at the Admiral, left his students with a student teacher from another class while he helped on the track field, and a couple of the other female teachers had to reprimand his class members several times for scrambling over the bleachers and for becoming too rowdy. Throughout the morning, parents, grandparents, and other adults arrived and left the area surrounding the track. Some stood along the fence around the track, and others joined students and teachers in the grandstand.

Consistently during the eight races with either boys or girls from two of the six regular education classes and two special education classes from both buildings, obese and overweight students were among the last racers to cross the finish line. During two of the races, both among boys, a couple of handicapped students from special education classes joined three or four heavy participants at the end of the race. One of the heaviest boys in Ms. Madison's class who was walking during his race heard students cheering as he approached the front of the grandstand and began jogging. He then looked at the spectators with a shy smile, evidently not realizing the fifth graders were cheering others who were ahead of him. The students on the bleachers either did not notice him or they ignored his smile, but not one mocked him.

A little before noon, the last race ended, and PE instructors congregated at a large table on the side of the football field inside the track. As this group compared and computed times, fifth grade teachers pulled their classes together on the bleachers, and everyone waited for the announcement naming the winners. After a few minutes, the high school PE teacher picked up a portable microphone and read the names of the three overall female winners and their times, starting with third place. He then announced the boys who had had the fastest times of the day. Each child walked across the track and received a large wooden plaque with an inscription on a metal plate attached to it as their peers cheered, clapped their hands, and stomped the metal bleachers making a thundering sound of approval. I could not see all of the obese students in the crowd, but the ones near me joined the other spectators in cheering for those honored. After a local newspaper reporter snapped pictures of the young victors, the high school teacher resumed naming winners, the first three girls and boys in each of the eight classrooms

from both the Admiral and Schneider attendance centers. Elementary PE teachers took turns hanging large medallions attached to red, white, and blue ribbons around the neck of each triumphant student. All of those winning awards were either thin or muscular. Not one was overweight.

After the track meet, the students rode buses to Riverview Park, one of three city parks, across town. Riverview is one of the oldest parks in the state, and a small tributary to the Mississippi River runs nearby. This city park is a few blocks from one of the town's two large subsidized housing projects for low-income residents. A band shell, jointly built by Works Progress Administration and the local park board during the Great Depression, sits on the south side of the park while a baseball field borders the west side. A large pavilion with American and state flags flanks the north side, and the home of the park district superintendent and several outbuildings are on the east side of the park. Numerous picnic tables, some sitting on concrete slabs covered with roofs, and various types of playground equipment, including swings and teeter-totters, dot the large grassy park. The driveway entering the park from the west passes the ball field to the south and a large wooden playground area that includes climbing walls, several sliding boards, and walkways from section to section to the north. Bus drivers dropped off students and chaperones in this area by the largest covered area with eight picnic tables.

Before leaving the high school, I asked fifth grade teacher Sara Goodman what was on the menu for the picnic lunch. She said in the past a local pizzeria had delivered pizzas to the park and school administrators had secured money from the Parent Teacher Organization (PTO) to purchase sodas for the students. Ms. Goodman then directed me to a fifth grade teacher from Schneider who had made the meal arrangements. Since I

knew this woman, I quickly located her and asked her about the food. After I told her a little about my research, she sheepishly admitted that students would receive sodas with their meal and added, “This is a really big day for them, you know. It’s really a special day.”

As I reflected on the track meet and picnic, I had mixed reactions. I was pleased to see the obese students participating in the track meet and not to hear negative remarks from the other students concerning their involvement, but I was disappointed that several of the heaviest fifth graders were eating large amounts of pizza for lunch. They also did not join the other students in playing impromptu games at the park, and I did not observe anyone, adult or child, encourage or invite any of them to do so.

### **Jump Rope for Heart**

On the first Friday in May, a fundraiser, Jump Rope for Heart, engaged all students at the Admiral in different types of physical activity. This event, planned by the PE teachers, was part of a national fundraising program for elementary school students sponsored jointly by the American Heart Association and the American Alliance for Health, Physical Education, Recreation, and Dance, a professional association for educators. Students received a sponsor form for names of those willing to give a donation for the child’s involvement in the fundraiser. While most of the money raised went to two sponsoring organizations, participating schools could also win gift certificates for physical education equipment depending on the amount raised. To receive a certificate valued at \$100, the school must raise between \$1,500 and \$2,999 (Jump Rope for Heart, 2010). According to Ms. Landers, the event last year at the Admiral produced \$1250.

Since that particular Friday was an early-release day for students due to teacher training in the afternoon, the PE instructors divided the students into three groups, kindergarten and first grade, second and third grades, and fourth and fifth grades, to participate in Jump Rope for Heart activities for 45 minutes each before the noon dismissal. Children in the youngest group jumped ropes and twirled hula-hoops on a paved playground on the southeast corner of the school, and the older children took part in these activities or shot basketballs on one corner of the area. Those not bringing money for the fundraiser had recess on the playground on the southwest side of the building separated from the other children by a wing of the school housing fourth and fifth graders. The art teacher supervised the students who were not participating in Jump Rope for Heart.

Approximately 40 students in the first group of kindergarteners and first graders took part in the fundraiser. The PE teachers talked with the group before directing them to the area where hoops and ropes lay on the ground. Ms. Landers told young children to practice jumping rope and play with the hula-hoops. After the students played for about ten minutes, the three teachers, including the student teacher, then divided the young children by gender and grade level for several contests.

In the first competition, first graders tried to be the final ones twirling the hula-hoops around their hips. Five of the girls and three of the boys were able to swing the hula-hoops for eight or nine minutes without dropping them to the ground while music blared from a portable sound system. Ms. Landers announced that they were the winners, and the student teacher helped them select their prizes from several large cardboard boxes containing balls of various sizes, jumping ropes, plastic cups with

attached straws, and water or pool toys. After the kindergarten students took their turn with the hula-hoops, first graders replaced the hoops with individual jump ropes. This competition proved to be more difficult, especially for the kindergarteners. The goal was to see which students could keep jumping the longest amount of time without a misstep, but PE teachers quickly determined that those kindergarteners who could jump the rope four or five times during a minute of trying would be the winners. After all the contests, the children and two female teachers danced together to the upbeat, recorded music while Coach Larrs prepared for the second and third graders.

Generally, the percentage of overweight and obese students was smaller among the younger children than it was in the upper grades, and this was the case for the students participating in Jump Rope for Heart. Most of the heavy kindergarteners and first graders brought the money they earned for the fundraiser and joined the activities. Some of them had trouble with the hula-hoops and jump ropes, but others were quite successful. One obese girl in kindergarten was able to jump rope several times during the short competition and chose one of the plastic cups as prize. When I asked her how she won, she answered, "I jump roped the longest. I have a jump rope at home." Another boy, who was probably the shortest and heaviest child in the kindergarten class, was not skilled with the hoops or ropes but, with the student teacher as a partner, demonstrated some dance steps for the other students. The PE teachers interacted with the participants and urged them to compete in the different contests.

The fundraiser and the activities involved with it were not so popular with the older students. When the next group arrived, only 26 of the approximately 140 second and third graders were active in the Jump Rope for Heart event, leaving a large group for

the art teacher to supervise on the playground. She joked, “Why are there four teachers on this side and just me on the other side?” Although there were more overweight and obese children in these grades than were in the first group, only a handful participated in the contests. The group jumping rope and twirling the hula-hoops grew even smaller when Coach Larrs announced that the ones who wanted to shoot basketballs could come with him, and all the boys except three, all of small stature, followed him. Lastly, the final group of fourth and fifth graders was similar in size to the amount of second and third graders involved in the fundraiser. However, three girls from these grades did join the boys in shooting basketballs.

Students did not tease nor mock the obese children who competed in the Jump Rope for Heart contests. However, I noticed that most of the heavier children in the third, fourth, and fifth grades who opted to go with the art teacher visited with each other and other peers instead of playing on the playground equipment. Since few overweight students in the upper grades participated in the fundraiser, hardly any obese children chose to be physically active during the free time out of class, and the lone supervising teacher did not encourage them to do so.

### **Recess**

Recess, at least during nice weather, was another time when children attending the Admiral were physically active. One of the secretaries announced over the public announcement system if recess would be inside or outside when conditions were questionable. Brenda Jones, a secretary at the Admiral, explained that if there was no precipitation and the temperature was above freezing, recess was outdoors. On days of inclement weather, students spent their daily 20-minute recess inside having “structured

play”. During that time they usually played board and card games. For each grade level, teachers took turns supervising the children usually on a monthly basis, and the two teachers on duty separated the students into their two classrooms while the other two teachers had free time.

Whether recess was inside or outside, students who had not finished their homework or who had received a “pink slip” for misbehavior went to a separate room with a hall monitor to do classwork. Those who were in the room for incomplete homework could leave for regular recess once they submitted the finished work. However, students with “pink slips” stayed with the monitor for the entire twenty minutes. Some obese students usually were part of the eight to ten fifth graders in this room on a daily basis. The monitor told me that three of the heaviest girls in fifth grade had sometimes hidden from their teachers in the bathroom at the beginning of recess and come to her room to ask if they could stay with her and “help” with errands. The students said they “didn’t like recess.” I saw these girls standing together laughing and talking during recess outside but seldom, if ever, saw them involved in physical exercise.

Most students seemed to prefer playing outdoors, and on cool, dry days when the secretary made the announcement that recess was outside, I heard cheers coming from the classrooms and hallways. The fenced playground was huge with both grassy and paved areas. Five wooden picnic tables sat on a large concrete pad directly behind the building, and several structures resembling small houses with open windows encircled them. A covered gazebo, approximately 16 feet in diameter, was behind those buildings. Posts for volleyball and badminton nets and basketball goals were atop three other hard surfaces, and in the middle of the playground was a huge two story, wooden structure

that had four distinct areas, three for climbing and swinging and one with a long, curving slide board. Wood chips were on the surface around that playground equipment. Finally, dozens of swings were on the far edge of the playground in a semi-circle configuration. With the large assortment of objects for active play, most of the Admiral students were engaged in physical activity for the duration of recess. However, a dozen or more third, fourth, or fifth grade students—many obese and usually female—stood in one place visiting with each other and watching others play.

In addition to scheduled recess, I witnessed children engaged in physical activity during their lunch periods after the majority had finished eating lunch. Principal King or the social worker led students from the cafeteria into the gymnasium for five to 10 minutes of playing and interaction. One day in February, I joined kindergarteners during their time in the gym. At first, the principal instructed them to sit on the sideline painted on the floor. With a great deal of wiggling, pushing, and shoving, they complied with his directive. The students then played with basketballs and bouncy balls (large balls with handles that the children sat on and bounced) on one end of the gym or joined their peers on the other side of the room for jumping rope, twirling hula-hoops, and climbing on triangular-shaped stepping blocks. During the lunchtime recess, the principal played rap-style music. After seven minutes of playing, he directed students to put the equipment back and to line up to return to their classrooms. This time for physical exercise was similar to what students in the other grades experienced at the Admiral on a daily basis after they finished lunch in the cafeteria.

## The Cafeteria

Not only did students have times for physical exertion during the school day, they ate lunch, and almost half of them had breakfast, as well, at the Admiral. On many occasions, they not only ate meals there but also filed back into the cafeteria as soon as the janitors cleaned it, for parties and special events, especially those involving food. The cafeteria, like the gym and playground, was an extremely busy place.

Spending time in the cafeteria was important to my study for several reasons. I wanted to see the food the cooks served, what students ate, and the amount of food they ate. Although consuming wholesome meals does not often translate into changed eating patterns, students generally learn to identify healthy food for better decision making at some points in their lives (Brownell & Kaye, 1982; Cabellero, Clay, Davis, Ethelbah, Holy Rock, Logman Norman, Story, Stone, Stephenson, & Stevens, 2003; Sahorta, Rudolf, Dixey, Hill, Barth, & Cade, 2001). In addition, the cafeteria was the hub of the school. Various groups of students and adults were present there throughout the day when I was at the Admiral—from breakfast before school started until the conclusion of the after-school program at 5:30 PM. Since students spent so much time in the cafeteria and ate there, I was curious to learn about the social interaction among students and between adults and students, and I particularly watched for any bullying directed at obese children.

Overlooking the outside entry to the school, on the west wall, are three rows of square windows, and each row contains six identical windows, approximately a yard tall and wide, stretching from the floor to the ceiling. Two other large windows meet in the southwest corner of the cafeteria. On the west wall, three squares of glass resemble an

upside “L”, and on the south wall, three squares are directly below the ceiling with two windows below them and one window at the bottom. The individual windows, each framed in burgundy, allow sunlight, especially in the afternoon to shine into the cafeteria. The block interior walls, which are painted soft yellow, mimic that sunshine.

Students, arriving for a meal, were in alphabetical order by last names as they walked along the west and south walls or up the middle of six rows of long tables, according to their grade level. Children from two grades ate together on opposite sides of the cafeteria, and their 30-minute lunch periods were staggered. On each side of an open area where cooks stood behind a counter, youngsters picked their choice of white or chocolate milk from an open cooler, received a tray of food, and proceeded to the cafeteria worker who sat between the two serving lines. She used a computer to enter the names of those eating. She seldom checked their names and made no mention of who was paying or enrolled in the free or reduced meal program.

During each visit to the Admiral, I observed in the cafeteria. I usually scanned the large room upon my entry, greeting and speaking briefly with staff members and students whom I recognized. Many students seemed to think I worked at the school and often approached me to ask questions or to report other students’ misbehavior. I also helped clean any spills students made, opened milk cartons for younger youth, and directed student requests that I could not answer to whoever was monitoring the cafeteria that day. Staff members working during breakfast and lunch times emphasized order and routines. Their expectations included students filing in and out with as little disruption as possible, using a conversational volume while talking, and eating instead of talking. When they did talk, the monitor often reminded students not to do so loudly.

Before leaving the cafeteria, I gathered my notebook and pen to write my field notes as soon as possible.

One day in mid-February was typical of the time I spent there. Kindergarten students entered the room a little before 11:00. Within five minutes or so, most found a seat and started eating their lunches. Three or four of the 60-65 Kindergarteners had brought their lunches from home, and after choosing their cartons of milk, sat among the other children. At 11:10, first graders began trooping into the room.

The social worker, Gwen Tripoli, monitored the youth as they ate while the principal ran in and out of the cafeteria. Ms. Tripoli told me that, while each grade had 30 minutes for lunch, “if they are quiet, they can go with the principal to the gym or outside to play the last 10 minutes or so.” She then admitted that they were not being quiet on this particular morning. However, at 11:15 the social worker and a teacher’s aide, who had joined her in supervising the growing group in the cafeteria, dismissed the kindergarten students to line up in the hall and follow the principal to the gym. The cycle of students arriving and leaving repeated until fourth graders entered for lunch at 11:50. Lastly, fifth graders, the final group, joined them a little after 12:00.

According to the head cook, Paula Dixon, approximately 200 of the Admiral’s 500 students ate breakfast at the school on any given day. The menu remained static: breakfast pizza (a type of sausage and egg casserole) on Mondays; pancakes or French toast on Tuesdays; coffee cake or oats (oatmeal) on Wednesdays; scrambled eggs and toast on Thursdays; and biscuits and gravy on Fridays. If students did not want the entrée for the day, they could choose between two cold cereals, usually sugared corn flakes or sweetened, fruit-flavored loop-shaped pieces. Whichever meal students

selected, they also received their preference of a small cup of juice or milk served in eight-ounce cartons. Regular-priced breakfasts were 60 cents, and reduced breakfasts cost 30 cents per day.

