

Anne Arundel County Public Schools

MARYLAND WELLNESS POLICIES & PRACTICES PROJECT

Data Briefing: 2018-2019 School Year

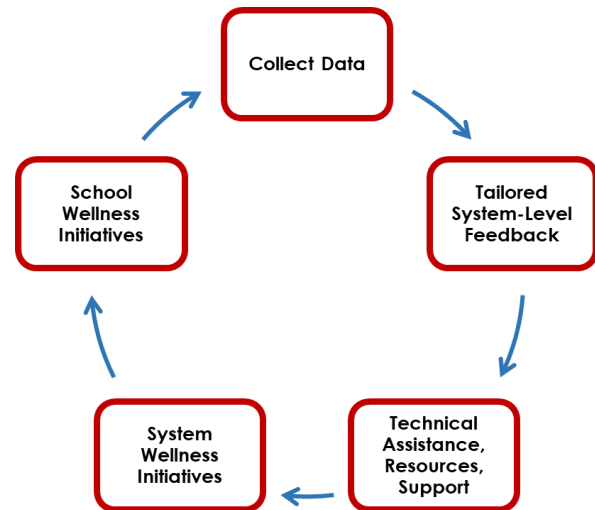


The mission of the Maryland Wellness Policies and Practices Project (MWPPP) is to enhance opportunities for healthy eating and physical activity for Maryland students by helping schools and school systems create and implement strong and comprehensive wellness policies.

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

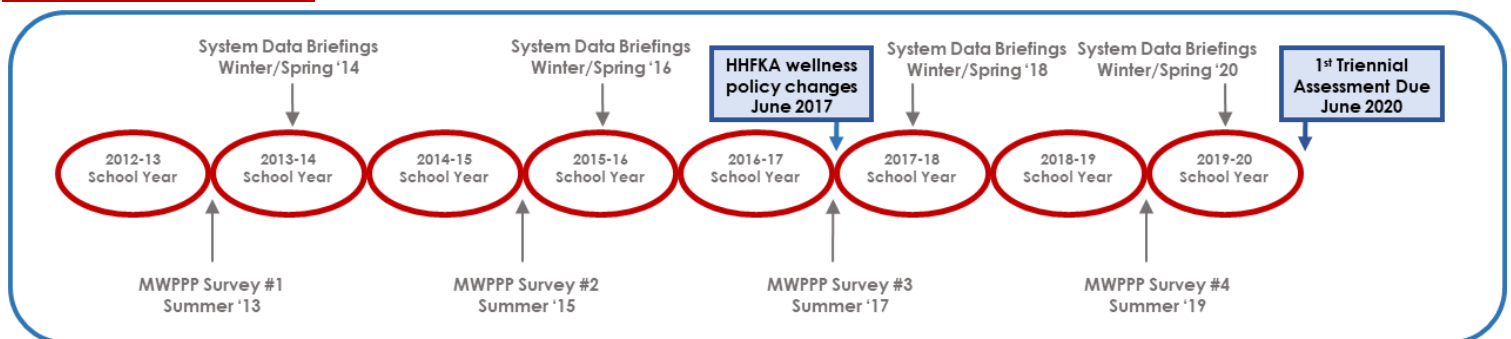
Wellness policies can improve food choices, dietary intake, and physical activity for students and staff. However, to be effective, a wellness policy must be implemented, monitored, and assessed. The Healthy, Hunger-Free Kids Act (HHFKA) of 2010¹ required all Local School Systems participating in federal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

