

# **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 9<sup>th</sup>, 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>.

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

\*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 19<sup>th</sup>-June 1<sup>st</sup>,

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?"

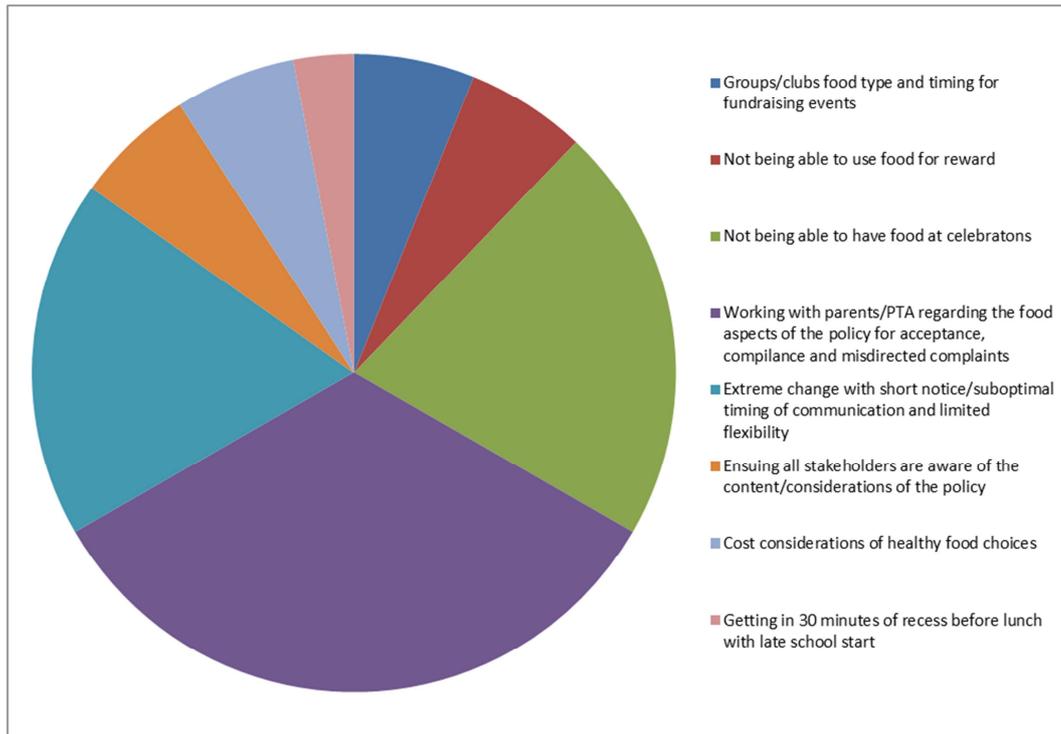


Figure 1: The Most Difficult Parts of the Wellness Policy to Implement

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

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#### **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?