From the April monthly menu, some of the main dishes served for lunch were chicken and fish nuggets, hot dogs, corn dogs, sliced turkey, spaghetti, nachos, and tacos, along with a serving of both vegetables and fruit. Some type of bread, whether it was a bun for sandwiches, crackers, or a slice of bread, or pasta was also included in the daily meal. On three of the 20 school days in April, cooks served desserts of either cookies or brownies. On the other days, students received applesauce, fruit, or graham crackers. A label that read, "Daily menus offer choices of plain, chocolate, 1%, 2% or skim milk. Remember milk is a quarter if you bring your lunch or want extra milk," was on each month's menu. These lunches cost either \$1.25 per day for those paying regular prices or \$.60 for families paying the reduced rate.

Portion control and lower fat content determined whether meals were healthy, according to some staff members. When I asked Ms. Dixon if the served food was nutritional, she replied, "Yes, it is. Pretty well every bit of it's healthy 'cause we get all fat-free cheeses. Then, you got your turkey. I mean, everything's not full of fat." Principal King concurred and said, "Our kids get a good meal and they (the meals) are nutritious." He also added that the cooks at the school "give out the appropriate portions" of food. During my time at the Admiral, I observed meals consisting of mostly baked, not fried, foods and servings of lean meats that generally appeared to be low in fat content. The portions were not large, especially for the younger children, and

on several occasions, cooks told me to come behind the counter to help myself to a larger serving.

Although teachers and cooks often complained that students did not eat the prepared food and threw away more than they consumed, I did not see this happen. Some students appeared to be “picky” eaters and only ate a portion of the meal, and a smaller amount, perhaps a dozen each day, only ate the dessert and picked at the entrée. Few students brought their lunches from home, and a majority of those eating the school-issued meals ate at least half of the food on their plate. Breakfast was especially popular with the youngsters, and most ate the entire amount and drank their milk and juice. Routinely the heaviest students at the Admiral were the biggest eaters, often finishing their meals and then asking nearby children for leftovers on their plates, but I did not hear anyone teasing them about the amounts they consumed.

The older children in grades three, four, and five chose who they sat with in their designated areas, and there appeared to be three or four groups, or cliques, that routinely sat together in each grade. The students also tended to eat with others of the same race. I never observed an obese female student sitting with the girls in what looked to be the “popular” group, while the obese boys mixed with all the groups. I did not observe anyone telling another student where to sit or not to sit, but, rather, there seemed to be an unwritten, informal code that the students observed in the seating arrangement.

### **Salad Bar**

During my interview with Virginia Moorman, the director of food services for the school district, she revealed that her predecessor had applied for and received a grant from the state to purchase necessary equipment for a salad bar. Therefore, salads were

an option for fourth and fifth graders on Tuesdays and Thursdays. Ms. Moorman said, “It’s always very difficult the first couple of months of school because some kids just don’t know how to go through a salad bar.” Instructions for the students included how to make a salad. She told them, “You build up; from the ground up, guys. You put your salad, your lettuce, and then you put your stuff on it.” Head Cook Dixon reported that as many as 80 students, approximately one-half of the fourth and fifth grade enrollees, opted for salads on those days when it was available.

When I interviewed Ms. Dixon, she elaborated on the popularity of the salad bar by sharing that on the previous Wednesday, 69 fourth and fifth graders chose salad over hot dogs for lunch. Ms. Dixon also said that the rise in childhood obesity had affected general food selections in the cafeteria and that most students had accepted these changes. This fact is reflected in an excerpt from my interview with her.

SHJ: Have there been any changes in what you make in the last few years as this (childhood obesity) has become a bigger problem?

Ms. Dixon: Yes, I believe ‘cause you got fat free. Everything’s pretty well fat free. Ranch, you know, your dressings, your cheeses. It’s all going to lower calories, and that makes a big difference in the products.

SHJ: Have the kids commented now that you’re going to lower fat?

Ms. Dixon: I don’t think they can tell the difference.

SHJ: I noticed that whole wheat was on the menu. Do they say anything about that?

Ms. Dixon: Nope, cause they eat it. They eat it up.

The students did generally eat the low-fat offerings, including whole wheat bread, in the cafeteria. However, they seemed to prefer prepackaged foods, undoubtedly containing a great deal of salt and corn syrup that the cooks heated and served, over the

healthier fare, and their favorite choice for a beverage was chocolate milk. Indeed, the majority of students poured the sweetened chocolate milk over their sugary cereal for breakfast.

### **Fresh Vegetable and Fruit Grant**

Another popular food choice at the school, according to several staff members, was fresh fruit on Fridays due to a grant the school received from the State Board of Education. Funding for the grant, Fresh Fruit and Vegetable Program, came from the U. S. Department of Agriculture (Nutrition programs: Fresh fruit and vegetable grant, 2010; United States Department of Agriculture, 2010). The purpose of the grant is to increase both fresh fruit and vegetable consumption in public elementary schools, especially those with the highest percent of students enrolled in the free and reduced meals program. However, Ms. Moorman decided to purchase only fresh fruit for students at the Admiral. She explained that youngsters at the school balked at eating the raw vegetables they served at the beginning of the grant period but seemed to enjoy the fruit.

Participating schools in the grant must also show evidence of efforts promoting physical activity and healthy food choices with the goal of reducing weight gain among students, and Ms. Moorman thinks that through this program cafeteria workers have been somewhat successful in teaching the youngsters about making healthy choices in food selection. When I asked her to name specific programs or activities that would help curb the problem of childhood obesity at the Admiral, she replied:

Well, the Fresh Fruit and Vegetable Grant, for one thing. I was excited when we got it, but I didn't expect anything to change. You know, not realizing that some of the teachers would say 'You know, that little girl over there has never tasted a strawberry'. I'm thinking 'What? Come on'. I think it has, at least, opened their eyes to a snack that tastes good, that's

easy, that they can do. You know, they can tell mom to get a bag of apples. They're relatively inexpensive. So watching the kids be able to be happy with fruit.

They no longer—usually don't call it 'Friday'. It's Fruit Day. I think that's pretty impressive. Like I said, we've done a special, couple of special events out there where I've got to watch the kids come through and pick their fruit or help them pick their fruit. And, I'm just listening to them, 'Man, I don't ever get pineapple'. Yeah, I'm thinking it's a little expensive, but it's not. Just seeing them to be able to get excited, and maybe you just alter their eating behavior for two weeks. Who knows?

Concerning the grant, Head Cook Dixon said, "Actually, we got our fruit and vegetable program, and the kids, they go for it. I think it's better, and they finally realize what fruits taste like. And, they're going more for that than sweets." Jennifer Goode, one of the two nurses working in the district answered my question about programs addressing the types of programs addressing childhood obesity with the following answer:

Ms. Goode: Actually we have the fruit grant now.

SHJ: Uh huh.

Ms. Goode: And that's a wonderful thing. It's good, fresh fruit. Very appetizing. Very tasty, and that is something that I think that's been a major improvement. It's served at snack times, and it's in lieu of cookies and a lot of chip-things. And it's popular. It's going over really well. I'm excited about that.

SHJ: Yeah?

Ms. Goode: Yeah, so we love the fruit grant. We love the fresh fruit, and you know, we've been getting it all winter, which is extremely nice 'cause a lot of these kids will not be getting this at home. Fresh fruit in the winter time. Pineapple, strawberries, you know, blueberries, melon. Very, very expensive.

Other staff members at the Admiral agreed about the popularity of the fresh fruit even if some children were unfamiliar with certain types of fruit. The third grade teacher in my focus group said, "But, I will say the Fruit on Friday—my students look forward to the fruit." Following that comment, the fourth grade teacher in the group agreed that her

students enjoyed the food, but she “was amazed that the kids had never had some of the fruit.” She then told a story of talking a student into trying a bite of cantaloupe. Through the grant, several students were discovering a variety of unfamiliar fruits. A student teacher in one of the kindergarten classes told me that one of his students did not recognize a strawberry from the program, and one of the cooks who dispensed the fresh fruit said that students often asked her the names of the fruits.

On my Friday visits to the school, I observed students coming to the cafeteria with their teachers for the fresh fruit. Cooks either dispensed the food in small plastic bowls there or took it to the individual classrooms. Second through fifth graders received their portions in the morning between 9:25 and 10:15, but the younger children in kindergarten and first grade had their servings of fresh fruit in the afternoon. Parents took turns sending refreshments to these classrooms for morning snacks.

Students were enthusiastic while in line waiting for fruit on Fridays, but I often wondered if they would have eventually accepted vegetable servings, as well. When I asked Ms. Moorman about that, she replied that she did not think they would. It seemed to me that the Fruit Grant was an excellent start to introducing healthy food into the children’s diets, but, at the same time, it had become a token program for the Admiral’s staff to point out when asked about the battle against childhood obesity.

### **After School Program**

On Fridays, students in the After School Program also benefitted from the grant, receiving leftover fruit for their snacks. In this first year at the Admiral, forty-eight students enrolled, but approximately 35 attended on any given day, according to Marilyn Mason who checked students out as their parents arrived. On a Friday afternoon in

March, I only counted 22 students present, however. The students came directly to the cafeteria after dismissal from their classrooms around 3:00 pm, and although the after-school program ran until 6:00 pm most children left well before that time.

Three staff members, all of whom had experience working with children, supervised the participants in the program. The two monitors, Mrs. Mason and LaKeisha Brown, also worked as teacher aides at a school for students with behavioral disorders and were employees of the special education cooperative for the schools in this and two other counties. Since they drove across town to the Admiral for their afternoon jobs, they were usually several minutes late, and the director of the after-school program, Tom McCain, served snacks with the enthusiastic help from six or seven of the older students to program attendees before the two women arrived. Mr. Tom, as the students addressed him, had recently earned a college degree in recreation and worked in the after-school program for at-risk middle school students at the local Youth and Recreation Center before taking this position. During the day, the young man drove a bus for the nearby university.

Snacks consisted of students' choice of cold cereal, cookies or graham crackers and milk, except on Fridays, when students received leftover fruit from the Fresh Vegetable and Fruit Grant. After the refreshments, 10 to 12 students usually worked on their class assignments at tables in the cafeteria, and as they finished their work, the students joined the others who had gone to play either on the playground or to the gymnasium. All of the students in the after-school program had the opportunity to participate in games led by Mr. Tom or play as they chose on the outside equipment. However, once a week, students watched videos in the library instead of having recess.

Working parents enrolled their children into this program, and several wore clothing to indicate that they were in the healthcare field. I also recognized some parents who worked for the nearby university. The parents seemed comfortable with the staff, and the participating children told me that they enjoyed coming to the after-school program. I did not see any of the obese students in the program, but several overweight children were participants. I observed that some of the heavy students were not physically active while outside on the playground, and one afternoon while in the cafeteria I saw an overweight girl taking several cookies and cartons of milk while joking with the other students about eating and drinking so much. They laughed along with her but did not make any negative or disparaging remarks about her weight. When her thin mother arrived to pick her up, the girl was still at the table eating, and her mother reprimanded her for overeating to gain attention from the others. Overall, however, the overweight students did not behave differently than the thinner ones, and program staff members treated all the children in a warm and caring manner,

### **Valentine's Day Party**

While students routinely had times during regular day-to-day activities at the school to be physically active, students often engaged in physical activity during special events as well. When I observed a Valentine's Day party in a fourth grade class, I witnessed an illustration of this. Although the holiday usually involves a great deal of candy and other desserts, I was somewhat surprised to find that the room mother for the fourth grade party had planned active games for the children to play along with eating their numerous sugary treats.

At 1:30 that afternoon, I visited the classroom after obtaining prior approval from the teacher to assist with their party. Three mothers were also helping, but one seemed to be in charge. She first explained to the class of squirming students the order of events. Following these general directions, her daughter and two other girls handed out bags to all their classmates, and then the fourth graders loudly moved around the room placing Valentines in the bags. One boy gave a whole banana, with a decorated tag that read, "I go bananas over you" to each of his classmates. A majority of the children distributed cards with some sort of candy attached to the Valentine cards, and several of them passed out treat bags with small toys and an assortment of candy instead of traditional cards.

After sharing Valentines, the students moved with the teacher and mothers to the cafeteria where janitors had folded and pushed the long tables to the sides. There, the fourth graders played a couple of games. One was a type of relay race that involved running, skipping, and crawling, and the other game was a version of musical chairs. After about 15 minutes, the class members returned to their classroom to eat refreshments supplied by parents for the party. Each student received a box of juice blend (the label on the box stated that the blend contained 10% fruit juice), their choice of a chocolate or white large cupcake, and a handful of miniature, individually wrapped chocolate bars. The room mother in charge warned the students not to eat treats received as Valentines, but several of them ignored her and ate them without any repercussion from the adults in the room. While I was at the school, I witnessed students who ignored directives from adult volunteers and visitors but quickly responded to faculty and staff members so I did not think it was unusual that the fourth graders continued eating. Finally, the mother in charge announced the winning relay team and the individual winner of the musical

chairs-type game from the playtime in the cafeteria. She then presented small candy bars to the members of the relay team (one-fourth of the class), and the teacher allowed the individual winner to select a toy from a bag she kept in the back of room.

I seldom observed edible student rewards, and as a former public school teacher, I understood that sweet treats would be part of the Valentine party. However, the large amount of sugary food and the fact that no one acted as if this were unusual surprised me. Many students left the party with large plastic bags from grocery or discount stores, and the candy filled the bags.

### **Field Trips**

Physical exercise was also included in the some of the fourth grade field trips. As I was observing in the cafeteria one day in March, I noticed that no fourth graders were arriving for lunch and asked one of the teacher's aides where they were. She said they were bowling; it was a field trip day for them. I was intrigued that a bowling alley would be a destination for a field trip and stayed for a while after school to ask a fourth grade teacher, Gina Black, about it. Since state law mandated that field trips incorporate academic goals, Ms. Black explained that the fourth grade teachers had written a lesson plan with physical science objectives of teaching acceleration, force, and motion principles for the bowling trip.

The bowling trip was one of four educational trips the fourth graders took that year. The Sunnydale Board of Education had set three field trips a year for the elementary grades. However, Schneider Elementary was located in town, and students there could walk to points of interest and thus, had more trips outside the building. Therefore, Board Members decided that students attending the Admiral could have four

field trips yearly. As Ms. Black described the trips for the fourth grade that year, I realized that all of them had included physical activity: playing frontier games during Mason Days at the local museum, picking up trash around town for a community service day, hiking around a large farm as they studied plants and animals, and then bowling. When I asked teachers who taught in other grades about their field trips, I discovered that most of them planned trips that required some physical activity as well, including outings to collect plant specimens along the river and to help stock items at the local food pantry.

### **Positive Behavior Interventions and Supports Reward Events**

Planned physical activity was especially evident during Positive Behavior Interventions and Supports (PBIS) activities. PBIS, funded and supported by the state board of education, is a behavioral approach and intervention model to teach students about making positive choices and rewarding those choices. Teachers at the Admiral had been trained in PBIS components after district administrators decided to be a part of this initiative (What is PBIS?, 2010). The teachers, along with the principal, then devised a system of rewards and punishments for students. As part of that plan, students, not receiving a “pink slip” for serious infraction of school rules, such as stealing or fighting, attended monthly parties. Conversely, those students who received the slips from teachers for misbehavior instead attended a detention study hall with the social worker.

When initially hearing about the PBIS program at the school, I wondered if the reward parties centered on students having access to candy, cakes, and soda, but I discovered that the parties instead featured healthy behaviors such as dancing and active play. With input from PE Teacher Landers, who served on the PBIS Planning Committee to develop the events, students bowled with potatoes in March; played the game of limbo,

twirled hula-hoops, and danced during the Sock Hop in October; danced again for the Disco Day in April; and played “beach” volleyball for Luau Day in May. Food seemed to play a minor role in the festivities, and when I attended the March party, there were no edible treats for the children.

