

Report on the Health, Wellness and Nutrition of Youth and Schools in the District of Columbia

Submitted by the Healthy Youth and Schools Commission
December 2012

Executive Summary

With the purpose of advising the Mayor and the Council on health, wellness and nutritional issues concerning youth and schools in the District, the Healthy Youth and Schools Commission was established under the DC Healthy Schools Act (HSA). Pursuant to the Act, on or before November 30¹ the Healthy Youth and Schools Commission is required to submit to the Mayor and the Council a comprehensive report on the health, wellness and nutrition of youth and schools in the District. The report shall:

1. *Explain the efforts made within the preceding year to improve the health, wellness and nutrition of youth and schools in the District;*
2. *Discuss the steps that other states have taken to address the health, wellness and nutrition of youth and schools; and*
3. *Make recommendations about how to further improve the health, wellness and nutrition of youth and schools in the District.*

The Report assesses the overall implementation of the HSA of 2010 and its 2011 amendments with a focus on the following key areas of the Act: School Nutrition – Title II, Farm to School – Title III, Physical and Health Education – Title IV, Environment – Title V, and Health and Wellness – Title VI. For each area, the report highlights: significant achievements, select best practices adopted by other states and schools, and recommendations.

To realize the full potential of this transformative legislation, stakeholders need to join forces to better:

1. *Ensure schools are able to meet the health and physical education components of the Healthy Schools Act.*
2. *Assess opportunities to better evaluate the health, nutrition, wellness and academic impact of this legislation.*
3. *Promote the Act to students, school principals, teachers, administrators, staff and families.*

What follows is a summary of the Commission’s recommendations for Titles II-VI of the Act. While all recommendations should be considered, it is imperative that the City prioritize how schools will be able to meet the Act’s school year 2014-2015 health and physical education (and physical activity) requirements given the current lack of progress toward meeting those benchmarks. Currently, based on the self-reported data contained in the

¹ The Healthy Youth and Schools Commission was granted an extension to December 11, 2012.

Year Two Highlights

Nutrition:

- 100% of schools serve free breakfast.
- Continued breakfast participation increases of 6.6% in school year 2011-2012 from school year 2010-2012 where breakfast increased by 34%.
- Summer meals meeting higher nutrition standards with menus featuring more fruits, vegetables and whole grains.

Farm to School:

- The creation of a Farm to School Specialist position to be housed at OSSE.
- The celebration of Farm to School with the DC Farm to School Network and Strawberry and Salad Greens week.

Physical and Health Education:

- The awarding of the first DC Physical Activity for Youth (DC PAY) grants to 19 schools totaling \$185,000.
- The development and administration of the DC CAS for Health and Physical Education, the nation’s first required health assessment tool. Students answered 63.5% of questions correctly.

Environment:

- The completion of the Environmental Literacy Plan.
- The awarding of the first round of the school garden grants to 22 schools totaling \$197,386.

Health and Wellness:

- The growing number of DC schools garnering recognition as Healthier US Challenge awardees – DC has over 30 awards as of October 2012.
- 96.5% of schools submitted required School Health Profiles.

School Health Profiles (SHP), the District's schools are drastically behind in terms of meeting the 2014-2015 requirement of providing 75 minutes of health education and 150 and 225 minutes per week, respectively, of physical education for elementary and middle school students as well as encouraging 60 minutes of physical activity each day for all grade levels. If not addressed, schools are on a path to non-compliance.

A summary of overall recommendations – organized by the Act's Titles – follows:

School Nutrition – Title II

- Ensure that all schools meet HSA nutrition requirements.
- Increase lunch participation by 5 percent.
- Monitor breakfast alternative serving models.
- Promote the competitive food requirements and begin penalizing noncompliant schools.
- Provide materials and/or trainings to help promote enhanced nutrition standards.
- Evaluate the necessity of the nutrition questions in the SHP.
- Evaluate the impact of breakfast participation increases and nutrition improvements.
- When reports become available, review recommendations for opportunities to improve the District's meal service systems.
- Determine how best to use funding that could be available as schools adopt the community eligibility option including resources for equipment, teacher and parent meals, and child development centers and homes to provide healthier foods.

