

HOWARD COUNTY SCHOOL HEALTH COUNCIL

July 1st, 2015

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Dear Drs. Foose, Rossman, Siddiqui, and Sheesley,

On behalf of the Howard County School Health Council (HC-SHC) and the School Health Council's Wellness Sub-Committee, I am very pleased to submit our annual report, attached, which is due at the end of each school year, per the SHC's bylaws. For the first time, the report also includes a "feedback" summary report from the HC-SHC Wellness Sub-Committee on the implementation of the Howard County Board of Education Wellness Policy No. 9090, as required by the policy.

This year's final report is divided into two parts. The first part of the report summarizes our accomplishments and information gathering activities during the past year and also makes two key recommendations, which are repeated in this cover letter for quicker access. The second part of the report is the Wellness Sub-Committee's annual "feedback" report in full, which also makes specific recommendations on how we can improve the process of implementing Wellness Policy No. 9090 moving forward. A summary recommendation from the Sub-Committee is provided below as well.

HC-SHC Recommendation #1: HCPSS Should Improve Coordination of the Implementation of Wellness Policy No. 9090, Establish a Formal Process and an Ongoing Mechanism to Ensure Accountability, and Increase Communication about the Wellness Policy in General. The Superintendent or her designee should appoint an individual to oversee and coordinate all aspects of Wellness Policy No. 9090 implementation as it involves different departments, sectors, and levels within the school system. The Superintendent or her designee should also make this individual responsible for institutionalizing a system-wide approach to monitoring and evaluating the implementation of the policy. Finally, the Superintendent or her designee should improve and increase communication about the policy, e.g., through a FAQs. (See HC-SHC Wellness Sub-Committee Summary Recommendation, next page, for additional recommendations in this particular area of communication and education.)

HC-SHC Recommendation #2: HCPSS and HCHD Should Provide Technical Assistance to Principals and School Wellness Teams to Facilitate Implementation of Wellness Policy No. 9090. The Superintendent or her designee and the Health Officer or her designee should establish a program or a regular source of technical assistance to principals and school wellness teams to assist them in implementing all facets of the policy. They should also provide a resource for best practices, successes, and solutions to challenges.

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HC-SHC Wellness Sub-Committee Summary Recommendation: Communication and Education Surrounding the Policy. The Wellness Sub-Committee recommends that HCPSS coordinate a centrally managed proactive awareness and communication plan related to Policy 9090, which includes idea sharing/examples of successful implementation, guideline clarifications/FAQ documents, and educational offerings for newsletters or send-home resources, as well as a mechanism for feedback and questions. These approaches would aid in successful implementation, acceptance and compliance of this important policy.

Please let us know if you have any questions or would like to meet in person to discuss these further. We can be reached at schoolhealthcouncil@gmail.com.

Warm Regards,

A handwritten signature in black ink, appearing to read "A.R. Markus".

Anne Rossier Markus, JD, PhD, MHS
Chairperson, Howard County School Health Council

HOWARD COUNTY SCHOOL HEALTH COUNCIL

Strengthening School Health and Wellness in Howard County:
Recommendations from the Howard County School Health Council
(School Year 2014-2015)

PART ONE

Annual Final Report of the Howard County School Health Council

PART ONE

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1.0 Mission and Objectives

The mission of the Howard County School Health Council (HC-SHC) is to promote coordinated school health policies and programs to enhance academic achievement, health and wellness for all students. The School Health Council is a COMAR-mandated advisory group, which identifies needs, reviews practices, programs and policies, and generally provides advice to the Howard County Public School System (HCPSS) and the Howard County Health Department (HCHD) on aspects of child health as defined by the Centers for Disease Control and Prevention (CDC) Coordinated School Health (CSH) approach. The CSH approach is a systems approach to improving the health and well-being of all students so they can fully participate and be successful in school. CSH integrates health promotion efforts across eight interrelated components: (1) Counseling, psychological, and social services; (2) Family and community involvement; (3) Health education; (4) Health promotion for staff; (5) Health services; (6) Healthy school environment; (7) Nutrition services; and (8) Physical education.

The HC-SHC has several objectives:

- Act as a “hub” between the Public School System (HCPSS), the Health Department (HCHD), the PTA Council of Howard County (PTACHC), and other community partners where any matter pertaining to school health, well-being, and wellness – broadly defined – can be discussed, studied, and considered for improvement on a system-wide level;
- Follow a transparent and systematic process for consideration of these matters;
- Assess the status of school health, well-being, and wellness, identify problems, and outline possible solutions for the development of broad policy recommendations and/or practices targeting areas selected for improvement;
- Monitor or evaluate the implementation of existing policies, and identify strengths to build upon and weaknesses to address.

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2.0 Meeting Snapshot for School Year 2014-2015

During the 2014-2015 School Year, the HC-SHC met 8 times, convening 4 times as a full council, and 4 times as a smaller, executive committee. The January meeting was cancelled due to snow and the April executive committee meeting was replaced with a joint meeting of the HC-SHC and the HCPSS Student Services Advisory Committee (SSAC). The meeting dates, topics, and presenters are presented in Table 1, below. The membership roster is attached as Appendix 1.

Table 1: Howard County School Health General Council Meeting Dates and Topics, 2014-2015

Date	Topics	Presenters/Speakers
09.3.14	Update on Howard County Youth Risk Behavioral Survey (YRBSS) Forming the Wellness Sub-Committee	Jackie Dougé, MD, MPH, FAAP, HCHD, Medical Director, Bureau of Child Health All
11.5.14	An Overview of the E.S. Model Setting Priorities for SY 2014-2015	Kerrie Wagaman, HCPSS, Director, Health Services All
01.8.15	<< Focus on What is Strong, Not What is Wrong >>: Overview of the HCPSS/Gallup Partnership Teen Link Resource Card CANCELLED DUE TO SNOW	Kim Flyr, HCPSS, Resource Counselor Kerrie Wagaman, HCPSS, Director, Health Services & Jackie Dougé, HCHD, Director, Bureau of Child Health
03.4.15	<< Focus on What is Strong, Not What is Wrong >>: Overview of the HCPSS/Gallup Partnership	Kim Flyr, HCPSS, Resource Counselor
04.8.15	JOINT HC-SHC/HCPSS SSAC MEETING: Mentor Program for Students Experiencing Homelessness Heroin Epidemic in Howard County: What Does it Look Like? What is Different from the Previous Epidemic? KOGNITO	Kevin Lee, Nancy Overton, HCPSS Joan Webb-Scornaienchi, HCDrugFree Cindi Schulmeyer, HCPSS
05.6.15	Wellness Sub-Committee Progress Report	Deb Lattimer, Co-Chair, HC-SHC Wellness Sub-Committee

Source: Howard County School Health Council, June 2015.

