The 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 comprehensive wellness policies.

The MWPPP employs a continuous quality improvement model to assess wellness policy implementation in schools throughout Maryland. The MWPPP conducts biennial evaluations, develops system-level recommendations, and provides technical assistance to school systems.

The MWPPP is a statewide initiative by the Maryland School Wellness Partnership, and includes the:

- University of Maryland School of Medicine
- Maryland State Department of Education
- Maryland Department of Health

Background

The federal government requires school systems participating in federal child nutrition programs to meet the regulations in the Healthy, Hunger-Free Kids Act of 2010. These regulations required school systems to update and expand their school wellness policy by June 2017.

An effective wellness policy can improve food choices, dietary intake, and physical activity for children in schools. However, to be effective, a wellness policy must be implemented, monitored, and assessed.

This report provides information on the implementation of school wellness policies and practices in Maryland. All Maryland recommendations are built around three themes:

1. BUILD
2. COMMUNICATE
3. MONITOR

THE MWPPP TIMELINE

System Data Briefings
Winter/Spring ‘14

System Data Briefings
Winter/Spring ‘16

System Data Briefings
Winter/Spring ‘18

2012-13 School Year

2013-14 School Year

2014-15 School Year

2015-16 School Year

2016-17 School Year

2017-18 School Year

MWPPP Survey #1
Summer ‘13

MWPPP Survey #2
Summer ‘15

MWPPP Survey #3
Summer ‘17

Updated federal regulations
June 2017
**SECTION 1: WELLNESS POLICY UPDATES**

Federal regulations require school systems to expand the scope of their wellness policies. **As of June 2017, wellness policies must:**

- Establish policy leadership to ensure each school complies with the wellness policy

**Public Involvement**

- Permit public participation in the development, review, and update of the policy

**Assessments**

- Complete triennial assessments on: (1) policy compliance, (2) how the wellness policy compares to model policies, and (3) progress in attaining policy goals

**Goals**

- Include goals for physical activity, nutrition promotion and education, and other school based activities that promote student wellness

**Public Updates**

- Annually inform the public on policy content and implementation

**Food and Beverage Marketing**

- Limit marketing and advertising to include only foods and beverages that meet Maryland Nutrition Standards for All Foods Sold in Schools (which incorporate federal USDA Smart Snacks Standards)

**Nutrition Guidelines**

- Specify nutrition guidelines for all foods and beverages sold in schools consistent with federal and state regulations
- Include guidelines for all foods and beverages provided, but not sold to, students throughout the school day

**SECTION 2: SYSTEM-LEVEL RECOMMENDATIONS**

Evidence suggests schools that perceive system support are more likely to implement their written wellness policy. Maryland has 10 evidence-based recommendations to promote wellness policy implementation. These recommendations are listed below.

- **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 the 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 this report, data aligned with Marylands recommendations for school systems will be marked by the following icon:**

---

**Throughout this report, data aligned with federal regulations will be marked by the following icon:**
SECTION 3: MARYLAND-SPECIFIC SCHOOL WELLNESS DATA

In 2016-17, we asked administrators whether they were aware of their system wellness policy:

► 75% were aware of and read their system wellness policy
► 21% were aware of but did not read their system wellness policy
► 4% were unaware of their system wellness policy

SECTION 4: SCHOOLS’ PERCEPTION OF SYSTEM SUPPORT FOR WELLNESS POLICY IMPLEMENTATION

The MWPPP survey asked school administrators about system-level support for school wellness initiatives.

<table>
<thead>
<tr>
<th>% OF SCHOOLS REPORT THAT THEIR SCHOOL SYSTEM...</th>
<th>MARYLAND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012-13</td>
</tr>
<tr>
<td>Had a school health council to address health and wellness issues</td>
<td>47%</td>
</tr>
<tr>
<td>Provided schools with technical assistance to evaluate policy implementation</td>
<td>28%</td>
</tr>
<tr>
<td>Provided public updates on the content and implementation of policies</td>
<td>36%</td>
</tr>
<tr>
<td>Had a mechanism in place to encourage teachers and school health professionals to participate in developing wellness policies</td>
<td>43%</td>
</tr>
</tbody>
</table>

30% of schools perceive that their system had a mechanism to encourage community or public involvement in wellness efforts.

2016-17 school year
Maryland has 5 evidence-based recommendations to promote wellness policy implementation.