Farm to School – Title III

- Improve technical skills training for food service providers to ensure that they are able to prepare and process fresh produce.
- Train cafeteria staff, offering them tools and techniques that encourage students to select more fresh produce items.
- Reframe cafeteria staff as lunch educators, giving them more opportunities to interact with students and promote fresh produce.
- Strengthen the connections between Farm to School cafeteria programs and school garden programs to ensure that students' experiences with their school gardens are bolstering their food choices in the cafeteria.
- Increase exposure to local foods through more regular, perhaps monthly, cafeteria taste tests that allow students more opportunities to understand the concepts of "seasonality" and "locally-grown."
- Improve food literacy by creating cross-curricular links to local food systems, thereby ensuring that the health and environmental benefits of eating local foods become a part of the school culture within the classroom as well as the cafeteria.²
- Provide more explicit connections to cafeteria offerings during Growing Healthy Schools Week.
- Build more connections between schools and local farmers' markets.

Physical and Health Education – Title IV

² The District's Environmental Literacy Plan (ELP) could provide a valuable jumping off point for curriculum integration (more on the ELP in Title V, Sec 502 of this report).

- Revise or supplement the SHP data collection method.
- Establish a plan to increase the health and physical education (and physical activity) minutes per week in order to reach the 2014-2015 HSA requirements.
- Urge DC Council to conduct a hearing focused on the plan for local education agencies (LEAs) to meet the Physical and Health Education requirements by the 2014-2015 school year. Physical and health education should be taught by a certified instructor or “highly qualified” instructor in this discipline:
 - All schools should employ a certified (DCPS) or “highly qualified” (public charter schools) PE / Health Educator;
 - Funding for these positions should be a priority.

Environment – Title V

- Adopt all recommendations for implementation of the Environmental Literacy Plan (ELP) so that rollout of the ELP is well coordinated, closely tracked and fully supported.
- Ensure that every school garden is overseen by a school garden coordinator.
- Pilot a centralized toolshed that schools can access for garden build and maintenance days.
- Establish a centralized marshaling yard for wood waste, compost, mulch and other bulk materials that is accessible to school garden stakeholders.
- Designate a qualified individual within DGS that can oversee greenhouse maintenance, to ensure that the existing high-tech greenhouse spaces that required significant expenditure by the city can be kept in proper working condition.

Health and Wellness – Title VI

- Ensure all students have access to a school nurse on at least a part-time basis.
 - Review regulations in addition to total square footage for nurse suites.
 - Engage the public in dialogue about any school nurse facilities.
- Clarify privacy issues related to sharing of health information between the school nurse and other team members who need to be informed about specific health information (e.g. classroom teacher, before/after care staff members, food service employees).
- Standardize medication administration training process for DCPS and public charter schools. Provide training on a rolling basis throughout the year. Consider on-line or distance learning training mechanisms as implemented by other school districts for some or all of the training modules as appropriate.
- Standardize the definition of “medication administration supervision.” Recommend the concept of regional or remote supervision which does not require the on-site presence of licensed health practitioner. Safety of this process relies on high quality training services for staff members who are trained and certified to administer medications.
- Convene a multidisciplinary group to review data elements on universal health certificates. Goals are to maximize communication between providers and schools and to ensure schools have key data elements required for reporting and management of student health.
- Consider alternate methods for providing the same information – direct provider to school transmission of information or transmission of medical summary from local electronic health records (instead of universal health certificate).
- Provide education for providers, school nurses, principals and other school team members on key information to share and avenues for communication.

- Prioritize the achievement of electronic health exchange with central data repository accessible to providers, school system, DOH, DHCF and other partners as appropriate.
- Provide training for health care providers and school personnel on the identification of emotional and mental health issues. Prioritize school-based mental health services and wrap-around services for family support. Encourage the coordination of care between mental health services and schools; leverage existing strategic partnerships and explore other potential partnerships.
- Explore funding models for mental health service provision in the school-based setting.
- Determine appropriate school-based staffing needs for longitudinal support and crisis intervention for students with emotional and mental health issues.

Implementing these recommendations will require the commitment of multiple stakeholders, including the Mayor, OSSE, DOH, DDOE, DC Council, DCPS, DCPCSB, community-based organizations, the medical community and the school community.

Overall, the District and its partners deserve praise for their successful efforts to build on Year One achievements and to implement the Act during its second year. One such effort included the appointment of the Healthy Youth and Schools Commission.³ The Commission would be strengthened, however, if two additional positions could be created, including:

- 1) *A representative from a charter school advocacy organization or a school leader of a multi-campus public charter school that serves grades PK-12; and*
- 2) *A District Department of the Environment (DDOE) leader who works on the implementation of the ELP and school recycling programs.*

The Commission submits this report in the spirit of supporting the efforts of the District's leaders, agencies, schools, non-profits, the medical community, businesses and others to ensure that all our children can grow, prosper and thrive in a city that cares and promotes student health, wellness and nutrition.