3.0 Summary of Key Accomplishments

The HC-SHC continues to be active, following up on several items from the previous school year (e.g., Wellness Policy No. 9090) and adding new ones as needs are identified as priorities. Among the Council's key accomplishments for the 2014-2015 School Year are the following:

- **Improvement of Communication about the HC-SHC:** We used the free Weebly platform to create and design a basic website devoted to the Council and have plans to upgrade the site and register the domain with funding from a HCHD Community Transformation Grant (CTG). Since we made <http://schoolhealthcouncil.weebly.com> publicly available, we regularly post announcements and information about key activities, as well as meeting agendas and minutes approved by the Council's full membership, Executive Committee, and Wellness Sub-Committee members. Also available are the final, annual reports (such as this one) and other informational documents and resources (e.g., flyers about the HC-SHC) developed by the Council to increase visibility, transparency, and clear up any confusion about the role of the Council in the County.¹ While traffic is still minimal, this centralized communication tool represents a major step for the Council. Other communication improvements include the creation of a Google e-mail account (schoolhealthcouncil@gmail.com) and a Twitter account (@schoolhealthcl). Finally, we registered the Council with the Volunteer Center Serving Howard County and posted announcements to recruit new members for the full Council and the Council's Wellness Sub-Committee.
- **Staffing of the HC-SHC Wellness Sub-Committee in Response to the Adoption of Wellness Policy No. 9090:** Wellness Policy No. 9090 encourages the community to participate in, and provide input on, the implementation of the policy via several existing conduits, including the Wellness Sub-Committee of the HC-SHC, which was established in the Council's bylaws adopted in Spring 2013.² The Executive Committee of the HC-SHC met in December 2014 and developed a charge for the Wellness Sub-Committee³ as well as a plan for recruiting new members from the community, the school system, and the health department to staff this new committee. Because of the time constraints (9090 requires annual feedback to the Board), a short recruitment phase was launched in mid-January through the end of March. Announcements were made via several outlets, including the HCPSS parent e-newsletter, the Patch, the HC-SHC website and Twitter account, the PTACHC, and the Volunteer Center Serving Howard County. An informational meeting was held in early March with 10-15 individuals from the community-at-large who expressed interest in participating in the Sub-Committee. At that time, the group confirmed membership and appointed a Chair. A Co-Chair was appointed from the Council membership with the approval of the Executive Committee to ensure a link between the two entities. An invitation was extended to HCPSS and HCHD and one representative was secured from each department. Meeting dates and times and agendas and minutes approved by the Sub-Committee are available on the HC-SHC website.⁴

¹See <http://schoolhealthcouncil.weebly.com/resources.html>

² Article VIII of the HC-SHC bylaws, which addresses committees, states that one of the Sub-Committees of the SHC is the Wellness Sub-Committee. Furthermore, the "Council Chairperson with the approval of the Executive Board shall appoint the Sub-Committee Chairpersons, on an as needed basis."

³ Available for download at <http://schoolhealthcouncil.weebly.com/wellness-sub-committee.html>

⁴ See <http://schoolhealthcouncil.weebly.com/wellness-sub-committee.html>

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- **Feedback to the BoE on Wellness Policy No. 9090:** At the HC-SHC level, we heard from parents and others from the community who attended the public meetings this past year that there are serious concerns about the way in which the wellness policy is implemented and communicated to various stakeholders in the County. While 9090 clearly states that the Superintendent or her designee and all Principals are responsible for implementing the provisions of 9090, it has become very clear that nobody owns it. The policy addresses multiple aspects of health and wellness, nutrition, health education, physical education, and physical activity, which require the coordination of several departments at the central and local levels. However, no one seems to be truly in charge and the public attending our meetings expressed confusion and frustration as to whom they should address their concerns and from whom they should seek clarification on various aspects of the policy. While this particular feedback is more anecdotal in nature, the HC-SHC Wellness Sub-Committee set out to develop a more systematic and targeted process of assessing the implementation of 9090. The Sub-Committee worked on an extremely tight deadline and developed a multi-phase plan to gather information about 9090. In this first phase, Sub-Committee members developed a questionnaire reflecting key areas of the policy and sampled Principals selected with the input of HCPSS. The Sub-Committee synthesized findings and developed recommendations in a summary report, “Howard County School Health Council Report HCSHC Policy 9090 Wellness Subcommittee Implementation Assessment Report June 15, 2015”⁵ provided as Part Two of this final report. The Sub-Committee is a standing committee of the HC-SHC and will continue to focus on 9090 next school year. It will present its findings and recommendations at the first meeting of the HC-SHC in October 2015 and will schedule a presentation/community meeting with the Board of Education to share orally the feedback obtained thus far.
- **Training and Technical Assistance on Wellness Policy No. 9090:** The HC-SHC participated in a planning call with MSDE, Action for Healthy Kids, HCPSS, and HealthyHoward Healthy Schools to discuss the mission, goals and objectives of the HCPSS Wellness Champions Workshop scheduled for Saturday, March 21st, 2015. The HC-SHC helped publicize the workshop on its website and via its Twitter account. It also provided a forum for HealthyHoward Healthy Schools, the organizer of the workshop, to work with HCPSS in awarding professional development Virgin miles to staff who decided to attend as an extra incentive and recognition for participating in the workshop. The HC-SHC also assisted in securing the participation of Frank Eastham, Executive Director of School Improvement and Administration, as a keynote speaker for the workshop to provide an overview of Wellness Policy No. 9090. The workshop was well attended and deemed a success. The ability of HealthyHoward Healthy Schools to provide this type of training and technical assistance was essential in moving implementation of 9090 forward. Other sources of information, such as the Inventory of Physical Activity in Howard County Public Schools and the feedback report of the HC-SHC Wellness Sub-Committee, highlight the need for additional opportunities for training and technical assistance. Now that HealthyHoward Healthy Schools has ended as a program, the gap will likely widen unless others step in to provide these types of resources to Howard County schools.

