The Maryland Wellness Policies and Practices Project

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Department of Epidemiology and Public Health
The Maryland Wellness Policies and Practices Project (MWPPP) Goal:

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.

Collaborative, State-Wide Initiative
Outline

I. Local Wellness Policy Overview

II. Maryland Wellness Policies and Practices (MWPPP):
   a) Data Collection
   b) Key Research Findings (So Far!)
   c) Research to Practice ★
Local Wellness Policy (LWP) Overview
Legislation

The Child Nutrition and WIC Reauthorization Act of 2004 (PL 108-265, Section 204)

• Required public schools that participate in the National School Lunch or Breakfast Programs to have LWPs in place by September 2006
Legislation

LWPs are required to include:

1. goals for nutrition education
2. an assurance that school meal nutrition guidelines meet the minimum federal school meal standards
3. guidelines for foods and beverages sold outside of school meal programs (i.e., “competitive foods and beverages”)
4. goals for physical activity and other school-based activities
5. implementation and evaluation plans

**System Based**

Legislation

LWPs are only effective if implemented!

- Federal Legislation
- Written LWPs (School System)
- LWP Implementation (System & School)
- Enhanced Opportunities for Health and Wellness
- Improved Child Health
The Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296, Section 204)

- Final Rule Passed on July 21, 2016!
- Establishes minimum content requirements for LWPs
- Ensures stakeholder participation in the development and updates of LWPs
  - Includes, specifically, “school health professionals”
- Mandates minimum triennial assessments (with public reporting) of school-level implementation of LWPs
- Requires (minimum) a system- and/or school-level official with the responsibility of ensuring that each school implements LWP
MWPPP: Data Collection
Local Wellness Policies/ MWPPP

- Federal Legislation
- Written LWPs (School System)
- LWP Implementation (System & School)
- Enhanced Opportunities for Health and Wellness
- Improved Child Health & Academic Performance

Quality → Implementation → Impact
Timeline

- 2012-2013 School Year
  - Wave I Data Collection: Summer 2013

- 2013-2014 School Year
  - Wave II Data Collection: Summer 2015

- 2014-2015 School Year

- 2015-2016 School Year
  - Wave III Data Collection: Summer 2017

- 2016-2017 School Year

- 2017-2018 School Year

- 2018-2019 School Year
  - Wave IV…
# Data Collection

<table>
<thead>
<tr>
<th>Quality</th>
<th>Wave I 2012-2013 School Year</th>
<th>Wave II 2014-2015 School Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WellISAT (all systems)</td>
<td>WellISAT (systems with updated policies) WellISAT 2.0 (all systems)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implementation</th>
<th>System Survey</th>
<th>School Survey</th>
<th>Semi-structured Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wave I</td>
<td>Implementation</td>
<td>System Survey</td>
<td>(identical)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>School Survey</td>
<td>(enhanced)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Impact</th>
<th>Academic Outcomes Others?</th>
</tr>
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</table>
Data Collection: School Survey

- Online survey sent to the person who “had the responsibility of supporting implementation of wellness policies, preferably an administrator”

<table>
<thead>
<tr>
<th>2012-2013 School year*</th>
<th>2014-2015 School Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Survey</td>
<td></td>
</tr>
<tr>
<td>Perceived system-support for school-level LWP implementation</td>
<td>Identical</td>
</tr>
<tr>
<td>School-level LWP implementation</td>
<td>Enhanced</td>
</tr>
<tr>
<td>Composition/activities of school-level wellness team</td>
<td>Enhanced</td>
</tr>
<tr>
<td>Barriers &amp; Enablers</td>
<td>Excluded</td>
</tr>
</tbody>
</table>

Implementation: School Survey

Response Rates: Maryland

- 2012-2013: 55%
- 2014-2015: 61%
MWPPP: Key Research Findings
Paper #1: Factors Associated with LWP Implementation

**Objective:** To examine system- and school-level factors associated with school-level LWP implementation

**Methods:**

- **School Survey:**
  - LWP implementation
  - Perceived school system support for LWP implementation
  - Presence of school-level wellness teams

- **System Survey**
  - School-system support for LWP implementation

- **School Demographics**
  - Provided by the State

- **Analysis:** multi-level regression models (adjusting for school system clustering)

*Hager, et al, in press- Journal of School Health*
<table>
<thead>
<tr>
<th></th>
<th>Low vs. No implementation</th>
<th>High vs. No implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Majority Low-Income Students (≥75% Free/Reduced Price Meals)</td>
<td>0.698 (0.44, 1.11)</td>
<td>0.803 (0.43, 1.49)</td>
</tr>
<tr>
<td>System Support for LWP Implementation (mean) (system report)</td>
<td>1.07 (1.02, 1.13)</td>
<td>1.05 (0.98, 1.12)</td>
</tr>
<tr>
<td>Perceived System Support for LWP Implementation (mean) (school report)</td>
<td>1.26 (1.18, 1.36)*</td>
<td>1.63 (1.49, 1.78)*</td>
</tr>
<tr>
<td>School has a Wellness Team (% yes) (school report)</td>
<td>2.24 (1.48, 3.39)*</td>
<td>6.81 (4.07, 11.37)*</td>
</tr>
</tbody>
</table>

*Key Findings: Schools with wellness teams and system support had a greater likelihood of LWP implementation.*

*p < 0.05*
Objective: To determine if Active School Wellness Teams engage in greater school-level LWP implementation

