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A Qualitative Investigation of Factors that Influence School Employee Health Behaviors: Implications for Wellness Programming

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Abstract

BACKGROUND: Employee health promotion in the elementary school setting can support students' health and academic success. School employees can serve as role models, yet evidence suggests poor health among this population. The objective of this study was to identify factors that influence school employee health behaviors to inform subsequent development of employee wellness programs.

METHODS: Focus groups (10 groups, total N=62) and interviews (N=5) were conducted with school employees. Participants were recruited from schools in socioeconomically disadvantaged, racially diverse districts in Massachusetts. A socioecological framework was used to identify multi-level factors that influence employee health behaviors. Factors were characterized as supports (+) or barriers (–) to health-promoting behaviors.

RESULTS: Eight themes highlighted the importance of an organizational culture that sustains successful employee wellness programming. Intrapersonal themes included: High Stress (+/-), Desire to Adopt Healthy Behaviors (+), and Sufficient Health Knowledge (+). Interpersonal themes included: Strong Social Network (+) and a Desire to Role Model (+). Organizational themes included: Demanding Job (-), Lack of Wellness Culture (-), and Unhealthy Food (-).

CONCLUSIONS: Our findings suggest that this population would be receptive to wellness programming. Promising strategies include supporting a dedicated wellness champion and creating recognizable top down wellness support for employees.

Keywords

Child & Adolescent Health; Employee Health Promotion; Nutrition & Diet; Physical Fitness & Sport; Program Planning; Research

School employees can serve as role models for students and can encourage positive health behaviors in youth, which is critical in the context of the current childhood obesity epidemic. An active employee wellness environment may enhance school employees' role in supporting student health and potentially enhance academic success. However, despite a growing nationwide trend in workplace wellness, schools lag behind other major employers in the provision of staff health promotion programming.¹ The Centers for Disease Control and Prevention (CDC) and Association for Supervision and Curriculum Development's (ASCD) Whole School, Whole Community, Whole Child (WSCC) model, which describes collaborative strategies across community, school and health sectors to promote the optimal physical, emotional, social, and educational development of students, recognizes employee wellness as one of its ten key components.² Employee wellness in the school setting is uniquely positioned to not only improve the health, wellbeing and morale of employees, but also to influence their commitment to role modeling and reinforce the importance of positive health behaviors to their students. Moreover, employee wellness may be particularly valuable in underserved school districts, where opportunities for promoting healthy behaviors for students within the community are often limited and health disparities are prevalent.³

Existing evidence suggests poor physical and mental health among school employees. In a 2014 survey, 46% of teachers reported high daily stress, which was among one of the highest rates reported across occupations.⁴ Beyond poor health outcomes, high perceived stress can result in teacher burnout, lack of engagement, job dissatisfaction, poor performance, and high turnover rates.⁵ Consequences of high stress among teachers can extend to the student body, resulting in high teacher turnover leading to lower academic achievement among students and higher costs for schools.⁵

Despite emerging evidence supporting the importance of employee health promotion, schools and teachers face unique obstacles in program delivery and participation. According to the socioecological model (SEM), an individual's health behaviors are influenced by individual, social and environmental factors.⁶ While the SEM has been used to investigate and inform school-based health promotion initiatives, all levels of the SEM are rarely included.⁶⁻¹¹ In addition, the Health Belief Model can further explain health behaviors and

inform health promotion programming.¹² An understanding of the multi-level factors that influence school employee health behaviors would provide impactful evidence to support program development and implementation. The primary objective of our study was to use qualitative methods to describe the factors that influence physical activity and dietary behaviors of elementary school employees. The SEM framework and Health Belief Model were used to achieve a comprehensive understanding of individual, interpersonal and organizational factors that influence behaviors.

METHODS

Participants

Focus group participants were recruited from elementary schools enrolled in the Fueling Learning Through Exercise (FLEX) study, a trial investigating the impact of two school-based physical activity (PA) interventions on academic achievement in elementary school students.¹³ FLEX schools were recruited from socioeconomically disadvantaged, racially diverse school districts in Massachusetts. Participants for our study were recruited using e-mails and flyers. Only full-time employees were eligible for study participation. Participants included teachers, nurses, specialists and guidance counselors. Members of the senior administration, such as principals and assistant principals, were excluded from focus group discussions to avoid conflicts of interest.