⁵ Available for download at See <http://schoolhealthcouncil.weebly.com/wellness-sub-committee.html>

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- **Environmental Scan of Available Metrics to Assess Implementation of Wellness Policy No. 9090:** In last year's annual report, the HC-SHC recommended that the County develop a set of core metrics that could be used to assess the process and outcome of implementing Wellness Policy No. 9090 on an ongoing basis. As a follow-up to this recommendation, the HC-SHC set out to collect already developed and validated assessment tools and found the following: the Rudd Center's Wellness School Assessment Tool, WellSAT 2.0, the University of Maryland's 2012-2013 Maryland Active Living/Healthy Eating in Schools Wellness Survey, the wellness policy checklist from El Paso school district, and measures used in Ann Arundel County to assess the effectiveness of PBIS in changing the culture of a school. Next steps include sharing these various tools with the HC-SHC Wellness Sub-Committee for potential use and adaptation to local needs. Additional metrics need to be developed, piloted, and validated to help assess aspects of the policy that are not addressed by any of these existing tools.
- **MD-SHC Mini Grant to HC-SHC for a High School Student Corps of Public Health Ambassadors:** During SY 2013-2014, the HC-SHC sought and successfully obtained funding from the MD-SHC, which issued a call for small grant applications to local councils throughout the state. The HCHD is the keeper of the fund. PTACHC, HCHD and HCPSS all provided letters of support for the initiative. The purpose of the HC-SHC grant is to work with high school clusters, targeting those where uninsurance rates are the highest and students have fewer opportunities to identify, recruit and train a small cadre of high school students who would become public health ambassadors. We worked with HealthyHoward Healthy Schools to email a call for participation to all high schools in early January 2015, pairing the mini-grant opportunity with high schools' opportunity to obtain the Bronze recognition for a healthy school. One school expressed interest in participating and we decided to pilot our approach with that school. We met with the Door, the County's outreach program, to discuss the training needs for the students and ways to tailor the existing materials to a teenage audience. One of the outreach specialists, a bilingual navigator, met with 4 students (including 3 seniors who have since graduated) and the staff members from the wellness team working with these students. During the meeting, the navigator trained the group on the basics of health insurance, the importance to obtain it and maintaining it during transitions between school and work, and the resources available in the County to enroll in an appropriate insurance option. Next is a meeting to debrief with staff and the remaining student and staff to discuss next steps. The MD-SHC invited a representative from the HC-SHC to speak about this initiative at the School Health Interdisciplinary Program (SHIP) meeting to be held in August in Timonium.
- **Recruitment of New Community-at-Large Members:** The entire month of June 2015 was devoted to recruiting new members from the community and increasing diversity, broadly defined, on the Council. We asked several organizations or groups as well as individuals (HCPSS parent e-newsletter and staff listserv, the Patch, Biz Weekly, PTACHC, Leadership Howard County, the Sun's Columbia Flier, Howard County Times, Laurel Leader, Local Health Improvement Coalition, Howard County General Hospital Pediatrics, HC-SHC Wellness Subcommittee, HC-SHC Members) to help spread the word by posting announcements in e-newsletters, listservs, community ads, or using other communication modes. We provided links to the Council's website, which includes a one-pager about the roles and responsibilities of new members, and to a Doodle poll, which provides several options from early morning to late evening to indicate preference for meeting times next year. We observed a dramatic surge in traffic to our website as a result of these efforts. We plan to follow up with an orientation/training session with all those interested – a total of 33 as of late June.

4.0 Recommendations

The HC-SHC is pleased to submit two main recommendations for consideration by the Superintendent, Health Officer, Boards of Education and Health, as well as other interested parties in the County to further our common goal of improving student health, well-being and wellness in the context of broader population health improvement in the community-at-large. These two recommendations are complemented by a recommendation from the HC-SHC Wellness Sub-Committee.

HC-SHC Recommendation #1: HCPSS Should Improve Coordination of the Implementation of Wellness Policy No. 9090, Establish a Formal Process and an Ongoing Mechanism to Ensure Accountability, and Increase Communication about the Wellness Policy in General. The Superintendent or her designee should appoint an individual to oversee and coordinate all aspects of Wellness Policy No. 9090 implementation as it involves different departments, sectors, and levels within the school system. The Superintendent or her designee should also make this individual responsible for institutionalizing a system-wide approach to monitoring and evaluating the implementation of the policy. Finally, the Superintendent or her designee should improve and increase communication about the policy, e.g., through a FAQs. (See HC-SHC Wellness Sub-Committee Summary Recommendation, next page, for additional recommendations in this particular area of communication and education.)

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Strengthening School Health and Wellness in Howard County:
Recommendations from the Howard County School Health Council
(School Year 2014-2015)

PART TWO

Annual “Feedback” Report of the HC-SHC Wellness Sub-Committee

HCSHC Policy 9090 Wellness Sub-Committee

Implementation Assessment Report

June 15, 2015

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HCSHC Policy 9090 Wellness Sub-Committee

Implementation Assessment Report

Executive Summary

As per Policy 9090, the Howard County School Health Council (HCSHC) was delegated to serve in an advisory capacity for the policy implementation and provide feedback annually to the Board of Education. The HCSHC issued a charge to form a Wellness Sub-Committee to gather feedback regarding the implementation of Policy 9090. The initial meeting of the HCSHC Wellness Sub-Committee occurred on March 9th, 2015. During this meeting, the charge and purpose were reviewed and co-chairpersons nominated. The content of meetings that followed from initiation to initial report involved development of a strategy for implementation assessment, gathering background information from HCPSS and execution of Phase 1 of the evaluation plan. The implementation assessment plan involves acquiring data and feedback from all relevant stakeholders (i.e., individual schools, community partners, students, and parents) and providing recommendations based upon these findings.

This report summarizes the findings and conclusions of the first phase of evaluation targeting Howard County public schools. To gather feedback regarding the implementation of Policy 9090 from a school perspective, principal interviews were conducted at a cross-section of county schools (approximately 25%) at the elementary, middle and high school level (19 schools total). A standardized questionnaire was developed to serve as a guide during an in person interview. Responses were compiled and reviewed by the Sub-Committee. Based upon these findings, recommendations are offered for consideration for the continued implementation and use of Policy 9090.

Major outcomes from the school assessments of Policy 9090 implementation are as follows:

- The majority of schools indicated that acceptance or cooperation from the students, parents, PTAs and/or staff has been a barrier to implementation of the policy.
- The most difficult portions of the policy to implement were related to food and nutrition and these elements also received the most number of questions and complaints.
- For the most part, an increased emphasis on physical activity-related components has represented a success during implementation.

