

ANNE ARUNDEL COUNTY



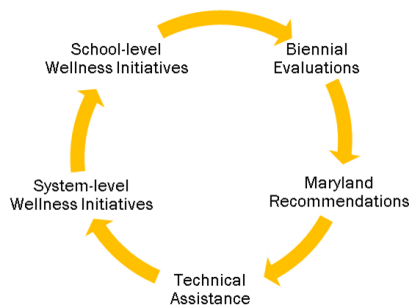
MARYLAND WELLNESS POLICIES & PRACTICES PROJECT

Anne Arundel County Data Briefing: 2016-17 School Year

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 2010.¹ These regulations required school systems to update and expand their school wellness policy by June 2017.²

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 Anne Arundel County.³ **All Maryland recommendations are built around three themes:**



1. BUILD

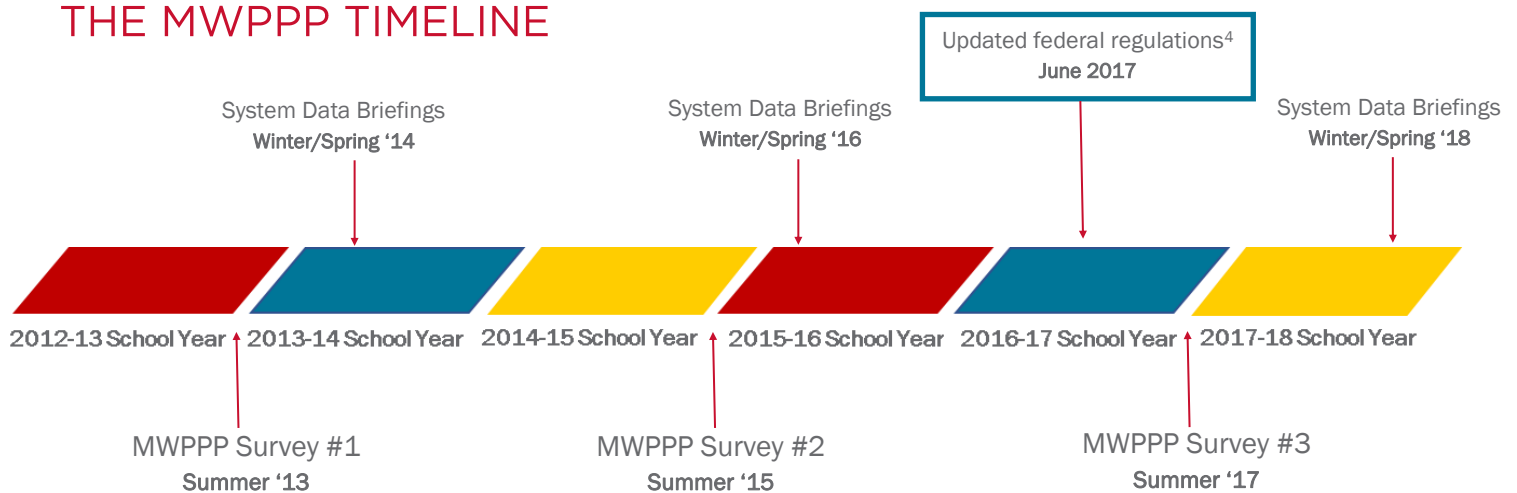


2. COMMUNICATE



3. MONITOR

THE MWPPP TIMELINE



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:**¹

Leadership

- 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 goals⁵

Goals

- Include goals for physical activity, nutrition promotion and education, and other school based activities that promote student wellness⁵

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 Standards⁶)

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

Throughout this report, data aligned with federal regulations will be marked by the following icon: 