Key informant interviews were conducted with the individual most involved in wellness efforts in schools in which focus groups were conducted. Key informants were identified by the school principal, and had various roles, including principal, assistant principal, school nurse and health teacher.

Data Collection Procedures

Focus groups and key informant interviews were conducted during the 2015-2016 academic year by one moderator (NS) to maintain consistency across sessions. Sessions were audio recorded. Participants first completed a demographic questionnaire, which included age, sex, race/ethnicity, role in the school, marital status and education level. Focus groups were approximately 60 minutes and interviews ranged from 15 to 25 minutes. All participants received a \$25 gift card for participation.

Focus groups included three key topic areas: 1) factors that influence dietary behaviors, 2) factors that influence PA engagement, and 3) desired employee health promotion activities and services. A semi-structured guide was constructed to understand the factors that influence PA and dietary behaviors, including barriers and facilitators of behavior at the individual, interpersonal, and organizational levels. The Health Belief Model was used to further understand factors and perceptions that impact school staff health behavior.

Interviews were used to supplement and contextualize themes identified in focus groups, and evaluated the staff health promotion efforts at the organizational level. Interviews assessed current and past programming, as well as barriers to and facilitators of offering employee wellness programs. Interviews also included questions about the wellness environment. Questions were adapted from the CDC School Health Index (SHI) Self-Assessment and

Planning Guide for Elementary Schools; a tool used by schools to identify strengths and weaknesses and plan for improvements in each component of the former Coordinated School Health model.¹⁴

Analytical Methods

Audio recordings of focus groups and interviews were transcribed. A codebook was developed based on key topic areas and research questions, and an inductive thematic approach was used to create additional codes as they emerged.¹⁵ Three randomly chosen focus group transcripts were coded by a second coder to establish interpretive convergence. Differences in coding were reconciled until intercoder agreement reached 80%. Remaining transcripts were then coded by a single researcher (NS).¹⁵ NVivo qualitative data analysis software (QSR International, Version 11) was used to analyze focus group and interview data.

Focus groups and interviews were analyzed for common themes related to factors that influence dietary and PA behaviors and factors that influence providing health promotion opportunities to school employees, respectively. Identified themes were analyzed and presented according to the SEM (intrapersonal, interpersonal, and organizational levels). Each theme was identified as a support (+) or barrier (–) to adopting health-promoting dietary and PA behaviors. Results were further analyzed according to the Health Belief Model.

An environmental support score was calculated from interview data to indicate the extent to which the physical environment supported staff health promotion. Points for each question were added to calculate an overall score, with a higher number indicating a more supportive wellness environment.¹⁴

RESULTS

Sample Characteristics

Six FLEX elementary schools from five distinct school districts participated in this study (N=10 focus groups; N=5 interviews). School and participant characteristics are presented in Tables 1 and 2, respectively. Participating schools had an average of 631 students (range, 328 to 892), of which 67% were considered high needs.¹⁶ The majority of participants were female (97%), teachers (76%), and under 40 years of age (58%). Staff providing support services, such as custodians, food service staff and office staff, chose not to participate. Most participants were highly educated, with over 75% having achieved a graduate degree.

Factors That Influence Health Behaviors

Eight emergent themes were organized according to the SEM, categorized as supports (+) or barriers (–) of health-promoting behavior, and weighted based on how often they were discussed (Table 3). Supporting quotations were highlighted (Table 4). Themes were further characterized using Health Belief Model constructs, including perceived benefits, perceived barriers, and self-efficacy, which further explain how they may influence the adoption of health-promoting behaviors.

Intrapersonal Themes

Perceived stress.—The most consistent theme across focus group participants was high perceived stress, which emerged across all three topic areas, including dietary behaviors, PA engagement and desired health promotion programming. However, stress was most consistently discussed as a barrier in the context of dietary behaviors. Many participants explained how high levels of stress led to making unhealthy food choices, such as repeatedly taking candy from the school communal jar or seeking comfort in food, which typically was unhealthy. Additionally, participants used food as a reward.

Alternatively, in the context of PA, stress emerged as a supportive theme, with participants citing it as one of the most common reasons for exercising. Participants viewed PA as a means for coping with the stressful nature of their job. When asked about preferred wellness efforts in the school setting, stress reduction, emotional health and mindfulness programming were emphasized.

