Page | 1

Maryland

Maryland Wellness Policies & Practices Project State Feedback: 2014-2015 School Year Published: June 2016

Background

Based on federal legislation,¹ all school districts participating in federal child nutrition programs must have a written local school wellness policy. A 2014 proposed rule provides guidance on wellness policy content, public involvement, annual progress reports, public updates, triennial assessments, and monitoring/oversight.² Wellness policies:

- 1) have the potential to improve children's food choices, dietary intake, and physical activity.^{3,4}
- 2) are more likely to be implemented when strong language is used.5-7
- 3) must be implemented to be effective!

The Maryland Wellness Policies & Practices Project

The goal of the Maryland Wellness Policies & 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 written wellness policies.

Through a collaborative, inter-agency initiative, the MWPPP evaluates:

- the strength and comprehensiveness of written wellness policies
- the implementation of wellness policies and practices using an online survey



| Contents | Page # |
|----------------------------------------------------------------------------------------------|------------|
| Section 1: Quality of Revised Written Wellness Policies | . 2 |
| Section 2: New School Wellness Regulations | |
| Section 3: Overview of MWPPP School-Level Survey | |
| Section 4: System Support for School-Level Implementation of Wellness Policies and Practices | ; 4 |
| Section 5: School-Level Implementation of Wellness Policies and Practices | 5 |
| Section 6: New Information from the 2014-2015 MWPPP Survey | 7 |
| Section 7: Summary | .8 |
| Acknowledgements, Contact Information | |



The MWPPP conducted evaluations focusing on both the

This report provides updated information, general to the state of Maryland, regarding wellness policy strength and

implementation. It describes school wellness successes and

recommendations are built around three common themes:

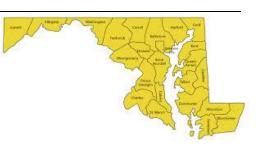
comprehensiveness and school-level wellness policy

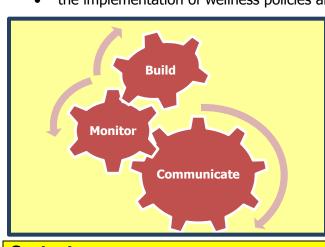
recommends opportunities for enhancement. All

2012-2013 & 2014-2015 school years.

Build, Communicate, and Monitor.

Purpose of Report

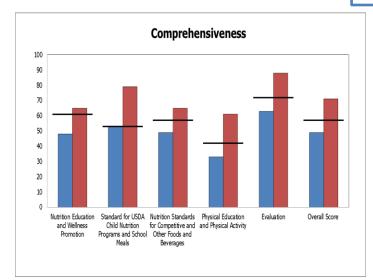




Section 1: Quality of Revised Written Wellness Policies

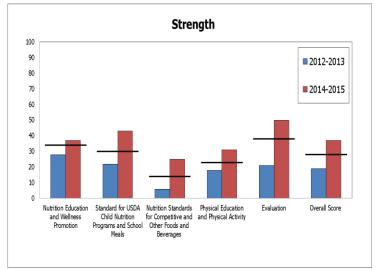
Are revised wellness policies stronger/more comprehensive?

Between school years '12-'13 and '14-'15, six Maryland school systems revised their written wellness policies. The graphs below compare '12-'13 and '14-'15 comprehensiveness and strength scores for the six school systems with revised policies. *The black horizontal line indicates the '12-'13 statewide average scores.*



How is the wellness policy quality scored?

The MWPPP team uses the Wellness School Assessment Tool (WellSAT) to evaluate wellness policies.⁸ WellSAT now has two versions. WellSAT 1.0 was used to evaluate Maryland wellness policies in place during the '12-'13 school year and WellSAT 2.0 (based on recent school wellness best practices and the proposed rule) was used to evaluate wellness policies effective at the beginning of the '14-'15 school year. WellSAT generates scores ranging from 0 to 100 for both the comprehensiveness and strength of the policy language. Comprehensiveness refers to how well recommended content areas are covered in the policy, and strength refers to how strongly the content is stated. For more information, visit: http://www.wellsat.org.