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

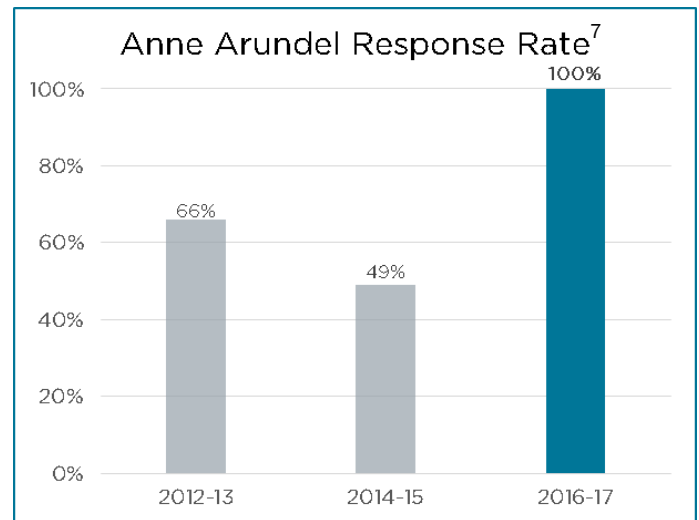
8. Hold regular policy meetings to review current policies
9. Measure semi-annual or annual progress in achieving system wellness goals
10. Provide technical assistance for the evaluation and reporting of policy implementation

Throughout this report, data aligned with Maryland's recommendations for school systems will be marked by the following icon: 

SECTION 3: COUNTY-SPECIFIC SCHOOL WELLNESS DATA

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

- ▶ **82% were aware of and read their system wellness policy**
- ▶ **16% were aware of but did not read their system wellness policy**
- ▶ **2% were unaware of their system wellness policy**

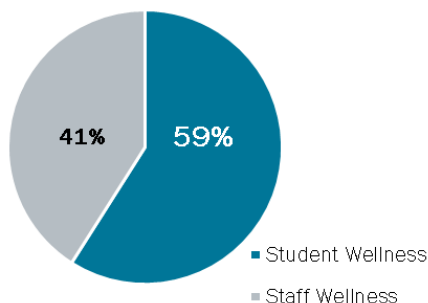


SECTION 4: SCHOOLS' PERCEPTION OF SYSTEM SUPPORT FOR WELLNESS POLICY IMPLEMENTATION

The MWPPP survey asked school administrators about **system-level support** for school wellness initiatives.⁷

% OF SCHOOLS REPORT THAT THEIR SCHOOL SYSTEM...	ANNE ARUNDEL			
	2012-13	2014-15	2016-17	
Had a school health council to address health and wellness issues	61%	69%	55%	🦀
Provided schools with technical assistance to evaluate policy implementation	37%	36%	27%	🦀
Provided public updates on the content and implementation of policies	18%	51%	43%	🦀🏫
Had a mechanism in place to encourage teachers and school health professionals to participate in developing wellness policies	53%	66%	48%	🦀

Schools perceive that their school system spent 59% of their wellness effort on **students**



2016-17 school year

35% of schools perceive that their system had a mechanism to encourage community or public involvement in wellness efforts



2016-17 school year

SECTION 5: WELLNESS POLICY IMPLEMENTATION IN SCHOOLS

Maryland has 5 evidence-based recommendations to promote wellness policy implementation.



BUILD

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



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

The MWPPP survey asked school administrators about **school-level wellness policy implementation**.⁷

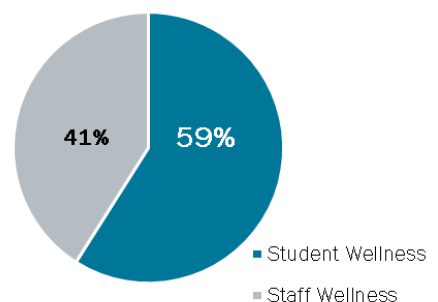
% OF SCHOOLS REPORT THAT THEIR SCHOOL...	ANNE ARUNDEL		
	2012-13	2014-15	2016-17
Integrated nutrition and physical activity goals into the school improvement plan	14%	20%	11%
Secured funds from the school system and/or outside/private funds to support nutrition and physical activity priorities for students and staff	23%	24%	14%
Provided opportunities for parent and/or student input on wellness policy implementation	16%	24%	13%
Provided annual progress reports to the school system on school-level implementation of the system's wellness policy	13%	13%	10%
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 ⁶)	-	53%	46%



