

Maryland

MARYLAND WELLNESS POLICIES & PRACTICES PROJECT

State of Maryland Data Briefing: 2018-2019 School Year

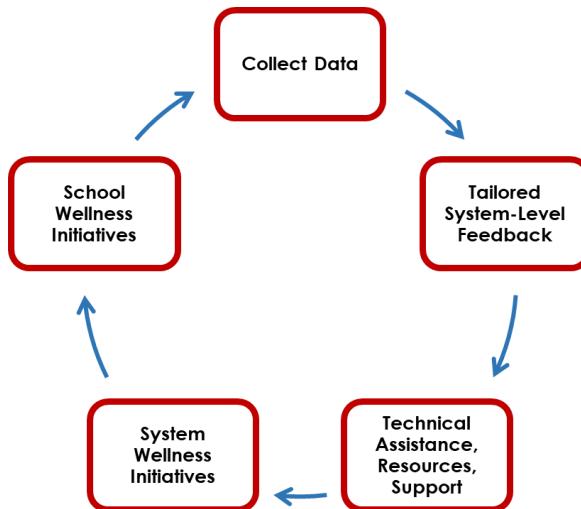


The mission of the Maryland Wellness Policies and Practices Project (MWPPP) is to enhance opportunities for healthy eating and physical activity for Maryland students by helping schools and school systems create and implement strong and comprehensive wellness policies.

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

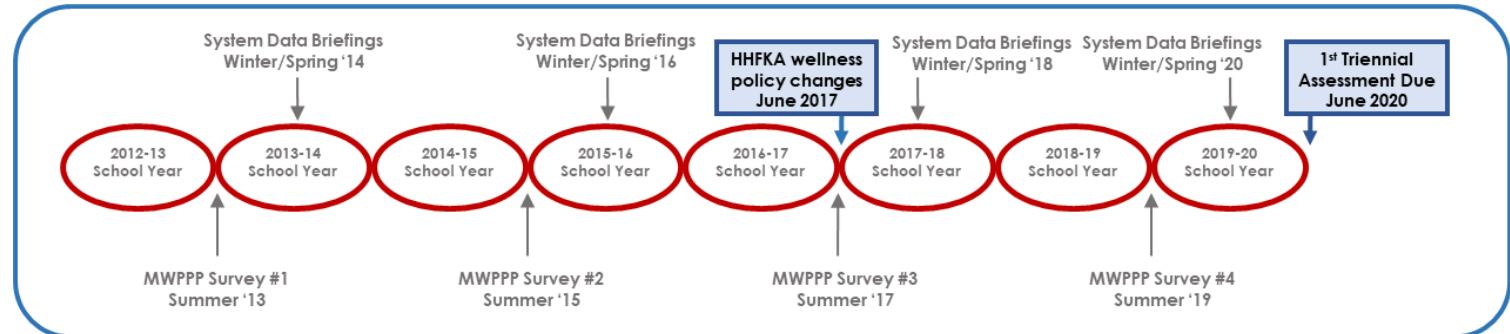
Wellness policies can improve food choices, dietary intake, and physical activity for students and staff. However, to be effective, a wellness policy must be implemented, monitored, and assessed. The Healthy, Hunger-Free Kids Act (HHFKA) of 2010¹ required all Local School Systems participating in federal 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



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.