→Yes! Revised Wellness Policies are Stronger and More Comprehensive

Strengthened Policy Language

Below are examples of original and revised wellness policy language from Maryland school systems that updated their policy before the 2014-2015 school year.

| WellSAT Policy Item | 2012-2013 Original Policy Language (Weak) | 2014-2015 Revised Policy Language (Stronger) |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Competitive and Other</u> <u>Foods and Beverages:</u> "Addresses food not being used as a reward" | Schools are <u>encouraged</u> to develop alternatives to the use of food for celebrations or as rewards. Foods and beverages <u>should not</u> be offered as a reward or withheld as punishment. | Foods and beverages <u>will not</u> be given as a reward to students or withheld as a punishment, except as provided in a student's Individualized Educational Program (IEP) or 504 Plan |
| <u>Physical Education and</u> <u>Physical Activity:</u> "Addresses not restricting physical activity as punishment" | Physical activity <u>should not</u> be administered by teachers or other school personnel as punishment (running laps or push-ups, for example). Likewise, physical education <u>should</u> <u>not</u> be withheld as punishment. | Physical activity <u>will not</u> be administered by teachers or other school personnel as punishment (i.e. running laps, push-ups, etc.). Likewise, physical education <u>will not</u> be withheld as punishment. |
| Nutrition Education and Wellness Promotion: "Specifies marketing to promote healthy choices" | Schools are <u>encouraged</u> topromote healthy food and beverage choices at all events where foods and beverages are available to students. | Healthier choices, such as salads and fruit, <u>will</u> be prominently displayed in cafeterias and competitively priced. The school system <u>will</u> provide periodic food promotions at each school level to encourage taste testing of healthy new foods being introduced on the menu. |

Section 2: New School Wellness Regulations

Additional wellness policy regulations based on the Healthy Hunger-Free Kids Act of 2010 were proposed in 2014 and, at the time this report was prepared, are not yet final. A summary of key sections of the "proposed rule" is provided below.

| Local Wellness Policy Implementation Under the Healthy Hunger-Free Kids Act of 2010: Summary of the Proposed Rule ⁹ | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--|--|
| Annual Progress Reports | Updates to the Wellness Policy | | |
| School systems will provide wellness policy annual progress reports, | School systems will update or modify the wellness policy as | | |
| which include: | appropriate. | | |
| The Web site address for the wellness policy and/or information on | | | |
| how the public can access a copy | Public Updates | | |
| A description of each school's progress in meeting the wellness policy goals | School systems must make available to the public: • Wellness Policy | | |
| • A summary of each school's local school wellness events or activities | Information and updates to and about the Wellness | | |
| Contact information for the leader(s) of the wellness policy team | Policy, on an annual basis, at a minimum | | |
| Information on how individuals and the public can get involved | Annual Progress Report | | |
| | Triennial Assessment | | |
| Triennial Assessments | | | |
| An assessment of the wellness policy will be conducted every 3 years, | Monitoring/Oversight | | |
| at a minimum to determine: | State agencies will be required to assess compliance with | | |
| Compliance with the wellness policy | the wellness policy requirements as a part of the general | | |
| How the wellness policy compares to model wellness policies | areas of the triennial administrative review. | | |
| Progress made in attaining the goals of the wellness policy | | | |

In 2014, the WellSAT was updated to include the proposed rule and best practices in the areas of: food marketing, physical education and activity in schools, and monitoring and evaluation of compliance with school wellness policies (WellSAT 2.0, totaling 78 items).

→ A complete copy of school system's written wellness policy WellSAT 2.0 evaluation was provided as a supplement to each school system. Reviewing the written wellness policy evaluation may help school systems identify areas to enhance during the next policy revision.