23% of schools organized and held activities involving families to support and promote healthy eating and physical activity

2016-17 school year

Schools report spending 59% of their wellness effort on **students**



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}

% OF SCHOOLS REPORT THAT THEIR SCHOOL...	ANNE ARUNDEL	
	2014-15	2016-17
Made safe, unflavored, drinking water available throughout the school day at no cost to students	71%	82%
Did not permit physical activity to be withheld as punishment (e.g. taking away recess or ending PE class early)	55%	49%
Provided resources, support, and/or training to implement regular physical activity breaks for every grade	-	55%
Provided opportunities to integrate physical activity during classroom instruction for content such as math, science, music, and fine arts	56%	50%
Did not permit staff members to use food and/or beverages as a reward for academic performance or good behavior	33%	24%
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	49%	43%
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 ⁶)	56%	71%



Schools addressed food celebrations by...

- Limiting the number of food celebrations (45%)
- Allowing only foods that meet Maryland Nutrition Standards for All Foods Sold in Schools (21%)
- Not permitting food celebrations (5%)

2016-17 school year

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

- Using crossing guards (74%)
- Providing secure storage facilities for bicycles and helmets (53%)
- Designating safe or preferred routes to school (42%)
- Providing instruction on walking and bicycling safety to students (28%)

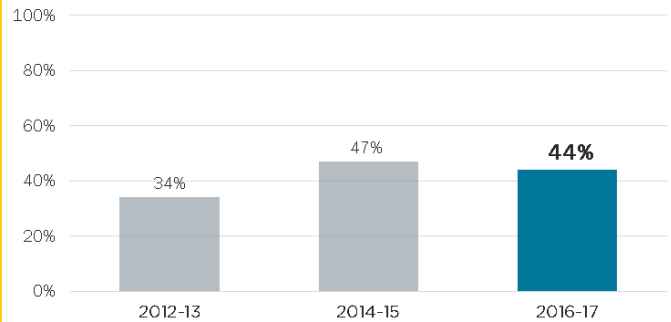
2016-17 school year

SECTION 7: SCHOOL WELLNESS TEAMS

49 out of 112 (44%)
schools had a wellness team



The percentage of schools with wellness teams has increased since the 2012-13 school year



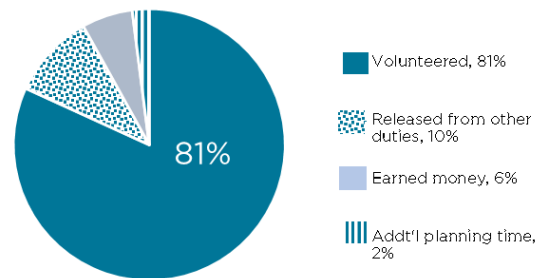
This section presents data on evidence-based practices⁸ among the **49** schools that reported having a wellness team in the 2016-17 survey.

Schools included the following members in their wellness team:

Teacher (Non-PE/Health) 94%	PE Teacher 92%	Administrator 80%	Nurse 45%
School Counselor 57%	Health Teacher 27%	Parent 29%	Student 14%