On one particular spring day, I went to the office to interview the principal, but he was not available. Brenda Jones, his secretary, suggested that I watch the students bowling with potatoes in the gym while I waited for him to return. There I observed fourth graders, divided into three groups participating in potato bowling, playing a game of hot potato, and watching and dancing to a video, *Riverdance*, featuring Irish dancers. The students playing the games were at opposite ends of the gym. The section of fourth graders bowlers lined up to throw or roll a potato at plastic bowling pins (each student took two potatoes). After attempting to knock down pins, students ran to find their potatoes and went to the back of line for another chance at bowling. The game of hot potato was less active, but students laughed and cheered as they passed an actual potato as they sat on the gym floor in a circle. Those watching the video and dancing to its music were in a classroom connected to the gym. Each activity consumed 12 to 15 minutes of the 45-minute PBIS party, and students from kindergarten through fifth grade were involved.

During observations at the Admiral, I looked for marginalization and harassment of obese students and was particularly interested in the PBIS recreational events. Teachers set few rules and directives for the non-competitive games and activities, and the students displayed a great deal of excitement while interacting with their peers in the relaxed atmosphere. During the monthly events, I did not see exclusion or maltreatment

of overweight students by either staff members or fellow classmates, and the only students not allowed to attend the PBIS activities were those with major disciplinary infractions during that particular month. The number of excluded children ranged from zero to five per grade level. In March, however, all four of the fifth graders not allowed to participate in the activities were overweight or obese. Three of the four had been involved with bullying other students.

### **Fun Day**

The final, all-school activity of the school year also offered active play and physical exercise for students. Although the lunch and snacks were not particularly healthy, on the last full day of school, students participated in active races and games. During the morning of Fun Day in late May, students who had not received any “pink slips” over the school year gathered in the cafeteria to play Bingo in the cafeteria. Volunteer parents and teacher aides supervised the Bingo players, while the other youngsters remained in the classrooms with their teachers. I observed approximately 40 percent of the students, usually 110 to 120 out of the 250 in the three grades, in the cafeteria during both sessions. The first series of games with kindergarteners, first graders, and second graders lasted from 9:00 until 10:30, followed by a stint with the older students from 10:15 until 11:15. Volunteers, all female, and the teacher aides gave each child a bag of popcorn as the students sat at the long tables. The guidance counselor called the Bingo numbers as the other adults helped the younger and special needs students find the numbers. After the counselor checked their cards, winners received snow cones as prizes. Winning students chose from snow cone flavors including lemon-lime, lemon, grape, orange, and cherry, which a couple of mothers pumped from large

plastic containers onto the crushed ice. The liquid flavorings contained high fructose corn syrup, granulated sugar, filtered water, citric acid, natural and artificial flavors, sodium benzoate as preservative, and food coloring. Near the end of each session, the counselor announced, "Raise your hand if you did not get a Bingo at all. Come up here." At that time, all of the children received snow cones, whether they had won a game or not.

At 11:30, all students at the Admiral filed through the cafeteria to receive their lunch of a hot dog, small bag of corn chips, an apple, and a small cup of vanilla ice cream, along with a carton of milk. Teachers then led their students outside to different parts of the school grounds, in the grassy area in front of the building, and on both playgrounds in the rear of the school. A few parents joined each class to eat the picnic lunch.

A few minutes after 12:00, Fun Day activities began. They included a dunking tank, wet sponge relay, and crab soccer on the playgrounds behind the school; tug of war contest on the grassy area on the western side of the playground; an obstacle course by the flags in front of the school; and eating popsicles in the cafeteria. Each of the six activities lasted for approximately 15 minutes. Students rotated through the activities by grade level, and I followed the third grade classes. I observed some of the heavier students in the third, fourth, and fifth grades watching and not playing crab soccer, which involved both physical exertion and agility, and while the overweight boys enthusiastically joined the others in the tug of war, two or three heavy girls in each of the upper grades did not participate in the contest. The adult staff members and volunteers, along with the other students, ignored the non-participating children as they stood on the side.

The third graders were just finishing the tug of war contest when I arrived outside, and after the last two classes tugged on a large group attempting to pull the other side across a painted line on the grass, the school bell rang indicating it was time to move to the obstacle course. There, volunteers divided the students into four lines, and a relay race ensued with students running around a circuit that included jumping through hoops laid on the ground, hopping on one leg through one section, and crawling under a rope. The adult helpers assisted any students who had difficulty performing the maneuvers and cheered for all of the third graders. As each student successfully completed the circuit, he or she tagged the waiting child next in line and returned to the back of the line. Although not usually as skilled at the maneuvers, all of the obese and overweight children participated. Other students cheered their efforts, and one parent ran along with some overweight students as they completed the course.

The next event for the excited third graders was the dunking tank. Again, volunteers placed the students in a line and gave the first child a tennis ball. Students took turns trying to hit a metal, circular switch that sent Coach Larrs into the water. The PE teacher taunted the students, especially the bigger boys, in a good-natured sense, with comments, such as, "Is that all you've got?" Fun Day activities ended abruptly when, after approximately 10 minutes at the dunking tank, we heard thundering above as the sky darkened. Immediately Ms. Jones, the secretary, ran from the building and said that we all must come inside. The third grade teachers decided to march their students into the cafeteria for popsicles before taking them back to their classrooms. I asked one of the teachers what she had planned for the remainder of the afternoon, and she stated that she

would show videos to her class. Thus, students had an active, final day of school, shortened as it was.

### **Summary**

In teaching healthy alternatives to overeating and being sedentary, educators at the Admiral were committed to helping students and, when necessary, worked around existing barriers to do so. Administrators designed a rotating schedule so elementary students could have PE instruction most days of the week. PE teachers dealt with short class periods with combined classes of children by planning supplemental cardiovascular workouts and games for larger numbers of participants. They also organized special activities over the school year, such as the all-district track meet for fifth graders and Jump Rope for Heart event that provided all students with the opportunity to be physically active while socially interacting. Recess time was limited to one twenty-minute period each day, but the principal, who had previously taught physical education at the school, provided some time for students to play structured games in the gym after they finished eating lunch. In the cafeteria, cooks created low-fat meals, and the director of food services initiated changes that offered healthier food choices, including salad bar for older students twice a week and fresh fruit for all students on Fridays. Finally, classroom teachers incorporated physical activities into special activities including holiday and PBIS parties, field trips and Fun Day. Using this data, in the next chapter I present the themes that I discovered while at the school that help me to answer my research questions.

## CHAPTER V

### THEMATIC FINDINGS

After thorough review of field notes, transcriptions and artifacts collected during time on-site, I identified several meaningful themes and sub-themes that provide the structural framework for my analysis. In this chapter, I present these various themes, such as the importance of words and valuing of all children, under three general categories, “The Caring School,” “A Prevalent Problem,” and “A Sense of Frustration.” I conclude the chapter with a summary of my findings.

#### **The Caring School**

The need for a meaningful connection between student and educator is a basic component of caring theory, which serves as a foundational context for my study. In a caring environment, students develop trust-building bonding experiences that help them to be comfortable in approaching staff members to discuss personal problems and needs. Two key factors of caring theory are modeling and affirmation. Educators at the Admiral modeled caring relationships for the students to experience, and they encouraged their students to be accepting of others (Noddings, 1988, 2005). I repeatedly saw evidence of adults demonstrating caring for others and recognizing students, including obese and overweight youngsters, as worthwhile and capable individuals. Teachers and staff members policed students in the words they used and thereby helped shield students deemed different from harassment. Sadly, I did not witness educators using the third major element of caring theory, creating open-ended dialogue with students, but by modeling caring behavior and encouraging all the children at the Admiral, they seemed to

make school less stressful for those potentially suffering from rejection and marginalization.

I observed several circumstances and activities that exemplified caring attitudes among staff members at the school. In the first part of this chapter, I present sub-sections to support my view of the Admiral as a caring school. Employees were hospitable and friendly, and the building was comfortable and inviting. They recognized and honored students through various programs and events, and underprivileged youngsters, including many obese and overweight children, received free food on the weekends and the summer through efforts of the educators at the Admiral. On a daily basis, faculty and staff knew the students and took time to interact with them, treating obese children in the same caring manner as the others, and they guarded the students from verbal harassment by teaching the importance of words.

### **A Caring Climate**

On my first day in the field, I experienced a cordial reception, and over the following months, I saw the same type of welcoming behavior toward students, parents, and other visitors to the school. On that first winter day, the two secretaries at the school immediately and warmly greeted me although neither was quite sure what I was doing at the school. Indeed, many times over the span of my visits to the school, I relied on the helpfulness of Brenda King and Pam Wilder, the school's two secretaries. They allowed me to keep personal items in a small room directly behind the main office and showed me the maze of smaller rooms connected to the office. These included a teachers' lounge, staff room where I later conducted the focus group interview, nurse's examination room, and private offices for the principal, social worker, and counselor. The secretaries also

helped me find rooms and staff members, explained schedules to me, and introduced me to numerous individuals.

I was also impressed at the welcoming appearance of the school itself. Just ten years old, the building is bright, airy, and clean. In the office, an assortment of large plants framed the ceiling-to-floor window facing the south entry to the building. Stepping into the main hallway, a visitor sees graphics and displays on the walls that are colorful and coordinated around themes. When I returned to the school shortly after school had started in the fall following my data collection for member checks, I saw posters of a 1957 Chevrolet car, records, malted sodas, and a dancing couple dressed in 1950's garb hanging from the ceiling in hallway by the entrance. Along the wall facing the cafeteria, the headline, "Rock 'n Readers," stretched across a display for the school reading program. The carefully arranged decorations correlated to that month's PBIS event, a sock hop. I thought to myself, "This is not something that was thrown together. It took a great deal of effort." It seemed as if staff members had painstakingly decorated the school to highlight the students' efforts and to demonstrate care for the school's appearance. The attractive and orderly placement of objects seemed to contribute to a feeling of serenity for students and speaks of the children's worthiness—teachers had cared enough for their students to produce a pleasing environment for them (Noddings, 2005).

### **Student Recognition**

Displays on the walls of the hallway were not the only way students received acknowledgement and encouragement at the Admiral. The recognition of students, or method of making students feel included, not excluded, in the school, was not a reward

and punishment system. Throughout the school, I saw evidence of how teachers at the Admiral created an atmosphere of acceptance and celebration of all their students such as a bulletin board in the main office. With large letters reading “Look Who’s in the News” across the top, a prominent bulletin board in the office contained newspaper clippings of pictures and articles featuring students at the Admiral. These included notices of students who had won a coloring contest sponsored by the town’s newspaper, articles about Little League baseball teams, and random pictures of students involved in local festivities. The student’s picture or name appearing in one of the area newspapers was the only criteria for selection on the bulletin board.

In the cafeteria, the entire south wall contained the first names of all students at the Admiral written on multi-colored papers cut to resemble arrows. These names were below the large, printed words, “Decide to Follow Eagle Expectations: Respect Yourself, Respect Others, Respect Property”, and that PBIS-related phrase was under the larger words, “Soaring to New Heights”. Another form of recognition for all students occurred for their birthdays when the principal read their names while broadcasting the morning’s announcements as they waited in the office to receive a pencil and certificate. Fifth graders who were celebrating birthdays then led the others in the school in reciting the Pledge of Allegiance via the intercom system.

Head Cook Dixon first told me about another way school personnel recognized students. When I asked her about interactions between the cooks and students, she replied, “We give them SOAR Awards.” She then showed me a yellow slip of paper that was approximately four inches by six inches in size. The card featured a drawing of an eagle and the words: “S.O.A.R., Students of Amazing Respect, and Soaring Eagle

Award”. A place to write the student’s name and class was at the bottom of the laminated card. When I asked Ms. Dixon why a student would receive the award, she said it was “for kind acts.” These students were not competing for rewards when staff members saw them treating others well.

Later that day, I questioned those working in the office about the SOAR awards, and Brenda Jones explained that all staff members have these cards to give to any students who are behaving well. Some examples of such behavior are being honest, helping other students, or encouraging others. The recipient then took the card to his or her homeroom teacher and selected a word, such as citizenship, responsible, respect, supportive, and empathy, which are in the squares of a Bingo board in the classroom. A huge duplicate, approximately three feet by four feet in size, of this board hung in the office under the banner, “Flying High with Good Behavior.” A secretary wrote the child’s name in the box with the chosen word on that board. Students’ names were often in several of the boxes as they received additional SOAR awards, and obese students routinely won SOAR awards. The principal then announced the “word of the week” on Friday, and the 25 to 40 children who had chosen that word on the Bingo board won their choice of prizes, including little rubber ducks, wristbands, decorated pencils, and rubber balls. While excited about winning the small prizes, the students appeared equally enthusiastic about coming to the office and participating in the contest.

Students also received recognition during special assemblies as I discovered when I overheard a fourth grade girl talking with a friend in the cafeteria. They were discussing the Honors Assembly that had coincided with “Wear Your PJ’s to School.” The girls seemed to think walking in front of their peers to receive their awards while

wearing their pajamas was extremely comical. Upon investigation, I discovered that these assemblies, honoring students in first through sixth grades who had received good grades and all students who had had perfect attendance, occurred at the end of each nine weeks of school. During the last week of school, approximately 70 students who had maintained grade point averages of 3.5 on a 4.0 scale and five students who had perfect attendance for the year went bowling and had lunch at McDonalds with the principal, guidance counselor, and several parents as chaperones, courtesy of the Parent Teachers Organization. Again, honorees included obese students who had earned the right to attend.

The fourth graders had dressed in nighttime garb during the above-mentioned Honors Assembly because it was on a day during Drug Abuse Resistance Education (D.A.R.E.) Week at the school. Throughout that week, students and staff dressed differently each day, following “1950’s”, “hippie”, “rock star”, and “school colors” themes. The students seemed to enjoy dressing in the themed costumes, but while talking with a group of teachers, I discovered that the youngsters also had learned about caring for their bodies that week in class, including healthy eating and exercising. Kindergarten through fourth grade teachers led lessons on avoiding drug and alcohol abuse, while fifth graders met with a county deputy who had completed the D.A.R.E. Officers Training two-week course in the nationwide program (How to start a D.A.R.E. program, 2010).

### **Caring for Student Needs**

While events such as D.A.R.E. Week involved all the students in the school, some programs specifically helped those children from impoverished homes. One of those was the Gum Drops program. As I sat in the social worker’s office on a Friday afternoon in

April, a thin, pale boy timidly knocked on Ms. Tripoli's door. He explained that he had not been in his classroom and had not received his bag of food for the weekend. As the social worker reached over to retrieve a bag from the corner of the office, she stopped and asked him if his little sister was still sick and absent from school. He replied that she was at home with strep throat but hoped to return next week. Ms. Tripoli then selected an additional bag for the sister, and as she handed the two plastic bags to the frail-looking boy, his face crinkled into a large smile as he thanked her for the bags. She later explained that the youngster had two other siblings at the school, and she was certain that the boy, who was a third grader, acted as babysitter for the other children.

While I was impressed that Ms. Tripoli knew these details about the boy's family situation, I also was curious about the bags of food. She then explained details of the Gum Drops program to me. The program began in a church in a nearby town. Church members were concerned about needy children not having enough food over weekends, and the result was the creation of a not-for-profit organization, Gum Drops, to send backpacks with non-perishable foods home with identified children on Friday afternoons. The elementary students in Sunnydale School District began receiving the food during the 2008-2009 year after a young woman who attended the church began teaching at the Admiral. At first, teachers and the social worker referred children for participation in the program, and approximately 50 students were recipients of the weekend food in the second year of its existence at the Admiral. Overall, 895 children in seven regional schools received backpacks at the beginning of the 2009-2010 year and then plastic bags of food weekly (Gum drops: Making an impact on kids lives, 2010).