Section 3: Overview of MWPPP School-Level Survey

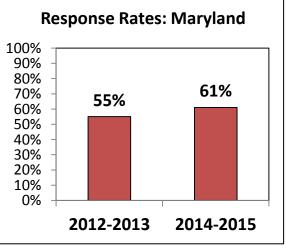
In the summer of 2015, the MWPPP team administered a web-based survey to examine school-level implementation of wellness policies and practices for the 2014-2015 school year. The survey was sent to administrators in all Maryland Public Schools, targeting the person who "*had the responsibility of supporting implementation of wellness policies, preferably an administrator.*" The survey included questions on perceived school system practices, school-level practices, and school-level wellness teams. The 2014-2015 survey included additional questions relevant to the proposed rule. For each item, schools could report if a policy or practice was

fully in place, partially in place, under development, or not in place. This report only presents the fully in place responses.

Response Rates

For the state, 815 out of 1335 eligible schools participated in the '14-'15 survey (61%). This response rate increased from the 55% in '12-'13.

As we present MWPPP data in the document, symbols will be used to note successes \square and opportunities for enhancement



Section 4: School System Support for School-Level Implementation of Wellness Policies and Practices

School systems should provide support in a clear and wellcommunicated manner to encourage the implementation of wellness policies and practices. Likewise, schools should seek support (i.e. funding, training, technical assistance) from the system for school-level wellness initiatives. Schools that perceive system support for school wellness are more likely to implement wellness policies and practices.¹⁰

In 2014, the MWPPP team provided 10 evidence-based recommendations to promote wellness policy implementation, based on the themes **Build, Communicate, Monitor,** listed to the right.

Recommendations: System-Level

- **Build**1. Maintain a system-level school health council that is broadly representative of the system and community.
 - 2. Identify resources to fund a position/stipend to support implementation of wellness policy provisions
 - 3. Develop wellness policy implementation and monitoring plans and communicate them to students, families, and the community
 - 4. Train administrators and staff to support designing, implementing, promoting and evaluating wellness policies

Communicate

- 5. Report Wellness Policy goals and action steps to the Local School Board regularly.
- 6. Communicate school system's wellness initiatives with school-level wellness councils and school administrators.
- 7. Inform the public regarding progress in wellness policy implementation and wellness practices

Monitor

- 8. Conduct regular wellness policy meetings to review and revise wellness policies.
- 9. Measure semi-annually or annually the progress made in attaining the goals of the school system wellness policy.
- 10. Provide school-level guidance and technical assistance on the evaluation and reporting of wellness policy implementation.

The MWPPP School-Level Survey asked school administrators about system-level support for school wellness efforts, both in'12-'13 and '14-'15. Select data is presented below.

| Percentage of Schools reporting that their <u>School System</u> | Maryland | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| | 2012-2013 | 2014-2015 |
| has a school health council to address general health and wellness issues | 47% | 51% |
| provides public updates on the content and implementation of local wellness policies | 36% | 36% |
| has a mechanism in place to encourage teachers and school health professionals to participate in developing and updating local wellness policies | 43% | 48% |
| provides technical assistance to schools for evaluating local wellness policy implementation in schools | 28% | 28% |

Results Summary for Maryland

- Build:
 - ☑ The percentage of schools reporting that their system had a school health council to address general health and wellness issues increased, but ➡ only half of schools report being aware.
- Communicate:
 - The percentage of schools reporting that their system provides public wellness updates did not change and about a third of schools reported being aware of public updates.
 - ☑ The percentage of schools reporting awareness of the system efforts in encouraging school staff to participate in wellness activities increased!

• Monitor:

The percentage of schools reporting support from their system for evaluating wellness policy implementation did not change.

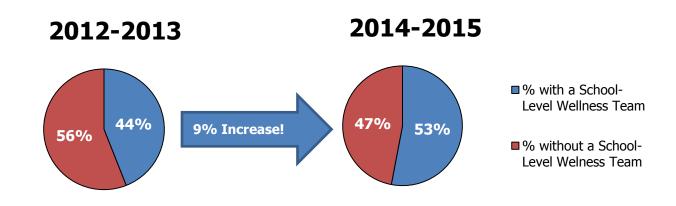
Section 5: School-Level Implementation of Wellness Policies and Practices

In 2014, the MWPPP team provided 5 evidence-based recommendations to promote school wellness policy implementation, based on the themes *Build, Communicate, Monitor*. School systems are encouraged to use these recommendations, outlined in the table to the right, to guide school-level wellness policy activities.

