

Children's Guild Inc.

MARYLAND WELLNESS POLICIES & PRACTICES PROJECT

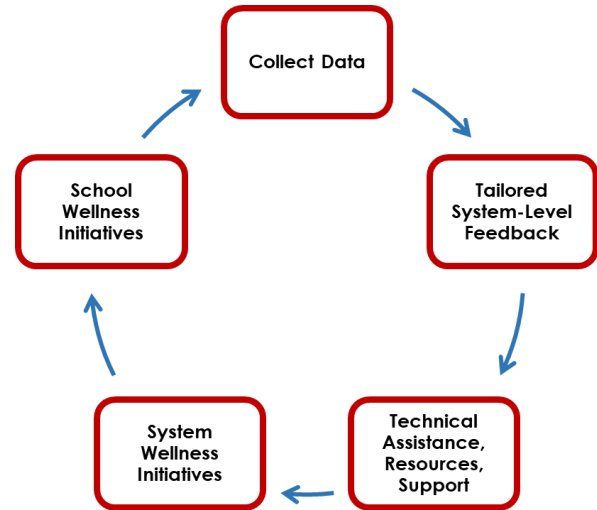


The mission of the Maryland Wellness Policies and Practices Project (MWPPP) is to enhance opportunities for healthy eating and physical activity for Maryland students by helping schools and school systems create and implement strong and comprehensive wellness policies.

The MWPPP employs a continuous quality improvement model (see the figure on the right) to assess wellness policy implementation in schools through biennial evaluations, system-level recommendations, and technical assistance provision to school systems.

The MWPPP is a statewide initiative and includes the :

- ◆ University of Maryland School of Medicine
- ◆ Maryland State Department of Education (MSDE)
- ◆ Maryland Department of Health
- ◆ University of Maryland Extension



FEDERAL WELLNESS POLICY REQUIREMENTS

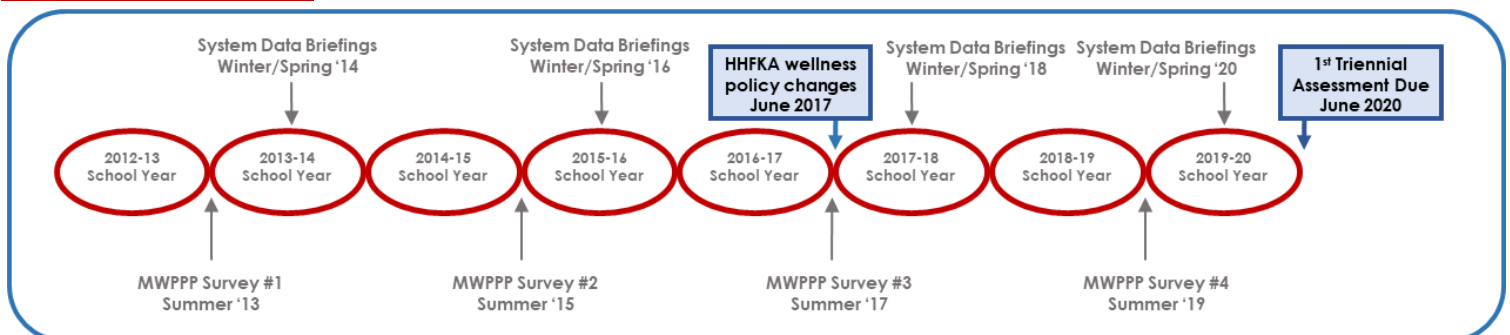
Wellness policies can improve food choices, dietary intake, and physical activity for students and staff. However, to be effective, a wellness policy must be implemented, monitored, and assessed. The Healthy, Hunger-Free Kids Act (HHFKA) of 2010¹ required all Local School Systems participating in federal child nutrition programs to update and expand their written wellness policy by June 2017 and publicly report on school-level wellness policy implementation beginning in June 2020 and every three years thereafter ("the triennial assessment").

The responsibility for developing, implementing, and evaluating a wellness policy is placed at the local level, to address the unique needs of each school. The MWPPP is a resource for school systems to meet the HHFKA provisions. **This report** provides information on two of the three components of the triennial assessment: [1] comparison with a model wellness policy (Section 1) and [2] reporting on school-level wellness policy compliance (Section 2). For the third triennial assessment component, school systems will report on progress toward meeting goals of their wellness policy. Based on the HHFKA, the written wellness policy and any policy updates must be made available to the public on an annual basis, and all three components of the triennial assessment must be made publicly available by June 30th, 2020. *



Throughout the report, this icon denotes policies or practices required by the Federal Government

THE MWPPP TIMELINE



*Due to pandemic response, triennial assessments were allowed to be waived until June 30th, 2021. 31 out of 33 school systems have waived reporting until the June 2021 deadline.