- The majority of schools at all levels have a Wellness Team, but the structure and function varied.
- There is a desire for proactive and timely communication and this represents an area of continued effort from HCPSS.

Detailed findings of the Sub-Committee inquiry to Howard County public schools, and associated recommendations, provided below are intended to assist HCPSS in development of an action plan for improving the consistency and success of Policy 9090 implementation in the future.

Purpose and Charge of the Wellness Sub-Committee

Whereas, the Howard County School Health Council Bylaws from March 27, 2013 provide for a Wellness Sub-Committee to the School Health Council, and whereas, Policy 9090 "Wellness through Nutrition and Physical Activity" effective July 1, 2014 provides that, "The Howard County School Health Council, which serves in an advisory capacity, will provide feedback annually to the Board," and that the "Superintendent/Designee will"... "Establish a process to gather feedback from individual schools, community partners, students, and parents on the implementation of the policy," now, therefore, the School Health Council is issuing the charge to form the Sub-Committee and recruit members, the majority of whom should represent the community. Per the Council Bylaws, the Council Chairperson, with the approval of the Executive Board, will appoint the Sub-Committee Chairpersons. Per the Council Bylaws, the Sub-Committee will present reports of its activities as requested by the Chairperson or Executive Board.

Once established, the Wellness Sub-Committee will review Policy 9090 implementation and activities throughout each school year and provide a written and oral report to the Chairperson or Executive Board of the School Health Council by the end of the school year in order for the Council to include it in the Council's annual report to the Superintendent, Health Officer, Board of Health, and Board of Education, which is due by the first of July of each year.

The Wellness Sub-Committee provides an opportunity for parents and members of the community to be involved in the implementation of the Wellness Policy approved by the Board of Education in 2014. The Sub-Committee will gather input from its members based on their observations and review of available data on how the policy has been implemented, and will seek to answer questions about the process and status of implementing the policy, such as: What has been done districtwide to date? What has been done in individual schools and how generalized is it throughout the county? What is working well or not working well according to observation and/or the metrics identified for any given initiative? The Sub-Committee, once constituted, will be able to further refine its scope, subject to review by the Chairperson or Executive Board.

Sub-Committee Members: Members should represent both organized and non-organized interests of the county's diverse community. The Sub-Committee will also include representatives from the Health Department and the school system, but in no case will they be the majority. One of the Council Officers or Executive Board Members will be appointed Co-Chair of the Sub-Committee.

Wellness Sub-Committee Formation and Execution

The initial meeting of the Wellness Sub-Committee occurred on March 9, 2015. At that time, the purpose and charge of the group was reviewed and the structure and function of the Sub-Committee were discussed. Deb Lattimer and Stacie Bell were proposed and approved as co-chairs for the committee. Members are representatives of the community (Howard County Bicycling Advocacy group, parents and students), the school system, Healthy Howard and the Howard County School Health Council. The Wellness Sub-Committee met on multiple occasions to gather feedback from the school system, share information received from the community, formulate a strategy for assessment of Policy 9090 Implementation and evaluate preliminary results. The summary included in this report represents the initial phase of assessment, along with recommendations for consideration based upon information available to date, with other data acquisition activities proposed as future steps.

Wellness Policy 9090 Implementation Steps for SY 2014-2015

Although the food provisions included Policy 9090 have been the most controversial to date, the policy in fact regulates many other facets of wellness, including increased physical activity throughout the day. In addition, Policy 9090 outlines several key steps that Principals were tasked with implementing during the School Year 2014-2015. The main areas regulated by 9090 as well as key steps for 2014-15 are summarized in the table below and the full text of the policy can be accessed at <http://www.hcpss.org/f/board/policies/9090.pdf>.

Mandated Changes in Policy 9090 (Effective July 1, 2014)	Next Steps at Individual Schools (2014-2015)
<ul style="list-style-type: none"> ✓ New health and nutrition standards, including in nutrition education within health education curriculum ✓ New physical education standards, including a curriculum in compliance with state and federal law ✓ New physical activity standards, including new opportunities for physical activity throughout the day ✓ New nutrition services standards, including new universal breakfast offer and requirement to meet IOM* standards ✓ New staff health and wellness standards, including more opportunities for staff to improve their health ✓ New oversight, monitoring, evaluation duties, including a new process to be established by the Superintendent or her Designee to gather feedback from individual schools, community partners, students, and parents on the implementation of the policy 	<p>Every year, starting in 2014, all school principals must:</p> <ol style="list-style-type: none"> 1. Form a School Wellness Team of parents, teachers, nurses, students, others with interest 2. Establish a process to identify members of the team 3. Designate a school employee as the School Wellness Champion

*IOM: Institute of Medicine, a non-profit, non-governmental organization founded in 1970 to provide information and advice concerning health and science policy.

Source: Howard County School Health Council (2014) Health & Wellness in Howard County 2014-15 A Brief Message to Principals from the Howard County School Health Council Accessed 6/17/2015 at: <http://schoolhealthcouncil.weebly.com/resources.html>

Strategy for Assessment of Policy 9090 Implementation

The Sub-Committee Developed a Phasic Strategy for Policy 9090 Implementation Assessment:

1. Gather information from the school system
 - a. Feedback to date
 - b. Ongoing activities and status
 - c. Physical activity programs
2. Identification and characterization of stakeholders
3. Discuss community feedback/impression
4. Assessment of Policy 9090 implementation based upon stakeholder feedback.
 - a. Phase I: Acquire feedback from a cross-section of HC schools through personal interviews with school principals utilizing a standardized questionnaire. Full methodology and the questionnaire used in the interviews can be found in Appendices A and B.
 - b. *Suggested* Phase II: Acquire feedback from Wellness Champions/Teams.
 - c. *Suggested* Phase III: Acquire feedback from parents/guardians and students. It should be noted that a student-driven assessment of student opinion about Policy 9090 is underway.

Overall Timeline

Sub-Committee formation and the initial phase of evaluation occurred within a 90 day timeframe. The Sub-Committee was pleased with the progress, quality and value of the information obtained to date. Further activities will be addressed in the future.