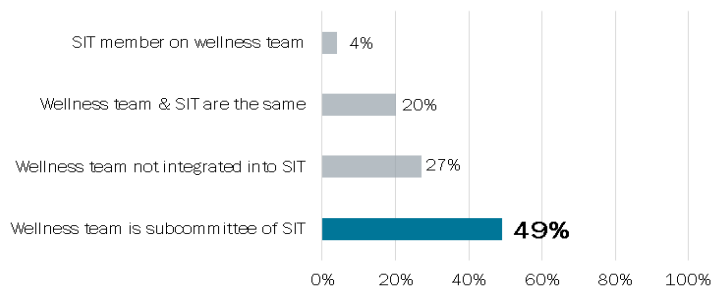
COMPENSATION

The majority of wellness leaders volunteered their time

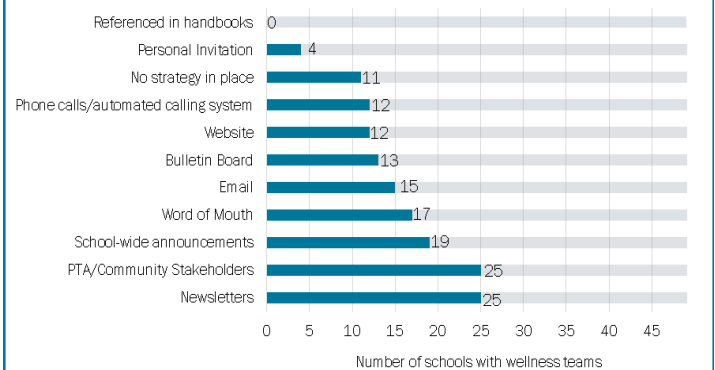


SCHOOL IMPROVEMENT TEAM

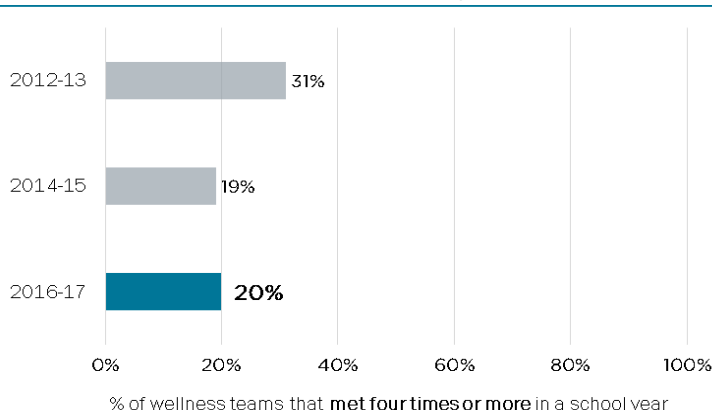
The majority of wellness teams were a subcommittee of their school's school improvement team (SIT)



