



Agenda

Healthy Youth and Schools Commission Meeting

April 27, 2016

3:00-5:00 pm

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| 3:00-3:15 | Welcome/Introductions |
| 3:15-3:30 | Update and Discussion about Lead in Water at Schools |
| 3:30-4:00 | American University Evaluation Report |
| 4:00-4:30 | Future structure of working groups |
| 4:30-4:50 | Strategy for amending the HSA |
| 4:50-5:00 | Other topics & announcements |

Healthy Youth & Schools Commission
April 27, 2016
3:00pm – 5:00pm
Meeting Minutes

Commissioners in attendance: Jeff Travers, Diana Bruce, Donna Anthony, Beverly Wheeler, Cara Biddle, Lauren Shweder Biel, Charneta Scott.

Commissioners not in attendance: Audrey Williams, Shannon Foster, Bill Dietz

Others in attendance: Yair Inspektor, Lindsey Palmer, Elizabeth Leach, Valentine Breitbarth, Tanisha Douglas, Kristen Rowe, Brandon Stratford, Laura Hansen, Nichelle Johnson, Carolina Arango, Judy Berman, Kanya Shabazz, Staci Snelling, Erin Watts, Ambrose Lane, Lane Cidlowski, Michael Musante

Agenda:

1. Update and discussion about lead in water at schools
 - a. HSA requires DGS to test for lead in drinking water in DCPS school sites. Nuances in testing and retesting have been found at Capitol Hill Montessori and Payne; Dept. of Energy coming out to do screenings. DC water manages water, DGS manages school buildings, fixing water etc., Dept. of Energy responsible for managing surveillance where there are elevated levels, work with families where there has been exposure; they have community and point of care test kits. Yesterday and today Dept. of Energy are at Capitol Hill Montessori passing out test kits and Thurs and Friday they will be at Payne. DGS started retesting all schools today and will coordinate with charters.
 - b. PCSB made the decision to test all charters for lead prior to results coming out. They will coordinate with DGS and test far more than water fountains. Audrey Williams confirmed PCSB testing all charters.
 - c. Is there a lead registry for reporting?
 - i. DC Appleseed looked at lead in water and testing kids. Only 30-50% of kids (Medicaid population) being tested on time and 60% of kids overall.
 - d. It's unclear whether the kids testing for elevated lead levels were exposed at home or other sources versus school.
2. American University (AU) Evaluation Report (Staci Snelling and Erin Watts)
 - a. Kaiser funded this study for the past 5 years and the report is a 5 year look at the Healthy Schools Act
 - b. Report is in 3 sections:
 - i. Section 1 - Longitudinal Look: Reports on school meals, schools gardens, and physical education. Over time we've seen an increase over the 5 years in each of these areas. Not necessarily the increase everyone is looking for, however. Increase in the percent of schools with school nurse, gardens, PE, etc. The only thing that hasn't really increased is the minutes of health education.
 - ii. Section 2 – Composite Score (pp. 9): One score was assigned for each school to show how well they were in compliance with the Healthy Schools Act (HSA). Scores aligned to HSA provisions which come from the School Health Profiles (SHP). AU only takes the responses that align with the HSA and all others are not reflected in composite score. Looked at scores in public elementary schools verses private.

Data from the first year's SHP was left out, because the first year's SHP was very different. There was significant difference in composite scores of public charter schools versus public schools and composite scores in both elementary and middle. There is no significant difference when related to Free and Reduced Price Meals (FARM) percentage. The composite scores do not follow the socioeconomic demographics of the city. AU looked at whether composite scores map with academic performance. Tables 6 and 7 of the Report show the mapping of scores with proficiency. As composite scores went up so did PARCC scores; this was not cause and effect, but definitely correlation. It shows that healthier students are better learners.

- iii. Section 3 – Limitations and Recommendations (p. 15): There are 7 overall recommendations from AU. Councilmember Mary Cheh inquired about a grade, so AU says we are somewhere in the B range. PE has increased but we're still not reaching the rates listed in HSA, and we may need to look at including physical activity as well since students receive the nationally recommended 60 minutes per day or more. We should also look at ways to incentivize health and physical education, and broader ways to think about PE. We aren't reporting back to individual schools about how they're performing so this is definitely needed. A student level study would be important; for example, how are students with disabilities impacted? Also, design of composite score based on other health studies.

c. Discussion

- i. We've built healthier schools, but are the students healthier? Can we use something else such as FitnessGram data to show student health? Is there a way to sync the composite score with the school-level health of students? When we say health are we limiting this to obesity rates or are we thinking of mental health and asthma? There are other aspects of health that the HSA addresses.
- ii. Shouldn't just be limited to student health outcomes. Students feel better when their working environment is healthier. Environment and actual health contribute to PARCC scores.
- iii. We could also track modernization roll out and its effect on scores. More components should be added to the composite score, such as air quality and circulation as found in the Green Ribbon Schools reports.
- iv. The difference in composite scores between public charter schools and public schools could be attributed to autonomy; for example the wellness policy is more easily implemented in a smaller environment. Charter schools each have their own local wellness policies, whereas DCPS has one for all 113 schools.

3. Future structure of working groups

- a. HYSC Working Groups and HSA 2.0: Think about working groups in buckets rather than function. For example: Food, Wellness, Activity. Activity will have special focus since all data and research point to increasing PE and physical activity.
- b. Where does environment fit into all of this?
 - i. It would go into the Wellness bucket along with mental health. Would this make the bucket too large? Moving forward we have to focus on key things we can actually do something about, and resources also play into it. Concerned that if bucket is too big we won't be able to use what we have to target specific areas. For

example, if asthma and lead are in the same bucket, with all of the mental health focus, asthma may get pushed to the wayside.

- c. Over the next few months we will look at organizing working groups around various topics. We'll organize buckets and then structure, so there may be different subgroups.
 - d. Commissioners will lead groups, OSSE will support groups, and groups will work on amendments and various areas.
4. Strategy for amending the Healthy Schools Act
- a. Will be discussed at the next HYSC Quarterly Meeting in October
 - b. Next meeting date is October 27, 2016

Meetings adjourned at 5:00pm