³ For a list of Commissioners as of December 2012 see Attachment B.

Introduction

In creating the Report, the Commission:

- Relied on the reports required by the HSA (see Attachment A for a chart on the required reports, due dates and compliance);
- Reviewed the HSA, Year One Snapshot;⁴
- Appointed a Commission Member to chair sub-committees (nutrition, physical education, farm to school, environmental and health stakeholders) and hosted meetings to solicit feedback from stakeholders;
- Met in-person as a Commission (May 29, September 4, November 7) and hosted conference calls (November 27, December 6);
- Approved the final report on December 11.

Year Two of the Act's implementation featured the appointment of the Healthy Youth and Schools Commission. According to Section 102(f) of the HSA, an amount of about \$4.266 million is deposited annually into the HSA fund. To help ensure the successful implementation of the Act, OSSE receives District funds, which pay for, among other things, reimbursements to schools, and summer sites for meeting strengthened nutrition standards and for lost monies due to the elimination of the reduced-price co-payment that families previously paid for lunch (40 cents). With the exception of the newly created Farm to School Specialist, the Office of the State Superintendent of Education, Wellness and Nutrition Services is staffed with the new HSA positions. Additionally, OSSE distributed grants to schools through a competitive process: up to \$200,000 for school garden grants and \$200,000 for physical activity grants each school year.

Moving forward, in addition to the recommendations provided in the Nutrition – Title II, Farm to School – Title III, Physical and Health Education – Title IV, Environment – Title V, and Health and Wellness – Title VI sections of the report, the District should prioritize three actions:

1. *Ensuring schools are able to meet the health and physical education components of the Healthy Schools Act.*
2. *Assessing opportunities to better evaluate the health, nutrition, wellness and academic impact of this legislation.*
3. *Promoting the Act to students, school principals, teachers, administrators, staff and families.*

⁴ This report was authored by DC Hunger Solutions in collaboration with Action for Healthy Kids, Alliance for a Healthier Generation, American Heart Association – Mid-Atlantic Region, American University, Chartwells, DC Central Kitchen, DC Councilmember Mary Cheh, District Department of the Environment, DC Farm to School Network, DC Public Charter School Board, DCPS, DC SCORES, Earth Day Network, George Washington University, Metro Teen Aids and Washington Youth Garden. It is available at: http://www.dchunger.org/pdf/dc_healthy_schools_act_snapshot.pdf.

Title II – Nutrition

OVERVIEW

DC schools continue to lead the nation in terms of menus that feature more fruits, vegetables and whole grains. While schools across the country are just beginning the implementation of the new nutrition requirements for lunches under the federal Healthy Hunger-Free Kids Act, under the HSA, DC schools were essentially already complying with these requirements. Because of the HSA, DC schools are now implementing new breakfast nutrition enhancements contained in the Healthy Hunger-Free Kids Act this year whereas many schools across the nation opted to wait until school year 2013-14.

While participation in breakfast continues to increase, lunch participation declined in school year 2011-2012.

EFFORTS TO IMPROVE NUTRITION IN YEAR TWO

Sec. 202 – Implementation of enhanced nutrition standards for summer meals

OSSE implemented the 2011 amendments to the Act – designed to promote seamless and consistent standards across the city – both when school is in session and when school is not in session.⁵ In summer 2012, OSSE distributed local funding (identical to the local funding available for school breakfasts and lunches) to DC Summer Meals sites to meet HSA nutrition requirements.

Sec. 202 – Continued nutrition improvements for lunches based on Healthy Schools criteria

Menus continue to transform across the city based on OSSE’s review of menus each month, discussions with food service providers, and visits to schools. Schools cannot receive local funding reimbursements without submitting a menu that complies with HSA requirements. All LEAs – with the exception of six public charter LEAs: E.L Haynes; Hospitality; Maya Angelou; Meridian; Paul, and Perry Street Academy – submitted monthly menus that met the HSA enhanced nutrition requirements and received local funding enhancements. While the six LEAs did not receive local funding, it is likely that they meet the enhancements as they are served by the same vendors that serve other schools that participated in the HSA.

Sec. 203 – Continued increases in breakfast participation

School breakfast participation continues to increase. On average, 30,793 students ate school breakfast each day in school year 2011-12, a 6.6 percent increase over the previous year (28,884 students on average each day). 100 percent of schools that completed a SHP reported serving breakfast free to all students.