Inherent desire to adopt healthy behaviors.—Despite a lack of perceived organizational support, participants consistently expressed a desire to adopt healthy behaviors and frustration with the barriers to doing so. Most participants brought breakfast and lunch from home because they viewed school lunch as unhealthy and unappealing. Portion control and better nutrition were mentioned as reasons for preparing meals ahead of time for the week.

The inherent desire to be healthy was apparent in discussions about the school wellness culture and the social support among teachers. Descriptions of conversations during lunch breaks suggested that many teachers are invested in their own health but often do not succeed due to a range of barriers.

Sufficient health knowledge.—When asked to define a healthy diet, most participants had a general understanding of foods that support health and foods to consume in moderation. Common responses included: balanced, colorful, fruits and vegetables, moderation and portion control, and less processed foods.

Interpersonal Themes

Employee comradery: high social support and a strong teacher network.—An emergent, supportive interpersonal theme was employee comradery. In most schools, participants often joined one another for lunch, sharing ideas about nutrition and holding one another accountable to PA goals. The individual effort to make positive health choices led to a strong teacher network, as health served as a platform for support and common interests.

Common interests often led to teachers attending workout sessions together outside of school, and later sharing their experiences with other staff at school. Participants mentioned strategies to hold one other accountable, describing the motivational impact of seeing their colleagues work toward their goals.

Role modeling and desire to support students.—Results revealed that the bond formed between school employees and students generated a desire for employees to serve as

positive role models for students. When asked about factors in the school setting that influence health behaviors, many participants mentioned their students.

In addition to role modeling as motivation, participants frequently mentioned the lack of healthy food and PA opportunities for students, despite being asked about themselves only. When asked to describe programs and services they would like to have for themselves, participants frequently put forth ideas that included the students as well.

Organizational Themes

Nature of the job: busy schedules, exhaustion and high job demands.—

Participants repeatedly discussed the unique demands and schedule of school employees as barriers to achieving a healthy diet and engaging in regular PA. The impact was described both in and out of the school setting. For example, during the school day, teachers and staff highlighted limited time to eat, which negatively impacted food choices during school and led to hunger at the end of the school day. In addition, their responsibilities and variable schedules made it difficult to find a time to exercise together, limiting the success of wellness programs with a group fitness component. Furthermore, high job demands and fatigue due to work were repeatedly discussed as barriers to preparing healthy meals or engaging in PA after work.

Culture of wellness: lack of administrative support, resources and facilities.—

Participants consistently highlighted the lack of an overall strong culture of wellness in the school setting. Despite a health-conscious staff, little was provided at the organizational level to support employee health. Instead, the perception of school culture was excessive work and unreasonable demands and deadlines, with a lack of top-down support for employee health and wellness.

Participants also highlighted the lack of resources and facilities for PA at school. Gym space is often occupied by before- and after-school student groups and clubs, and most schools did not have exercise equipment available. While participants mentioned that they were permitted to use the fitness facility at their district's high school, they generally felt uncomfortable working out with students and noted that the space was not promoted for staff use.

Availability of unhealthy food.—Food availability in the school setting was the most consistent emergent organizational theme across focus groups. While the removal of soda vending machines and a shift in available snacks to “reduced fat” options was mentioned as a positive aspect of the food environment, unhealthy food was still abundant. Participants highlighted the Teacher's Room as a “dumping ground” for food that employees do not want kept at home, creating an obstacle to healthy eating. The candy jar was often discussed as an additional barrier in the school setting. Staff gatherings were highlighted as another barrier to achieving a healthy diet. While participants enjoy the community aspect of staff breakfasts and celebrations, there was a consistent desire for healthier options to be served.

Health Belief Model

Thematic findings provided insight into school employees' perceived benefits of and barriers to health-promoting behaviors. Sufficient health knowledge and the inherent desire to adopt healthy behaviors suggest school employees recognize the benefits of healthy eating and PA. The belief that such behaviors could positively impact student health is also a perceived benefit among teachers. Yet, all organizational themes were perceived as barriers by this population, decreasing their self-efficacy to adopt these behaviors as a school employee.

