**Massachusetts Roadmap to Healthy Schools**

Presenter Notes

**What is the MA Roadmap to Healthy Schools (MA Roadmap)?**

* The Massachusetts Roadmap to Healthy Schools outlines five key steps outlined in many commonly used evidence-based assessment and action planning tools that school districts and schools can take to create a healthier school environment. A healthy school environment means that schools have policies and practices in place to support student health, wellbeing, and academic success.

**How can school districts and schools use the MA Roadmap?**

* District Level - the MA Roadmap walks school districts through the process of assessing, developing a plan for improving, implementing, evaluating, and sharing the successes of updating their local wellness policy (LWP). A LWP is a written document that guides school district’s efforts to create supportive school nutrition and physical activity environments, ideally utilizing a unified, collaborative approach such as the [Whole School, Whole Community, Whole Child Framework](https://www.cdc.gov/healthyschools/wscc/index.htm) to well position school community members to achieve comprehensive health and academic success. Each school district participating in federal Child Nutrition Programs, including the National School Lunch Program or the School Breakfast Program, is required to develop and implement a wellness policy.
* School Level - the MA Roadmap walks schools through the process of establishing school level wellness programs and policies (within school settings and out of school time) that align with the district local wellness policy by providing a process for them to build a comprehensive team to assess the impact of LWP as well as school-level policies and practices to generate actions to improve the school health environment and inform the LWP. Schools should become familiar with their district LWP and ensure that their wellness goals, objectives, activities, and evaluation support implementation of the LWP, as well as include mechanisms to provide feedback when the LWP could be strengthened or improved.

**Five Steps of the Roadmap to Healthy School Explained**

The 5 steps of the MA Roadmap to Healthy Schools are:

1. ***Build Team***

In this step, **districts** learn how to build and/or strengthen their district wellness advisory committee (DWAC) and **schools** learn to build and/or strengthen their school-based wellness team (SBWT) to be sufficiently diverse and comprehensive to inform and improve the school health environment.

* *What is the DWAC?* MA public schools districts are required by law ([Act Relative to School Nutrition](https://malegislature.gov/laws/sessionlaws/acts/2010/chapter197) signed into law on July 30, 2010) to have a DWAC. The DWAC should consist of representatives such as school administration, nurses, teachers, parents, students, community leaders and others. The DWAC is responsible for revising the district's Local Wellness Policy, developing and implementing an annual action plan to make the changes indicated by the Wellness Policy, monitoring and evaluating progress, and communicating with schools and the community about content, implementation, and assessment of the policy.
* *What is the SBWT?* A school-based wellness team, also known as a school health advisory committee (SHAC), or wellness committee is an action-oriented advisory group that focuses on assessing and improving the health and well-being of students, staff, and families in a school community. The school wellness committee implements the district wellness policy at the school level and leads other health-related school initiatives.[[1]](#footnote-1) Establishing an SBWT is not a state requirement but is good best practice.

In this step, districts and schools also learn strategies to engage and recruit committee members that:

* + are representative of the cultural, linguistic and racial and ethnic composition of the community and school
  + represent the 10 components of the [Whole School, Whole Child, Whole Community model](https://www.cdc.gov/healthyschools/wscc/index.htm) (physical education and physical activity; nutrition environment and services; health education; social and emotional school climate; physical environment; health services; counseling, psychological and social services; employee wellness; community involvement; and family engagement).
  + include students, families and community partners (from both non-profit sectors and the business community) as well as out-of-school time partners that support learning and health before and after school time throughout each step in the MA Roadmap to help ensure that the development, assessment, implementation, monitoring and evaluation of the school wellness policies, programs and activities of the wellness committee will reflect the vision, needs, priorities and contributions of the whole school community.

1. ***Assess and Plan***

*Assess:*

In this step, Districts and Schools learn to identify evidence-based assessment and action planning tools as well as data sources to help inform and develop their priorities in planning to improve the school health environment.

* **Districts** learn how to assess the strength and comprehensiveness of their written district local wellness policy by using assessment tools, like the [Wellness School Assessment Tool (WellSAT 3.0)](http://www.wellsat.org/).
* **Schools** learn how to assess their school environment in the areas of nutrition, physical activity, chronic disease management, out of school time, and other health topics. An assessment allows schools to determine the strengths and weaknesses of their school health policies and practices and identify areas for improvement. Schools can use action and assessment planning tools like the [School Health Index](https://www.cdc.gov/healthyschools/shi/index.htm), curriculum analysis and improvement tools like the [Health Education Assessment Tool (HECAT)](https://www.cdc.gov/healthyyouth/hecat/index.htm), [Physical Education Curriculum Assessment Tool (PECAT)](https://www.cdc.gov/healthyschools/pecat/index.htm), and other data sources, like the School Health Profiles (Profiles) and [Youth Risk Behavior Survey](https://www.cdc.gov/healthyyouth/data/yrbs/index.htm) (YRBS), to identify school policy and program needs and gaps.

*Planning:*

During planning, **districts** learn how to use assessment results to develop an action plan for improving the local wellness policy and **schools** for improving school wellness efforts.