Another program at the Admiral provided food for underprivileged children during the summer months. I learned about the Sunnydale School District Summer Food Program on Fun Day as I observed the PBIS bingo games in the cafeteria. Two cooks and the Director of Food Services, Virginia Moorman, were busily opening brown paper bags and setting them across the tops of several of the long tables on the other side of the room. Then, Ms. Moorman carried several large boxes of fruit from the kitchen. I went over to see what was going on and to ask if I could help, and Ms. Moorman explained that she had purchased extra fruit from leftover funds in the Fresh Vegetable and Fruit Grant. She had decided to send a bag with fruit home, along with a flyer advertising the Summer Food Program, with every student at the Admiral.

As I placed a banana, orange, and apple into every bag and filled boxes, each with an individual teacher's name and the number of students in her class printed on the side, with the bags, I talked with Ms. Moorman about the summer program. She told me that from June 14 to July 16, any child who was 18 or younger and currently residing in the school district, could eat a free breakfast and lunch at either the Sunnydale Youth and Recreation Center or Schneider Elementary School. Adults could join them for a fee of \$1.50 for breakfast and \$2.50 for lunch.

The summer food program, funded by the U.S. Department of Agriculture and administered by the state board of education, serves meals to children who live in school districts that have over 50% of their students receiving free or reduced meals. All those under 18 may eat free regardless of their status in the free and reduced-price meal program. However, according to Ms. Moorman, almost all of the 40-50 children who participate in the free meals are those who have free lunches at school. The purpose of

this Summer Food Service Program is to ensure children receive nutritious meals during time when school is not in session, especially those youngsters who would not have these types of meals otherwise. Officials in not-for-profit organizations and public schools are responsible for purchasing and preparing the food, and after necessary paperwork is completed, the USDA reimburses the cost of the meal to the organization (Summer food service program: Everybody wins with summer food, 2010; Summer food service program: Food that's in when school is out, 2010).

The Gum Drops and Summer Food Service Programs were evidence of school officials attempting to meet the needs of underprivileged students, including overweight and obese ones. Unfortunately, much of the food such as instant soup with high sodium content, sugared cereal, and prepackaged crackers in the Gum Drops weekend bags was not particularly healthy, and children who did not live near the feeding sites or have transportation could not participate in the summer program. However, educators at the Admiral made an effort to reach as many hungry students as possible. Counselors sent home brochures advertising both programs and handed them out to parents who visited the school for any reason. The desire to meet the basic human need of hunger demonstrated another caring characteristic of those working at the Admiral.

### **Caring Behaviors**

The caring attitude toward students at the Admiral came not only from programs, but I also saw it throughout the day in multiple thoughtful and considerate actions. At the close of school on the day students received their third quarter report cards, I observed at least a dozen children showing their grades to teachers and other staff members. Adults were hugging and alternately praising or reassuring the students as they left for home.

Actually, most days I spent at the school ended with much good-natured interaction in the halls among staff and students. The climate of caring extended outside as children waited for rides. The hall monitor who supervised them seemed to know each family's car and called to the child or children as their parents or caregivers drove up the driveway. The attention from adults seemed genuine and encompassed students of different races, socioeconomic groups, academic abilities, and all body sizes. Their actions seemed to speak of a fundamental respect for students.

Among other acts of kindness, PE teachers routinely took care of students' real and imagined injuries. Ms. Landers habitually took time from class to walk with a student to her office for an ice pack to place on the painful area. Whenever music was playing during physical education, the student teacher often found a student to dance with her or to hold hands with her as she danced. One day a small girl with Down's syndrome became quite upset over losing her sweater, and both female PE teachers walked with her between classes to help her "retrace her steps." Coach Larrs, while not as demonstrative as the two women instructors, teased the students in a light-hearted manner, especially the boys, continuously.

During the after-school program, I observed a group of seven or eight boys helping Mr. Tom prepare snacks and then follow him as he led the activities of the day. Mrs. Mason allowed a couple of volunteers each afternoon to be her "special helpers." They used her walkie-talkie to call the names of students who were on the playground when their parents arrived. A large, worn Bible lay on the bench beside her as Mrs. Mason, who is also a bi-vocational minister, joked with her helpers and visited with all the parents and guardians as they came to pick up their children.

Teachers did not exclude obese and overweight students in the warm and caring treatment. I observed the veteran art teacher as she called the children by pet names, such as to an extremely overweight fourth grade girl, “Would you put these on my desk, Sweetie?” Later, the teacher selected this girl to be leader of the line as the class left the room, and the girl beamed a huge smile. When I was in a social studies class, the teacher thanked an obese boy for helping another student, without making a fuss over the behavior, “That was nice of you.” She later told him, as other students complimented his oral report, “You have friends in this class.” Another teacher described the fifth grade track meet to me and said, “And even the kids that are heavy, we encourage them, and a lot of time their teachers will walk with them.” In music class, one of the heaviest boys in the school started making squeaking sounds on his recorder to the amusement of his friends, and the teacher gently rebuked him by saying, “You don’t usually act this way!” Several of his friends replied, “Yes, he does.” The boy and teacher smiled at each other, and he stopped the squeaking noise for the remainder of class. Overall, teachers treated the heavy students in the same manner as they dealt with the other children. However, several of the obese youngsters did seem to crave the positive attention, often volunteering to help staff members or reacting more visibly to praise. A few of the older, heavy girls also did not seem to have many friends, and they often asked to run errands or to sit next to their teachers.

### **Importance of Words**

During my interview with Nurse Jennifer Goode, she called the Admiral, “a kind of safe haven” for students, and I agree with her in that during the five months that I was at the school, I saw no acts of violence or severe bullying. Although their peers often

pushed aside or ignored the obese students and those in special education classes, teachers and staff members were vigilant concerning intimidation of students. Heavy students appeared to be lonely more than fearful of harassment. They often stood on the sidelines observing other students who were interacting with each other. While classmates excluded students who were “different,” staff members quickly attempted to stifle other abusive actions.

At the Admiral, administrators and teachers emphasized the importance of words used by students and acted immediately when students directed slurs to others or used negative or insulting words. On a daily basis, I heard teachers and non-certified staff members reminding students not to call others names such as “retard” or “liar” and not to use words such as “crap” or “suck.” However, the adults particularly disliked the phrase, “Shut up.” One day when I was in the art teacher’s classroom, she told the students, “Do not say ‘shut up’. That is considered a bad word in my vocabulary.” This comment followed her warning to class members to not write or draw anything “you wouldn’t want me, your teacher, or Mr. King to see.” During my semester at the school, I never heard derogatory comments directed to overweight students concerning their weight. Indeed, Nurse Goode said that of all the buildings in Sunnydale School District, “this school is very, very good about making sure there is no bullying going on and kind words are used.”

When I interviewed Principal King, I asked him how obese students experienced the school. He replied that sometimes peers did call these overweight students names, but that it rarely happened. Describing the name calling in schools, he characterized it as:

Nothing major. I mean, it is major, but it’s nothing that has been an on-going thing. We’ve had just an individual case here and there, and it’s not

just once a year. It's occasionally where someone has made a comment about someone. Well, no more than they've made a comment about any other physical feature on a kid or their race or something like that.

When I mentioned the vigilance concerning words used by students at the Admiral to Superintendent Pat Salk during my interview with him, he responded, "Language means things, and so we're always trying to teach kids the proper use of language." He then related a story of calling the parent of a high school student who had been suspended for "calling someone a name," and when the parent complained about the suspension, Superintendent Salk told him, "It's hateful language." The superintendent continued by saying, "At the primary schools, you hear 'use your words', and at the elementaries, it's more, you know, 'that's not how we talk to people'."

### **A Prevalent Problem**

One reason that harassment of overweight children seemed limited at the Admiral may partially be due to the commonality of childhood obesity at the school. The teachers included in the Focus Group discussed the prevalence of having heavy students in their classroom when I asked how the obesity epidemic had affected them in their professional careers. Below is an excerpt from the Focus Group session that illustrates how common it has become for a large number of obese children to be attending the school.

Third Grade Teacher: We've even had to have special chairs. Actually larger fifth grade chairs for my students because they will not fit in the third grade chairs.

SHJ: Do you ever hear other children making comments about accommodations like that?

Third Grade Teacher: No, I truly . . . don't think they bother. You know, kids won't come and tell me . . .

Special Education Teacher: I think it (childhood obesity) is so much more common now than when I was younger that we were making fun of

children. It's just a part of their lives and they've just . . . Even a few minutes ago, we mentioned being overweight because as I told you guys, I'm working on my weight, and I have five students out of nine that's overweight.

SHJ: How do obese students experience this school?

Reading Teacher: As they stated earlier, I don't know that they feel any different because it's not an oddity anymore. I had several larger children in my class last year, and whereas like we've said, back in our day there would have been serious teasing going on. I don't think kids even look at them differently, even in PE when they're running, and they can't obviously run very far. Desks having to be different. . . The way I had my computers arranged. I had to always make sure when those children needed to use the computer that they had the one that had more space because they couldn't fit where my other computers were.

Fourth Grade Teacher: Little things like that, but I was aware of it and always made sure it worked out to where they were on the end so it was never a noticeable thing. And I don't know, I just think that there's no overwhelming effect on how they participate or interact in school. . . at least not in the hallway.

I experienced an illustration of how common it was for a large group of overweight and obese children to be in the classroom when I observed a computer education class in February. Of 27 students, eleven appeared to me to be quite overweight or obese, and three—two girls and a boy—were extremely obese. Since there were so many heavy students in the class, I asked who their teacher was and then visited with her during the lunch break. The teacher, Jane Madison, told me that all her fifth grade students generally got along with each other quite well and she thought this might be the case because of the large number of overweight students in her class, stating, “This is the norm in this class.”

### **Gender Issues**

According to what some participants told me, being overweight is more acceptable if the young person happens to be a male. When I asked Virginia Moorman about what

type of interactions she had observed among students and adults, she told me, “Boys, say junior high level, if they’re big, they’re told, ‘The football team could really use you next year’.” Ms. Moorman then compared this to general comments often made to girls, such as, ‘You’re not going to have any friends if you don’t lose weight.’ She concluded, “I’m thinking that is not very fair.” Although I did not hear comments such as those, Principal King seemed to agree that, in some instances, heavier boys were exempt from some of the criticism directed at females. The principal, who was also a high school baseball coach, told me, in reference to football, “You shouldn’t be obese, but big kids can play that sport; play the line, and be successful.” Finally, Superintendent Salk said in my interview with him that others often pressured heavy boys to “become tough” and encouraged them to participate in sports such as football and wrestling.

During my observations, overweight boys did fare better than their underweight counterparts did. On numerous occasions during PE classes, the bigger, faster boys seldom included thinner, shorter boys in athletic games and sometimes directed comments such as; “Get out of the way” toward them. During Jump Rope for Heart, when a small boy in Kindergarten began to cry because he did not know how to jump rope and then again when he did not win a prize, a couple of males in his row moved farther away from him as he wept, and the other students, as well as the PE teachers, ignored him. Later in the fundraiser, the older boys who remained with the girls and did not join the other males in shooting basketballs were small-built and had difficulty jumping rope and keeping the hula-hoops off the ground. At one point, three of the girls moved directly in front of the boys, blocking their view of the teacher who was

demonstrating how to jump rope. While not very common, I did see other incidents of students pushing smaller boys aside, especially during times of physical activity.

### **Obese Students as Bullies**

An unexpected discovery during my data collections was that some of the heavy students seemed to become bullies. Superintendent Salk stated during my interview with him that if the heavy boys did not “become tough, they become the object of ridicule for all, or they become the bully.” When I asked the superintendent how obese and overweight children experience school in the elementary schools in the district, he replied,

Sadly, like everyone experiences it. I mean, the big fat kid is the big fat kid and ultimately ends up kind of becoming the bully because that’s their only defense as the big fat kid. They can still push people around, and how do you battle that natural stereotype? I mean, teachers don’t allow it, but it still happens. You know, it’s almost like the survival of the fittest.

I did not hear any threats or verbal abuse from obese students, but I did hear about some of the older obese students involved in bullying others. When I asked fifth grade teacher, Jane Madison, about any episodes of bullying directed at the large percentage of overweight children in her class, she said that a couple of obese students in her class, instead of being recipients of bullying, had harassed others. She then told me about an incident that had occurred recently when she was absent and a substitute teacher was in her room. While the mother of one of the heaviest girls had complained in the past to Ms. Madison about others harassing her child, the girl and one of the other obese girls had started a rumor that they saw two boys holding hands. Soon most of the students in the class were maliciously teasing the boys about being gay. The substitute teacher had become alarmed at the general mayhem in the classroom, and she called for help from the principal. When I asked Ms. Madison why she thought these girls would do something

like this, especially in light of the possibility of others having bullied them in the past, she audibly sighed and then stated, “Why does it ever happen? To deflect attention from ourselves.”

On another visit to the Admiral, I asked the social worker, Ms. Tripoli, about this incident as she had helped the principal with interviewing the involved students. She said of one of the obese girls who had initiated the gossip, this “is her way of being accepted. It is her way of being, you know, being part of the group.” Both the teacher and social worker inferred that the obese girls were bullying others as a defense mechanism. If others replaced them as targets of ridicule, then the girls were relieved of that role themselves.

Jennifer Goode, the school nurse, reiterated this belief about overweight children acting out in order to gain acceptance. During my interview with her, I inquired about the kind of interactions between obese students and their peers that she had observed. She said that some of the heavier students were loud and annoyed others, and at times, according to Ms. Goode, their teasing became hateful. She said, “Sometimes they (obese students) use a lot of attention-getting behaviors. We have some obese children in this school who are actually just little characters, and they get a lot of attention because they are such characters.”

When I observed five students who were in fifth grade detention study hall with the social worker, I quickly noticed that four of the five were very heavy (and the fifth student, a boy, was not small). The fact that 80 percent of the students who could not attend the PBIS reward party were extremely overweight piqued my curiosity, and I questioned Ms. Tripoli about this. She explained that the four children were “regulars” in

detention study hall and often their offenses included “picking on other students.” In a separate conversation with Ms. Landers, she told me that more overweight and obese fifth graders often got into trouble because “at that age when someone says something to them they are unafraid to retaliate. They said something back, and they got busted.”

The bullying by obese and overweight students was sporadic and tended not to be serious. However, teachers and support personnel at the Admiral desired to stop such behavior whether obese students were the targets or they initiated the harassment of others. While I did not see others targeting heavy students for bullying, I observed other students ignoring obese and heavy students in several situations. An illustration of this occurred one day when I was in the art room. Bev Jackson, the teacher, picked the first person in line to return to the regular classroom. That student then chose the next child and the pattern continued until only four third graders remained. All of those waiting for selection were overweight or obese. At that point, Ms. Jackson stopped the selection process, and the remaining students looked relieved. I was somewhat surprised that the teacher had not stopped the game earlier as staff members usually acted quickly to stifle hurtful actions among students.

Multiple situations at the elementary school supported my finding that it was a caring place for students—obese and otherwise. The prevalence of obesity made it easier for all children to be cared for in similar ways. Admiral faculty and staff members labored at making the school inviting and welcoming for all students. They recognized and rewarded students on their birthdays and when the newspaper published their pictures and for “kind acts” and respecting others, receiving good grades, and attending school regularly. They celebrated as students learned to care for their bodies during D.A.R.E.

week, and the caring attitude extended, as well, to underprivileged students through weekend and summer food programs.

Because of the prevailing atmosphere of acceptance and encouragement, obese students seemed to experience the school similarly to the other youngsters. Overall, school personnel seemed to accept obese children indiscriminately. They modeled caring behavior by knowing their students and taking an interest in them as individuals. On a daily basis, the educators discouraged the use of insulting words or demeaning slurs, and they watched for any signs of bullying among students.