1. Establish a school-level wellness team; 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
4. Communicate and promote the importance of healthy eating and physical activities for students, families, and the community
5. Gather and report school-level data on wellness policy implementation

The MWPPP survey asked school administrators about school-level wellness policy implementation. In the 2016-2017 school year, 25% of schools organized and held activities involving families to support and promote healthy eating and physical activity.

<table>
<thead>
<tr>
<th>% OF SCHOOLS REPORT THAT THEIR SCHOOL...</th>
<th>MARYLAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated nutrition and physical activity goals into the school improvement plan</td>
<td>18% 20% 16%</td>
</tr>
<tr>
<td>Secured funds from the school system and/or outside/private funds to support nutrition and physical activity priorities for students and staff</td>
<td>23% 23% 23%</td>
</tr>
<tr>
<td>Provided opportunities for parent and/or student input on wellness policy implementation</td>
<td>15% 19% 14%</td>
</tr>
<tr>
<td>Provided annual progress reports to the school system on school-level implementation of the system's wellness policy</td>
<td>20% 19% 17%</td>
</tr>
<tr>
<td>Had a designated person to confirm all foods and beverages sold outside of the meals program meet the current Maryland Nutrition Standards for All Food Sold in Schools (which incorporate USDA Smart Snack Standards)</td>
<td>- 27% 46%</td>
</tr>
</tbody>
</table>

Schools report spending 59% of their wellness effort on staff. In 2016-17 school year.
SECTION 6: EVIDENCE-BASED PRACTICES

Additional data were collected in the 2014-15 and 2016-17 MWPPP School Survey that were not collected in the 2012-13 survey. All items below are connected to evidence-based practices.\(^7,8\)

<table>
<thead>
<tr>
<th>% OF SCHOOLS REPORT THAT THEIR SCHOOL...</th>
<th>MARYLAND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014-15</td>
</tr>
<tr>
<td>Made safe, unflavored, drinking water available throughout the school day at no cost to students</td>
<td>73%</td>
</tr>
<tr>
<td>Did not permit physical activity to be withheld as punishment (e.g. taking away recess or ending PE class early)</td>
<td>57%</td>
</tr>
<tr>
<td>Provided resources, support, and/or training to implement regular physical activity breaks for every grade</td>
<td>-</td>
</tr>
<tr>
<td>Provided opportunities to integrate physical activity during classroom instruction for content such as math, science, music, and fine arts</td>
<td>35%</td>
</tr>
<tr>
<td>Did not permit staff members to use food and/or beverages as a reward for academic performance or good behavior</td>
<td>32%</td>
</tr>
<tr>
<td>Promoted healthy choices by marketing healthy choices in school-wide activities, back-to-school events, etc. and/or including messages related to physical activity and nutrition promotion in school announcements</td>
<td>40%</td>
</tr>
<tr>
<td>Did not permit the marketing of foods and/or beverages that do not meet Maryland Nutrition Standards for All Foods Sold in School (which incorporate USDA Smart Snacks Standards(^9))</td>
<td>50%</td>
</tr>
</tbody>
</table>

Schools addressed food celebrations by...

- Limiting the number of food celebrations (46%)
- Allowing only foods that meet Maryland Nutrition Standards for All Foods Sold in Schools (23%)
- Not permitting food celebrations (11%)

2016-17 school year

Schools promoted or supported walking and bicycling to school by...

- Using crossing guards (47%)
- Providing secure storage facilities for bicycles and helmets (40%)
- Designating safe or preferred routes to school (31%)
- Providing instruction on walking and bicycling safety to students (27%)

2016-17 school year
This section presents data on evidence-based practices among the 501 schools that reported having a wellness team in the 2016-17 survey.

Schools included the following members in their wellness team:

- Teacher (Non-PE/Health): 81%
- PE Teacher: 78%
- Administrator: 74%
- Nurse: 47%
- School Counselor: 39%
- Health Teacher: 31%
- Parent: 19%
- Student: 18%

The majority of wellness leaders volunteered their time:

- Volunteered: 79%
- Earned money: 12%
- Released from other duties: 4%
- Add'l planning time: 4%

The majority of wellness teams were not integrated into their school’s school improvement team (SIT):

- Wellness team & SIT are the same: 9%
- Wellness team is subcommittee of SIT: 19%
- SIT member on wellness team: 19%
- Wellness team not integrated into SIT: 57%

Wellness meeting frequency:

- 2012-13: 41%
- 2014-15: 51%
- 2016-17: 60%

% of wellness teams that met four times or more in a school year

System support:

- Provided stipend for time: 39
- Received no support: 66
- Provided technical assistance: 119
- Provided funding: 118
- Collected data: 154
- Provided training: 229
The Whole School, Whole Community, Whole Child (WSCC) model fosters a collaborative approach to improve educational outcomes and health in schools nationwide. The WSCC model is a framework for wellness teams to prioritize their approach to holistic school health. The WSCC model, displayed on the right, is made up of 10 components. Within each component, the numbers represent the percent of wellness teams that set goals consistent with each component of the WSCC.