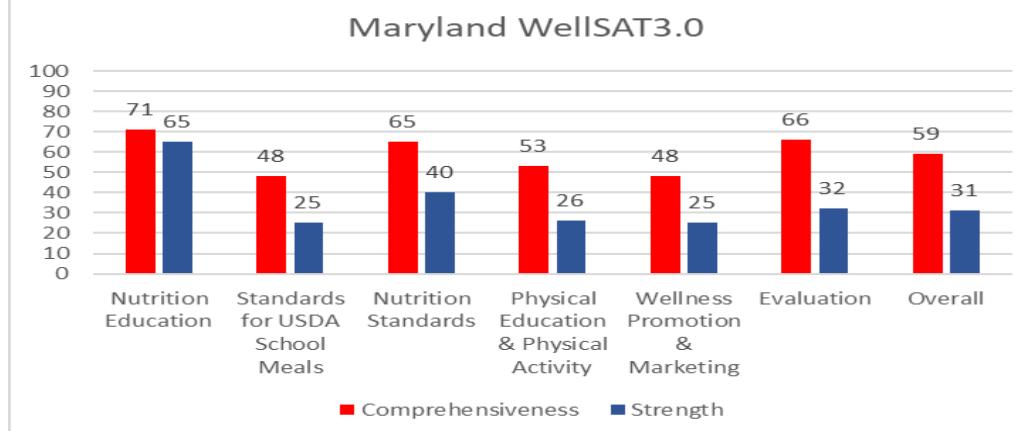
WellSAT 3.0 evaluates six policy sections:

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 Maryland's 24 school systems (average), 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.

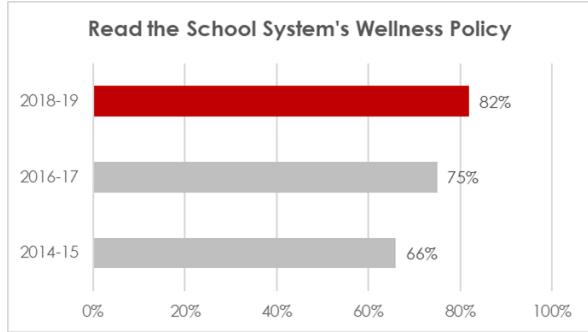
Maryland-specific examples below illustrate weak and strong wellness policy language for new HHFKA wellness policy requirements.

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.

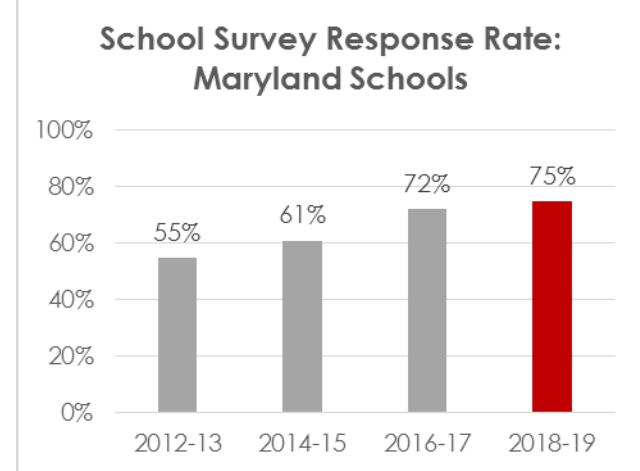
SECTION 2: MARYLAND-SPECIFIC SCHOOL WELLNESS DATA

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 school system in Spring 2020 and the full survey is available online.⁴

The school survey response rate for the 2018-2019 school year was 75% (higher than prior years), with 994 schools completing the survey. 84% of respondents were administrators, with the rest representing teachers and staff, many of whom led school-level wellness teams.



82% of Maryland schools reported having read their school system's wellness policy, an increase since first asked in 2014-2015.



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 Maryland schools about perceived system-level support for school wellness initiatives.

My school system...	2018-19 % Fully In Place
Has a school health council to address general health and wellness issues	48%
Provides technical assistance to schools for evaluating wellness policy implementation	26%
Provides public updates on the content and implementation of wellness policies	33%
Has a mechanism in place to encourage the broader school community or public involvement in developing and updating wellness policies	29%