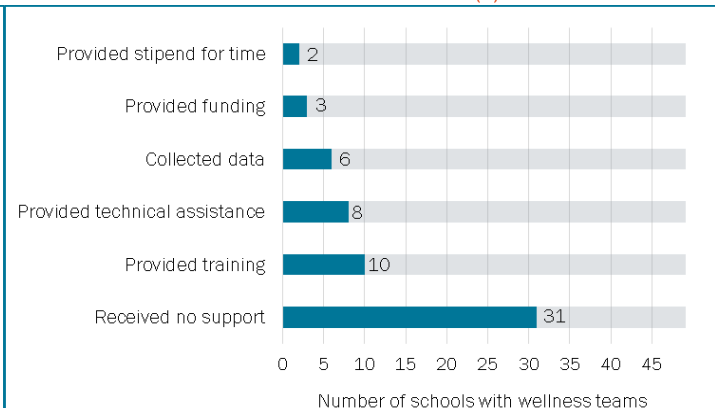
INVOLVING THE PUBLIC



WELLNESS MEETING FREQUENCY

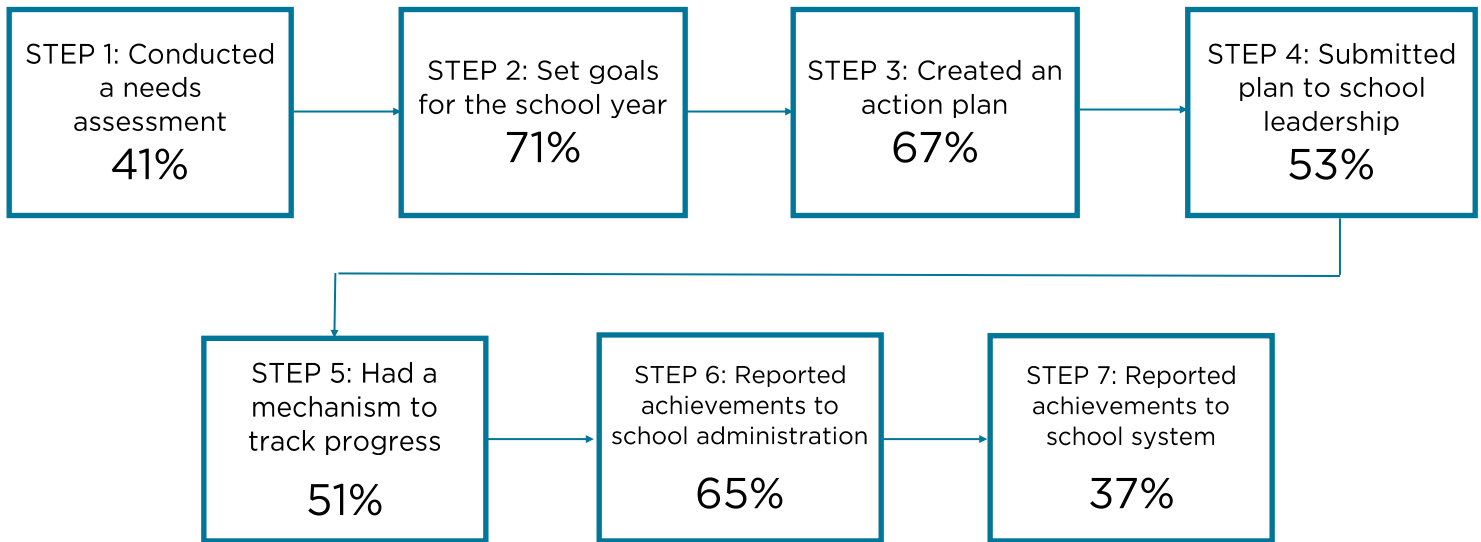


SYSTEM SUPPORT



PROCESS FOR WELLNESS TEAM GOAL SETTING AND REPORTING

The data below outlines suggested steps (aligned with best practices⁸) for wellness team goal setting and reporting.



THE WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD MODEL

The Whole School, Whole Community, Whole Child (WSCC) model fosters a collaborative approach to improve educational outcomes and health in schools nationwide.⁹ The WSCC model is a framework for wellness teams to prioritize their approach to holistic school health.⁹

The WSCC model, displayed on the right,¹⁰ 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 Anne Arundel County,

- ▶ **84%** of wellness teams set goals for **Employee Wellness**
- ▶ **76%** of wellness teams set goals for **Physical Education & Physical Activity**
- ▶ **47%** of wellness teams set goals for **Health Education**
- ▶ **59%** of wellness teams set goals for **Social & Emotional Climate**
- ▶ **39%** of wellness teams set goals for the **Nutrition Environment & Services**