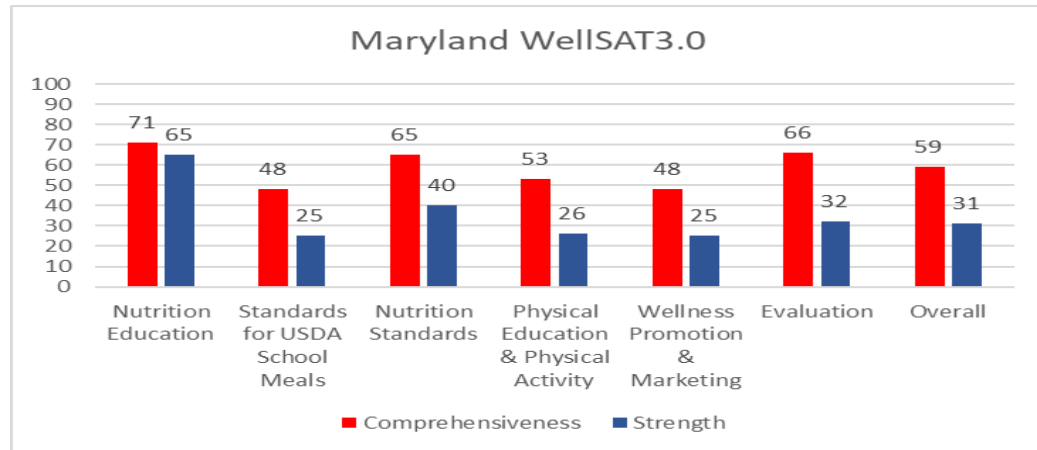
WellSAT 3.0 evaluates six policy sections:

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.

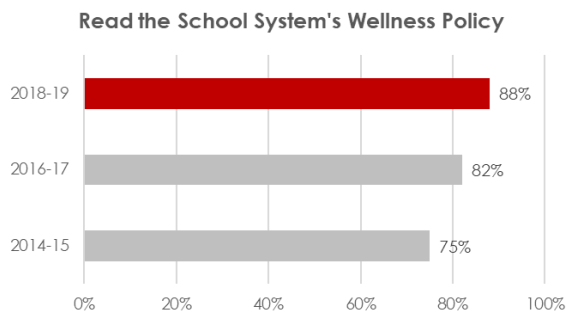
Maryland-specific examples below illustrate weak and strong wellness policy language for new HHFKA wellness policy requirements.

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 Day	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.

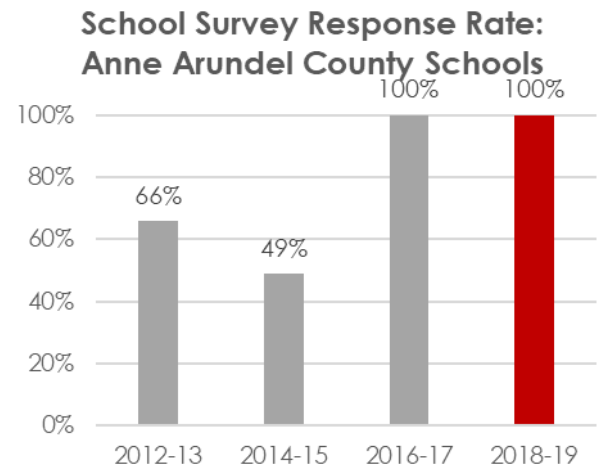
SECTION 2: ANNE ARUNDEL (AACPS)-SPECIFIC SCHOOL WELLNESS DATA

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 100%, with 112 schools completing the survey. 92% of respondents were administrators, with the rest representing teachers and staff, many of whom led school-level wellness teams.



88% of AACPS 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 Anne Arundel County 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	63%
 Provides technical assistance to schools for evaluating wellness policy implementation	49%
  Provides public updates on the content and implementation of wellness policies	48%
  Has a mechanism in place to encourage the broader school community or public involvement in developing and updating wellness policies	38%



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

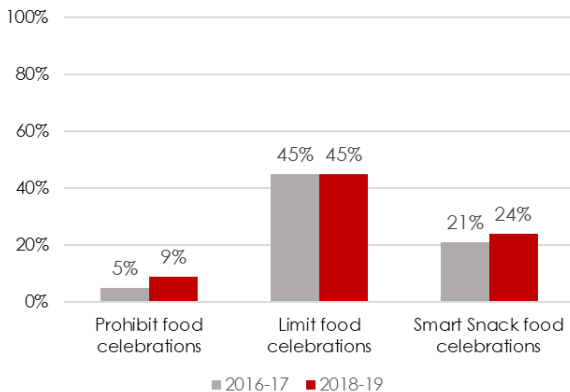
Below we highlight the implementation of some HHFKA nutrition-specific wellness policy practices in Anne Arundel County schools over time.