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

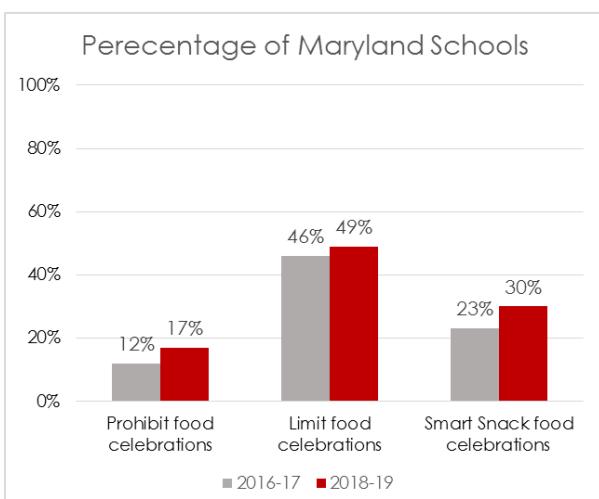
SECTION 2B: NUTRITION GUIDELINES & ENVIRONMENT

Below we highlight the implementation of some HHFKA nutrition-specific wellness policy practices in Maryland schools over time.

My School....	% Fully In Place	
	2016-2017	2018-2019
Does not permit staff to use food/beverages as a reward for academic performance or good behavior	30%	38%
Assures that all foods and beverages sold to students during the school day meet the Maryland Nutrition Standards for All Foods Sold in School ⁵	68%	72%
Makes safe, unflavored, drinking water available throughout the school day at no cost to students	81%	86%

Let's Celebrate!

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



Breakfast is Brain Food!

Studies have shown that when schools provide breakfast it increases academic performance, especially for math. Participation in school breakfast can improve: Grades, Attendance, Behavior, & Punctuality.⁶

Schools in Maryland are providing breakfast through:

55% Traditional breakfast in the cafeteria

44% Breakfast In the classroom

5% Second chance breakfast

10% Kiosk Grab-and-Go Breakfast

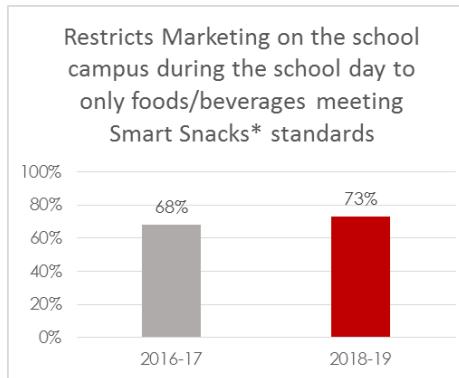
*Schools can report on providing breakfast in more than one category

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.

Maryland schools reported on food/beverage marketing restrictions in place in their school in the MWPPP survey.



Types of Fundraisers Reported in Maryland Schools:

During the School Day

42% Non-food sales during school day
13% Food sales (of these, **5%** met Smart Snacks Standards)

After School

44% Food sales (of these, **12%** met Smart Snacks Standards)
77% Restaurant nights

Other

57% Physical activity promotion

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.⁷

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.⁸ 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 Maryland schools, over time, are shown below.

My school...	% Fully In Place	
	2016-17	2018-19
Does NOT permit physical activity to be used as punishment (e.g. making students run laps, do push-ups)	87%	86%
Does NOT permit physical activity to be WITHHELD as punishment (e.g. taking away recess or ending PE class early)	58%	65%
Provides resources, support, and/or training to implement regular physical activity breaks for every grade	41%	48%
Provides opportunities to integrate physical activity during classroom instruction for content such as math,	35%	42%
Provides Recess:		
	Elementary	89%
	Middle	35%
		94%
		36%

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 Maryland schools are involving families and communities in school wellness.