* At the **district level**, the DWAC develops an action plan that includes: attention to policies in nutrition, physical activity, and obesity; has measurable, observable goals and objectives for the coming year to promote comprehensive student wellness; explains how the Committee will work with the SBWT and school personnel to achieve its goals and objectives; includes recommendations concerning *school-level* wellness teams and initiatives; and includes a process for monitoring and evaluating progress in reaching goals and objectives.
* At the **school level**, the SBWT develops an action plan that includes: attention to nutrition, physical activity, and chronic disease management during school and out of school time; has measurable, observable goals and objectives for the coming year to promote student wellness; includes a timeline of when activities will be completed; identifies resources needed such as funding, space, and staff support; identifies potential partners to help support and carry out this work; and has a process for monitoring and evaluating progress in reaching goals and objectives.

1. ***Implement***

The implementation step is where **districts and schools** actually do the work outlined in their action plans. This requires that districts and schools carry out the small tasks/steps necessary to complete the planned activities (e.g. obtaining needed resources like funding and space; securing approval; marketing and promoting programs to staff, students, parents and other stakeholders); address any barriers and challenges that arise; and make improvements along the way to ensure effective and timely implementation. It is important to make sure that the whole school community is engaged from the outset of the effort rather than in the implementation step alone for best results.

1. ***Monitor and Evaluate***

In this step, **districts and schools learn** to monitor and evaluate implementation of the local wellness policy and other school health wellness programs and policies. Monitoring is the routine collection of information about program activities to determine if activities are on track or not. Evaluation involves collecting and analyzing data about a program’s activities to determine if a program was successful and if objectives were met. Some important elements of a monitoring and evaluation plan include:

1. Selecting evaluation indicators to measure the process and outcome of your plan. Process measures help determine whether you did what you planned to do, and outcome measures help determine whether your planned activities led to the anticipated impact or not.

Indicators include measures and targets that demonstrate whether your goal or objectives were achieved. Examples include setting process measures to determine whether your plan to produce a workshop series was successful, (e.g. # of workshops held, # of people that attended an event), and setting outcome measures to determine whether the workshop series had its intended effect (e.g. % increase in knowledge, % of people using skills, etc.),

2) Identifying how the data will be collected (e.g. surveys, focus groups, attendance sheets, pre- and post-tests) and analyzed,

3) Identifying how the data will be used (e.g. communicating program impact, making improvements, applying for additional funding).

1. ***Share Success***

The final step involves communicating your successes and lessons learned to your constituents, policymakers and other stakeholders that make decisions that affect your program through the development of success stories. Success stories are a useful tool for communicating program results to all stakeholders (e.g. school staff, parents, students, community), for making the case for support and/or new funding opportunities, and for engaging new partners or collaborators to work with districts and schools in improving the school health environment. Success stories might include a description of the district or school, role of the wellness committee, overview of the planned goal and activities, partners involved, progress over time, and lessons learned that can help educate the school community about the impact of your program, demonstrate the responsible use of resources to stakeholders, and share best practices with other similarly-funded programs.

**Central to the 5 steps in the MA Roadmap to Healthy Schools are the local wellness policy, WSCC model, and Health Equity.**

* **Local Wellness Policy** – The local school wellness policy is a written document that guides a local educational agency (LEA) or school district’s efforts to establish a school environment that promotes students’ health, well-being, and ability to learn. SBWT should use the LWP to inform each of the 5 steps identified in the model. For example, schools should look at the policies outlined in the local wellness policy to plan all school based activities. They should communicate and work with the DWAC to always incorporate feedback back into LWP to strengthen and improve policies.
* **WSCC Model -** The [Whole School, Whole Community, Whole Child (WSCC)](https://www.cdc.gov/healthyschools/wscc/index.htm) model expands upon coordinated school health and whole child approaches to provide a framework which focuses the whole school and surrounding whole community’s attention on collaborating to provide an integrated school health environment to support student health and academic success. The model is centered on the whole child, supported by collaborating sectors and surrounded by the community, resulting in a comprehensive approach to addressing the barriers and supports for learning and health. The WSCC model calls for greater collaboration across the school, community, and health sectors to meet the needs and support the potential of each child, by recognizing that regardless of one’s individual role, everyone in the school community can collectively contribute to keeping students healthy, safe, engaged, challenged and supported to achieve optimal learning and health outcomes.

* **Health Equity –** Health equity “means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”[[2]](#footnote-2) Districts and schools should use a health equity lens when building a healthy school. For example, in the assessment step, districts and schools can use the assessments to determine if certain demographics of students face greater barriers in accessing healthy foods, being physically active or getting the care they need to manage chronic conditions. By understanding these barriers and underlying causes of those health inequities, they can select activities and strategies that can help address these underlying causes. In the ‘*Build Team*’ step, districts and schools can engage diverse stakeholders in the DWAC and SBWT that are representative of the school and communities they serve.