| Recommendations: School-Level |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Build |
| Establish a school based wellness team, with a designated coordinator, that is broadly representative of the school and community. |
| Develop school wellness goals and implementation plans that connect with school improvement team goals. |
| Identify resources to support implementation of wellness policy provisions at the school. |
| Communicate |
| 4. Communicate and promote the importance of healthy eating and |
| physical activity for students, families, and the community. |
| Monitor |
| 5. Gather and report school-level data on wellness policy implementation. |
| |

BUILD

Creating an active school wellness team is an effective way to prioritize and implement wellness policies and practices in schools. In Maryland, more schools reported having wellness teams in '14-'15 (53%) compared to '12-'13 (44%). The figure below highlights the increase in school wellness teams in your school system.



Overall, school-based wellness teams increased both in Maryland and in 18 counties.

The table below highlights percentages for the second and third "Build" recommendations.

| % of Schools reporting that their <u>School</u> | Maryland | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| | 2012-2013 | 2014-2015 |
| has integrated nutrition and physical activity goals into the overall school improvement plan | 18% | 20% |
| has secured funds from the school system and/or outside/private to support nutrition and physical activity priorities for students and staff | 23% | 23% |

Results Summary for Maryland: Build

- There was a small increase in schools reporting integration of nutrition/physical activity into overall school improvement plan.
- Less than a quarter of schools in Maryland secured funding for wellness efforts from systems or outside sources.

COMMUNICATE

The communication and promotion of school wellness initiatives plays a critical role in facilitating behavior and environmental change. The table below summarizes how schools are communicating and promoting wellness.

| | Maryland | |
|-------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| % of Schools reporting that their <u>School</u> | 2012-2013 | 2014-2015 |
| Communicates the status of school-level implementation of local wellness policies to school staff and/or parents and families | 27% | 27% |
| Organizes and holds activities for staff members to support and promote healthy eating and physical activity | 31% | 42% |
| Provides training/education to encourage staff to model healthy eating and physical activity behaviors | 20% | 26% |
| Provides opportunities for parent and/or student input on wellness policy implementation | 15% | 19% |
| Has activities involving families to support and promote healthy eating and physical activity among students | 21% | 26% |
| Partners with community organizations to support and promote healthy eating and physical activity among students | 22% | 25% |

Results Summary for Maryland: Communicate

- The percentage of schools that communicated the status of school-level wellness policy implementation remained the same.
- *I* The percentage of schools reporting that they provided activities and training for staff had a large increase!
- ☑ The percentage of schools partnering with community organizations to promote school wellness had a small increase; however ➡ only a quarter of schools were working with outside organizations. Community organizations may provide unique resources for schools to promote wellness.
- ☑ The percentage of schools that provided family activities to support wellness increased; however → about a quarter of schools were engaging families in wellness events.
- ☑ The percentage of schools that provided opportunities for parent/student input on wellness policy implementation increased but → less than one fifth of schools.

MONITOR

Monitoring and evaluating wellness policies and practices are important to gauge the effectiveness of implementation strategies and to determine whether policies and practices should be modified to meet or maintain goals.

The table below summarizes the percentage of schools monitoring and reporting on the implementation of wellness policies.

| 0/ of Cohoole reporting that their Cohool | Maryland | |
|-----------------------------------------------------------------------------------------------------------------|-----------|-----------|
| % of Schools reporting that their <u>School</u> | 2012-2013 | 2014-2015 |
| Provides annual progress reports to the school system on school-level implementation of local wellness policies | 20% | 19% |
| Monitors implementation of the local wellness policy | 29% | 29% |

Results Summary for Maryland: Monitor

- Less than a third of schools provided progress reports to the school system on wellness policy implementation, and this prevalence decreased since `12-`13. Evaluation of wellness policies is a key provision in the proposed rule and an opportunity for improvement for the state.
- School reporting monitoring the implementation of wellness policies did not change.