SECTION 1: WRITTEN WELLNESS POLICY SCORING

The Wellness School Assessment Tool (WellSAT) scores wellness policy language.² All items in the WellSAT 3.0 reflect current federal law or best practices.

Scores range from 0 to 100 for both the strength and comprehensiveness of the policy language. Strength refers to how strongly the content is stated. Comprehensiveness refers to how well recommended content areas are covered in the policy.

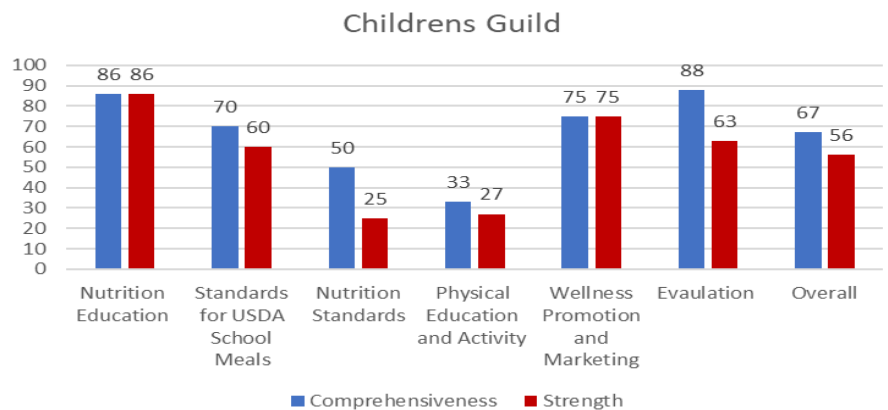
WellSAT 3.0 evaluates six policy sections:

1. Nutrition Education
2. Standards for USDA Child Nutrition Programs and School Meals
3. Nutrition Standards for Competitive and Other Foods and Beverages
4. Physical Education and Activity
5. Wellness Promotion and Marketing
6. Implementation, Evaluation, and Communication

A tailored WellSAT 3.0 score report will be given to each Maryland school system in Spring 2020 to meet the HHFKA triennial assessment final rule requirement #1 (comparison to a model policy).



WellSAT 3.0 comprehensiveness and strength scores for wellness policies across Children's Guild Inc. sites, overall and for each of the six policy sections is shown to the right.



RESOURCE HIGHLIGHT!

MSDE TRIENNIAL ASSESSMENT GUIDANCE & REPORTING TOOL

MSDE's Office of School and Community Nutrition Programs has developed a Triennial Assessment Guidance and Reporting Tool³ for school systems to prepare for the first triennial assessment, due by June 30, 2020. This tool provides detailed guidance on what is required for the triennial assessment and contains the reporting framework for submitting the first assessment. In addition to the three triennial assessment requirements, the tool also captures methods for sharing school wellness information to the public, a HHFKA requirement.

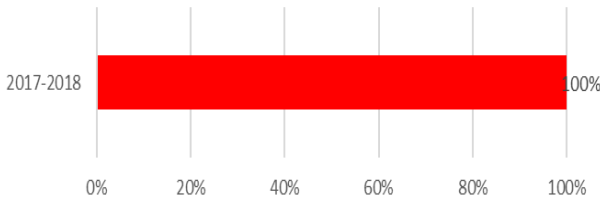
Maryland-specific examples below illustrate weak and strong wellness policy language for new HHFKA wellness policy requirements.

Policy Item	Example Weak Language	Example Strong Language
Food/Beverage Marketing	Marketing strategies, such as taste tests and signage in the cafeteria, should be used to promote healthy food and beverages throughout the school.	Any foods and beverages marketed or promoted to students on the school campus during the school day, will meet or exceed the "Maryland Nutrition Standards for All Foods Sold in Schools" such that only those foods that comply with or exceed those nutrition standards are permitted to be marketed or promoted to students.
Public Involvement in the Development, Review, and Update of the Policy	Students, parents, and/ or community members are welcome to join wellness committee.	School Wellness Council reviews the District Wellness Policy every three years. Members of the School Health/Wellness Council will represent all school levels and include, but not be limited to: parents and caregivers; students; representatives of the school nutrition program physical education teachers; health education, mental health and social services staff, the general public etc.
Foods Provided but Not Sold During the School	We will allow one traditional party food during celebrations.	Incentives or awards for student achievement shall be non- food health minded incentives e.g. extra recess, leadership opportunities, brain boost, public acknowledgment of achievements.