Whether it was because of this close attention by teachers or the prevalence of childhood obesity, other students did not harass obese or overweight children at the Admiral. However, they did sometimes marginalize their heavy peers by isolating and ignoring them, although overweight boys were routinely included in student activities, especially in sports where their body size could be beneficial for success. Perhaps as a coping method to avert attention from their own situation, some of the older overweight students resorted to harassing others. However, this was not widespread, and teachers acted quickly to end the behavior when it did occur. Indeed most of the heavy students joined their classmates in school-related activities, and if they chose to watch passively from the sidelines during special events, participating students did not bother them. Obese students at the Admiral were not immune to social disapproval, usually expressed by disregard from other students, but through attentive and thoughtful behaviors of their teachers and other staff members, they attended a school, a caring school, where they were accepted and valued.

### **Sense of Frustration**

Another theme that I recognized was a general attitude of exasperation among those employed at the Admiral concerning how they could address childhood obesity in the face of many obstacles. During my time in the field, I encountered educators who were concerned about the plight of obese students but seemed frustrated in their ability to help these students. I sensed, at times, that the hindrances seemed overwhelming to the educators.

I found several causes for their frustrations, including discomfort in talking about childhood obesity, particularly with parents of overweight children. Staff members also thought that the parents were not cooperative and, indeed, were often the cause of the child's weight problems. It was also difficult to address the obesity problem because of others' unwillingness to make changes, recent budget cuts at the school eliminating a health education teacher, and high-pressure state testing. Generally, educators believed that the role of the school was limited in fighting childhood obesity due to these obstacles. I categorize these pressures on the educators into five subsections: concerns and difficulty expressing those concerns; blaming the parents; difficulty of change; mandated testing; and budget cuts.

#### **Concerns and Difficulty Expressing Those Concerns**

Time after time, I encountered staff members at the school who expressed concern for the obese and overweight children. One specific anxiety was the health of heavy students. Nurse Jennifer Goode answered my interview question about the impact of childhood obesity on her position as school by saying, "We see a lot of kids here with asthma, and I can say definitively that most of the children with asthma here are

overweight.” She continued, “They’ll be up there running around as fast as they can, and they come into the nursing office. They can’t breathe, and their chests hurt. Well, you know, when a seven-year-old has chest pain, that’s unusual.” She kept inhalers in her office for those students having pain and trouble with breathing. If the inhalers did not lessen the problems, she often fixed the frightened child a hot cup of tea and called his or her parents. When the parents arrived, Ms. Goode discussed medications with them and encouraged them to visit their child’s physician, while she often thought, “really what this child needs to do is to lose some weight.” She then admitted to me that it was difficult to bring up a child’s weight to parents, especially the parents who are obese themselves. In his interview with me, Principal King agreed that a student’s obesity is a “delicate subject” to bring up with parents or with students themselves because “you don’t want the kid to be self-conscious” and “if you approach adults, sometimes they are very defensive about what their kid is.”

The four teachers in the focus group also were troubled about the health of their obese students. The following excerpt from my group interview with them demonstrates those apprehensions.

SHJ: I would like to know people’s general view of how childhood obesity has impacted you in your professional lives. Anyone?

Reading Teacher: Well, I have children that come to me in small groups, and I have two groups that come after PE. I don’t know how strenuous PE is, but they are so, I want to say, exhausted, so out of breath. Not everybody, but you can tell the children that are really overweight. They’re just (makes panting sound). I’ve noticed that the children that are really overweight also seem to have other problems, or they are the ones that have asthma. We have a kindergartener . . . that just walking to my room, and he doesn’t come after PE, he is out of breath. You know, we’re walking down a hall and a half. I mean, it’s kind of sad.

Third Grade Teacher: We have students that have shown some of the same symptoms as yours. They're overweight, and they're out of breath. They're flushed when they're outside, and they just . . . oh. It's just . . . they express that they are overheated and just 'I'm exhausted'. Then when they come in, they lay their head on their desk, and they complain of headaches.

Although concerned for the students' health, the participants in the focus group also had experienced discomfort when confronting the parents of obese children about their child's unhealthy weight. The third grade teacher said that in one case she had heard that prior teachers had "received a lot of grief from the parents" of an obese child when they had discussed the child's obesity with her parents. She said the teachers "did not receive any support" from the parents, and so when the child moved to her class she knew not to pursue the issue. The special education teacher had heard excuses from parents of obese children, such as, "it is just baby fat; that's just the way it is in my family." The fourth grade teacher remembered discussing a child's weight with a dismissive mother who "thought her child was fine" and did not want to talk further about the issue. Finally, the reading teacher replied that some of her students' parents had "actually got mad at the teachers for even insinuating that their child might need some different food."

Ms. Landers related a similar incident concerning parental reactions to their children's weight one day as we talked in the gym between classes. She explained a fitness program utilized at the school that involved aerobic and strength testing along with weighing and measuring all of the third, fourth, and fifth graders. With the child's age, height, and weight, the PE teachers calculated a BMI and sent it home with each child on the report card. According to Ms. Landers, "a lot of parents didn't like it." Several parents complained that they did not want this information concerning their child

made public, and they feared others would see the statistics on the report card. As I listened to the PE teacher relate this narrative, it seemed that there was general avoidance of the topic of childhood obesity. If educators cannot talk to stakeholders such as parents and guardians about this issue, I see no hope for significant change in battling the obesity epidemic or changing the lives of overweight children for the better at the Admiral.

### **Blaming the Parents**

After telling me about weighing students, Ms. Landers said, “Normally the people who don’t like that (children being weighed) are the parents of overweight kids who are also overweight themselves. You know you see a kid come in who’s obese, and most of the time sitting out in the car waiting on him is at least one parent that looks the same.” Indeed, many educators connected with Admiral James C. Mason Elementary seemed to blame parents for the overweight condition of their children. When I asked Superintendent Salk, a tall, thin man, about what types of programs he recommended for schools to battle childhood obesity, he seemed to want to absolve the school of all responsibility in fighting the epidemic. He provided the following answer to my question:

I really don’t know. I know that on my level I’m more concerned with the families. You know, obese kids come from obese parents. By the same token, racist kids come from racist parents, but you know (that). A child that we have to send home a lot with lice; honestly, she’s gonna always have it. It’s, you know, the situations are stemmed from home life, and how do you fix that?

Principal King, the Director of Food Services, and the school’s Head Cook all echoed the superintendent’s views. When I interviewed the principal and asked his general views on the obesity epidemic among children, he stated, “There is not a lot of control we have over them at home. People that need to address this are the parents and the guardians, and a change needs to be made in some things the kids are doing at home.”

In my interview with Virginia Moorman, she adamantly answered the same question with a similar comment; “I put the blame on the parents first and foremost and only. If you provide your kid fast food every night for supper that’s all the kids know, and it’s hard to combat that.” Paula Dixon replied in my interview with her that it was difficult to make a big difference in students’ eating patterns when parents are not doing the same at home. She concluded, “People should watch what they feed their kids.”

One day as I sat in the teachers’ workroom waiting for someone, one of the older cooks came in to refill the coffee maker and asked me about my research. After I told her the subject, she spoke at length about the children’s poor habits established outside school. She said that some of the students ate only the desserts of the special meals prepared at Thanksgiving and Christmas time and that it hurt her feelings when she saw them dump the untouched food on their trays. “If it’s not from Pizza Hut or someplace like that, they don’t want it,” the cook concluded, and then she summarized that parents had not taught their children about making good food choices. Her perceptions were indicative of those held by other adults at the Admiral, including a third grade teacher. In the office, as the teacher and I prepared to leave for the day, the conversation turned to reasons behind childhood obesity, and she declared, “If the parents aren’t going to eat right and exercise, then the child doesn’t either, and so I think they (the children) are picking up on those habits.”

Those suspected poor choices were illustrated in the foods parents brought to school for special events. A participant in the focus group complained, “When we were ISAT (state standardized assessments) testing, we had fourth grade teachers that sent notes out to parents to try to send in some healthy snacks for the kids during the breaks

and whatever. I only had two (parents) actually choose fruit.” Another teacher said that her class had physical education in the morning and were among the last to eat lunch so the students tended to become hungry mid-morning. She continued, “So I’ve always asked the parents to please donate, and out of three years, I’ve only had one parent send bananas.” Parents also brought in sugary snacks for birthday parties, according to the school nurse, who said, “Of course, birthday parties. It’s just a humongous amount of cupcakes. You know, sugar-laden drinks. It may not be soda, but it’s fruit juice.”

During my observations at the school, I saw several examples of the types of food brought to the school, and although I do not believe that unwholesome treats served to children for special occasions were a primary cause of their gaining weight, I often was surprised at the quantity of the food carried into the school. One particular afternoon, I met two women in the hallway who were bringing in a large box with a decorated, birthday cake. However, the huge cake was small in comparison to the volumes of sweet treats brought to the school on the Friday before Valentine’s Day, the day for class parties. While observing during the lunch period, I looked out the floor-to-ceiling windows in the cafeteria and saw dozens of adults with bags and boxes walking into the building. Later in the day when I attended a class party, I was also amazed at the number of students who distributed plastic bags containing several pieces of candy with Valentine cards to their peers. When I was a classroom teacher, students often brought a lollipop or small candy bar taped to cards, but this custom of “treat bags” was new to me.

### **Difficulty of Change**

The students do not spend all of their time at home however, and undoubtedly, what occurs in school affects them in some ways. Trying to alter the children’s behaviors,

such as their eating habits, can cause another type of frustration for educators. First, change is often difficult to generate. Virginia Moorman discovered how complicated making changes in the cafeteria could be during the three years she worked in the district as Director of Food Services. For example, when she introduced whole wheat bread to the serving line, students, particularly at the high school, balked at eating it. After three months of trying to convince the students to try the wholegrain bread, she admitted defeat and bought the less nutritious white bread. She was now slowly reintroducing the healthier bread.

At times, however, the cafeteria workers were the ones, not students, who resisted change, according to Virginia Moorman. The Food Service Director worried before applying for the Fresh Vegetable and Fruit about potential problems in implementing the program. When I asked her why she wrote the grant for only one school, she said, “Despite wanting to do everything at once, you got to be a little realistic. I didn’t know what kind of problems this is going to bring up . . .if staff is going to balk, storage will be a problem, or teachers are going to throw a fit.”

Ms. Moorman would like elementary students to have more choice in selecting food because “they are going to grow up and have to make choices then.” She said that she explained to staff members that they could control the choices, but the cooks felt allowing younger students to decide what they wanted to eat would be too time consuming. Maintaining the salad bar was also challenging for Ms. Moorman’s staff. Ordering fresh produce, dicing vegetables, and refilling salad bar offerings all were labor intensive. However, the biggest battle for the relatively new Food Service Director was moving away from prepackaged to fresh and “made from scratch” dishes. While it would

be easier to heat frozen pizzas and chicken nuggets on a daily basis, Ms. Moorman remained committed to substituting healthier fare to the school menu over time.

### **Mandated Testing**

Changing cafeteria offerings was, of course, not the only frustration confronting educators. Several educators discussed time constraints, especially in the light of state testing, over the course of my time collecting data at the school. When I asked the principal about barriers to dealing with childhood obesity at the Admiral, he quickly stated the following:

Number One, they (teachers) don't have enough time (to include lessons on healthier lifestyles). I mean, with the 90 minutes of, and this is mandated, in reading; 30 minutes in supplemental time; 40-minute special period; 30-minute lunch period; and 20- minute recess period. . . then, math. How do you fit anything else in? Requirements put on the schools by the state . . . there is no thought process. 'This needs to be done. Here you go, do it.' Some programs are pushed to the side.

The principal's attitude of childhood obesity not being an issue for the school to address was typical of other educators' view at the Admiral. When I questioned him on his general thoughts about childhood obesity and his role as principal in helping overweight students, he returned to the concepts of lack of time and the need to address subjects that are tested.

Well, my thoughts on it probably really aren't as detailed as they should be for our population, and I will be perfectly honest with you on that. Since I've become principal, my thoughts have been more concerned with reading, math, and making sure we are covering those because those are the things that our school is judged on and our district is judged on.

When I asked the focus group about existing programs at the school, the conversation wound through several subjects. At one point, one fourth grade teacher offered the following comment:

And, something that has changed, we used to have two recesses a day, but because of the curriculum and, especially, the state testing, we needed more time. And, there was only the same amount of time so now we are down to one recess every day. That cut out a lot of their time, and then someone mentioned to me that they saw in the news that some new schools are being built without a playground!

Time allotted for PE classes was also less at the Admiral than in past years, and more students were in the classes. The shorter, larger classes were the result of longer periods spent on core subjects. The mandated tests cover material in these areas, not in physical education. Ms. Landers named both the lack of time and the shortage of space as causes of anxiety concerning meeting the needs of obese students when I interviewed her.

Our schedule is split into a six-day rotation. On red, orange, and yellow days, Mr. Larrs is here so there are twice as many kids in the gym. During the winter, when we can't go outside, there might sixty kids in the gym. You have to cut down or you might not be able to do some of the games you want to do. You don't want any children to be injured, of course. You are just limited with some of the things you can do.

On green, blue, purple days, I only have one class, and on those days, I try to make sure that we do something we call 'PE Central Challenge' (assessment of individual students). I can take 12 to 15 minutes to do some testing. It's easier to do that when you have one class in here. I don't see every class every day, and that's just not enough. You know, state testing and everything, it's just not enough.

It was not only what I heard in interviews but also what I saw in daily interactions at the Admiral that demonstrated the demands of state testing on students and educators. For example, when I observed computer education classes, the teacher was not demonstrating techniques on the computers. She was leading the students in games that taught grammar and spelling. After children attempted to locate the grammatical or spelling error in each sentence, the related grammar rule or correct spelling showed on the screen. Throughout the games, the teacher urged the students to work quickly and to

be competitive with comments such as; “This is timed” and “I don’t think anyone has gotten ‘100’ yet.” At one point, she told the students, “If you don’t want to play this game, you can go back to the Interactive ISAT Sample Questions.” Meanwhile, a large sign on the white board in the room read, “Rock the ISAT. You can do it.” This poster was similar to those on marquees throughout the town, urging students “to rock the ISAT” and offering them good luck on the tests.

During spring break in March while I was on vacation, an old friend who taught at Schneider Elementary emailed me. She said the superintendent had charged a teacher at the Admiral with cheating on the state test. According to the rumors, Superintendent Salk had confronted the teacher and walked her to her car after placing her on suspension. When I returned to Sunnydale, I heard gossip concerning the incident. While parents seemed upset with the supposed actions of the teacher, other teachers remarked that she had not done anything other than try to assist the students on the test. If the teacher in question crossed the line into cheating, it was due to the pressure of testing, according to them. One retired teacher at my church said, “She didn’t do anything that any of us haven’t done.”

Over the span of the next few weeks, I did not want to become involved in gossip and discussions in personnel matters so I skirted the issue while gathering data at the Admiral. I avoided groups of people who were whispering in the halls and left the room when talk turned to ISAT testing. While the superintendent discussed the incident with me and Principal King told me he thought the teacher’s actions were indicative of the stress on teachers from mandated testing, others in the building never talked to me directly about what had happened. Eventually, the Board of Education vindicated the

teacher and allowed her to return to the classroom. The first time I saw her in the hall, she gave me a big hug. I simply said, “I’m glad it’s over.”

### **Budget Cuts**

Another perceived barrier to battling childhood obesity at the Admiral was the lack of funding. Ninety percent of Sunnydale School District’s operating budget came from two sources: the state and local property taxes. With the low value of buildings and land within the school district, property owners generated less in tax revenue than in affluent areas, and a state equalization formula adjusted the amount of state funding to compensate for the smaller amount from local sources. Approximately 60 percent of the school district’s revenue came from the state, and with an economic downturn, the district was only receiving partial payment from the state causing the local school board to make budget cuts. Salaries and benefits usually comprise 50 to 60 percent of total expenditures for a typical school district, so board members often look first at reducing the number of employees.