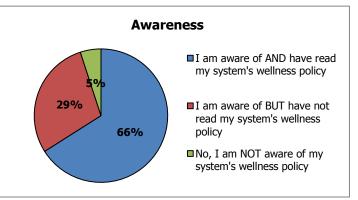
Section 6: New Information from the 2014-2015 MWPPP School Survey

Additional data were collected in the '14-'15 MWPPP School Survey that were not included in '12-'13. Many of the items are based on the proposed rule, released in 2014. Although all items are considered best practices, some were not federally mandated in schools at the time of data collection and these items may or may not be

included in your wellness policy. The data presented below is meant to provide a snapshot of the status of specific wellness policies and practices in schools in Maryland and your school system, should your system choose to focus on these in the coming years.

School-Level Wellness Policy Awareness

The majority of respondents to the school survey in Maryland reported being aware of and having read the system's wellness policy (66%).



| % of Schools reporting that their <u>School</u> | Maryland |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Restricted food celebrations (e.g., birthday parties, holiday parties) during the school day | 37% |
| Made safe, unflavored, drinking water available throughout the school day at no cost to students | 73% |
| Restricted staff members from using food and/or beverages as a reward for academic performance or good behavior | 32% |
| Restricted physical activity from being withheld as punishment (e.g., taking away recess or ending PE class early) | 57% |
| Provided opportunities to integrate physical activity during classroom instruction for content such as math, science, music, and fine arts | 35% |
| Provided regular physical activity breaks for every grade in elementary | 66% |
| Restricted marketing of unhealthy choices throughout the school building | 50% |

Results Summary for Maryland

- ☑ The majority of schools provided free, safe drinking water throughout the day, but still not reaching the goal of 100%.
- I wo thirds of elementary schools provided regular physical activity breaks for every grade.
- Restricting physical activity from being withheld as punishment, and the marketing of unhealthy choices was reported by roughly half of schools.
- Less than half of schools reported that they restricted: food celebrations and staff members from using food and/or beverages as a reward.
- Only one third of schools reported providing opportunities to integrate physical activity during classroom instruction.

More Information on School Wellness Teams

The table below summarizes select data on school wellness teams in Maryland (395 schools, 49%)

| % of Schools reporting that their <u>School Wellness Team</u> | Maryland |
|-----------------------------------------------------------------------------------------------------------|----------|
| Conducted a needs assessment during the school year | 32% |
| Created an action plan for meeting healthy eating/physical activity goals during the school year | 50% |
| Report wellness achievements from the school year to the school-level administration or the school system | 60% |

Results Summary Maryland School-Based Wellness Teams

Increasing the percentage of schools: with school wellness teams, conducting needs assessments, and reporting wellness achievements are three potential areas of improvement for schools throughout the state.

Section 7: Summary

The table below summarizes successes and opportunities for improvement noted in this report. However, these suggestions may differ from individual school system's wellness priorities and/or benchmarks. Please contact the MWPPP team for resources to support your school system's wellness efforts.

| | Areas of Success! | | Opportunities for Enhancement |
|--------------|---------------------------------------------------------------|---|---------------------------------------------------------------|
| | Awareness of the system-level school health council | • | Awareness of system's public wellness implementation updates |
| \checkmark | Awareness of the system's efforts to encourage staff to | • | Awareness of the system-level technical assistance for |
| | participate in wellness activities | | evaluating wellness implementation |
| | Presence of school-based wellness teams | • | Securing funds for wellness efforts from systems or outside |
| \checkmark | Integrating nutrition and physical activity goals into school | | sources |
| | improvement plan | • | Communicating the status of school-level wellness policy |
| \checkmark | Providing activities and training for staff | | implementation |
| \checkmark | Partnering with community organizations to promote school | | Providing annual progress reports to the school system on |
| | wellness | | local wellness policy implementation |
| \checkmark | Providing opportunities for parents/student input on wellness | | Monitoring implementation of the local wellness policy |
| | policy implementation | | Restricting food celebrations |
| \checkmark | Administrator/staff member is aware of and has read the | | Restricting the use of food as a reward |
| | system's wellness policy | | Providing opportunities to integrate physical activity during |
| \checkmark | Availability of safe, unflavored drinking water | | classroom instruction |
| \checkmark | Providing regular physical activity breaks for every grade in | | For wellness teams, conducting needs assessments, creating |
| | elementary | | an action plan, and reporting achievements |
| \checkmark | Restricting" physical activity from begin withheld as a | | · · · - |
| | punishment and the marketing of unhealthy choices | | |