Summary of Principal Feedback

A cross-section (~25%) of Howard County schools, 19 in total, was included in the Principal interviews. Of the 19 schools, there were 3 high schools, 6 middle schools and 10 elementary schools. All agreed to participate. The selections, provided by the School System, included geographical, socioeconomic and cultural diversity throughout the county and were approved by the Sub-Committee. The use of a standardized questionnaire (Appendix B) and a limited number of Sub-Committee interviewers were intended to achieve consistency in gathering feedback. The questionnaire was composed of sections relating to different aspects of Policy 9090 implementation. Interviews were held between May 19th-June 1st,

2015. Data were compiled in a blinded manner and were not provided to the School System to ensure anonymity for the respondents.

Overall, schools are implementing Policy 9090 and many are pleased with aspects of the policy.

A detailed summary of the Findings & Conclusions is as follows:

General Feedback from Principals Regarding the Implementation of Policy 9090

- The majority of schools indicated that acceptance or cooperation from the students, parents, PTAs and/or staff has been a barrier to implementation of the policy at some point in time.
- Several principals cited change, and a shift in thinking, as being the challenge for their school community, particularly when there are long-standing traditions that have been affected.
- The most difficult elements of the policy to implement were related to food and nutrition and received the most number of questions and complaints.
- For the most part, an increased emphasis on activity-related implementation has represented a success (e.g., more PE, longer recess, fun exercise-type activities, classroom movement, PTA fun runs, etc.).
- It appears that inability to use food rewards was listed as both a success and as a challenge. Principals provided many examples of how their schools have found alternatives to food as rewards (such as trinkets, booster merchandise, gift cards, arts & crafts, special projects, a chat with Administrators, or fun outdoor activities).
- Some principals like having to use alternative items for rewards (instead of food) and have the focus of celebrations/parties on activities instead of food. However, most indicated this was a source of much of the pushback from PTAs, parents and students.
- There was feedback that the food-related portions of the policy lack flexibility and that IOM standard-compliant foods are expensive and difficult to find. Many principals appreciated the fact that the policy is clear and consistent, which leaves little ability to have variation from school to school.
- In relation to the new food and nutrition components, the policy was reported to impact rewards (e.g., Honor Roll breakfast), celebrations (e.g., holiday parties, foreign language club potluck),

and fundraising efforts, predominantly in Middle and High School levels.

- Some principals indicated that a lack of adequate prior planning, notification, education awareness and understanding of the policy as barriers to implementation.
- Internal communication was reported to be good with Frank Eastham and HCPSS staff, but there should be more communication between and among administrators for best practices on how to implement the policy effectively and how to address issues that arise.
- It seems that aspects of the policy have been more difficult to implement at Elementary schools. This finding could be biased due to the number of schools assessed or the degree of parental involvement and number of celebrations at this level.
- Several principals stated that the PTAs, while not always accepting of many aspects of the policy, have been open to suggestion and creative about alternative approaches. Other principals indicated that PTAs were a major source of resistance (e.g., cancelling PTA-sponsored events as a way of indicating dissatisfaction with the food restrictions for students).
- The principal interviews identified that there are different challenges with the implementation of Policy 9090 at the various school levels.
- Many of the schools have positive impressions and responses to the Healthy Howard program and, although not part of Policy 9090, the program impacted the implementation as a positive incentive.

Wellness Champion/Teams

- A wide variety of staff volunteered and are serving in the role of the Wellness Champion. In several cases, multiple staff worked together to fill the role. The most commonly noted classifications of staff serving in the role were Physical Education teachers and Nurses/Health Assistants.
- Schools have varied ways in which they are having wellness activities, both for students and staff. There are varying degrees of activities and involvement of the Wellness Teams. Sometimes, it was not the Wellness Team that planned the events. It is unclear how many of these activities were occurring prior to Policy 9090. In many examples, it was already part of the school culture.

- Many Wellness Teams have planned a multitude of diverse wellness activities for students, families and staff. Others have focused mainly on staff.
- The majority of schools at all levels have Wellness Teams, with only a small minority not having a Wellness Team in place.
- For middle and high school, the majority of the Wellness Teams are comprised of staff with more parent involvement at the Elementary school level.
- At the high school level, the majority of wellness activities are for staff.

Communication Regarding the Implementation of Policy 9090

- Multiple communication mechanisms are used to communicate with parents about the policy, although not necessarily the importance of physical activity (as per policy). Among those responses, the majority used PTA meeting discussions, Back to School Night, and newsletters (although the newsletters did not all regularly contain wellness content).
- Policy communication for early level schools appears to have been presented primarily to staff and parents, and not students. At the high school level communication was directed to the students and staff.
- It is unclear what specific information regarding the policy was communicated by the principals (i.e., how much detail or the type of orientation for staff) or how the principals' personal attitudes or acceptance level was reflected during initial implementation.
- The timing, nature and extent of the communication may be one of the biggest issues regarding the lack of understanding on behalf of families, staff, and students.
- The majority of schools have mechanisms for feedback to gauge student/parent opinion (many times as an "open door" policy), but these are not formal, well documented or specific to the policy.

Implementation of Policy 9090 Components

- The majority of the schools stated that “some” staff incorporate physical activity breaks in the classroom.
- There has been limited training reported for “brain breaks”, particularly in the higher school levels and only a few principals were familiar with this terminology.
- A low percentage of principals indicated any kind of incentive for staff to incorporate physical activity into the classroom and very few indicated that all of the staff had incorporated the physical activity into the classroom.
- Most students have the opportunity to wash their hands, but most schools continue to use hand sanitizer. At the lower levels, multiple principals stated that logistically, it is not feasible for all students to wash their hands before eating a meal. It also appears that the proximity of the cafeteria to the bathrooms may play a role, as well as the number of students and time allowed, in how schools implement this part of the policy.
- The majority of schools have not had food tastings or promotions offered.

HCPSS Superintendent Support for Implementation of Policy 9090

- Responses revealed that administrators know who to ask when they have questions or concerns. About half the schools indicate that they have been asked to provide feedback.
- The feedback or reporting from schools to HCPSS has mostly been very informal to date.
- There seems to be inconsistency or lack of procedure for policy enforcement.

Wellness Sub-Committee Recommendations

General Recommendations Regarding the Implementation of Policy 9090

- Establish an ongoing pro-active awareness campaign centrally-managed and coordinated by HCPSS.
- Continue to gather feedback from PTAs, parents and students regarding policy implementation.
- The School System should consider mini-educational campaigns by sending home resources. The information provided should be relevant to the lives of students and parents and highlight the overall benefits of the policy.
- The School System should establish an “idea sharing” bank / list of examples from Wellness Teams, Principals, PTAs, etc. for

successful approaches to implementation that is accessible to all schools (e.g., on the website).