Methods:
• Focus on 311 schools that endorsed having a school-level wellness team in place
• Generated an “Active” Wellness Team Score
• Compared score (sum and components) to LWP implementation
<table>
<thead>
<tr>
<th>Active Wellness Team Criteria</th>
<th>% endorsed</th>
<th>No (0 items fully implemented)</th>
<th>Low (1-5 items fully implemented)</th>
<th>High (6+ items fully implemented)</th>
<th>χ² (p)</th>
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<td>Set goals for healthy eating and physical activity?</td>
<td>Yes</td>
<td>66.9%</td>
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<tr>
<td>How frequently did you meet?</td>
<td>&gt;4x/year</td>
<td>45.8%</td>
<td>35.6%</td>
<td>42.3%</td>
<td>52.9%</td>
<td>5.8 (.055)</td>
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<td>Composition: school</td>
<td>At least 3 of the following: Administrator, PE teacher, Nurse, Food Service</td>
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**School-Level LWP Implementation**

\[\text{Mean}=2.64, \ SD=1.40, \ Range: 0-5\]

\[F=8.984, \ P<0.001\]
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<td>Composition: families</td>
<td>At least 1 of the following: Parent, Student</td>
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<td>How public is informed</td>
<td>At least 1 of the following: website, newsletter, PTA meetings</td>
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<td>TOTAL SCORE</td>
<td>Mean=2.64, SD=1.40, Range: 0-5</td>
<td>2.41</td>
<td>2.31</td>
<td>3.00</td>
<td>F=8.984</td>
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**Key Findings:** Among schools with wellness teams, those with more active teams had a higher likelihood of LWP implementation.
MWPPP:
Research to Practice
Timeline

Approach: Continuous Quality Improvement

- Collect Data
- School Wellness Initiatives
- Tailored System-Level Feedback
- System Wellness Initiatives
- Technical Assistance, Resources, Support

Wave I: Data Collection - Summer 2013
Wave II: Data Collection - Summer 2015
Wave III: Data Collection - Summer 2017

2012-2013 School Year

2018-2019 School Year

Tailored System-Level Feedback - Winter/Spring 2014
Tailored System-Level Feedback - Winter/Spring 2016
Tailored System-Level Feedback - Winter/Spring 2018

Approach: Continuous Quality Improvement
Collect Data
School Wellness Initiatives
Tailored System-Level Feedback
System Wellness Initiatives
Technical Assistance, Resources, Support
State-Wide Dissemination of Findings and Recommendations

Tailored, system-level feedback:

• Wave I: January-May 2014
### Recommendations: System Level Implementation

**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.

### Recommendations: School Level Implementation

**Build**

1. **Establish a school based wellness team**, with a designated coordinator, that is broadly representative of the school and community.
2. **Develop school wellness goals and implementation plans** that connect with school improvement team goals.
3. **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.
State-Wide Dissemination of Findings and Recommendations

State-wide School Wellness Meeting (May 2014)
• Released “Making Wellness Work: One School at a Time”

May 2014
State-Wide Dissemination of Findings and Recommendations

- State School Board Presentation: March 2015

- Summer 2015 and Summer 2016: DHMH funded 5 school systems/cycle to implement recommendations

- Creation of “Wellness Specialist” position within MSDE

- Presentations at over 50 Local and National Forums
State-Wide Dissemination of Findings and Recommendations

Tailored, system-level feedback:
• Wave II: December 2015 - April 2016
Next Steps
Next Steps: MWPPP

• State-wide school wellness meeting: Fall 2016 *(save-the-date coming soon!)*

• Complete Wave III data collection and feedback sessions
  
  • Possibly include additional items from WSCC model

• Answer additional research questions
New Projects

Approach: Continuous Quality Improvement

- Student Health Outcomes
- Collect Data
- School Wellness Initiatives
- Tailored System-Level Feedback
- System Wellness Initiatives
- Technical Assistance, Resources, Support

Student Health Outcomes → Collect Data → School Wellness Initiatives → Tailored System-Level Feedback → System Wellness Initiatives → Technical Assistance, Resources, Support
New Projects

Approaches for enhancing LWP implementation in schools

• Wellness Champions for Change
  • Pilot Study 2014-2016
    • Intervention development
    • School-level impact
  • Larger Randomized Trial 2016-2021
    • Added impact of student-led wellness teams
    • Student-level impact
What can you do?

• School Health Professionals, Advocates, and/or Parents:
  • Join a school/system wellness team or school health council
  • Comment on proposed rules
  • Contact representatives when challenges to existing laws are presented
Summary

The MWPPP

- Collected data on the implementation of wellness policies and practices in Maryland school systems and schools
- Communicated findings and evidence-based recommendations to school systems
  - Highlighting evidence supporting school-level wellness teams in schools
- Will continue to evaluate the impact of wellness initiatives on the health and academic outcomes among Maryland students

The MWPPP Collaboration

- Has initiated new projects that compliment the MWPPP
- Continues to promote the importance of creating healthy environments in Maryland schools
Acknowledgements

• Growth & Nutrition Division
• Partners (especially MSDE and Maryland DHMH!)
• Participants

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The contents of this presentation are solely the responsibility of the author and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the State of Maryland.
Questions?

ehager@peds.umaryland.edu
Wellness School Assessment Tool (WellSAT)

Six Maryland school systems revised their wellness policies between 2012-2014.

Revised Wellness Policies are Stronger and More Comprehensive
FEEDBACK: Wellness Teams

School Survey: Presence of School-Level Wellness Teams, change over time

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

2012-2013
- 56% with a School-Level Wellness Team
- 44% without a School-Level Wellness Team

2014-2015
- 47% with a School-Level Wellness Team
- 53% without a School-Level Wellness Team

9% Increase!