SECTION 2: CHILDREN'S GUILD INC (CGI)-SPECIFIC SCHOOL WELLNESS DATA

Section 2 outlines school-level wellness practices from the MWPPP school survey that either align with HHFKA policy changes or have a clear scientific link to student academic or behavioral outcomes. Additional data are provided to each Agency in Fall 2020 and the full survey is available online.⁴

Read the School System's Wellness Policy



The school survey was administered during both the 2017-2018 and 2018-2019 school years and schools were asked to respond once. The school survey response rate for the 2017-2018 school year was 60%, with 3 schools completing the survey. 100% of respondents were members of the School Nutrition Program.

100% of CGI sites reported having read their school system's wellness policy

MARYLAND'S SYSTEM LEVEL RECOMMENDATIONS

Evidence suggests schools that perceive system support are more likely to implement their written wellness policy. Maryland's 10 evidence-based recommendations for school systems to promote wellness policy implementation, originally released in 2010, are built around three themes: Build, Communicate, and Monitor.

Build

1. Maintain a system-level school health council
2. Identify funding to support policy implementation
3. Communicate implementation plan to the public
4. Train staff to support policy implementation

Communicate

5. Report policy goals to local school board
6. Communicate system-level wellness initiatives to school-level wellness councils
7. Communicate progress in wellness policy implementation to public

Monitor







8. Hold regular policy meetings to review current policies
9. Measure semi-annual or annual progress in achieving system wellness goals
10. Provide technical assistance for the evaluation and reporting of policy implementation



Throughout the report, this icon denotes Maryland-specific recommendations

SECTION 2A: SCHOOLS' PERCEPTIONS OF SYSTEM SUPPORT

The MWPPP survey asked CGI sites about perceived system-level support for school wellness initiatives.

My Agency...	% Partially in Place	% Fully in Place
 Has a school health council to address general	0%	100%
 Provides technical assistance to schools for evaluating wellness policy implementation	0%	100%
  Provides public updates on the content and implementation of wellness policies	0%	100%
  Has a mechanism in place to encourage the broader school community or public involvement in developing and updating wellness policies	100%	0%

FUNDRAISING & FOOD MARKETING

Federal and Maryland State Law Says: Any food/beverage item sold during the school day (outside of the breakfast or lunch program) must meet Maryland Nutrition Standards for All Foods Sold in Schools.⁵ The State has determined that there are no exempted fundraisers during the school day. This policy is in place from midnight prior to 30 minutes after the end of the official school day without exception.

Federal regulations further mandate that any food or beverage that does not meet the state's standard for Smart Snacks may not be marketed or promoted on campus during the school day.

Resource highlight! Information for schools on the [Maryland Nutrition Standards for All Foods Sold in Schools, including fundraisers and marketing, is provided in the "Smart Snacks in Maryland" video.](#)⁶



Federal regulations further mandate that any food or beverage that does not meet the state's standard for Smart Snacks may not be marketed or promoted on campus during the school day.

My Agency...	% Fully in Place
Did not permit the marketing of foods/beverages that do not meet Maryland Nutrition Standards for all foods sold in school/Smart Snacks in Schools standards, throughout the building	100%
Had marketing to promote healthy choices by: displaying visible and readable posters with healthful foods within all service and dining areas	100%
Had marketing to promote healthy choices by: displaying signs that promoted site meals and featured menu items in other areas of the school such as the main office, library or gymnasium	100%

SECTION 2C: PHYSICAL ACTIVITY AND EDUCATION

Providing physical activity during the school day can significantly improve student academic achievement and time in on-task behaviors.⁷ There are multiple ways for children to be active at school, including physical education class, recess, classroom physical activity breaks/integration, and before/after school programs. Physical activity and education specific survey responses for CGI sites over time, are shown below.

My Agency..	% Fully in Place
Coordinated services related to healthy eating and physical activity In sites	100%
Did not permit physical activity to be used as punishment (e.g. making a student run laps, do push-ups)	100%
Did not permit physical activity to be withheld as punishment (e.g. taking away recess or ending PE class early)	100%
Provided recess for every grade	100%



MARYLAND'S SCHOOL LEVEL RECOMMENDATIONS

Maryland's 5 evidence-based recommendations for schools to promote wellness policy implementation, originally released in 2013, are built around the same themes as the system recommendations: Build, Communicate, and Monitor.