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	24%	26%
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	64%	74%
Makes safe, unflavored, drinking water available throughout the school day at no cost to students	82%	86%

Let's Celebrate!

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

Percentage of Anne Arundel County Schools



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 Anne Arundel County are providing breakfast through:

- 60%** Traditional breakfast in the cafeteria
- 40%** 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

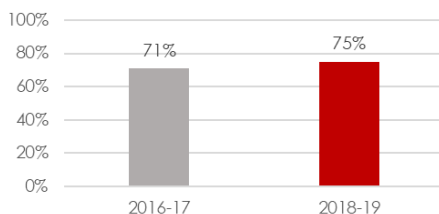
FUNDRAISING & FOOD MARKETING

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.

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

Restricts Marketing on the school campus during the school day to only foods/beverages meeting Smart Snacks standards



Types of Fundraisers Reported in Anne Arundel County Schools:

During the School Day

33% Non-food sales during school day
17% Food sales (of these, **53%** met Smart Snacks Standards)

After School

41% Food sales (of these, **39%** met Smart Snacks Standards)
94% Restaurant nights

Other

69% 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 Anne Arundel County 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)	91%	93%
Does NOT permit physical activity to be WITHHELD as punishment (e.g. taking away recess or ending PE class early)	49%	88%
Provides resources, support, and/or training to implement regular physical activity breaks for every grade	55%	65%
Provides opportunities to integrate physical activity during classroom instruction for content such as math, science, music, and fine arts	50%	59%
Provides Recess:		
Elementary	95%	97%
Middle	4%	1%

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 Anne Arundel County schools are involving families and communities in school wellness.

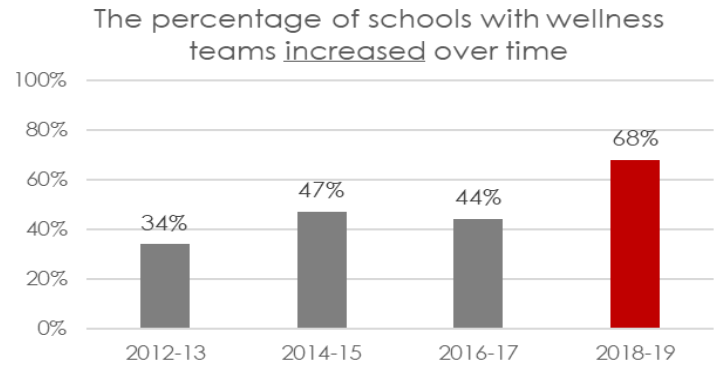
My school...	% Fully In Place	
	2016-17	2018-19
  Provides opportunities for parent and/or student input on wellness policy implementation	13%	13%
  Communicates the status of school-level implementation of wellness policies to parents/families	12%	12%
Organizes and holds activities involving families to support and promote healthy eating and physical activity among students	23%	21%
Partners with community organizations to support and promote healthy eating and physical activity among students	21%	21%

SECTION 2E: SCHOOL WELLNESS TEAMS

76 out of 112 (68%) schools had a wellness team.



This section presents data on wellness team best practices for the 76 Anne Arundel County schools with a wellness team in 2018-19.