My school...	% Fully In Place	
	2016-17	2018-19
  Provides opportunities for parent and/or student input on wellness policy implementation	14%	13%
  Communicates the status of school-level implementation of wellness policies to parents/families	13%	16%
Organizes and holds activities involving families to support and promote healthy eating and physical activity among students	25%	26%
Partners with community organizations to support and promote healthy eating and physical activity among students	26%	26%

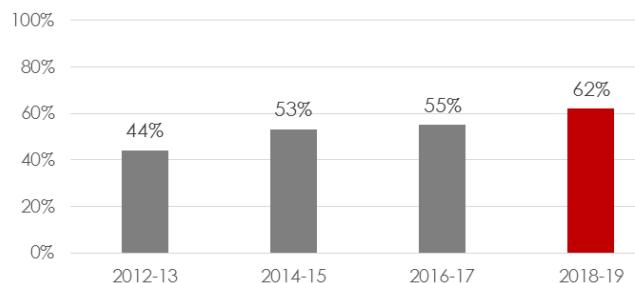
SECTION 2E: SCHOOL WELLNESS TEAMS

610 out of 983 (62%) schools had a wellness team.



This section presents data on wellness team best practices for the 610 Maryland schools with a wellness team in 2018-19.

The percentage of schools with wellness teams increased over time



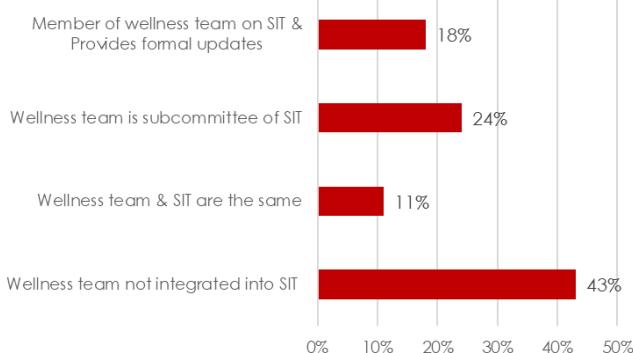
MEMBERSHIP

Wellness teams included the following members:

Teacher (Non-PE/ Health) 78%	PE Teacher 76%	Administrator 79%	Nurse 39%	Parent 20%
School Counselor 43%	Health Teacher 32%	Community Organizations 5%	Food Service 15%	Student 11%

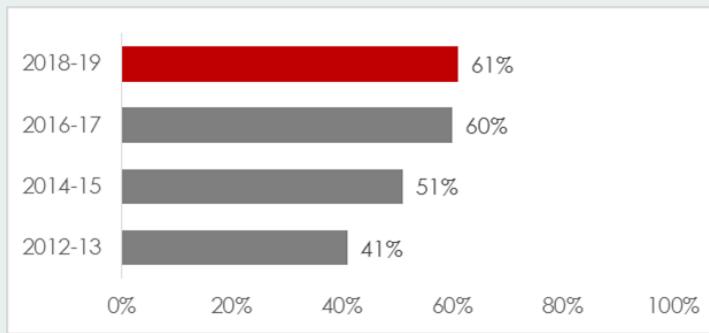
SCHOOL IMPROVEMENT TEAM (SIT)

Most wellness teams are not integrated with the SIT



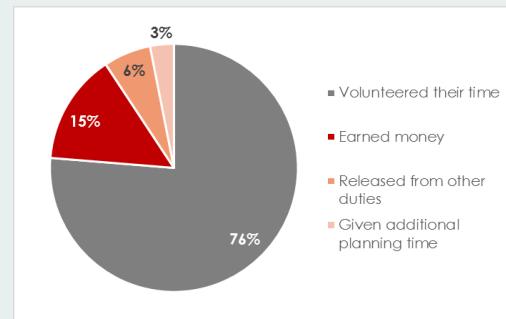
WELLNESS TEAM MEETING FREQUENCY

Over half of wellness teams meet 4+ times each year.