Interview Insights

While environmental support scores varied widely across participating schools, none of the participating schools accumulated over 50% of the points possible, corroborating the lack of organizational support, resources and facilities highlighted during focus groups. None of the participating schools provided health education or health assessments for staff members. Only one school had a healthy eating/weight management program fully in place, and only one school had a PA program partially in place. No school had an exercise facility or employee wellness bulletin board, nor did they encourage the integration of PA throughout the workday. While only one school had exercise equipment, all schools had a refrigerator and microwave accessible to staff.

The school that achieved the highest environmental support score was the only school with an active school-level wellness committee, which was in the process of planning the first employee-focused wellness program. However, the school with the lowest score was the only school with a current employee wellness program (despite no formal committee) and, in turn, the strongest wellness culture. This highlights the importance of social support and employee comradery in the context of difficult teacher schedules.

Common barriers to providing employee wellness support were employee time constraints, leading to lack of engagement, funding and competing priorities. Key informants recognized the general health conscious nature of their staff, yet admitted that nothing was in place to support them, such as facilities or programming.

DISCUSSION

The eight distinct themes that emerged across socioecological levels can be organized into three overarching themes: Wellness Culture and Administrative Support, Dedicated Personnel and Wellness Champions, and Investment in Student Health.

Wellness Culture and Administrative Support

Administrative support is imperative to cultivating a culture of wellness in the school setting, as teachers who feel supported by and connected to administrators have reported more positive attitudes regarding their occupation.¹⁷ In our study, participants from a school with apparent administrative support were noticeably more positive compared to those without administrative support. The SEM posits that environmental change is successful when individuals in the environment feel supported, suggesting that lack of administrative support may explain low employee engagement in failed wellness programming and may improve

future wellness program efficacy.^{7,18} Perceived barriers, such as competing demands, lack of time, and high stress, may be reduced in an environment with administrative support and a strong wellness culture.

Dedicated Personnel and Wellness Champions

The difference in attitude, energy and culture at the one school with an active wellness champion leading an employee wellness program, relative to the other participating schools, was noteworthy. Participants referenced the program as “bringing a positive attitude” and creating a sense of accountability in the school setting that positively influenced food choices throughout the day. Despite just one school with active programming, the stark contrast in culture suggests that the presence of one champion and a simple program can create a meaningful shift in culture, enhance self-efficacy and likely improve health.

Investment in Student Health

Participants continually expressed their concern for students’ low levels of exercise and poor nutrition, demonstrating an awareness of the benefits and importance of nutrition and PA, and suggesting that this population would be receptive to employee wellness programs if perceived barriers were minimized. Additionally, participants stated that supporting employee wellness could facilitate their role in supporting student health and academic achievement, which is an important perceived benefit. The prevalence of classroom-based interventions for students is growing,¹⁹ placing the efficacy of such programs in the hands of teachers. Supporting school employees may positively influence the delivery of such interventions, as indicated by a recent study that identified a significant relationship between improved teacher health behaviors and student intervention efficacy.²⁰ Therefore, the demonstrated investment in student health in this study has important implications. Not only could employee wellness programming enhance the delivery of student interventions, but using student health benefits as a marketing tool for employee wellness programs may enhance the uptake of wellness programming, especially among employees lacking intrinsic motivation.

Strengths and Limitations

Employee wellness is recognized as an important component of the school’s role in supporting student health and academic achievement, yet employee wellness is understudied. Our study provides a critical foundation for future research exploring the potential for employee wellness to improve both staff and student health. In addition, the study was conducted at a critical time during which the development and evaluation of strategies to increase student school-day PA are growing. While not widely studied, employee wellness efforts may impact the success of such strategies, and thus are important to consider in the context of student health promotion research. Lastly, the validity and generalizability of the findings were strengthened by including schools from both large suburban and small urban communities, as well as contextualizing focus group results using interviews and an environmental scan.

Despite its novelty, the current study has several limitations. While participants were drawn from varying schools and districts, generalizability of findings may still be limited.

Recruitment strategies were implemented to reduce the potential for selection bias; however, it is possible that individuals who choose to participate in a wellness-related study differ from those who choose not to participate. Additionally, while all full-time employees were eligible, most of the sample included teachers. A more diverse sample, including employees who provide support services, may have resulted in alternative findings given that these employees do not interact with students in a classroom setting and have different schedules and responsibilities. In addition, only the first three levels of the socioecological model were considered. The inclusion of community and policy level factors may have provided additional, important insight, including community support and local school wellness policies. Lastly, the sample was predominantly female; however, the gender discrepancy is representative of school demographics.