Wellness Resources:

- The Maryland State Department of Education's (MSDE) School and Community Nutrition Programs Branch is a resource for all school systems in Maryland to support the development and implementation of wellness policies.
- In May 2014 the MWPPP team hosted a statewide wellness conference, where "Making Wellness Work One School at a Time: A Guide for School-Level Implementation of Wellness Policies & Practices" was distributed to school system representatives. The guide is a resource for school systems to design their own goals, activities, and steps to support school-level implementation of wellness policies and is available on the MSDE website.
- Please contact the MWPPP team for additional resources to support your school system's wellness efforts.



A Guide for School-Level Implementation of Wellness Policies & Practices

May 2014

Notes/References:

Primary funding support:

- This report has been prepared solely by the authors independent of the supporting agencies and may not represent the official positions of these agencies.
 Supported in part by:
- NIA Short-Term Training Program on Aging Grant T35AG036679 to the University of Maryland School of Medicine
- University of Maryland School of Medicine Summer Program in Obesity, Diabetes and Nutrition Research Training (SPORT), NIH Grant #5T35DK095737."
- Mid-Atlantic Nutrition Obesity Research Center (NORC) Summer Research Program, under NIH Grant #P30 DK072488."

Acknowledgements:

We acknowledge our partners in the Maryland Wellness Policies and Practices Project and participating school and school system representatives. <u>Contact Information</u>:

^{1.} Child Nutrition and Women, Infants, and Children Reauthorization Act of 2004. Pub L No 108-265, 118 Sta 729.

^{2.} Healthy Hunger-Free Kids Act of 2010. Pub L No 111-296, 124 Sta 3183.

^{3.} Alaimo K, Oleksyk SC, Drzal NB, et al. Effects of changes in lunch-time competitive foods, nutrition practices, and nutrition policies on low-income middle-school children's diets. Childhood obesity 2013;9:509-23.

^{4.} Kubik MY, Farbakhsh K, Lytle LA. A healthy trend: less food used in fundraising and as rewards and incentives in Minnesota middle and high schools. Public health nutrition 2013;16:683-6.

Coffield JE, Metos JM, Utz RL, Waitzman NJ. A multivariate analysis of federally mandated school wellness policies on adolescent obesity. Journal of Adolescent Health 2011;49:363-70.
 Metos J, Murtaugh M. Words or reality: are school district wellness policies implemented? A systematic review of the literature. Childhood Obesity (Formerly Obesity and Weight Management) 2011;7:90-100.

^{7.} Schwartz MB, Henderson KE, Falbe J, et al. Strength and Comprehensiveness of District School Wellness Policies Predict Policy Implementation at the School Level*. Journal of School Health 2012;82:262-7.

Schwartz MB, Lund AE, Grow HM, et al. A comprehensive coding system to measure the quality of school wellness policies. Journal of the American Dietetic Association 2009;109:1256-62.
 USDA. 'Local School Wellness Policy Implementation Under The Healthy, Hunger-Free Kids Act Of 2010: Summary Of The Proposed Rule'. USDA Summary of the Proposed Rule. June, 2015.

http://www.fns.usda.gov/sites/default/files/tn/LWPproprulesummary.pdf2015.

^{10.} Hager E, Rubio D, Eidel S, al. e. School-level implementation of Local Wellness Policies 2012-2013: Role of School Systems, School Health Councils, and Health Disparities using a Systems Perspective(under review).

Centers for Disease Control and Prevention, Cooperative Agreement #5U58DP003497-02

Centers for Disease Control and Prevention, Prevention Research Centers Program Cooperative Agreement #U48 DP001929 and Special Interest Project #12-062 with the University of Maryland Prevention Research Center.

Erin Hager, PhD (University of Maryland School of Medicine) ehager@peds.umaryland.edu Stew Eidel (Maryland State Department of Education) stewart.eidel@maryland.gov