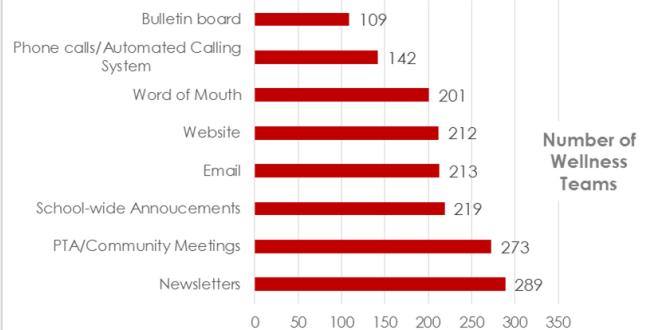
COMPENSATION

The majority of wellness team leaders volunteered their time



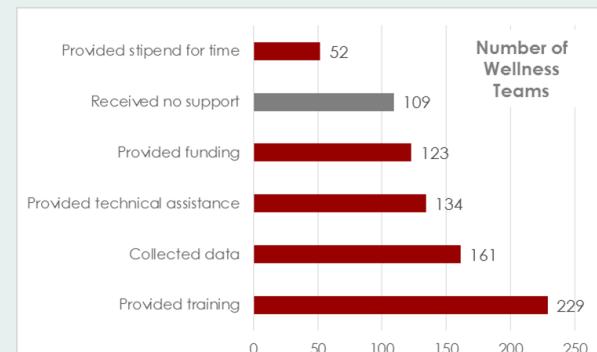
INVOLVING THE PUBLIC

Wellness teams used a variety of strategies for reaching families and community members

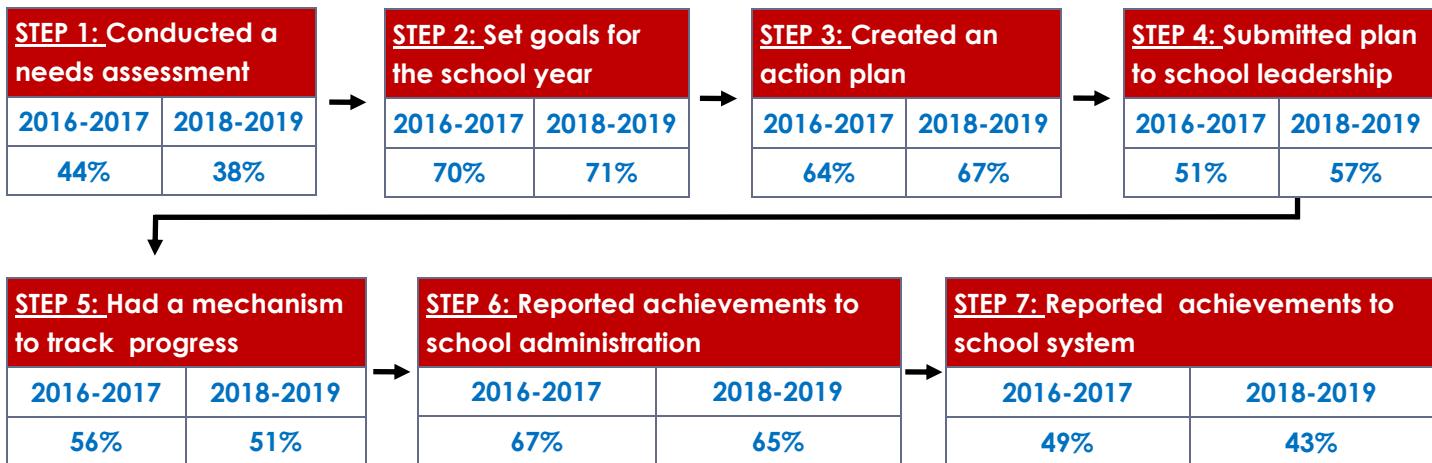


SYSTEM SUPPORT

Most wellness teams report receiving support from the school system



PROCESS FOR WELLNESS TEAM GOAL SETTING AND REPORTING



Building a school wellness team is the first step to enhance school wellness. Sustainable change occurs when teams are supported to meet and exceed wellness goals! Building a wellness team, securing system support, and tracking measurable goals ensures that school wellness is a priority for all.

RESOURCE HIGHLIGHT!

32% of wellness teams that conducted a needs assessment used the "Maryland Wellness Scorecard". This brief, Maryland-specific, tool⁹ can be used by schools to conduct a needs assessment, set goals, and report to school and system leadership.