One day, as we waited for students in the gym, Ms. Landers told me that the school board had cut the health education position at the elementary schools due to inadequate funds. When I asked her who teaches health to the students, she said that the PE teachers had absorbed some of the instruction in their classes. They initiated games such as “heart attack” tag and told students about the causes of heart disease before a game of tag. They also warned students about the hazards of smoking and unhealthy eating, but mostly the classroom teachers were responsible for incorporating health education into their daily instruction.

During my formal interview with Ms. Landers, I revisited the removal of the health education position and asked her to elaborate on it. The following is her explanation.

The school board was looking to save money. That position was eliminated. She went to both elementary buildings and taught health, and through that, there was more nutrition taught. This year, it's just been put back onto PE. That's another thing (to teach). As a PE teacher, I would rather them be active for that time than to sit and listen to me talk about health. Not, is it important? Yes, but how important is it compared to getting the (physical) activity? You try to take some days where you can squeeze some health in, and it doesn't get taught as well as it should.

Although I was not in regular classrooms on every visit to the school, I did not observe much health education incorporated into student coursework. I did see one brief lesson on healthy food choices in a third grade classroom. The students were reading and discussing the news magazine, *TIME for Kids*, which they receive weekly during the school year. The four-page magazine is a supplement for reading instruction and includes articles featuring current events. The main story in the issue they were reading was on school lunch programs and the need for healthier food options. The teacher read the article as students followed along. She did not discuss a paragraph on processed food that often contained salt, fat, and sweeteners but did talk about the need for fresh fruits and vegetables, which was also in the article. She asked what fruits and vegetables the students preferred, and after a brief discussion of three to five minutes, the teacher moved on to another section in the magazine. The absence of a teacher to teach specifically about healthy living seemed to be a tremendous loss for the school's students, particularly the overweight and obese children.

Several teachers also talked about a comprehensive health grant in the school several years ago. A representative from one of the state's university worked at the

elementary schools developing instructional activities. Officials from the local health department monitored teachers' health and taught faculty members about healthy lifestyles. Students, who seldom ate junk food at school functions during this time, also attended assemblies that included teachers in skits that were both instructional and fun. One teacher said the students "got a big kick out of them (the assemblies)" and learned a great deal, as well. However, when the grant ended, the school did not have the necessary funds to continue the programs developed with grant monies.

Some participants blamed the lack of money for such mundane changes as the offerings on the salad bar. When I asked the district nurse why she thought the food on the salad was limited, she stated, "Well, it got too expensive. It got into working too much prep time for the cooks." Others told me that, in the past, the cooks had prepared a daily salad bar but having a variety of salad offerings available five days a week became too expensive.

During the last few weeks of school, I discovered that Gwen Tripoli, the school's social worker, would not be returning in the fall. The school board had terminated her from the position and had hired a younger, inexperienced counselor as her replacement. Ms. Tripoli, somewhat bitterly, told me she thought the decision not to rehire her was because of her high rate of pay. While I could not substantiate that theory, I did know that Ms. Tripoli, the self-described "bully police" at the Admiral, was very helpful to children with emotional needs, including obese students. She also had developed some strong ties to parents, and they seemed to trust her. An illustration of this type of relationship was her attempts to place a troubled fifth grade obese boy in a group home. His parents had struggled with substance abuse problems and had refused to deal with

their son's emotional and mental problems, and over the past couple of years, Ms. Tripoli had slowly convinced them of the boy's need for treatment. The new counselor would undoubtedly have difficulty learning about these types of myriad problems facing some of the students at the Admiral.

### **Summary**

In summary, I found the elementary school to be a caring place where educators treated obese children similarly to the others. They modeled a compassionate attitude and encouraged students to do their best, recognizing them as valuable members of the school. Several programs included opportunities for healthy choices in food and physical exercise. Moreover, staff members worried about the health of the heavy children and made adaptations, such as ordering larger desks, for them to be able to participate in class and special activities. They emphasized the importance of words and discouraged the use of hateful words generally, and when bullying surfaced, they acted quickly to stop it. Overall, students, thin and heavy, at the Admiral seemed to experience a safe and comforting environment while at school. However, I did find that while other students refrained from harassing obese and overweight peers, they did sometimes ignore and exclude the heavy students, particularly the girls.

While faculty and staff members wanted to address the problems obese children encounter, there were many barriers. First, educators did not know how to talk about the issue with parents. Without communication, there is little hope of developing strategies to help children overcome obstacles facing them at school and at home. Furthermore, educators tended to blame the parents for their child's obesity, and some of them concluded there was little the school could do to help these children in view of parents'

supposed indifference and unhealthy choices. Staff members at the Admiral also found it difficult to challenge the status quo in matters such as food offerings in the cafeteria and to find time to teach about healthy options with pressure to teach basic academic subjects on which students were tested. The loss of a teacher for health education and the expectation of regular education teachers to include health lessons in their already full schedules exacerbated concerns over time constraints. Although educators cared about the plight of their obese and overweight students, they expressed exasperation at not being able to make a difference in the children's struggles due to a variety of obstacles.

As prevalent as the frustrations were, educators at the Admiral seem to work to continue developing a caring atmosphere for children to learn and grow. However, over the five months of being in the school, I came to understand somewhat the immensity of the problems obese children encounter. The largest percentage of overweight students was in the fifth grade, and as I watched them prepare to move to the middle school, a sense of apprehension engulfed me. What would they face there? How would they cope? In Chapter 6, I turn to analysis of the data I collected at the Admiral, attempting to identify ways that could provide a more positive future for the multitudes of young people like these fifth graders.

## **CHAPTER VI**

### **ANALYSIS**

The fundamental purposes of my case study were to analyze the perspectives of educators at Admiral James C. Mason Elementary to understand how they view the role of schooling in the battle against childhood obesity, to study the actual practices inside the school, and to identify the barriers they face to helping the obese youngsters in their care. Drawing on the themes I identified in Chapter 5, I present some conclusions and discuss the meaning of the findings in this chapter. Chapter 6 contains three sections based on my three research questions: Perceptions on the Role of School in Battling Childhood Obesity, How Perceptions Shaped Practices, and Barriers. Throughout the sections and subsections, I connect my findings to the theoretical framework and researched literature. Finally, I suggest practices for educators to effectively address childhood obesity within the parameters of the school and make recommendations for future research.

#### **Perceptions on the Role of School in Battling Childhood Obesity**

Educators cared about the welfare of obese and overweight students at the Admiral. They worried about their health and the possibility of others bullying them. They included the heavy children in classroom and extracurricular events and treated them similarly to the other students. The atmosphere at the school was accepting and non-threatening. School personnel encouraged overweight students to care for their bodies by participating in physical activities and eating healthy, and they reacted quickly to stop other students from ridiculing them due to their weight. Yet, at the same time, faculty and staff members repeatedly expressed their belief that their role, and indeed the

role of schools in general, in fighting childhood obesity was limited because of several factors, such as parental influence, various barriers, and the enormity of the problem. In the first section on perceptions, I show how the educators' perceived barriers of the control parents exercised over their children's weights resulted in blaming the parents when their children became obese. Then, I present some of the frustrations of the educators at the Admiral including how they struggled with the enormity of the obesity problem and the pressures of mandated testing including the precedence it took over teaching about other issues, such as healthy lifestyles. Although the educators experienced restrictions in dealing with the causes of childhood obesity, they seemed resolved to defend obese and overweight children from bullying, and I address that in the final sub-section of this section on perceptions.

### **The Blame Game**

Administrators, faculty, and staff members perceived their role in battling childhood obesity to be limited, and a major reason for this belief was their view that parents, to a large degree, controlled how much their children weighed. Although most of the students at the Admiral had breakfast and lunch at the school, they ate at home in the evening, on weekends, and on days when school was not in session. According to the educators, their students enjoyed the type of food served at fast food restaurants since harried parents often opted to visit those establishments instead of preparing wholesome fare at home. Fresh produce was expensive, and some of the parents could not afford it. Whether for financial reasons or not, many children were not familiar with various types of fruits, such as those offered to them in the Fresh Fruit Grant. The large volume of cupcakes, cookies, cakes, chips, and sweetened beverages that parents brought for school

functions were likely indicators of the amount and type of food that they fed their families at home. Youngsters had developed preferences for sugary and fat-laden food before entering school, and they often balked at trying healthier options, such as whole wheat bread.

Educators complained that children were not physically as active as they themselves were when they were younger. Parents allowed the children to stay indoors and watch television or play games on the computer indoors. A special education teacher at the Admiral said, “I have asked my kids (students), ‘how many of you go outside and play versus how many of you go home and turn the TV or video games on?’ I don’t have many that play outside, and it shows over on the playground.” When Ms. Tripoli, the social worker also routinely asked students about their weekends, she often heard that many of them “just watch TV or play those darn video games all weekend.”

Furthermore, according to the educators, poor parents often used the television as a babysitter and seldom permitted their children to play outdoors in what they perceived as unsafe areas around their homes. In many neighborhoods, it seemed as though a culture of fear had become the norm. As another teacher told me, “When they (children) are in the house, parents know where they are.” Parents’ work schedules often conflicted with caregiving, and overall, school personnel felt that there were not adequate opportunities for families to be together for active recreation. Moreover, if parents were not role models for active lifestyles, their children usually imitated them and remained sedentary as well.

Educators believed that middle class parents tended to overschedule their children in private lessons and team sports that did not include a great deal of active play.

Reflecting that sentiment, Ms. Landers said that some of their children “don’t know how to free play” because of their involvement in outside activities that adults organize and control. Educators admitted responsibility for teaching academic subject matter and monitoring student behavior but thought that parents controlled personal behavior, such as their children’s eating and exercising. When educators did attempt to teach students about proper nutrition and the importance of physical exercise, they found that students had a difficult time in changing poor habits developed at home. Ms. Moorman, the food services director, summarized, “We only got 170 days.” She and the other staff members looked at the parents as the primary sources for their children’s health education.

Furthermore, faculty and staff members often assumed that obese students were the offspring of obese parents. Ms. Landers stated that when an obese child arrived at school, typically an obese parent is in the car dropping them off. Others, such as the superintendent, who said, “Obese kids come from obese parents,” echoed her opinion. Since the heavy parents had guilt over their condition, some educators concluded, they then made excuses for their children’s obesity with comments such as “it is baby fat and she will outgrow it” and “that is just the way it is in my family.” Repeatedly, educators connected with the Admiral agreed that parents were a major reason for their children’s obesity, and there was little that they could do to overcome the parents’ role in the situation.

Staff members, from administrators to cooks, were very aware of the problem of childhood obesity and the serious consequences associated with it. They were empathetic to the plight of obese children but were generally defensive about their role as educators in contributing to students’ obesity. They did not want others to consider them

personally linked with the problem and sometimes became defensive with me when I questioned them about practices at the school to battle childhood obesity. One method for “getting off the hook” when uncomfortable about others’ difficulty or problem is to find someone else to blame (Johnson, 2006), and that seemed to be what was often occurring with educators at the Admiral. The primary targets for their blame were the parents and families.

Educators did not blame the victims in the sense that they denounced obese students for their unhealthy weight. They instead shifted the blame to the parents of these children. It was as if they believed that if the parents prepared nutritious food and found time to pursue physical activity with their children, their offspring would not suffer from their overweight condition. In some ways this belief is similar to thinking that the victim of sexual harassment caused her mistreatment by dressing or behaving in a provocative manner. Teachers and staff members seemed to shift their discomfort of having a limited role in helping these students to the parents and thereby to shield themselves from feelings of guilt. They were now less a part of the problem.

### **Systemic Problem**

Another reason that educators gave for the limited role for schools in battling childhood obesity was the enormity of the systemic problem. As I interacted with those working at the Admiral, they often commented on what they had read or seen on television concerning the epidemic of obesity in both children and adults. Gaining weight was a personal issue for many of them as well. Throughout the school, the need to diet and exercise was often a subject of conversation, and educators who knew the topic of my research, appeared particularly sensitive when I was present. Workers in the

building were concerned about their own weight gains, and those who were parents worried about their children becoming overweight. When I ate in the employees' dining area, a small room next to the cafeteria, staff members apologized for their lunches from nearby fast-food restaurants, and when the cooks prepared special monthly meals for adults in the building, those participating often made nervous jokes about the unhealthy nature of some of the dishes. Furthermore, while a few employees at the Admiral were involved in recreational sports outside school and one teacher ran during the lunch break, the majority did not show any evidence of being involved in regular exercise during at or after work.

While they were caring and sensitive concerning the feelings of the students, adults who worked at the Admiral often modeled poor choices in caring for their bodies. Many purchased items from the vending machine in the teachers' lounge on a regular basis, and some, including PE teachers, took the sodas and sugary energy drinks into their classrooms when students were present. While other unhealthy habits such as smoking cigarettes at school were unacceptable and indeed illegal in this state, adults drinking caffeinated, sugary beverages in the presence of students seemed to be acceptable behavior at the grade school.

Personnel at the school were not alone in their struggles. Indeed, according to the literature I reviewed, a great number of American citizens are eating poorly and not exercising enough (Dietz, Jr. & Gortmaker, 1985; Hardus, et al., 2003; Lederman, Akabas, & Moore, 2004; Straus, et al., 2001). At the Admiral, parents also displayed some poor choices. They sent bags of candy as substitutes for Valentine cards during the annual holiday party and brought cupcakes and cakes topped with thick icing of sugar

and shortening for their children's birthdays. All involved, including faculty and staff members, parents, and students, expected popular and usually unwholesome foods when celebrating special events so educators served pizza and sodas at the all-district track meet for fifth graders and rewarded students who had perfect attendance for the year with a trip to McDonalds.

As prevalent as obesity had become, what could teachers in one elementary school do to make a difference? Principal King reflected a somewhat fatalistic view when he said, "There is so much involved that sometimes you think as a school, what can we really do?" Educators believed that serving nutritious food and creating opportunities for physical exercise at school would only make a small impact in the life of an obese child. In addition, after the Board of Education cut the health education position from the budget, most teachers saw little possibility of including that curriculum into their already full instructional schedules. Furthermore, as these adults knew, obtaining knowledge in methods for weight loss does not often cause an individual to reduce body weight (Cabellero, et al., 2003; Sahorta, et al., 2001.) Many of them knew this from their own struggles with weight gain.

### **Testing Is Priority**

Some educators did seem to believe that they had a role, small as it might be, to play in teaching their students about healthy lifestyles, but they thought escalating time restrictions limited their ability to do so. Administrators submitted class schedules to the State Board of Education showing how many minutes each day teachers spent on subject areas. State officials compiled the data annually and printed it in a School Report Card. Statistics from the report cards for every school district and building in the state were on

the state board's webpage. This information was available to those in the media to compare schools, realtors to show potential residents who were thinking of moving to the area and local public officials to entice business owners to relocate to their town. Parents of current students received hard copies of the Admiral's report cards as well. Teachers were concerned that published times reflected the fact that a majority of instructional time was in the areas of reading, language arts, and mathematics.

State law also requires public school teachers to test elementary students in grades three through five each year in the subject areas of reading, including language arts, and mathematics. Fourth graders also took science tests. In 2009, 79.3% of the students at the Admiral had met or exceeded state standards on the assessments, while 76.7% of the pupils at Schneider Elementary, the other grade school in the district, had met these goals (Illinois State Board of Education, 2009), and Admiral teachers were competitive with Schneider teachers about their students' scores on the state tests. Additionally, both Sunnydale Middle School and High School had not met Adequate Yearly Progress as defined in the federal No Student Left Behind law on their standardized tests, so elementary teachers in the district felt pressure to better prepare students who would soon be attending those buildings. Mindful of these stresses, teachers allotted a majority of the school day to teaching those subjects that were tested.

The time allotted to preparing students for the tests also limited the amount of attention teachers spent on teaching, particularly in areas such as health education. The first Friday of each month, September through May, was an early dismissal day in the districts. Students left after lunch, and teachers met to discuss ways to raise student scores. Teachers created lessons on effective test taking strategies and debated how to

find time in the daily schedule to tutor weak students and to add supplemental material for advanced students. They also reviewed individual and class scores from the previous years to find strengths and weaknesses to address in the classroom. Finally, faculty members jointly chose instructional kits to purchase for additional practice on the upcoming tests.

