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105 CMR: DEPARTMENT OF PUBLIC HEALTH

105 CMR 215: Standards for School Wellness Advisory Committees

215.001: Purpose

The purpose of 105 CMR 215.000 is to set standards for the establishment and operation of School Wellness Advisory Committees. These committees are intended to ensure that each public school district has an established group of school staff and concerned community representatives to recommend, review and help implement school district policies addressing school nutrition, nutrition education, physical activity and related issues that affect student health.

215.001: Scope and Application

As mandated by M.G.L. c. 111, §233, 105 CMR 215.000 establishes standards for School Wellness Advisory Committees to be established in each school district in the Commonwealth.

215.003: Definitions

Public School District means all public school districts, regional school districts, vocational technical schools, collaboratives and, for the purposes of these regulations, charter schools.

Wellness means a process by which individuals move toward optimal physical and mental health, regardless of current health status or disability, by practicing healthy choices within an enabling environment which encourages healthy decision making.

215.100: Standards for School Wellness Committees

(A) Establishment

- (1) Each public school district shall have a School Wellness Advisory Committee to encourage development of a program that actively promotes wellness in schools and to maximize the school district's opportunities for grant awards.

- (a) A regional school district may establish a regional school wellness advisory committee to cover the schools within that district. To the maximum extent feasible, each community within the region shall be represented on the committee.
 - (b) Where a regional school district is responsible only for middle and/or high schools, the regional school wellness committee established by the school district also may cover the elementary schools which send students to the middle and/or high schools.
 - (c) School districts that share a superintendent may establish a single school wellness committee that covers the school districts under the direction of that superintendent.
- (2) The superintendent of the school district shall appoint committee members, including a designee to serve as a liaison between the committee and the superintendent, and ensure the active functioning of the committee.
 - (3) The committee shall include at a minimum representatives from a wide range of school health and health-related disciplines, including school nurses, school nutrition and physical activity staff, community agencies serving youth, parents, students, and the school committee.
 - (a) Appointees to the maximum extent possible shall reflect the cultural, linguistic and ethnic composition of the community.
 - (b) To the extent feasible, appointees shall include representatives of local boards of health, school physicians and local health care providers, such as hospitals and primary care providers.
 - (4) The committee shall meet at least four times a year.
 - (5) Committee reports, as well as minutes of the meetings, including the names of attendees, shall be maintained, and shall be provided to the Department of Public Health or the Department of Elementary and Secondary Education upon request.
 - (6) It is recommended that school districts consider adopting student wellness as a core value of the district.

(B) Committee Functions

- (1) The committee on an annual basis shall recommend and/or review district wide policies to promote student wellness, such as those addressing health education and services, school nutrition, the nutrition environment, physical education, and opportunities for physical activity around the school environment. Such policies shall include:
 - (a) goals and objectives for the coming year, which shall be observable and measurable;
 - (b) a process for evaluating the progress to be made in the coming year in reaching the annual goals and objectives, which may include the use by the school district of a self assessment tool;
 - (c) any recommendations concerning the establishment or functioning of school building based wellness teams and school building based initiatives.

- (2) The committee on an annual basis shall provide to the superintendent and school committee a copy of the policies developed pursuant to section 215.100(B)(1), including goals and objectives for the coming year. The report shall include:
 - (a) an action plan which details ways in which the committee may work with the school district and school personnel, including school nurses, to achieve the annual goals and objectives on a school district and/or school building level;
 - (b) ways that the school district and/or committee might best monitor and evaluate progress toward reaching the annual goals and objectives;
 - (c) ways of developing community support for school wellness initiatives and coordinating school and community initiatives on physical activity and nutrition;
 - (d) an assessment of the accomplishments of the previous year and identification of work still needed in order to accomplish the previous year's goals and objectives;
 - (e) a review of membership and membership participation in the previous year and, as appropriate, a request to the Superintendent for replacements.
- (3) In setting goals and objectives, the committee shall consider:
 - (a) suggestions and recommendations from students, parents, teachers, school nurses, school administrators, nutrition and physical education staff and other interested parties;
 - (b) input from all schools potentially affected by the goals or objectives, to the maximum extent feasible;
 - (c) general public health data, such as
 - (1) student health needs assessments;
 - (2) assessments and indicators of student health status and health awareness;
 - (3) information from health providers and public health officials as to causes of morbidity and mortality and possible methods of prevention;
 - (4) data indicating the effect of health status on academic performance.
 - (d) information about current school and school district programs and practices that might have a bearing on student health, such as:
 - (1) BMI screening data generated in response to the requirements of 105 CMR 200.000;
 - (2) status of food nutrition and nutrition education programs, and food consumption patterns, including breakfast and lunch program participation;
 - (3) meaningful opportunities for physical activity, including the amount of time and the quality of the opportunities provided for physical activity through physical education, recess and travel to and from school;
 - (4) status of current school health and behavioral health services and health education programs.