- HCPSS should clarify which guidelines are Federal vs. HCPSS policy, so that all stakeholders have a better appreciation for the rationale and content of Policy 9090. This may improve understanding, compliance, acceptance and continued implementation.
- HCPSS should continue to communicate frequently with students and families about the rationale for the policy, and partner with the PTAs and administrators for implementation, particularly for food and nutrition elements.
- HCPSS and Principals should encourage student advocates/champions for the policy, either as part of the Wellness Team or independently, to engage and empower students. This will likely encourage greater student acceptance and effectiveness for the policy.
- HCPSS should continue to be open to appropriate areas of flexibility (e.g., once a year celebrations) to inspire continued partnerships in implementation.
- HCPSS should rebrand communication/marketing regarding overall wellness and indicate how the policy has components to encourage lifetime wellness/physical activity.
- It is not possible to make clear and definitive cause/effect associations of the impact of school level on implementation without further assessment. The Wellness Sub-Committee recommends pursuing additional analysis to understand the challenges specifically related to implementation from the perspective of school level.
- HCPSS should develop and/or support a program (such as Healthy Howard), in collaboration with HCHD and other community partners, that encourages wellness practices and goals and rewards schools/Wellness Teams that offer creative and/or numerous wellness-related activities.
- The HCSHC should include a comprehensive assessment next year to gauge process and highlight successes.

Recommendations Regarding the Wellness Champion/Teams

- In nearly all cases, the Wellness Teams have facilitated policy implementation. Therefore, the Sub-Committee recommends allowing principals flexibility to choose a HCPSS Wellness Champion and team composition.
- The Wellness Team should publicize events and their connection to Policy 9090. This could not only entice students and staff to

participate, but may also increase their acceptance/understanding of the policy.

- HCPSS should require all schools to designate a Wellness Champion and Wellness Teams per the requirements of Policy 9090. Ideally, the volunteers should be trained for their role and on the policy guidelines at the beginning of the school year.
- HCPSS should provide formal training and periodic updates/exchange of ideas between Wellness Champions/Teams.
- HCPSS should encourage the schools to solicit parent and student volunteers for the Wellness Teams, if possible.
- HCPSS should encourage Principals to meet at least once per school year with the Wellness Team.

Recommendations Regarding Communication Related to the Implementation of Policy 9090

- HCPSS should prepare a FAQ sheet for stakeholders outlining the policy changes, rationale, which changes are federally mandated and which are part of the policy, along with a more proactive list of suggestions to help with food and activity changes.
- As some feedback indicates, many areas of the policy are not fully understood and given that this policy is one of the largest HCPSS policies, it would be beneficial for HCPSS to take a more uniformed approach to educating the families and students about key components of this policy. This would provide a consistent message.
- Healthy tips/educational resources should be issued from HCPSS (Food & Nutrition/Nutritionist/Physical Education Department), as tools for the schools to provide consistent communication to all HCPSS families and staff. These tips could be included in newsletters, staff meetings, morning news to students or direct communication with Wellness Teams.
- HCPSS should establish a mechanism to collect and compile feedback from schools, parents, PTAs and students and provide a resource for best practices, successes and solutions to challenges.

Recommendations Regarding Implementation of Select Policy 9090 Components

- HCPSS should provide guidance to schools on ways to incentivize staff to incorporate physical activity into the classroom through a

recognition program. While financial and material incentives may be beneficial, a simple peer or public recognition may also incent staff to follow the policy in a more consistent manner.

- HCPSS should communicate expectations with respect to “brain breaks” and physical activity in the classroom, as there is a wide variation of practices and some administrators may not recognize the value. The type of activity may vary for each school level. HCPSS should encourage more training for teachers, provide potential ideas and outline the possible long-term benefits.
- HCPSS should provide education on the importance of hand washing and overall health and encourage schools to think creatively about ways to incentivize more students to wash their hands before (and after) meals. HCPSS should investigate this portion of the policy and re-evaluate accordingly.
- HCPSS should establish a food tasting/promotional plan and work with Food and Nutrition to launch a communication strategy for the schools.

Recommendations Regarding HCPSS Superintendent Support for Implementation of Policy 9090

- Based on the responses, HCPSS Superintendent (or designee) should continue to provide support to the schools for the implementation of the policy.
- As per the policy, formal procedures should be developed and implemented for the reporting of implementation of Policy 9090.
- HCPSS should strive to ensure that Policy 9090 is universally applied and enforced.
- HCPSS should establish a mechanism by which schools can provide feedback anonymously so that they feel comfortable doing so.
- HCPSS should develop lessons learned from issues with policy implementation, which can be used to identify and execute implementation process changes for future policy updates.

Conclusions

The Wellness Sub-Committee kindly requests consideration of these recommendations by HCPSS, the HCSHC and the HC Board of Education in regards to the successful implementation of Policy 9090. The Sub-Committee has strived to offer feedback and suggestions in a non-biased, objective manner that will provide the greatest benefit to HCPSS, the schools and most importantly, the students and families of Howard County. Please contact the Co-chairpersons of the Sub-Committee if there are questions or if further information is needed.

The Wellness Sub-Committee will seek guidance and partnership from HCSHC regarding further phases of evaluation or future activities.

Wellness Sub-committee Members

Active: Amy Churilla, Frank Eastham, Kathy Linne von Berg, Divya Kapoor, Ari Miller, Taneeka Richardson, Mike Senisi, Liz Clark, Beth Aguilera, Jen Greaser, Jack Guarneri, Anne Markus

Inactive: Libby Barritt, Melinda Derick, Kim Judd, Colley Johnson Ward, Casey Green
Co-chairpersons: Deborah Lattimer and Stacie Bell

Appendices

A. Methodology for Principal Feedback Acquisition

B. Questionnaire Utilized to Acquire Principal Feedback

APPENDIX A:

Methodology and Considerations for School Assessment (Principal Feedback) Phase I of Policy 9090 Implementation Assessment

The first phase in the Wellness Sub-Committee strategy for the evaluation of Policy 9090 implementation was to assess execution and opinion at the school level. A number of possible methods, including an electronic survey, an inquiry through HCPSS and interviews, were discussed.