However, the time students spent practicing for the tests exceeded the amount of time planning for them. For several months before the spring assessments, the computer teacher had students play games during class that taught material similar to that which would be on the tests. The other teachers drilled students, divided into high, average, and low ability groups, on reading comprehension, grammar rules, and math computation, and units of study in other areas, such as social studies and health education, were replaced with those in reading and language arts, math, and for the fourth graders, science. Ultimately, educators perceived their role in preparing students for standardized testing as taking precedence over teaching them to live healthier lives as related to body weight.

### **Preventing Bullying**

While faculty and staff members at the Admiral believed they had a limited role to play in battling childhood obesity, they saw their responsibility at school as involving protecting overweight children from harassment. Indeed teachers and staff members were determined to limit bullying of students for any reason. They regularly lectured students about offensive behavior and monitored the use of potentially defamatory words and actions.

Possibly, because of their efforts, teachers did not think overt bullying was happening in their classrooms, but almost all admitted that parents of obese students had

complained about other students belittling their children. Generally, the teachers dismissed these parents' allegations, saying they had not witnessed this type of mistreatment directed at their overweight students. Some instructors indicated that if certain heavy students had been the recipients of ill treatment, they might have initiated the squabbles with their peers.

Teachers and other workers at the Admiral dealt with situations involving name-calling and slurs by reminding students to use kind words and if an escalation occurred, they gave "pink slips" to the perpetrators. Usually for the first offense, these students missed recess for one or two days. If a student repeatedly bullied others, Ms. Tripoli, the social worker, became involved. Indeed, she called herself, "the bully police," and Ms. Tripoli counseled both offenders and victims.

Administrators and faculty also believed that anti-bullying should be a component of character education instruction at the school. The social worker circulated among classrooms on a rotating basis (primary grades one week and third, fourth, and fifth grades the following week) to teach 30-minute units in character education, and at the beginning of each year, one of the first lessons centered on bullying. During that particular session, Ms. Tripoli defined the term, and she told the youngsters that it was bullying to insult or harass someone because of characteristics such as their weight. She stressed the importance of victims telling her or another adult in authority about the bullying.

One of her favorite assignments during these classes had been to challenge the older children to sit with someone new at lunch. She also told the students, "to get to know them (those not usually in your group). You might find out that you actually like

them.” Ms. Tripoli said that recently when she had done this, the fifth graders had started laughing. A youngster then commented that one difference in students was weight, and four or five of the students started laughing as they turned and looked at the heaviest boy in the class. The social worker quickly restored order by asking the offenders why they were laughing in an attempt to remove the unwanted attention directed at the overweight child. However, she did not think this incident was bullying, as the others were not threatening the student. I wondered if the heavy boy agreed with her assessment.

Educators at the Admiral seemed to care about the welfare of their students, including those who were overweight or obese, but they were mindful of such challenges as poor habits learned at home and the need to shield their students from harassment. As my second research question deals with the way practices reflect the perceptions presented in this section, I looked for behaviors at the school that seemed to stem from the educators’ beliefs, and from my observations at the Admiral, some of their views did appear to manifest themselves in particular actions. Random attempts and unrealized intentions to help obese and overweight students paralleled beliefs of a limited role for the school in battling childhood obesity, for instance. Furthermore, caring school personnel seemed to be frustrated and applied individualistic answers to a systemic problem. Next, I discuss these practices and examine their roots in the educators’ perceptions that I described in this section.

### **How Perceptions Shaped Practices**

Attempts to address childhood obesity were sporadic and perfunctory at the Admiral. Teachers discussed healthier school lunches when the students’ news magazine included the subject. Faculty and staff members cheered on students in the fifth grade

track meet but did not encourage them to be active at the picnic in the afternoon. The salad bar was available only two days a week and then it was restricted to fourth and fifth graders. While Principal King had planned activities for the few minutes in the gym after lunch, the short daily recess was unorganized, and teachers made few, if any, efforts to involve those students who were sedentary. When students stayed indoors for recess, instructors did not plan physical exercises for students or active games. Staff members participated in programs to show their concern for underprivileged children, such as Gum Drops and the Summer Food Program. Yet salty, prepackaged crackers and soup mixes along with sugary fruit drinks comprised the food selections in the Gum Drops bags for needy children to eat on the weekend, and many children who qualified for the Summer Food Program did not have transportation to the meal distribution centers.

Educators at the school routinely referred to the Fresh Vegetable and Fruit Grant when hearing about my research, and the elementary students seemed to enjoy the fruit offerings on Fridays. Ms. Moorman had selected the Admiral without including the other three schools in the district when submitting the grant. The food services director said that she had to be realistic and not take on too much, as she was unsure of the problems that might occur with the program. She was concerned about the possibility of balking staff, storage issues, and teachers “throwing a fit.” While a requirement of the federal grant was the serving of fresh vegetables and fruits, Ms. Moorman decided to serve only fruit snacks because the students were more receptive of the fruit. Whether this decision affected the decision of the grant providers or not, I learned in May from Ms. Moorman that her application for continuation of the grant at the Admiral was not approved for the following school year of 2010-2011. At best, serving fruit one day a week to the students

seemed a minor attempt at addressing the problem of unhealthy eating, and now that program was eliminated.

### **Path of Least Resistance**

Various choices face individuals every day. Some are difficult to follow and others are easy. When educators hear of the serious problems associated with childhood obesity, they can react in a multitude of ways. Some of their decisions will lead to discomfort or even pain. Establishing a committee with administrators, board members, teachers, non-teaching staff, and parents to examine school breakfast and lunch offerings and search for ways to make them more nutritious would, for example, consume a great deal of time and effort. It could produce negative reactions from some, as well. For example, faculty and staff might resist meeting after work and be angry if not compensated for participating on the committee. It would be more comfortable to forget the plan and continue doing little or nothing about the problem. This choice of taking this “path of least resistance” (Johnson, 2006) seemed to be the preferred option for the educators at the Admiral, especially given that they did actually recognize obesity as a serious issue affecting the students in the school.

### **Efforts Aimed At Individuals**

Educators considered the epidemic of childhood obesity as systemic but appeared to understand the epidemic in terms of individuals in battle to reduce their body weights. Therefore, practices at the school were primarily limited to ones that involved eating and exercising such as the Fruit Grant, and plans for physical exercise during field trips. According to what seemed to be the prevailing view, if each child would learn to eat less and exercise more, he or she would no longer be obese, and since the group of obese

students was composed of individual children, the goal seemingly was to, one by one, teach each single child to eat healthy and be physically active. For various reasons, educators thought that they had little influence on what their students ate and how much they exercised so their impact on obesity was insignificant.

Educators occasionally discussed the systemic nature of obesity. Some of them complained about the pervasive influence of media, especially television commercials for fast food directed at young children. Ms. Landers stated, “There are no alcohol commercials and no smoking commercials on TV anymore. Get rid of food commercials that are encouraging our children and their parents to eat something that is unhealthy for them. Children today are so media oriented, and they see so much of this.” Despite this observation, her focus was on the individual children who watched television.

Although no one identified capitalism as a source of increasing obesity rates, several faculty and staff members also named the broad social system of economics as a reason for childhood obesity. The school nurse made the following connection:

You can get French fries for a dollar. You can get cheeseburgers for a dollar. There is a dollar menu, and there are all kinds of stuff you can get on there. It is high in fat, high in sodium, and high in carbs. It is breaded. It is deep-fried, and it is delicious. This food is cheaper than going home and preparing a meal that has all of your food groups in it.

It is killing us. It is killing us, and this is what these children are learning from a very, very young age of what they think is good (tasting).

Yet, when I asked her if she thought junk food should be taxed, she answered, “No, I wouldn’t say that. You know, these people need to make a living, too, but it (junk food) is killing us.”

The teachers in the focus group agreed with the nurse's assessment on the role of the economy in food selection. When discussing the causes for obesity, they made several allegations concerning the high prices of nutritious food.

Third Grade Teacher: Even when you look at food, anything that is healthy for you has a tendency to be more expensive.

Reading Specialist: Exactly

Third Grade Teacher: Versus the junk food and we have discussed that. Because of the economy we live in, unfortunately, we buy what we can afford and in this area, even more so. It's just, you know, jobs aren't there, and extra money is not there even if you have good intentions of wanting to do the right thing for your family. It's expensive.

The educators discussed the higher cost of healthy food choices for individual families, but did not seem to know what to do about it. Indeed, they seemed overwhelmed at the enormity of the problem. While school personnel were concerned for their obese and overweight students, they appeared to be astonished at a social system that provided wealth for those who simplified poor choices and encouraged unhealthy lifestyles, and they tended to retreat to tackling childhood obesity among their students with individualistic strategies related to eating and exercising.

### **Lack of Critical Reflection**

In many ways, there was an absence of critical reflection in the school around issues of obesity. Teachers were not involved in much dialogue among themselves or with their students about healthy lifestyles. Dialogue is insightful conversation that involves the difficult process or relearning and unlearning that produces changes (Wink, 2005). Yet this type of in-depth discussion was absent while I observed at the Admiral. Discussions, particularly with students, were not typically open-ended with engagement of both teacher and student. With the lack of dialogue, participants did not share robust

connections that increase necessary information for decision-making and establish close relationships among participants in the dialogue (Noddings, 2005).

At the Admiral, teachers generally were the keepers of the “correct” answers when leading discussions with students. Students answered teacher-led inquiry, knowing that their replies would be either “right” or “wrong,” as determined by the instructor. Reflection of this practice occurred in the third grade classroom discussion of what types of food should be served in school cafeterias. The teacher wrote the “right” answers provided by the students on the board and then composed sentences for the children to copy into paragraph form. The discussion remained at a rote memorization level of naming fruits, vegetables, and other wholesome foods, without the instructor encouraging questions of why students should make these choices or the predominance of unhealthy food in our culture.

While critical educators base curricular decisions on their students’ circumstance and set a goal of praxis or action based on serious reflection and research (Hinchey, 2006), educators connected with the Admiral seemed unaware of this type of philosophy or practice. Cooks superficially talked about a current television show, *Food Revolution*, that featured an English chef trying to alter school cafeteria offerings in selected U.S. cities, and while they agreed with some of the findings featured on the show, they seemed to have no interest in bringing change to the Admiral’s cafeteria. Although they empathized with overweight students, teachers and administrators seemed to be at a loss about ways to help the school’s obese students and, for the most part, did not feel responsibility to, nor did they, plan curriculum or activities that would help the students.

### **Elephant in the Room**

Educators at the Admiral also did not know how to talk about the issue of obesity with the parents of overweight children. They seemed almost paralyzed with the thought of speaking to the parents about their child's weight. They were afraid of negative reactions or accusations of being insensitive. From district administrators to the hourly employees at the school, staff members avoided imagined conflict that could arise from talking about the problem. To some extent, avoiding this topic served as a way to enable obese and overweight students and their families. As caregivers, they did not want to hurt the children and their parents by discussing complications from carrying excess weight. This fear is not unfounded. When Ohio and Massachusetts state legislators passed laws requiring the reporting of students' BMI's to parents, some school officials in those states held similar beliefs as those at the Admiral (Boss, 2011, Mass. parents angry over kids sent home with 'fat' reports, 2011). In Ohio, administrators from nearly 200 of the 613 school districts asked for and received waivers for complying with the mandate, citing lack of staffing and resources and sensitivity of the subject (Boss, 2010).

In my review of the literature, I discovered that educators are not the only ones who have difficulty discussing weight-related problems. Some physicians struggled with dispensing advice to those who were overweight or who were parents of heavy children. Often doctors who needed to lose weight themselves felt uncomfortable in breaching this delicate issue. Their personal imperfections made them self-conscious. Furthermore, they worried about irritating patients with a "do as I say not as I do" narrative or overwhelming their patients with thoughts that no one, including physicians, could be successful in maintaining healthy weights. Some doctors felt particularly uneasy in

addressing childhood obesity, and occasionally parents of obese children had asked pediatricians not to embarrass their children by referring to their overweight condition during examinations (Klass, 2009, 2010; Rifkin, 2006). In a society where some television commentators criticized President Barack Obama's nominee for surgeon general because she was overweight, physicians seemingly had a basis for their concerns, at least on a public relations level (Klass, 2009).

When some medical doctors began writing and talking through the media and directly with their patients about the issue of obesity and their personal struggles with gaining weight, they discovered that some overweight patients appreciated having healthcare workers who were concerned and empathized with them. The physicians also learned that much depended on the relationship between the doctor and patient. When a trusting relationship developed, both parties could work together on their shared struggles (Klass, 2010; Rifkin, 2006). The ability to talk openly about being overweight or obese and make progress on helping each other depended on the vital components of naming the problem and beginning the conversation (Wink, 2005).

Perhaps educators, including those at the Admiral, could learn from these physicians. While it is not the role of educators to "save" marginalized students (Kincheloe, 2005), they do need to provide a safe environment and resources to support youngsters in gaining empowerment to care for their bodies and developing an understanding of why obesity is problematic for their overall health. Conceivably educators could begin conversations with parents of obese children by admitting their discomfort in discussing obesity issues and their personal struggles with weight, much as some of the concerned physicians had done.

Perceptions of faculty and staff members at the Admiral that it was too uncomfortable and too confrontational to discuss obesity with parents resulted in teachers being somewhat defensive when the parents complained of other students bullying their obese children. School personnel generally avoided the discussion of problems related to obesity as well. For instance, quarterly parent-teacher conferences centered on academic progress of students, not on social, psychological, or physiological concerns, and the four mid-term reports and four report cards sent home during the school year only addressed attendance, work habits, and scholastic performance. Specialists and classroom teachers discussed the attainment of academic skills with parents during special education conferences and presented Individual Educational Plans (IEP's) devoid of language on obesity and other issues that affected the child's well-being. Disciplinary conferences, as well, dealt with guilt or innocence, consequences, and punishment, not on possible reasons behind improper behavior. Although educators expressed concern for their heavy students to me during conversations and interviews, I did not observe them addressing specific needs of these children with others during the semester of my data collection at the school.

### **Student Management**

In classrooms, hallways, the cafeteria and the gymnasium, school employees cautioned and reprimanded students concerning the use of prohibited words and phrases. Adult workers expected the elementary students to be quiet, and they often loudly verbalized this expectation. At the same time, throughout the building, posters proclaimed the need to respect others, as well as oneself and the school itself. Aides, working as monitors, directed students to walk on paths defined with tape on the cafeteria

floor, while PE teachers monitored students waiting to participate closely and placed them in designated areas of the gym. Students walked in single-file lines when traveling between classrooms, arriving for school, and departing the school, and they sat on the concrete patio in front of the school and in long lines on the gym floor as they waited for transportation at the end of the day. These actions reflected a belief that control of students helped to create a safe environment, but often resulted in staunch regulation and a seemingly constant stream of scolding from the adults. The strict behavioral management strategies seemed somewhat to undermine the other caring actions of faculty and staff toward their students. I also question if the authoritarian management replaces the harder work for faculty and staff in coming to terms with reducing marginalization of students who do not fit the norm, including obese children.

While teachers and support staff forbade slurs and offensive terms such as “shut up” from the youngsters, I did not observe them explaining why the children should not speak in this manner or them allowing students to question why these rules existed. At the Admiral, silence—from the children—was indeed “golden.” Teachers seemed to unilaterally determine the prohibited words and attitudes in their particular classrooms, and behavior and speech of adults in the building varied. For instance, a fifth grade teacher told students in his classroom not to act like “jerks” as some of the other students were doing. Yet, he forced the fifth graders to address him as “sir.” Although this individual was one teacher among dozens at the Admiral, administrators ignored such behavior from him, and all the students at that grade level regularly heard these types of comments from him. Furthermore, the educators at the Admiral tended not to investigate why students resorted to name calling nor the events that led up to the situation. They

instead often relegated this work to the social worker or, when discipline was involved, to the principal.