WELLNESS TEAMS AND THE WHOLE SCHOOL, WHOLE CHILD, WHOLE COMMUNITY MODEL

The Whole School, Whole Community, Whole Child (WSCC) model is a framework to address health within schools,¹⁰ with students, at the center of the model.

WSCC stresses the need for coordination among policy, process, and practice, greater alignment across health and education by incorporating 10 key components of school health and emphasizing the school as an integral part of the community. The table indicates the WSCC area(s) for which wellness teams set goals.



Wellness Team Goals Aligned with WSCC Components	2016-17	2018-19
Employee Wellness	78%	77%
Physical Education & Physical Activity	71%	63%
Health Education	45%	50%
Nutrition Environment and Services	42%	44%
Social and Emotional School Climate	41%	60%
Family Engagement	37%	36%
Community Involvement	34%	18%
Health Services	23%	32%
Counseling, Psychological & Social Services	20%	38%
Physical Environment	17%	31%

SECTION 2F: EMPLOYEE WELLNESS

Given the focus on employee/staff wellness by many wellness teams, information on staff wellness practices among Maryland Schools 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.¹¹

My school...	% Fully In Place	
	2016-17	2018-19
Organized and held activities for staff to support and promote healthy eating and physical activity	40%	45%
Provided training/education to encourage staff to model healthy eating and physical activity behaviors	25%	29%

SECTION 3: 2020 CALL TO ACTION FOR MARYLAND SCHOOL SYSTEMS

Call to Action	Steps	Support Data
WRITTEN WELLNESS POLICIES Update system level written wellness policies to meet federal and state requirements	<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 	The average comprehensiveness score for Maryland Wellness policies was 59 (out of a possible 100), indicating that policy language needs to be expanded and strengthened to include all recommended and required components. 82% of school survey respondents reported that they read their system wellness policy
BUILD Establish school-level wellness teams; appoint coordinators	<ul style="list-style-type: none"> ◆ Support school-based wellness team development and sustainability ◆ Promote evidence-based wellness team practices in schools 	62% of schools have a wellness team in place Of those with a wellness team... <ul style="list-style-type: none"> 38% conducted a needs assessment 82% of wellness teams reported receiving support from their school system 61% of Wellness Teams meet at least 4 times a year
COMMUNICATE Communicate system-level wellness initiatives to schools	<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 	48% of schools reported their system had a school health council to address health and wellness issues 33% of schools perceived that their system provided public updates on policy content and implementation 29% of schools perceived that their system had a mechanism to encourage community or public involvement in wellness efforts
MONITOR Gather and report school-level data on wellness policy initiatives	<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 	26% of schools reported their system provided schools with technical assistance to evaluate policy implementation 60% of wellness teams reported achievements to school administration 40% of wellness teams reported achievements to the school system

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://marylandpublicschools.org/programs/Documents/Nutrition_MDNutritionStandardsforAllFoodsSoldJune2018.pdf
6. "School Breakfast." Action for Healthy Kids, Food Research & Action Center. 2016. www.actionforhealthykids.org/what-we-do/school-breakfast
7. Smart Snacks in Maryland video. <http://www.marylandpublicschools.org/programs/SchoolandCommunityNutrition/Pages/TTA>
8. Alvarez-Bueno, C. et al.(2017). Academic achievement and physical activity: A meta-analysis. Pediatrics, 140(6).
9. MD School Wellness Scorecard. 2018. http://marylandpublicschools.org/programs/Documents/SchoolWellnessPolicy/MSDE_Wellness%20Scorecard_HiRes_11x17_June%202018.pdf
10. The Whole School, Whole Community, Whole Child Model graphic, Centers for Disease Control: Division of Adolescent and School Health. https://www.cdc.gov/healthyyouth/wscc/pdf/wscc_fact_sheet_508c.pdf
11. 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.

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