⁵ 2011 Amendments to Sec. 202 – Nutritional standards for school meals (2011 Amendments underlined) are as follows: (a) All breakfast, lunch, and after-school snacks and suppers, and summer meals served to students in public schools, and public charter schools, and participating private schools or by organizations participating in the Afterschool Meal Program or the Summer Food Service Program shall meet or exceed the federal nutritional standards.

Sec. 206 – Continued efforts by OSSE and partners to help schools better understand and meet the competitive food requirements of the Act

OSSE, in collaboration with the Alliance for a Healthier Generation, provided training on healthier fundraising and school celebrations in December 2011. OSSE shared the Alliance for a Healthier Generation’s Navigation Tools to support schools’ choice of allowable competitive foods.

Sec. 204 – Central Kitchen

The Act requires that by December 31st of each year, DCPS, in consultation with the Department of General Services (DGS), issue a report on the development of the central kitchen. In addition to this report, the DC Council in the FY 2012 Budget Support Act, Section 301(a) is requiring the City Administrator to issue a comprehensive food services plan by February 15, 2013.

STEPS OTHER STATES HAVE TAKEN TO IMPROVE NUTRITION

DC schools are ahead of the curve when it comes to implementing higher nutrition standards. Across the country in late summer 2012, schools began implementing new menus to meet the enhanced nutrition requirements of the federal Healthy Hunger-Free Kids Act and to receive an extra six cents per lunch. Under the HSA, DC began serving meals with very similar standards in FY 2011.

In school year 2012-13, DC was chosen to join six other states (KY, IL, MI, NY, OH, and WV) as pilot Community Eligibility states. The Community Eligibility Option (CEO) allows schools in which at least 40 percent of students are directly certified for free meals to offer meals at no charge to all students without collecting paper applications. Designed to make it easier for high-poverty schools to get meals to low-income children, the option will reduce paperwork and could free up funds to be used for healthier school meals.

RECOMMENDATIONS

In partnership with nutrition advocates, health experts and community based organizations, OSSE should continue championing the importance of nutrition and access to school meals and how the Act is fueling important changes in the school nutritional landscape.

OSSE, with support from stakeholders like school LEAs, DC Hunger Solutions, Alliance for a Healthier Generation, the American Heart Association, Friends of Choice in Urban Schools (FOCUS), DCPS and school wellness teams should:

- **Ensure that all schools meet HSA nutrition requirements.** Six public charter schools participated in the National School Meal Program but failed to submit the necessary paperwork to get HSA reimbursement for school year 2011-2012. OSSE is working with all schools to urge them to submit a claim for reimbursement and share with the Commission the reasons schools did not submit claims.
- **Increase lunch participation by 5 percent.** School lunch participation decreased by 6 percent from 46,612 students in school year 2010-12 to 43,802 students in 2011-12. To reverse this decrease, OSSE with its partners should take the lead in:
 - Ensuring that schools provide at least 30 minutes for students to eat lunch and sufficient time during the lunch period for every student to pass through the food service line (See Title III, Sec. 203(5)). Although the Act requires this, OSSE does not

have authority to enforce it. As such, the Commission can examine strategies to help accomplish this goal.

- Determining which schools have open campuses during lunch and how this might affect lunch participation rates. This data could be answered by asking the question on the SHP.
- Promoting the importance of lunch and developing strategies to improve participation.
- **Monitor alternative breakfast serving models.** While breakfast participation continues to grow, schools – required under the Act to implement breakfast using alternative service models – need more guidance on these models, specifically which models comply with the Act’s requirements. Many middle and high schools are not complying with Act’s requirement to place grab and go carts in one or more locations, other than the cafeteria, with high student traffic. OSSE and its partners should also promote the importance of breakfast to school principals, teachers and families.
- **Promote the competitive food requirements and begin penalizing schools that are not in compliance.** In school year 2012-13, OSSE will work to increase engagement with school wellness committees to implement the competitive food polices. OSSE, with support from stakeholders, intends to begin issuing warnings to non-complying schools so that they can correct any violations and avoid the \$500 per day fine.
- **Provide materials and/or trainings to help promote enhanced nutrition standards.** Schools should receive support so that nutrition messaging to teachers, administrators and families is consistent and updated. For example, some schools still promote the Food Pyramid instead of My Plate. Department of Health (DOH), OSSE, University of the District of Columbia Cooperative Extension and community nutrition groups should work together to promote consistent nutrition messaging at schools.
- **Evaluate the necessity of the nutrition questions in the SHP.** Since the nutrition data is self-reported in the SHP, the answers are not as reliable as the menus that the school food authorities have posted on their website and/or are submitted each month. OSSE and stakeholders should continue to work on improving the profile form each year. If questions that are required by the Act are superfluous or unreliable, stakeholders may need to seek legislative action to amend the Act.
- **Evaluate impact of breakfast participation increases and nutrition improvements.** OSSE should also seek opportunities to evaluate how nutrition improvements – both access and improved foods – link to health, academic performance, truancy, visits to the school nurse, obesity, etc.
- **Review recommendations in forthcoming reports for opportunities to improve meal service systems for the District.** The District needs to prioritize systems improvements for its numerous meal production needs so that costs can be contained without sacrificing nutrition quality and jobs. In particular, the Central Kitchen and Comprehensive Food Service report will help shed light on this issue.