Educators' perceptions influenced practices at the school in some substantial ways. A caring climate on the surface helped students, including those battling obesity, have a better experience at the school, but some undercurrents of inaction and avoidance may have affected the students at the Admiral more profoundly. By evading discussion with parents of overweight and obese children about the problems associated with unhealthy lifestyles, educators deprived heavy students of a possible partnership of adult helpers in their battle with weight. In the absence of conversation about problems associated with obesity at the school, educators somewhat enabled students to continue unhealthy behaviors. Moreover, faculty and staff faced additional barriers to attempts to develop effective practices aiding heavy students at the school. I examine these in the following section.

### **Barriers**

Educators faced a variety of barriers to helping children battle obesity. While one or two particular factors could be overwhelming, faculty and staff member seemed to experience a sense of futility in the face of so many obstacles. Paramount in their struggle was their lack of training in problem-solving and critical thinking skills, especially around systemic problems. Many practitioners wanted to aid in the struggle against childhood obesity but were overwhelmed and did not know where to begin. Their random efforts to teach students about healthy eating and to institute physical activities into school events did not stem the guilt some of them seemed to experience for not doing more for heavy students. In this section, I summarize the barriers to helping obese and

overweight students. Educators' concerns about the well-being of obese students at the Admiral seemed hampered primarily by time constraints, especially from heavy workloads surrounding mandated testing and decreasing resources resulting from budget cuts within the school district. There were also external factors that seemed to negate efforts at the school to help overweight and obese students.

### **Time Constraints and Required Testing**

Teachers established their daily schedules with the knowledge that administrators monitored and reported the number of instruction minutes per subject and under the specter of state-mandated tests. The school calendar spanned 180 days from late August until the middle of May, but four of these days were "Teacher Institute" days, including one county-wide meeting that combined entertainment and training, a day at the beginning of school for preparing the classrooms, and a day at the conclusion of the year for calculating final school reports. Students did not attend school on these days. On another four days throughout the academic year, students left at noon while teachers worked on school improvement, and no children were present on the two days allotted to parent/teacher conferences as well. Additionally, the school closed for nine holidays and three breaks including Thanksgiving vacation (two days), Christmas or winter break (10 days) and spring break (three days including Good Friday). I observed that substitute teachers usually were not successful in engaging students on days when the regular instructor was absent.

On school days when teachers and students were present, they spent a great deal of time preparing for the required state assessments, and most lessons appeared to center on information that would be on those tests. When I specifically asked about barriers to

helping obese students in interviews and during informal conversation, the answer that teachers produced most often was the pressure of standardized testing. Faculty members sometimes acted more as “trainers” in grooming students for the tests in similar fashion to coaching them for an athletic competition (Nichols and Berliner, 2007). Instructors timed students, cheering their victories, and prompting them to change incorrect answers on practice tests. They sent home notes reminding parents to serve wholesome breakfasts and to make sure their children had enough hours of sleep during testing. During the weeks preceding test administration, educators at the Admiral spent little time on subjects not represented on the assessments. Motivational signs hung in classrooms and hallways, and I would not have been surprised with a pep rally aimed at test takers.

Pressure surrounding the test taking consumed much productive time at the school. The case of the teacher accused of cheating reflected, too, the pressure on teachers. Test results told instructors what they already knew but did not explain how to aid students in learning the correct answers or, more importantly, how to think critically and problem solve. Children were not exempt from stress concerning the testing. One parent at the Admiral confided in me that her daughter, who was an excellent student, had developed stomach pains from the anxiety of doing well on the high-stake tests. The third grader was worried that poor performance on her behalf would harm the school in some way. Furthermore, time consumed with anxiety over standardized testing at the Admiral seems consistent with other U.S. public schools during the tenure of the federal law, No Child Left Behind (Nichols and Berliner, 2007; Sheldon and Biddle, 1998; Tingey, 2009). With the removal of a second recess at the school, students now have less time to play and reduce stress, as well.

## **Budget Cuts**

Another barrier, budget cuts within the school district, also challenged teachers and staff members' ability to pursue endeavors in battling childhood obesity. Losing the health education instructor forced classroom teachers to include lessons from one more academic subject into already bulging schedules. Inability on the school's part to continue the activities from the comprehensive health grant was a blow to attempts for students and teachers to learn more about leading healthy lifestyles. The loss of the grant monies also negatively affected their enthusiasm for becoming and staying fit.

The fear of more budget cuts also influenced educators' decisions at the Admiral. Faculty and staff appeared apprehensive about possible changes to working conditions due to the financial condition of the district and were generally suspicious of actions of the school board and some administrators. In the previous school year, administrators had installed a time clock in the staff dining room for non-certified staff to document their arrival and departure from work. Several teacher aides told me about the new policy requiring aides to leave if the student(s) they attended was/were absent from school. In the past, administrators had allowed them to stay and help teachers with paperwork and other jobs. Some teachers joined teachers across the state in wearing pink on the deadline for legally dismissing teachers as union officials had designated that day in April as "Pink Slip Day."

Minor situations at the school did not escape skepticism that school board members and administrators were making educational decisions about programs based on their cost. For instance, teachers in the focus group suspected that decreased availability of the salad bar in the cafeteria and the limited selections on it were due to decreasing

funds. However, not all concerns were over minor issues. Late in the spring semester, the school board dismissed four teachers across the district. The lone individual at the Admiral released was the social worker, who thought that she had lost her job and the board had selected an inexperienced—and cheaper—replacement for her because of limited finances. Over big or small circumstances, the anxiety surrounding actual and potential budget cuts seemed to occupy the employees' minds and deter efforts for creating new programs to help obese children.

### **External Factors**

Educators seemed to have legitimate reasons for believing that the problem of childhood obesity was too prevalent for them to make much difference in the lives of their overweight students. Faculty and staff members struggled with being overweight, and a large percentage of parents and other visitors to the school were overweight or obese. Fast food is easily accessible and cheaper than healthier food, and meals prepared at home often contained convenience food. Sitting in front of a television or computer is a common pastime for adults and children alike and is simpler than making plans for physical activities, and team sports are inaccessible for many families. Commercials for junk food stream from television sets, and advertising for this type of food is commonplace in the lives of those connected to the Admiral. No one seems to have the answer. Indeed, many professionals, such as those at the Admiral, had difficulty discussing the emotional and personal issue with others, especially those who were battling the disease. While the problems associated with battling childhood obesity in schools seem insurmountable, I counter with some suggestions for practices, in the following section, that would make an impact.

### **Suggestions for Educational Practices**

While collecting data at the school, I observed stress on school personnel when trying to address the material on mandated testing and heard grumbling concerning the need to spend increased amounts of time teaching only the core subjects of language arts, including reading, and mathematics. I listened as faculty and staff members complained about the negative impact of recent budgetary cutbacks, such as the large class sizes in PE due to fewer instructors who were rotating between the two elementary schools. I also saw their frustrations in not knowing how to address the enormous problem of childhood obesity. In this section, I address these barriers by offering some suggestions for educational practices that could help alleviate these impediments. While some of these may not be acceptable due to various reasons, they do offer options and a starting point for the conversation of what could occur.

A way to bypass time limitations is the use of interdisciplinary lessons. Instead of spending a set amount of minutes teaching separate academic subjects, instructors could cover several fields of study simultaneously by utilizing interdisciplinary units and thematic instruction. During social studies instruction, students could research why obesity rates were so low in our country before the latter part of the twentieth century, or they could investigate the health of various communities, such as the Amish, who live simpler lives. In language arts, students could work collectively in creating portfolios examining how all types of students experience school, and in mathematics, youngsters could compare statistics showing the growth in obesity, data representing BMI's with caloric intake, and prices of convenience and healthy foods. Of course, teaching in this fashion would be new for some faculty, and with budget cuts, the district might not be

able to fund training in this particular instructional model. Furthermore, instructors may not want to devote the additional time to plan these units.

While educators at the Admiral demonstrate caring for others, they do not always model healthy lifestyles. Doing so would be inexpensive and not require additional time. Teachers would not have to create a new class as they explored how they could achieve healthier weights. In the classroom, modeling and sharing personal experiences could replace memorization of food pyramid components and other facts. Instructors could also model researching open-ended questions on what is causing the obesity epidemic and how to overcome it. Elementary students could join adults at the Admiral in asking “why” instead of “what, when, and where.”

Budgetary problems at the school district were primarily because of the state’s financial crisis, and this situation provides an excellent opportunity for students to become actively engaged in the political process. Although elementary students may not understand complex property tax formulas or the electoral process, they could ask why some in power do not consider children’s education a priority. The younger children could help those in the upper grades create portfolios showing the disparity in school funding across the state and could organize rallies to explain their findings to parents, community members, and local media.

In similar fashion, students who take the mandated assessments could investigate the reasons for the testing. They could interview local and state officials about their roles in promoting standardized tests and write letters and emails to Congressmen and Senators, with students explaining how the emphasis on testing affects them. Older students could research evaluation alternatives and present those to lawmakers. Faculty

and staff members could also model leadership in this area by sharing their thoughts about high-stakes testing with local board members and public officials and becoming active in their unions in questioning these quantitative approaches to teacher accountability. Finally, they could share the results of their research with parents and to some degree, with their students.

The above-mentioned actions require components or steps central to critical theory, including naming the problem, researching through critical reflection, and taking action. These steps describe the process of praxis, the interchange of theory and practice, and are basic components of critical pedagogy (Wink, 2005). However, faculty and staff at the Admiral did not seem knowledgeable concerning critical theory, and this is a difficult hurdle to overcome. I believe that universities and colleges should offer courses that include exposure to critical theory at the undergraduate level as some teachers do not pursue a graduate degree. Since educational administrators must begin their careers as instructors, they would also take these classes and be aware of alternative ways of thinking. The exposure to theoretical concepts of critical education would offer educators another way to view their role in the profession and would provide increased literacy for them to use in discussing struggles, such as obesity, facing their students. The idea of these foundational changes in higher education occurring is overwhelming, but before any change can happen, we must begin that conversation.

There is also a need, I believe, for establishing training sessions for the non-teaching staff at schools. The director of food services, building cooks, and district nurses made decisions on a daily basis that affected youngsters at the Admiral but none of them had studied child development, theory, or in health-related fields, such as

nutrition. While state law requires teacher aides to have 30 semester hours of college credit in a recognized institution of higher education (Teacher aide requirements, 2011), there is little regulation concerning the type of classwork perspective aides must take. I argue that these individuals related directly to students and assisted with instruction and therefore, would benefit from training in critical theory, as well.

Undoubtedly, numerous other interventions exist that could aid students living with obesity, but first we must resolve to move ahead, no matter how small the steps. Educators, such as those at the Admiral, need encouragement that they can tackle this huge problem, and further research could be a tool in that effort. I turn now to some suggestions for how we might more effectively study this topic.

### **Suggestions for Future Study**

I was not surprised at the barriers to battling childhood obesity that I found during data collection, but some of the themes that I discovered in my field notes were unexpected such as the educators' discomfort in speaking to parents of obese and overweight children about the issue of their child's weight and problems associated with it. In future case studies of the school's role in the battle against childhood obesity, I believe a longer time at the school would result in additional findings. Although I was at the school at least one half of a day each week during the semester, I spent most of that time in the gymnasium or on the playground and in the cafeteria. I also attended several special events that involved eating and physical exercise, but my time observing in the regular classrooms was limited. Therefore, my observations of impromptu class discussions and interactions among participants during instruction in subjects such as health education were limited as well. Finally, with a longer time span, collecting data in

both elementary schools in the district would have been useful for comparing different approaches to teaching healthier lifestyles.

Researchers should examine the effects of educational practices grounded in critical and caring theories on battling childhood obesity. I propose using action research to accomplish this, as this type of study involves taking actions to improve practices in order to forecast what might be successful in the future (Rossman & Rallis, 2003). Reviewing the literature, I found little evidence of research based on either theory, but I did discover that most of the school programs aimed at reducing childhood obesity showed only modest progress. While knowledge of healthy habits often increased and attitudes about fighting obesity were positive, those educators administering the programs made little headway in changing children's BMI. A systemic study of various school programs teamed with action research would yield useful data.

Another suggestion is to include the perspective of obese children in some future studies. Research involving them could add a vital dimension to the discussion of what to do in the battle against childhood obesity and why educators should act on this issue. A long-term study following obese children through middle school and high school would be helpful in understanding how students continue to deal with the problems associated with their condition. My chance encounter with one of the heaviest fifth graders after she had attended middle school for several months reflected how important this research could be. Her former low self-esteem seemed markedly decreased, and she told me that she hated middle school and wished she could go back to elementary school. Her demeanor and comments enforced my concerns regarding the necessary sensitivity for including students in interviews and focus groups. I would caution researchers

including youngsters to take care to protect them from peers who would stigmatize and tease them (Neumark-Sztainer & Story, 1997). They should also be caring and empathic to reduce participants' embarrassment and isolation. No matter which methodology future researchers employ, it is critical to keep in mind the purpose behind the studies and to proceed with sensitivity.

### **Final Thoughts**

Ultimately, the purpose of my study was to examine educators' perceptions, their practices, and the barriers they faced, as this related to the role of schools in the battle against childhood obesity. However, as is the case in qualitative research, I discovered some unexpected phenomena, some encouraging and others discouraging. The caring attitude of school personnel who went "above and beyond" to know the students and their needs regardless of pressures such as those to improve test scores reassured me that educators were making efforts to connect with their students, including obese children. However, I also found that the commonality of obesity seemed to minimize the educators' responses to the struggles of overweight students. Locating bigger desks for ever larger students had become commonplace, but finding a way to discuss their physical problems with parents was often overlooked. I discovered that quite often school personnel did not know how, or possess the resources, to help those children who needed it the most. Memories of overweight and obese fifth graders jogging the final stages of the mile run with arms stretched high and smiles on their faces will remain with me, and I wonder if they will think back to how they finished in last place or they will joyfully recall that they completed the race along with all the other fifth graders.

While collecting data for this study, I saw obese youngsters struggling to keep up with thinner peers at recess, in PE, and while walking down the hall. I watched overweight girls hang their heads while leaders were choosing other students for their group. I heard that some overweight students bullied others in what appeared to be a way to deflect attention from their own situation. I learned from my literature review that many of these obese boys and girls will grow into obese adults, and many will suffer from various serious diseases. Since genes have not changed, I believe that environmental factors are a primary reason for the huge increase in the number of obese children, and I feel compelled to ask, “Why can’t we do something about this horrific disease?” Ultimately, the driving force behind my study may be the hope that in some way my study will contribute to the conversation surrounding the answer to that question.

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## APPENDIX

**APPENDIX A**

## Interview/Focus Group Protocol

1. How did you come to be \_\_\_\_\_ (principal, social worker, etc.)?
2. I am studying issues of childhood obesity. Can you tell me some of your thoughts about this problem?
3. What experiences do you have with childhood obesity?
4. How has childhood obesity affected your position as (principal, social worker, etc.)?
5. As far as you know, how does the school (district) deal with childhood obesity?
6. What changes have you seen in how the school (district) deals with childhood obesity?
7. I have heard about \_\_\_\_\_ (anti-obesity effort or program at school/district). Are you familiar with this program? How is that working?
8. How about \_\_\_\_\_ (another effort or program)?
9. Can you think of any other programs/events/activities/conversations that I might not be aware of?
10. Tell me about problems you see in these efforts to curb obesity.
11. How do you think obese students experience this school?
12. What have you observed with obese students interacting with others?
13. What attempts to solve interpersonal problems (or problems with others have you observed?

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