The Sub-Committee decided that one-on-one, in-person interviews would be the most informative and judicious. In order to minimize burden for the schools and due to the timing of the Sub-Committee reporting period, it was decided to evaluate a cross-section of Howard County schools at the Elementary, Middle and High School levels. A similar percentage of schools were targeted across the levels. HCPSS administration provided a list of suggested schools based upon a representative sampling of geographical, socioeconomic and cultural diversity. To optimize the chances for consistent inquiries, the Sub-Committee developed a standardized questionnaire based upon the content of Policy 9090 and some of the preliminary information received from the school system and the community. In addition, the number of interviewers was minimized and there was consistency in the level of assessment for each. The interviews were designed to be conducted within 30 minutes. The Sub-Committee strived to make the questions as relevant and implementation-focused as possible, being mindful of maintaining a neutral assessment. The principals' names were not associated with the provided answers and the feedback received was pooled in order to maintain anonymity. Interviews were scheduled and logged upon completion. Responses were entered electronically by each interviewer and a compilation was prepared by the Sub-Committee chairpersons. These data were reviewed by the Sub-Committee members with the exception of the school system members, again to maintain blinding for the participating schools.

The data were viewed in many different manners to draw conclusions. In some cases graphical representations were used as a tool. For example, the following graph was used to view responses regarding the question "What has been the most difficult part of the Wellness Policy to implement at your school?"

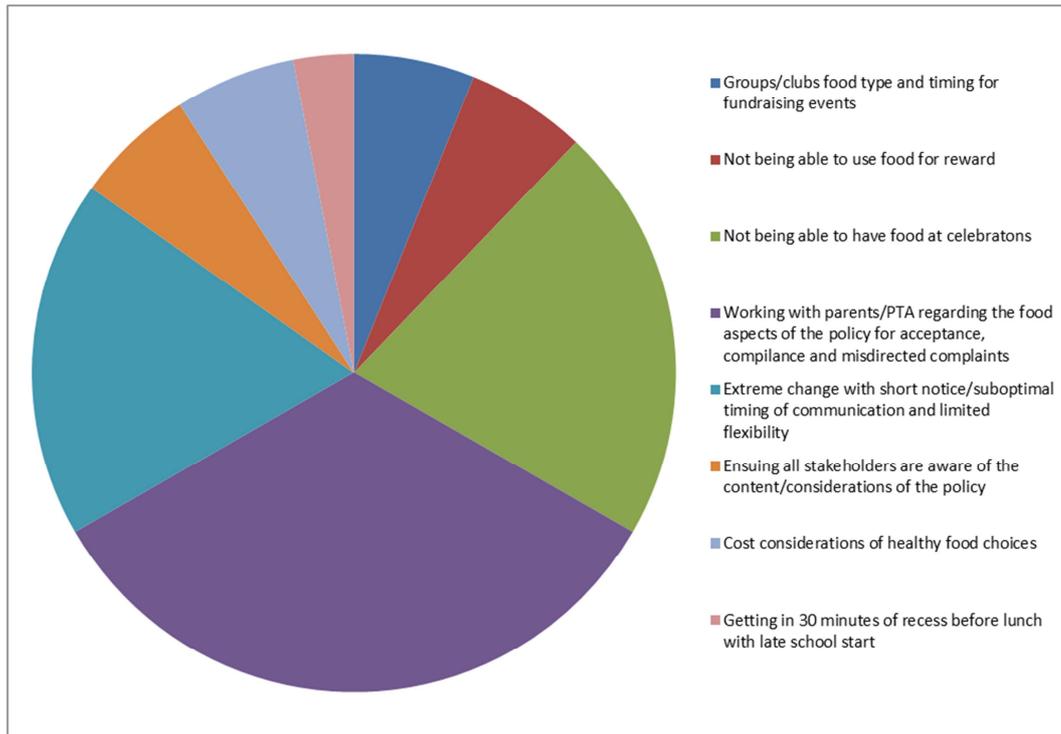


Figure 1: The Most Difficult Parts of the Wellness Policy to Implement

For this question, schools could offer more than one answer. Percentages for each category were calculated on the total number of schools. Source: HCSHC Wellness Sub-Committee (2015) Face to face interviews with a sample of HCPSS principals about Policy 9090

Conclusions and recommendations were requested from Sub-Committee members after their review. As a group, the Sub-Committee prepared the overall conclusions and recommendations presented in this report. “Majority” was defined as greater than 50%.

Questions for the questionnaire, as well as the compiled responses were the consensus by the Sub-Committee. In the rare event that there was a lack of decision, difference in opinion or consensus was not able to be reached, a decision was made by the chairpersons. Sub-Committee communication occurred via e-mail, telephone conversations or in person meetings.

Some recommendations were outside the scope of the Sub-Committee charge or not feasible as the suggestions were based upon long-term evaluation.

Potential Limitations of Data Acquisition and Analysis:

-Due to time constraints, both for the schools and the Sub-Committee reporting timeline, only a cross-section of Howard County school principals were able to be interviewed.

-HCPSS selected the schools to be evaluated. The Sub-Committee saw this as a benefit rather than a limitation as the school system is most familiar with the schools and could rapidly gain approval for the Sub-Committee to conduct the interviews.

-There is a subjective element to interview data reporting but by use of a standardized questionnaire and Sub-Committee discussion, objective presentation of the facts was the goal.

-Data are qualitative in nature in many cases, and are intended to indicate trends and not be the basis for statistical analysis.

Appendix B: Questionnaire Utilized to Acquire Principal Feedback

HCSHC Wellness Sub-Committee Policy 9090 Implementation Evaluation

Introduction and Charge of the HCSHC Wellness Sub-committee

Policy 9090 states, "The Howard County School Health Council, which serves in an advisory capacity, will provide feedback annually to the Board," and that the "Superintendent/Designee will...establish a process to gather feedback from individual schools, community partners, students, and parents on the implementation of the policy." Therefore, the Howard County School Health Council (HCSHC) has formed a subcommittee to evaluate the implementation of Policy 9090 in the HCPSS. The outcome of this evaluation will be a report of completed assessments, recommendations and a plan for future activities. The initial phase of this evaluation is a polling of principals. Thank you for your participation and willingness to speak with the sub-committee members. Your name will not be associated with the answers you provide; feedback received will be pooled in order to maintain anonymity.