**Assessment Tools and Resources**

|  |  |  |
| --- | --- | --- |
| **Resource** | **Description** | **URL** |
| School Health Index | The School Health Index (SHI) Self-Assessment and Planning Guide is a downloadable, as well as online self-evaluation and planning tool that helps schools identify the policy and practice improvements most likely to be effective in reducing youth health risk behaviors. | [www.cdc.gov/healthyschools/shi/index.htm](http://www.cdc.gov/healthyschools/shi/index.htm) |
| Wellness School Assessment Tool  (WellSAT 3.0) | The WellSAT is a quantitative assessment tool to help you score and improve the strength and comprehensiveness of your Local Wellness Policy. | [www.wellsat.org/](http://www.wellsat.org/) |
| School Health Profiles | The School Health Profiles (Profiles) is a system of surveys assessing school-level health policies and practices in states, large urban school districts, and territories. Profiles surveys are conducted biennially by education agencies among middle and high school principals and lead health education teachers. | [www.cdc.gov/healthyyouth/data/profiles/index.htm](http://www.cdc.gov/healthyyouth/data/profiles/index.htm) |
| Massachusetts Youth Health Survey | The MYHS is the Massachusetts Department of Public Health's (MDPH) surveillance project to assess the health of youth and young adults in grades 6-12. It is conducted by the MDPH Health Survey Program in collaboration with the Massachusetts Department of Elementary and Secondary Education (ESE) in randomly selected public middle and high schools in every odd-numbered year. The anonymous survey contains health status questions in addition to questions about risk behaviors and protective factors. | [www.mass.gov/lists/massachusetts-youth-health-survey-myhs](http://www.mass.gov/lists/massachusetts-youth-health-survey-myhs) |
| Youth Risk Behavior Survey | The Massachusetts Department of Elementary and Secondary Education (Department) - in collaboration with the Centers for Disease Control and Prevention (CDC) and the Massachusetts Department of Public Health (DPH) - conducts the Youth Risk Behavior Survey (YRBS) in randomly selected public high schools in every odd-numbered year. The Massachusetts YRBS (MYRBS) focuses on the major risk behaviors that threaten the health and safety of young people. This anonymous survey includes questions about tobacco use, alcohol and other drug use, sexual behaviors that might lead to unintended pregnancy or sexually transmitted disease, dietary behaviors, physical activity, and behaviors associated with intentional or unintentional injuries. | [www.doe.mass.edu/sfs/yrbs/](http://www.doe.mass.edu/sfs/yrbs/) |
| Health Education Curriculum Analysis Tool (HECAT) | The Health Education Curriculum Analysis Tool (HECAT) is an assessment tool to help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC’s Characteristics of an Effective Health Education Curriculum. | [www.cdc.gov/healthyyouth/hecat/index.htm](http://www.cdc.gov/healthyyouth/hecat/index.htm) |
| Physical Education Curriculum Analysis Tool (PECAT) | The Physical Education Curriculum Analysis Tool (PECAT) is a self-assessment and planning guide developed by CDC. The PECAT is designed to help school districts and schools conduct clear, complete, and consistent analyses of physical education curricula based upon national physical education standards. | [www.cdc.gov/healthyschools/pecat/index.htm](http://www.cdc.gov/healthyschools/pecat/index.htm) |
| Smarter Lunchroom Self-Assessment | The Smarter Lunchrooms Scorecard is a tool that helps schools assess the use of evidence based and best practices strategies in lunchroom. | [www.smarterlunchrooms.org/resource/lunchroom-self-assessment-score-card](http://www.smarterlunchrooms.org/resource/lunchroom-self-assessment-score-card) |
| The Massachusetts Physical Activity Assessment for Schools (MPAAS) | The MPASS is a user-friendly self-assessment for Massachusetts schools to use when examining school-based physical activity opportunities. | https://drive.google.com/drive/u/0/folders/1HP2Ie-IIXqK8Am9IKv0sULcVVJ4Tv50B |
| Healthy Schools Program Framework | The Healthy Schools Program Framework of Best Practices identifies specific criteria for a healthy school environment and serves as a guide for policy and practice change. The Healthy Schools Program Assessment is a version of the School Health Index that addresses the health topics in the Healthy Schools Program Framework of Best Practices: Policy & Environment, Nutrition Services, Smart Snacks, Health & Physical Education, Physical Activity, and Employee Wellness. | www.healthiergeneration.org/resources?\_action= |
| HEPA Standards 2.0 Assessment Tool | The HEPA 2.0 Self-Assessment Tool is designed to  empower professionals and programs to assess their  progress in meeting the standards outlined in the NAA  HEPA Standards for Out-of-School Time version 2.0. The  Self-Assessment Tool allows afterschool and other  youth development professionals to: 1) Assess professional and program practices in each of the five content areas, 2) Identify specific areas of strengths, and 3) Plan action steps that will lead to improvement. | https://naaweb.org/images/HEPAStandards\_2018\_Self-Assessment\_Tool-Editable.pdf |

1. Source: Alliance for Health Generations. Available at: [www.healthiergeneration.org/take-action/schools/wellness-topics/policy-environment/school-wellness-committees](http://www.healthiergeneration.org/take-action/schools/wellness-topics/policy-environment/school-wellness-committees) [↑](#footnote-ref-1)
2. Source: Robert Wood Johnson Foundation. Available at: <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html> [↑](#footnote-ref-2)