Build

1. Establish a school-level wellness team and appoint a coordinator
2. Develop school wellness goals and an implementation plan connected to school improvement team goals
3. Identify resources to implement wellness policy priorities

Communicate

4. Communicate and promote the importance of healthy eating and physical activities for students, families, and the community

Monitor

5. Gather and report school-level data on wellness policy implementation

SECTION 2B: NUTRITION GUIDELINES & ENVIRONMENT

Below we highlight the implementation of some HHFKA nutrition-specific wellness policy practices in CGI sites.


My Agency....	% Fully in Place
Does not permit staff to use food/beverages as a reward for academic performance or good behavior	100%
Assures/Has a designated person that all foods and beverages sold to students during the school day meet the Maryland Nutrition Standards for All Foods Sold in School ⁵	100%
Makes safe, unflavored, drinking water available throughout the school day at no cost to students	100%

Let's Celebrate!

Each School System can decide how to address foods/beverages provided during celebrations in their written wellness policy.



SECTION 2E: SCHOOL WELLNESS TEAMS

3 out of 3 (100%) schools had a wellness team. 

100% of respondents were Wellness Leaders/Chairperson.

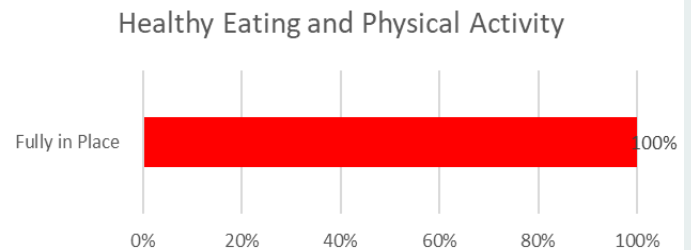
This section presents data on wellness team best practices for the 3 CGI site with a wellness team in 2017-18.

MEMBERSHIP

Wellness teams included the following members:

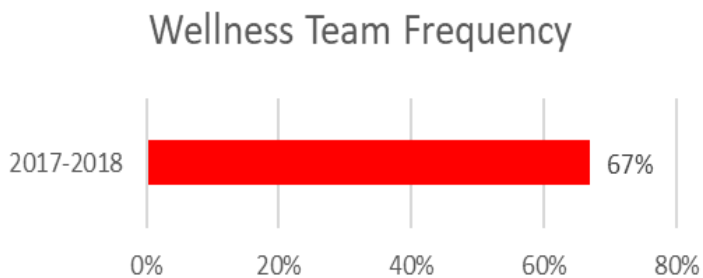
Teacher (Non-PE/ Health) 33%	PE Teacher 10%	Counselor 100%	Administrator 100%	Para Educators 33%
Students 33%	Health Teacher 67%	Food Service 100%	Site Social Worker (s) 100%	Parent (s) 67%

Healthy Eating and Physical Activity Wellness teams focused on healthy eating and physical activity within sites.



WELLNESS TEAM MEETING FREQUENCY

2/3 of wellness teams meet at least 4 times a year



INVOLVING THE PUBLIC The CGI wellness teams used the website to reach families and community members

Website



100%


SECTION 2F: EMPLOYEE WELLNESS

Given the focus on employee/staff wellness by many wellness teams, information on staff wellness practices among CGI sites is listed below. Research shows that staff members who participate in wellness activities experience lower levels of burnout and absenteeism as well as higher levels of job satisfaction and performance.⁸

My Agency...	% Partially in Place	%Fully in Place
Organized and held activities for staff to support and promote healthy eating and physical activity	67%	33%
Provided training/education to encourage staff to model healthy eating and physical activity behaviors	0%	100%
Promoted healthy eating and physical activity for staff members	0%	100%
Encouraged staff members to model physical activity behaviors	0%	100%

SECTION 2D: FAMILY AND COMMUNITY INVOLVEMENT

Involvement of the broader school community is an important element of the HHFKA wellness policy changes. The table below shows how CGI sites are involving families and communities in school wellness.

My Agency..	%Under Development	%Partially in Place	%Fully in Place
  Provides opportunities for student input on wellness policy implementation	33%	0%	67%
  Partnered with parents/families or community organizations to support and promote healthy eating and physical activity among students	0%	33%	67%