General Questions Regarding the Implementation of Policy 9090:

1. What has been the most successful part of the Wellness Policy to implement at your school? (Can you provide some examples?)
2. What has been the most difficult part of the Wellness Policy to implement at your school? (What have been/are the challenges?)
3. What have been the barriers to implementation of the policy? (e.g., time, acceptance/cooperation (of staff, parents, students), resources, assistance)
4. In what ways have you been offered support or technical assistance by HCPSS? (Is it clear who you would approach for assistance, if needed?)
5. How have you provided feedback to the school system regarding the implementation of the Wellness Policy in your school? Have you been asked to provide feedback?

Wellness Champion/Team:

1. What is the role of the Wellness Champion on the staff (e.g., physical education teacher, school nurse, paraeducator, etc.)?
2. Does your school have a Wellness Team? If so, who comprises the team? (specify whether student, parent, staff, nurse, administrators)
3. How often does the Wellness Team meet?
4. Please share what activities your school's Wellness Champion/Team have planned or completed (Month/Year, name of activity)?
5. Is there a process in place for Wellness Team communication to families?

Communication Regarding the Implementation of Policy 9090:

1. How was the Wellness Policy communicated to your staff? Have you received many questions?
2. How has policy implementation and information concerning the Wellness Policy been communicated to parents and students at your school (e.g., back to school night, flyer, e-mail, via PTA)?
3. The Wellness policy states that the Wellness Committee "will proactively communicate with parents/guardians about the importance of physical activity". Is this occurring at your school and how?
4. Are there mechanisms in place to receive feedback from staff and families regarding policy implementation?

Questions Regarding Implementation of Policy 9090 Components:

1. Has the school system provided food tastings or promotions of healthy foods in your school's Cafeteria? (please list events specifically)
2. Has your school found a way to provide students with the opportunity to wash hands (not just hand sanitizer) before eating lunch as per the policy?
3. Has your staff been able to implement physical activity breaks during class time?
 - a. If so, what has been the feedback from staff re: the "brain breaks"?
 - b. If so, how frequently has your staff been using physical activity in the classroom?

- c. How have teachers been trained to incorporate physical activity breaks?
4. Are there incentives for staff to incorporate physical activity in the classroom (such as brain breaks)? If so, what are they?

HCPSS Superintendent Support for Implementation of Policy 9090:

1. Do you feel that the Superintendent (or designee-please specify) has provided assistance and support to your school for the implementation of the Wellness policy?
2. Has the Superintendent asked you about the policy implementation or had you report on your school's successes and challenges with the program?

5.0 Conclusion

This year has been extremely productive as evidenced by the information summarized in this final report. The HC-SHC looks forward to the next School Year and anticipates continuing to work on the issues highlighted in this report, as well as monitoring progress toward better health, well-being and wellness for all students in Howard County.

Respectfully Submitted July 1st, 2015 on behalf of HC-SHC and HC-SHC Wellness Subcommittee by Anne Rossier Markus, Chair

HOWARD COUNTY SCHOOL HEALTH COUNCIL

Appendix 1. HC-SHC MEMBERSHIP LIST, SCHOOL YEAR 2014-2015

**HC-SHC MEMBERSHIP LIST
SCHOOL YEAR 2014-2015**

Officers

Anne Markus, At-Large, Chair
Joan Webb Scornaienchi, HCDrugFree, At-Large, Vice-Chair
Joanne Jackson, BoE CAC, At-Large, Secretary

HCPSS

Kim Flyr
Carol Hahn
Ekere Olojola
Linda Rangos
Mike Senisi
Kerrie Wagaman

HCHD

Kelley Bickersteth
Marva Dickerson
Jackie Dougé
Elizabeth Menachery
Colleen Nester

PTACHC

Deb Lattimer
Caroline Rothfield

COMMUNITY-AT-LARGE

Terri Ann Chiu, Parent, Community
Jo Greenberg, Parent, Local PTAs
Diane Matuszak, Physician, Past Chair
Donna Mazyck, School Nurse, Community
Rebecca Ramsing, Nutrition Health and Wellness Educator, U. MD Extension
Caroline Rothfield, Parent, PTACHC
Julianne Rice, Nurse, Community

HOWARD COUNTY BOARD OF EDUCATION

Ann DeLacy

HOWARD COUNTY LOCAL HEALTH IMPROVEMENT COALITION

Jeananne Sciabarra

Administrative Support

Andrea Boyd, HCHD

HOWARD COUNTY SCHOOL HEALTH COUNCIL

HC-SHC MEMBERSHIP LIST

SCHOOL YEAR 2014-2015

Executive Board

Officers

Anne Markus, At-Large, Chair
Joan Webb Scornaienchi, HCDrugFree, At-Large, Vice-Chair
Joanne Jackson, BoE CAC, At-Large, Secretary

HCPSS

Ekere Olojola
Linda Rangos
Kerrie Wagaman

HCHD

Kelley Bickersteth
Jackie Dougé

PTACHC

Deb Lattimer
Caroline Rothfield

**Executive Committee
(Serves Board and Full Council)**

Elected Officers, 2013-2015 Term

Anne Markus, At-Large, Chair
Joan Webb Scornaienchi, HCDrugFree, At-Large, Vice-Chair
Joanne Jackson, BoE CAC, At-Large, Secretary

HOWARD COUNTY SCHOOL HEALTH COUNCIL

**HC-SHC MEMBERSHIP LIST
SCHOOL YEAR 2014-2015**

Wellness Sub-Committee

CHAIR/CO-CHAIR

Stacie Bell, At-Large, Chair
Deb Lattimer, HC-SHC, Executive Board, Co-Chair

HCPSS

Frank Eastham, Executive Director, School Improvement and Administration
Michael Senisi, Instructional Facilitator, Physical Education

HCHD

Liz Clark, Director of Community Health Promotion and Chronic Disease Prevention,
HealthyHoward, Inc., and Co-Chair, Healthy Weight Committee, Local Health Improvement
Coalition (LHIC)

COMMUNITY-AT-LARGE

Beth Aguilera (HCPSS employee)
Libby Barritt
Amy Churilla
Melinda Derick
Jen Greaser
Casey Green
Jack Guarneri, President, Bicycle Advocates of Howard County
Colley Johnson Ward
Kim Judd
Divya Kapoor (High School Student & Girl Scout)
Kathy Linne von Berg
Anne Markus
Ari Miller
Taneeka Richardson

Note:

In our report, we listed Libby, Melinda, Kim, Colley, and Casey as being INACTIVE members. They did not formally “resign” but did not participate in the process, although Colley did attend the first meeting.