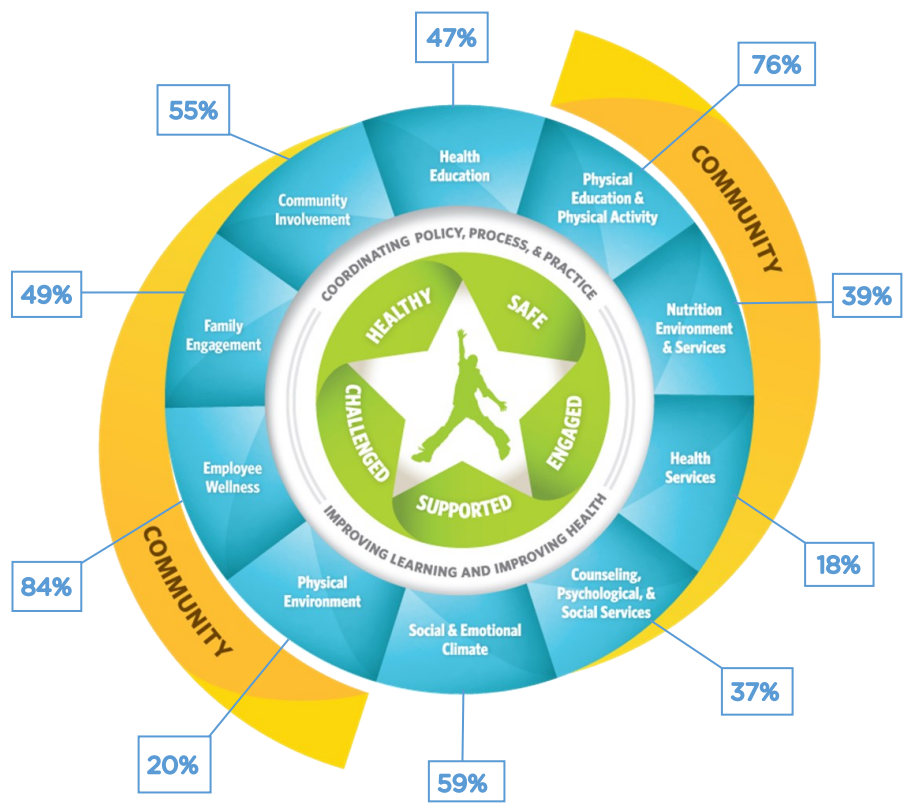


Figure 1: Whole School, Whole Community, Whole Child Model¹⁰
(Center for Disease Control, 2014)

SECTION 8: ANNE ARUNDEL'S CALL TO ACTION

CALL TO ACTION	STEPS	SUPPORTING DATA
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. 	44% of schools have a wellness team in place
		Of those with a wellness team... 65% reported achievements to school administration 37% reported achievements to school system 41% conducted a needs assessment
		71% of wellness teams reported receiving support from their school system
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. 	82% of schools reported that they read their system's wellness policy
		55% of schools reported their system had a school health council to address health and wellness issues
		43% of schools perceived that their system provided public updates on policy content and implementation
		35% 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 tool¹¹ to measure and report policy implementation. Provide technical assistance to schools for meeting wellness policy regulations. 	27% of schools reported their system provided schools with technical assistance to evaluate policy implementation
		10% of schools provided annual progress reports to their system on school-level wellness policy implementation

Notes and References

- Healthy Hunger-Free Kids Act of 2010. Pub. L. No 111-296, 124 Stat. 3183, 13 December 2010.
- Local School Wellness Policy Implementation Under the Healthy, Hunger-Free Kids Act of 2010, 7 C.F.R. § 210.220
- 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.
- The MWPPP conducted evaluations focusing on the 2016-17 school year. Survey responses include data prior to the federal regulation June 2017 updates.
- U.S. Department of Agriculture, Food and Nutrition Service, 2016, *Local Wellness Policy Implementation: Under the Healthy, Hunger-Free Kids Act of 2010: Summary of the Final Rule* (FNS-623).
- U.S. Department of Agriculture, Food and Nutrition Service, 2016, *A Guide to Smart Snacks in School* (FNS-627).
- 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.
- Centers for Disease Control and Prevention, Alliance for a Healthier Generation, 2016, *School Health Index—Healthy Schools Program Framework of Best Practices Assessment Tool*, accessed 12 December 2017, <<https://snaped.fns.usda.gov/materials/school-health-index-healthy-schools-program-framework-best-practices-assessment-tool>>.
- Centers for Disease Control, Division of Adolescent and School Health, *The Whole School, Whole Community, Whole Child Model*, accessed 23 October 2017, <https://www.cdc.gov/healthyschools/wsc/wscmodel_update_508tagged.pdf>.
- The Whole School, Whole Community, Whole Child Model graphic, Centers for Disease Control: Division of Adolescent and School Health, accessed 23 October 2017, <https://www.cdc.gov/healthyyouth/wsc/pdf/wsc_fact_sheet_508c.pdf>.
- 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.

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