Conclusions

The results of our study provide evidence to inform the development and implementation of wellness programming for school employees, and suggest that this population would be receptive to such programming. Efforts should target the school environment, identify and support a dedicated wellness champion, and create recognizable top down wellness support. Stress reduction programs, efforts to improve access to healthy food while limiting access to unhealthy food, and opportunities for health and wellness challenges and social engagement were most desired. Future research should examine the effect of school employee wellness programming on both employee health outcomes and the delivery and efficacy of school-based youth PA and nutrition programs.

IMPLICATIONS FOR SCHOOL HEALTH

Employee wellness is recognized as one of the ten key components of the CDC and ASCD's Whole School, Whole Community, Whole Child model, yet evidenced-based programming remains limited. As such, the results of our study have practical implications, providing insight into opportunities for employee wellness despite identified barriers, such as competing priorities and limited budgets.

Exploit the Existing Social Network

The strong social network among school employees provides an ideal foundation for fitness and health competitions, or challenges, as a method to promote employee health and cultivate a culture of wellness. When designing these competitions, create a level of accountability. Participants in this study expressed a preference for challenges, suggesting the potential success of such activities.

Suggested Actions:

- **Biggest Loser Competition:** Employees pay \$20 to enter the competition, which runs over the course of the semester. One employee, such as the school Health teacher or Nurse, holds weigh ins before school one time per week. The employee with the largest percentage of weight loss at the end of the semester wins. The prize money can be used in a variety of ways, including 100% going directly to the winner, splitting it up amongst first, second and third place, or

giving 50% to the winner and investing the remaining 50% in wellness infrastructure at the school, such as fitness equipment or paying a fitness instructor to come in once per week throughout the challenge.

- **Community Fitness Events:** Launch a training program around a community fitness event, such as a 5K run. Most community fitness events benefit a charity, which can motivate employees to join forces and give back while training. Create a plan for employees to follow for 8-12 weeks leading up to the event. In the plan, include group workouts, such as one morning before school or one day on the weekend when employees can come together and train. Use a shared tracking system, such as a large bulletin board or shared Google sheet, to track progress and create accountability.
- **Exercise Frequency Competition:** Due to busy schedules, gathering employees at once can be difficult, which can minimize the efficacy of group fitness classes at school. However, providing a foundation for flexible competition may prove to be successful. For example, design a challenge during which employees must exercise 4 times per week for 6-8 weeks. Use a shared tracking system, as suggested above, to track progress and create accountability.
- **Classroom Competitions:** Employees shared a common desire to improve physical activity levels in students. As such, competitions between classrooms may prove to be successful. Classrooms can compete in a sport, or can track the number of activity breaks taken over the course of a month. Alternatively, classrooms can track the number of repetitions of an exercise over the course of a week or month. For example, if teachers provide 2 activity breaks per day where students do as many jumping jacks as possible, teachers can add up the total number of jumping jacks completed each day for a specified period. Prizes for the winning classroom may include an extra recess or gym time.

Support Convenience and Sharing Information

Convenience was also noted in the context of nutrition and eating behaviors. Given the lack of time to eat, nearly all participants packed breakfast and lunch, and expressed interest in learning more about meal preparation and easy meal recipes.

Suggested Actions:

- **Employee Wellness Bulletin Board:** Create an employee wellness bulletin board where employees can post recipes or activities. Many employees are already exercising healthy behaviors, such as preparing meals for the week and trying healthy recipes. As such, rather than hiring personnel to provide information for employees or paying a dietitian to educate employees, simply provide a place for employees to share the information they are finding themselves.
- **Recipe Share Program:** Employees displayed an eagerness to learn how to make simple yet healthy recipes. Place a Recipe Book or File Drawer in the Break Room where employees can explore new ideas on their breaks.

- **Monthly Potluck:** Most schools had a monthly breakfast or staff gathering. While treats were enjoyed, there was a common desire for healthier options. Nominate a grade level every month to provide food for the monthly employee gatherings. Encourage them to choose a healthy option and bring the recipe to share.