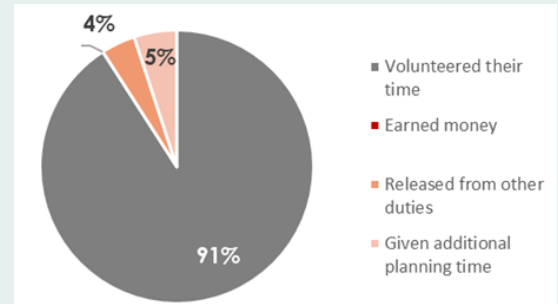


MEMBERSHIP

Wellness teams included the following members:

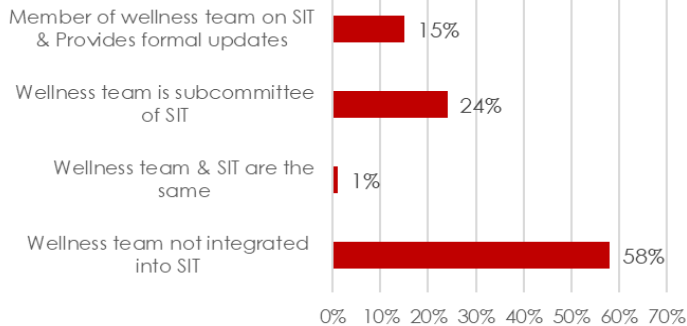
Teacher <small>(Non-PE/Health)</small> 84%	PE Teacher 82%	Administrator 83%	Nurse 25%	Parent 24%
School Counselor 47%	Health Teacher 29%	Community Organizations 3%	Food Service 18%	Student 16%

COMPENSATION The majority of wellness team leaders volunteered their time

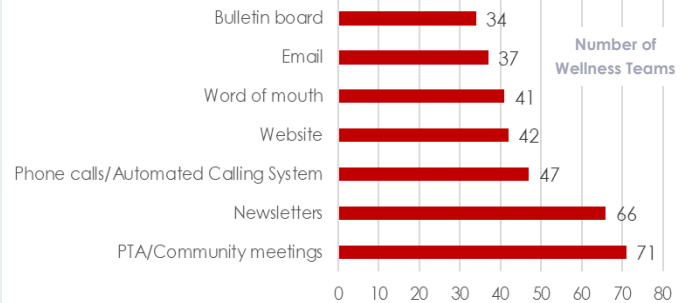


SCHOOL IMPROVEMENT TEAM (SIT)

Most wellness teams are not integrated with the SIT

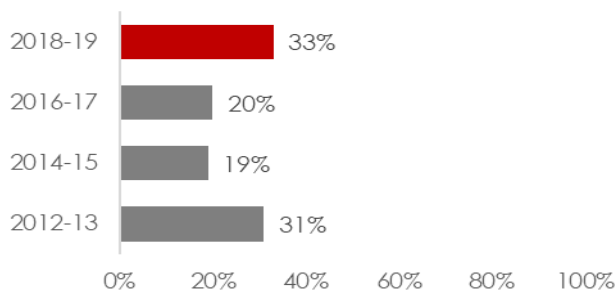


INVOLVING THE PUBLIC Wellness teams used a variety of strategies for reaching families and community members



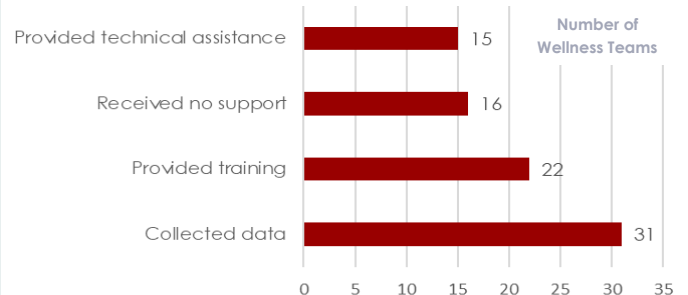
WELLNESS TEAM MEETING FREQUENCY

One third of wellness teams meet 4+ times each year.