- **Determine how best to use funding that could be available as schools adopt the community eligibility option (CEO).** With schools taking advantage of the CEO, it is anticipated that about \$125,000 could be freed up in the first year alone since schools will not need the local reimbursement of 40 cents per each reduced price meal eligible student who eats lunch for free. (Note: under CEO all meals are reimbursed at the free or paid level). This funding could be rechanneled along with other monies to be used for:
 - **Equipment:** To help schools replace breakfast equipment (e.g., insulated bags), purchase refrigerators, grab and go carts, wipes, salad bars, etc., schools should receive the \$7 per student/year, not just Year One of breakfast implementation efforts. Alternatively, OSSE could have competitive grants where schools can readily apply for funds for nutrition-related equipment and supplies.
 - **Teacher and parent meals:** A promising strategy to promote school meals is to encourage teachers and families to eat them. These meals are not reimbursable through the NSLP or HSA but funding could be allocated for this purpose.
 - **A HSA for child development centers and homes:** Government leaders should consider providing funding to community-based child development centers and homes to meet enhanced nutrition standards.

Title III – Farm to School

OVERVIEW

The past year has seen many tangible gains in Farm to School efforts across the city, both in terms of increased access to local foods in the cafeteria, improved protocols and expanded educational interventions that offer children in all eight wards the opportunity to build a closer connection to healthy foods.

Another key development is a greater effort to coordinate the District’s farm to school educational programming and school garden programs. Nationwide, school garden programs are considered to be a fundamental component of a strong farm to school program as they provide students with hands-on experiences that increase their understanding and appreciation of local foods.⁶ Students are also more likely to try new fruits and vegetables when they have had the experience of growing food.⁷

However, due to the long history of the school garden movement in DC and the relatively shorter history of the Farm to School movement, these complementary initiatives have only recently been synchronized. This coordinated effort should magnify the impact of these programs on student health in the District.

EFFORTS TO IMPROVE FARM TO SCHOOL IN YEAR TWO

Sec. 301 – Increased Access to Local Foods

- **Local sourcing:** The HSA provides an extra 5-cent reimbursement incentive for local sourcing – a key tool for increasing local procurement rates. OSSE tracks the location of

⁶ www.farmentoschool.org/aboutus.php

⁷ LaRowe, Tara L., Yoder Bontrager, et. al. *Wisconsin Farm to School: One Year Evaluation Report*. Madison, Wisconsin: University of Wisconsin. 2012.

locally sourced produce as a direct result of HSA mandates on reporting (Sec. 205(a)(4)). This provides essential data for farm to school efforts in the District.

- **Improved protocols:** In response to comments by stakeholders, the HSA was revised last year so that milk could no longer be considered a reimbursable local item. As a result, the 5-cent reimbursement in school year 2011-2012 were all for local fruits and vegetables. This is an important move which reflects the intention of the Act. Also in response to comments from food service providers, the Act was revised to allow schools the option to request reimbursement for items served at breakfast as well as lunch (in school year 2010-2011, lunch was the only meal that qualified). Given the nature of local foods in the mid-Atlantic coupled with the requirement that a different fruit and vegetable must be served each day of the week at lunch as required by the HSA, the addition of breakfast allows food service providers some necessary flexibility to provide more local foods to District school children.

Sec. 302 – Farm to School Programs

- **Farm to School Specialist:** OSSE has created a Farm to School Specialist position to oversee farm to school operations. This individual will work collaboratively with the DC Farm to School Network and the School Garden Specialist to ensure that the burgeoning successes in farm to school programming and local procurement are institutionalized. OSSE expects to have the hire complete in the near future. DC is the only municipality in the country to have both a Farm to School Specialist and School Garden Specialist.

Sec. 303 – Mandatory Farm to School Reporting

Expanded educational interventions: As detailed in the June 30, 2012 HSA Farm to School and School Garden Report, the DC Farm to School Network collaborated with OSSE over the past year on multiple occasions to provide educational opportunities both to students and to food service providers.