All of the above suggestions would display administrative support and cultivate a culture of wellness, both of which were identified as lacking during this research.

Utilize Champions and Personnel

Schools with limited budgets that are unable to invest in infrastructure and equipment for programming can make a meaningful impact on wellness culture and employee health through champions and personnel support. Such impact may reach beyond school employees, enhancing student health behaviors and the delivery of school-based youth PA and nutrition programming.

Suggested Actions:

- **Empower Health-Conscious Employees:** This research revealed an inherent desire of school employees to be healthy. By simply supporting and empowering employees to act, a large investment of administrative cost and time may not be necessary. For example, the Principal of a school may find success in encouraging a health-conscious employee to start a Biggest Loser Competition, and provide the minimal resources needed. Alternatively, the Principal may suggest an employee re-organize a portion of the gym space so that it is accessible to employees. Resources and infrastructure are often in place, but simply underutilized.
- **Form an Employee Wellness Committee:** Invite like-minded employees to gather at the beginning of a school year to devise a plan for employee wellness. Administration should attend the first meeting to show support.

Human Subjects Approval Statement

All procedures were approved by the Tufts University Institutional Review Board (Review Number 1510019), as well as by school district research offices, when necessary. Written informed consent was obtained from all participants.

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Table 1.**Characteristics of the Six Participating Elementary Schools^a**

Students	
School Enrollment (mean, range)	631 (328, 892)
High Needs ^b (% , Range)	66.5 (48.8, 86.8)
Economically Disadvantaged ^c (% , Range)	39.4 (18.7, 45.8)
Staff	
Total (mean per school, SD)	79.3 (20.6)
Female (%)	90.3
<i>Race/Ethnicity (%)</i>	
White	88.7
African American	1.8
Hispanic	6.8
Other	1.5
<i>Age Group (%)</i>	
Under 32 years	28.6
33 to 40 years	19.7
41 to 48 years	16.1
49 to 56 years	19.9
Over 57 years	15.5
Student to Teacher Ratio (mean, SD)	13.8 (1.8)

^a: Schools at which Focus Group Participants were employed.

^b: Students belonging to one of the following subgroups: students with disabilities, English language learners (current and former), economically disadvantaged or low income (eligible for free or reduced price lunch, Transitional Aid to Families benefits, or food stamps).

^c: Students who participate in one or more state-administered programs: Supplemental Nutrition Assistance Program, Transitional Assistance for Families with Dependent Children, Department of Children and Families' Foster Care Program, or MassHealth (Medicaid).

Table 2.Participant Characteristics (Focus Group N=62^a; Interview N=4^b).

	Focus Group	Key Informant
Age, years (mean, range)	39.2 (22.3, 63.1)	54.3 (30.7, 68.1)
Female (%)	96.8	100
<i>Race/Ethnicity</i>		
White	93.5	100
Other	3.2	0
<i>Role (%)</i>		
Teacher	75.8	25.0
Nurse	3.2	50.0
Other ^c	21.0	25.0
<i>Marital Status (%)</i>		
Single, never married	32.3	25.0
Married or domestic partnership	59.7	75.0
Widowed	1.6	0
Divorced	6.5	0
<i>Children in Household (%)</i>	17.7	25.0
<i>Highest Level of Education Completed (%)</i>		
Some College Credit/Associate's Degree	6.4	0
Bachelor's Degree	14.5	0
Graduate Degree	77.4	100

^a: Focus group size: 4-9 participants; Total: 10 focus groups^b: N=4 instead of 5 due to missing data^c: Other: Reading Specialist, Physical Education, Special Education, Literacy Coach

Table 3.**Emergent Themes Organized by Socioecological Levels**

<i>Intrapersonal</i>	
(+/----)	Perceived Stress
(++)	Inherent Desire to Adopt Healthy Behaviors
(+)	Sufficient Health Knowledge
<i>Interpersonal</i>	
(+)	Employee Comradery: High Social Support and Strong Teacher Network
(+)	Role Modeling and Desire to Support Students
<i>Organizational</i>	
(---)	Availability of Unhealthy Food
(--)	Nature of the Job: Busy Schedules, Exhaustion and High Job Demands
(-)	Culture of Wellness: Lack of Administrative Support, Resources and Facilities

(+/-): Indicates whether the theme is a barrier to (-) or supportive of (+) adopting health-promoting behaviors Weak: +/-; Medium: ++/-; Strong +++/-

Table 4.