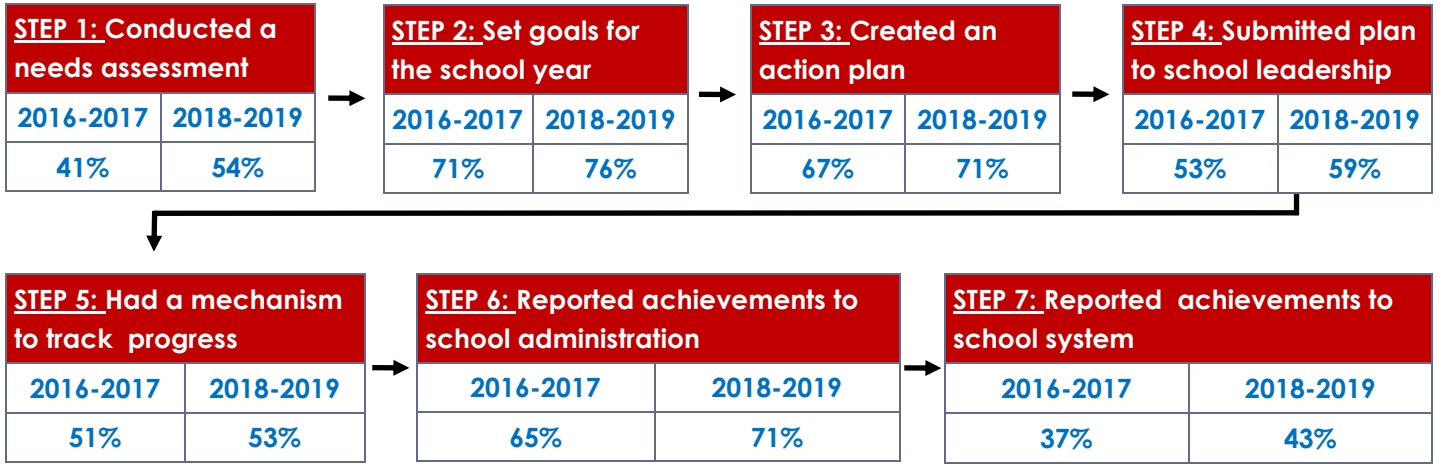


SYSTEM SUPPORT/TECHNICAL ASSISTANCE

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!

The "Maryland Wellness Scorecard" is a brief, Maryland-specific, tool⁹ that can be used by schools to conduct a needs assessment, set goals, and report to school and system leadership. With support from school system leadership, **100%** of AACPS schools complete the Scorecard annually.

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 among Anne Arundel County	2016-17	2018-19
Employee Wellness	84%	81%
Physical Education & Physical Activity	76%	65%
Health Education	47%	43%
Nutrition Environment and Services	39%	43%
Social and Emotional School Climate	59%	66%
Family Engagement	49%	43%
Community Involvement	55%	24%
Health Services	18%	24%
Counseling, Psychological & Social Services	37%	36%
Physical Environment	20%	30%

SECTION 2F: EMPLOYEE WELLNESS

Given the focus on employee/staff wellness by many wellness teams, information on staff wellness practices among Anne Arundel County 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	30%	47%
Provided training/education to encourage staff to model healthy eating and physical activity behaviors	17%	32%

SECTION 3: 2020 CALL TO ACTION FOR ANNE ARUNDEL COUNTY 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 Anne Arundel County Wellness policy was 53 (out of a possible 100), indicating that policy language needs to be expanded and strengthened to include all recommended and required components. 88% 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 	68% of schools have a wellness team in place Of those with a wellness team... 79% of wellness teams reported receiving support from their school system 33% of Wellness Teams meet at least 4 times a year With school system support, 100% of schools completed the
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 	63% of schools reported their system had a school health council to address health and wellness issues 48% of schools perceived that their system provided public updates on policy content and implementation 38% 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 	49% of schools reported their system provided schools with technical assistance to evaluate policy implementation 71% of wellness teams reported achievements to school administration 43% 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://www.marylandpublicschools.org/programs/Documents/Nutrition_MDNutritionStandardsforAllFoodsSoldJune2018policychart.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://www.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/wsc/pdf/wsc_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.

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