SECTION 3: 2020 CALL TO ACTION FOR CHILDREN'S GUILD INC SITES

Call to Action	Steps	Support Data
<p style="text-align: center;">WRITTEN WELLNESS POLICIES</p> <p>Update system level written wellness policies to meet federal and state requirements</p>	<ul style="list-style-type: none"> ◆ Read your school level wellness policy ◆ Ensure policy aligns with HHFKA ◆ Make wellness policy available to the public ◆ Set wellness goals for the year 	<p>The average comprehensiveness score for CGI Wellness policy was 67 (out of a possible 100), indicating that policy language needs to be expanded and strengthened to include all recommended and required components. 100% of school survey respondents reported that they read their system wellness policy</p>
<p style="text-align: center;">BUILD</p> <p>Establish school-level wellness teams; appoint coordinators</p>	<ul style="list-style-type: none"> ◆ Support school-based wellness team development and sustainability ◆ Promote evidence-based wellness team practices in schools 	<p>100% of schools have a wellness team in place Of those with a wellness team... 100% of Wellness Teams meet at least 4 times a year</p>
<p style="text-align: center;">COMMUNICATE</p> <p>Communicate system-level wellness initiatives to schools</p>	<ul style="list-style-type: none"> ◆ Make schools aware of wellness policies and the system-level health council ◆ Provide public updates on the content and implementation of wellness policies using multiple communication strategies ◆ Share school-level implementation strategies throughout the system 	<p>100% of schools reported their system had a school health council to address health and wellness issues 100% of schools perceived that their system provided public updates on policy content and implementation 0% of schools perceived that their system had a mechanism to encourage community or public involvement in wellness efforts</p>
<p style="text-align: center;">MONITOR</p> <p>Gather and report school-level data on wellness policy initiatives</p>	<ul style="list-style-type: none"> ◆ Provide schools with a reporting tool to measure and report policy implementation ◆ Provide technical assistance to schools for meeting wellness policy regulations 	<p>100% of schools reported their system provided schools with technical assistance to evaluate policy implementation</p>

Notes and References

1. Healthy Hunger-Free Kids Act of 2010. Pub. L. No 111-296, 124 Stat. 3183, 13 December 2010.
2. "About the WellSAT." WellSAT, Rudd Center. 2018. www.wellsat.org/about_the_WellSAT.aspx.
3. Maryland Local School Wellness Policy Triennial Assessment Guidance and Reporting Tool: this tool will be made available in Spring 2020. <http://www.marylandpublicschools.org/programs/SchoolandCommunityNutrition>
4. Unless otherwise specified, this report only presents survey responses that are "fully in place" in comparison to all other responses ("partially in place," "under development," "not in place," and "don't know"). Additional information on MWPPP data collection (as well as the full 2018-19 survey) will be made available on www.marylandschoolwellness.org in Spring 2020.
5. Maryland Nutrition Standards for All Foods Sold in Schools. http://www.marylandpublicschools.org/programs/Documents/Nutrition_MDNutritionStandardsforAllFoodsSoldJune2018policychart.pdf
6. Smart Snacks in Maryland video. <http://www.marylandpublicschools.org/programs/SchoolandCommunityNutrition/Pages/TTA>
7. Alvarez-Bueno, C. et al.(2017). Academic achievement and physical activity: A meta-analysis. *Pediatrics*, 140(6).
8. LeCheminant et al. (2015). Health behaviors and work-related outcomes among school employees. *American Journal of Health Behavior*, 39(3), 345-351.

For more information, please visit www.marylandschoolwellness.org and click the "Tools & Resources" tab on the right side of the page.

Primary funding support:

(1) This project has been funded at least in part with Federal funds from the U.S. Department of Agriculture. The contents of this publication do not necessarily reflect the view or policies of the U.S. Department of Agriculture, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government. (2) Centers for Disease Control and Prevention (CDC), Cooperative Agreement #2B01OT009025 through the Maryland Department of Health, Center for Chronic Disease Prevention and Control; (3) CDC, Cooperative Agreement #5U58DP003497; (4) CDC, Prevention Research Centers Program Cooperative Agreement #U48 DP001929 and Special Interest Project #12-062 (Nutrition Obesity Policy Research Evaluation Network, NOPREN) with the University of Maryland Prevention Research Center.

The views expressed in written materials and publications do not necessarily reflect the official policies of the Centers for Disease Control and Prevention, the Department of Health and Human Services, the Maryland Department of Health, or the Maryland State Department of Education nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Non-Discrimination Statement: MSDE and USDA are equal opportunity providers.

Contact Information:

Erin Hager, PhD (University of Maryland School of Medicine) ehager@som.umaryland.edu

Leslie Sessom Parks, MSW (Maryland State Department of Education) leslie.sessomparks@maryland.gov

This report was prepared by Jasmia Shropshire, BS, Erin Hager, PhD, Megan Lopes, MPH, Leslie Sessom Parks, MSW, Marla Caplon, RD, LD, Chrissa Carlson, MS, Jason Semanoff, MS, Sara Schofield Booker, MPH, RD, Lea Jaspers, MA, Ann Pulling Kuhn PhD, and the Maryland School Wellness Partnership.
January 2020