- Educational opportunities **for students** included “Local Food Throw Downs” and visits from Arcadia’s Mobile Market.⁸
- Educational opportunities **for foodservice providers** included the *Healthy Food for Healthy Students* workshop and fieldtrips to local produce distribution hubs to promote purchasing relationships.
- The DC Farm to School Network produced and distributed a directory listing local farmers eager to sell to schools and also distributed a Seasonality Chart profiling what is in season regionally.

Improved coordination

- **Annual Celebrations:**⁹ In past years the District has celebrated DC Farm to School Week and DC School Garden week in consecutive weeks, missing an opportunity to draw important connections between school gardens and cafeteria offerings, while simultaneously taxing the group of dedicated teachers and nonprofit

⁸ Additional information available in the Farm to School and School Garden Report, June 2012

⁹ The 2011 DC Farm to School Week and Strawberries & Salad Greens Event are both described in the Farm to School and School Garden Report.

partners that help to coordinate these week-long events. In an effort to streamline the celebration and strengthen the educational impact, the weeks were joined, planned in coordination and renamed *Growing Healthy Schools Week*.

- **Growing Healthy Schools Week** took place from October 15 – 20, 2012. It was coordinated collaboratively by OSSE in partnership with the DC Farm to School Network at DC Greens, the DC Schoolyard Greening Committee, and Whole Foods Market. Below are highlights from the week in relation to farm to school efforts:¹⁰
 - 62 schools participated in all eight wards, involving over 10,000 students in farmer visits, farm fieldtrips and chef demos;
 - The kick-off at Thurgood Marshall Academy Public Charter School featured an iron chef competition using ingredients from the school’s garden, as well as a “farmers market” provided by Whole Foods Market; and
 - Schools completed 34 classroom chef demos, involving over 1,000 students.

RECOMMENDATIONS

Together, the actions and initiatives outlined above have strengthened and increased coordination of Farm to School and school garden efforts. Moving forward, the following recommendations would help bolster the District’s goals. These should be undertaken by the new Farm to School Specialist at OSSE, in partnership with the DC Farm to School Network, other community based organizations and the school food service vendors:

- Improve technical skills training for food service providers to ensure that they are able to process fresh produce;
- Train cafeteria staff, offering them tools and techniques that encourage students to select more fresh produce items;
- Reframe cafeteria staff as lunch educators, giving them more opportunities to interact with students and promote fresh produce;
- Strengthen the connections between Farm to School cafeteria programs and school garden programs to ensure that students’ experiences with their school gardens are bolstering their food choices in the cafeteria;
- Increase exposure to local foods through more regular, perhaps monthly, cafeteria taste tests that allow students more opportunities to understand the concepts of “seasonality” and “locally-grown”;
- Improve food literacy by creating cross-curricular links to local food systems, thereby ensuring that the health and environmental benefits of eating local foods become a part of the school culture within the classroom as well as the cafeteria;¹¹
- Provide more explicit connections to cafeteria offerings during Growing Healthy Schools Week; and
- Build more connections between schools and local farmers’ markets.

¹⁰ See Title V section of report for school garden highlights from Growing Healthy Schools Week.

¹¹ The District’s ELP could provide a valuable jumping off point for curriculum integration (more on the ELP in Title V, Sec 502 of this report).

Title IV – Physical and Health Education

OVERVIEW

The implementation of consistent physical and health education in schools remains a key area that needs improvement. Perhaps the largest concern is that the minutes per week requirement for health and physical education and activity seems unattainable when compared to the minutes per week currently being offered. Further, without any concrete (incentive or consequential) reason to comply, there is a concern that schools will not take the necessary steps to make this a necessary priority in the coming years.

At the same time, however, there have been improvements and innovations in this area. New curricula and programs have been implemented to create relevant and fun health and physical education and activity components at schools. In addition, DCPS and some other public charter schools have expanded their data collection and consistency with physical measurements like *FitnessGram*, a nationally recognized physical fitness assessment tool.

In addition, the only current method for acquiring compliance information is the SHP data. There are potential issues with utilizing this document as the benchmark for what is actually happening in schools and/or using it as a starting point from which to make improvements, as the data is self-reported. Recommendations will address these limitations.