Supporting Quotations Organized by Socioecological Levels and Themes

Intrapersonal	
Perceived Stress	<p><i>"I say I'm not going to eat the candy today and then I get stressed and then I eat the candy and then I'm like I'm not going to eat it and then I eat more."</i></p> <p><i>"...it's harder to take care of yourself when you're stressed out or when you know you're taking care of others, like the students."</i></p> <p><i>"When I go and work out it's kind of to release stress."</i></p> <p><i>"Some kind of stress relief – for the kids and for us. You know, some mindfulness training or something like that every day – I think that's a big part of being healthy too."</i></p> <p><i>"I know it might not seem it, but this is a stressful job. Not the job – well maybe – the job itself, but also a lot of the stuff that goes on around you is rather stressful and that has a great impact on physical health as well as mental health."</i></p>
Inherent Desire to Adopt Healthy Behaviors	<p><i>"For me, if I don't prepare food from Sunday, I usually get take out a lot, which is not good. But I try to make all my meals on Sunday, that way I have them for the week."</i></p> <p><i>"There is definitely a good chunk of people who make an effort to take care of themselves and then challenge each other to do that."</i></p>
Interpersonal	
Employee Comradery: High Social Support and a Strong Teacher Network	<p><i>"I think that another really positive thing we have in school is that there are so many people making healthy choices, so it's nice to learn from others."</i></p> <p><i>I think that [name] hit the nail on the head, individually we talk about it. Again, it's not like a school structure thing, it's our personal relationships with each other that hold us accountable and if we have these conversations. And I think because so many of us are health conscious, it helps, because we are talking about it; we are all running or working out or doing something or doing Whole 30 or Paleo..."</i></p>
Role Modeling and Desire to Support Students	<p><i>"I think having those positive resources and role models, and role models to your kids and to each other and seeing – like recipe sharing, that's a nice way of keeping you motivated and keeping you on track."</i></p> <p><i>"I think something related to the students too – I think we do a lot of things by classroom or fundraisers and so on and so forth, so if there were some kind of wellness or fitness or health thing and you know like the goal was this month everybody had to bring a healthy snack or something – and a longer recess!"</i></p>
Organizational	
Availability of Unhealthy Food	<p><i>"People bring things in and leave them in the teachers' room and you have to run from it. Cakes and donuts."</i></p> <p><i>"I think it's lovely that we do breakfasts, but they're not always the healthiest of foods that come in. It's like a carb feast."</i></p>
Nature of the Job: Busy Schedules, Exhaustion and High Job Demands	<p><i>"We only have 20 minutes for lunch. It's hard to cram a salad into 20 minutes."</i></p> <p><i>"I think our job takes over our lives, too. It's not a normal job where you come in at 9 and leave it 5. You come in early, do what you need to do before, you're still working after, and when you leave, even if you leave late, you're still bringing things home! And you rarely have a weekend when you don't have to do work, so sometimes it encroaches on your time to cook or do exercise."</i></p>
Culture of Wellness: Lack of Administrative Support, Resources and Facilities	<p><i>"I feel like it's geared more towards students, not to staff."</i></p> <p><i>"I don't think there is a culture of wellness...little pockets here, but it's not like in the big picture. I think everyone knows it's important, but I don't think they can see how it can be important and how it can help us during the day and alleviate our stress and how it can help the kids."</i></p> <p><i>"I feel like too there are just so many demands on -- oh you have to do this this this and this incorporating so much into one school day that that wellness piece is like, 'Oh there's no time, we</i></p>

| can't do that, we have to do this this this and this.' So I feel like because it's not put up as being important or needed, it just gets overlooked and pushed aside."

Interview Insights

"I think that there has to be that team element. The feedback I've gotten from teachers [about the program]...is one of the things they love is that when they win, or when their percent weight loss is really high, they get phone calls from other teachers in the school being like 'Congratulations! I'm so excited for you!' and I think that it's a positive thing and that's what people need is that positive reinforcement... It's really tough -- I think that the teacher's schedule is really tough -- we love it but I think it's hard to find those breaks in order to be able to connect with people."

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