Throughout Maryland, the data below outlines suggested steps (aligned with best practices) for wellness team goal setting and reporting.

- **STEP 1:** Conducted a needs assessment (44%)  
- **STEP 2:** Set goals for the school year (71%)  
- **STEP 3:** Created an action plan (64%)  
- **STEP 4:** Submitted plan to school leadership (51%)  
- **STEP 5:** Had a mechanism to track progress (56%)  
- **STEP 6:** Reported achievements to school administration (68%)  
- **STEP 7:** Reported achievements to school system (50%)

The data below outlines suggested steps (aligned with best practices) for wellness team goal setting and reporting.

- **78%** of wellness teams set goals for Employee Wellness  
- **71%** of wellness teams set goals for Physical Education & Physical Activity  
- **45%** of wellness teams set goals for Health Education  
- **42%** of wellness teams set goals for Nutrition Environment & Services  
- **41%** of wellness teams set goals for the Social & Emotional Climate

---

Figure 1: Whole School, Whole Community, Whole Child Model
(Center for Disease Control, 2014)
### SECTION 8: MARYLAND’S CALL TO ACTION

<table>
<thead>
<tr>
<th>CALL TO ACTION</th>
<th>STEPS</th>
<th>SUPPORTING DATA</th>
</tr>
</thead>
</table>
| **BUILD**     | • Support school-based wellness team development and sustainability.  
• Promote evidence-based wellness team practices in schools. | 55% of schools have a wellness team in place |
|                |       | Of those with a wellness team... |
|                |       | 67% reported achievements to school administration |
|                |       | 49% reported achievements to school system |
|                |       | 44% conducted a needs assessment |
|                |       | 86% of wellness teams reported receiving support from their school system |
| **COMMUNICATE**| • 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. | 75% of schools reported that they read their system’s wellness policy |
| **MONITOR**   | • Provide schools with a reporting tool12 to measure and report policy implementation.  
• Provide technical assistance to schools for meeting wellness policy regulations. | 29% of schools reported their system provided schools with technical assistance to evaluate policy implementation |
|                |       | 17% of schools provided annual progress reports to their system on school-level wellness policy implementation |

### Notes and References

3. 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 2016-17 survey) will be made available on www.marylandschoolwellness.org in Spring 2018.
4. The MWPPP conducted evaluations focusing on the 2016-17 school year. Survey responses include data prior to the federal regulation June 2017 updates.
7. Schools who responded to this survey may not be representative of every school in Maryland. Schools who responded to this survey varied between the MWPPP Survey #1 (2012-13), the MWPPP Survey #2 (2014-15), and the MWPPP Survey #3 (2016-17). Additional information on MWPPP data collection and the 2016-17 Survey) will be made available on www.marylandschoolwellness.org in Spring 2018.
11. The Maryland Wellness Partnership recommends the utilization of a customizable reporting tool that will be made available by the Maryland Wellness Partnership in Spring 2018.

### Resources

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

### Primary funding support:

Centers for Disease Control and Prevention, Prevention Research Centers Program Cooperative Agreement #U48 DP001929 and the Nutrition and Obesity Policy Research and Evaluation Network (NOPREN) Special Interest Project #12-062 with the University of Maryland Prevention Research Center.

### Contact Information:

Erin Hager, PhD (University of Maryland School of Medicine) ehager@som.umaryland.edu  
Stew Eidel (Maryland State Department of Education) stew.eidel@maryland.gov  
Caroline Green (Maryland Department of Health) caroline.green@maryland.gov

This report was prepared by Delara Aharpour MPP, Caroline Green, Erin Hager PhD, Lea Jaspers, Megan Lopes, and the Maryland Wellness Partnership. This report was prepared independent of the supporting agencies and may not represent the official positions of these agencies.