EFFORTS TO IMPROVE PHYSICAL AND HEALTH EDUCATION IN YEAR TWO

Sec. 401 – Physical Activity Goals

OSSE awarded DC Physical Activity for Youth (DC PAY) grants ranging in amount from \$4,950 to \$10,000 to 17 public charter and two public schools with the goal of increasing the amount of physical activity for students. Funding supported initiatives such as sustaining partnerships, purchasing climbing walls and starting swimming programs. In addition, DCPS is promoting and implementing new activities and programs such as fly-fishing and the daily usage of heart-rate monitors and pedometers so as to both broaden the exposure of new, potentially life-long activities for students as well as to gain a more accurate assessment of current student activity. In addition, there are a host of community-based partnerships providing physical activity-related activities though their equitable distribution, quality and consistency is not well known.

Sec. 402 – Physical and health education requirements

Data to assess the compliance of schools with the HSA physical and health education requirements is currently taken solely from the SHP form. Data from the September 2012 HSA Health and Physical Education Report states that schools with grades Kindergarten to 5 are providing an average of 31 minutes of health education and 60 minutes of physical education per week.¹² Schools with grades 6 to 8 are providing an average of 48 minutes of health education and 106 minutes of physical education per week. Of the minutes provided per week, a reported 84% of the time is devoted to actual physical activity. These numbers represent a slight decrease from the 2011 report.

¹² Please refer to the Health and Physical Education Report.

With regards to health education, an OSSE-convened task force recommended the development of a standards based DC Comprehensive Assessment System (DC CAS) for health and physical education. This assessment was developed and administered to 5th graders, 8th graders and high school students enrolled in health as part of the DC CAS tests in April 2012. Each assessment contained 50 multiple-choice items, covering topics such as nutrition, communication, emotional health, disease prevention, safety skills and sexual health.

All eligible schools except for one charter school participated in the DC CAS for Health and Physical Education. DC CAS Health and Physical Education 2012 results reported the following percent of questions answered correctly:

- Grade 5 64.0 %
- Grade 8 64.3 %
- High School 61.5 %
- Average 63.5%

Sec. 403 and 404 – Additional Requirements and Access to Public Facilities

There is no formal update or report stating progress on providing physical and health education to students with disabilities or regarding schools withholding physical activity as punishment. Further, there is no status update on the usage and fee charge to DCPS or public charter schools and the Department of Parks and Recreation facilities.

STEPS OTHER STATES HAVE TAKEN TO IMPROVE PHYSICAL AND HEALTH EDUCATION

DCPS and public charter schools, with the adoption of the HSA, are on the more aggressive side for mandates on the availability and minutes per week of physical and health education. As a benchmark, the *2012 Shape of the Nation Report: Status of Physical Education in the USA* issued by the National Association of Sport and Physical Education (NASPE) and the American Heart Association (AHA) reports that only 16 and 18 states, respectively, have established mandated minutes per week for elementary and middle school physical education participation.

Prior to October 2012, DC is one of only 11 and 9 states, respectively, who do not require all who teach elementary and middle school physical education to be certified or licensed or deemed “highly qualified” (charter school designation). As of October 2012, all new DCPS health/PE teachers have to be certified teachers who have passed the health/PE sections of the Praxis. Prior to this, they had to be certified teachers, but did not have to pass the Praxis in health/PE.

RECOMMENDATIONS

There are many necessary steps to ensure a higher quality physical and health education program in DC schools. These are imperative if students in the District are expected to make necessary, life-changing patterns in their commitment to physical health. Specifically, in partnership with leaders at DCPS, public charter LEAs and community-based organizations, the following recommendations will greatly enhance the physical health of students:

- **Revise or supplement the SHP data collection method.** This self-report measure gathers data from multiple individuals that may not know the health, physical education or activity in any given school. As a result, this is not a reliable tool to assess what is actually happening. Therefore, it is suggested that:

- **Introduce and/or combine assessment tools.** As a cross-section, 20% of schools' physical and health education programs should be observed to better account for minutes per week of instruction and activity.
 - **The person filling out the assessment tool should have the most knowledge.** It is the Healthy Youth and Schools Commission's belief that, particularly because of the varied nature of who is responsible for overseeing physical and health education programs at any given school, the SHP is not consistently being filled out by the person with the most intimate knowledge of that school's formal physical and health education program or key before, during, or after-school activities or programs that enhance a school's physical activity offering. Examples of ideal survey respondents include a lead PE or Health teacher or an administrator who oversees curricula and instruction.
- **Establish a plan to increase the health and physical education (and physical activity) minutes per week in order to reach the 2014-2015 HSA requirements.** With the SHP as the current benchmark, schools are extremely far away from being able to meet the 2014-2015 requirement of providing 75 minutes per week of health education and 150 and 225 minutes per week, respectively, of physical education for elementary and middle school students. As stated in the Act, at least 50% of physical education time should be spent doing rigorous physical activity. Over the next year, the Healthy Youth and Schools Commission will work with stakeholders to generate options and solutions in order to address this sizable gap. If not addressed, schools are on a path to non-compliance.
 - **Urge the DC Council to conduct a hearing focused on the plan for LEAs to meet the physical and health education requirements by the 2014-2015 school year.** The Healthy Youth and Schools Commission recommends that a hearing be held in Spring 2013 at which the DC City Council and the Commission hear from DCPS and public charter school leaders on their plans to meet the 2014-2015 minutes per week requirement as currently defined in the HSA.
 - Create collaborative relationships between other DC government agencies, community based organizations, and LEAs.
 - Teach physical and health education with a certified instructor or "highly qualified" instructor in this discipline:
 - **All schools should employ a certified (DCPS) or "highly qualified" (public charter schools) PE / Health educator.** One of the limitations to providing consistent, quality and up-to-date physical and health education program is that many times these professionals are not stationed at a school full-time or in the worst instances, are being taught by someone who is not trained at all in this subject area. This impacts the quality of the program and the connection to students as active participants.
 - **Funding for these positions should be a priority.** One of the main reasons for an inconsistent instructor corps is that this is an underfunded area and one that may not be a priority for school leaders. Physical health is linked to academic

achievement and attendance in numerous studies.¹³ Program partnerships and in-school instructors should be deemed a priority to the overall academic program and offering for all DC students.

- Examine academic and attendance data from current DCPS or public charter schools that have been recognized for their inclusion and innovation of creating a health and physical education and activity program to see if positive correlations/connections exist.
- **Address what hasn't been addressed:** As stated above, there is no accurate or comprehensive picture of what schools are doing to equitably provide physical and health education programs or physical activity to students with disabilities. Additionally it is important to take an inventory of out-of-school physical activity and enrichment programs and develop criteria for assessing best practices for high quality programs. This is important and the first step is to gain an understanding, through the SHP or other means, what is happening.

Title V – School Environment

OVERVIEW

In Year Two of the HSA, the District has made many positive strides to improve school environments, advance environmental literacy within the curriculum and ensure that schools are moving in the direction of environmental best practices.

EFFORTS TO IMPROVE SCHOOL ENVIRONMENT IN YEAR TWO

Sec. 501 – Environmental Programs Office

- **Composting Pilot:** The Department of General Services (DGS) is developing a composting pilot program to help manage and reduce waste tonnage which will be rolled out in 24 schools. The pilot will be tailored to the environment and specific logistics of each school.
- **Lead Testing:** Under the HSA Lead in Drinking Water Program, the DGS Office of Safety and Health, Facilities Division annually tests drinking water during the school year. Additional samples are collected due to water service interruption activity. When necessary, lead reduction filters are installed and replaced annually. Test results are posted on the DDOE website.

Sec. 502 – Environmental Literacy Plan (ELP)

The HSA designated District Department of the Environment (DDOE) as the lead agency to develop an ELP for the District, which was conceptualized as a road map that will lay the foundation for District-wide implementation and integration of environmental education into the K-12 curriculum.

Through multi-agency coordination, with a careful assessment of best practices from state ELPs

¹³ U.S. Centers for Disease Control and Prevention. (2010). The association between school-based physical activity, including physical education, and academic performance. Atlanta, GA: U.S. Department of Health and Human Services. 2010.

across the country,¹⁴ DDOE created a plan that describes relevant teaching and learning standards adopted by the State Board of Education, highlights necessary professional development opportunities for teachers and recommends evaluative measures. The ELP also includes an implementation plan.¹⁵

The **implementation section** of the ELP highlights several key next steps to ensure that the plan is rolled out and executed successfully. The plan will only be operational if these are adopted. Chief among these are:

- A **formalized commitment** between District agencies to advance environmental and sustainability goals in the ELP;
- **Support systems** for teachers, school administrators, guidance counselors, community service coordinators and other stakeholders to adopt and implement any environmental literacy framework that is developed;
- Establishment of a permanent **Environmental Literacy Council** or Advisory Board to guide and oversee the implementation of the ELP;
- **Allocated funding** to create a position and hire a staff person within OSSE to support these efforts and designating staff within DDOE to support ELP efforts.

On July 2, 2012, Mayor Gray's office transmitted the final draft of the DC ELP to the Council. The Council plans to hold a hearing on the HSA with specific discussion on the implementation of the ELP.¹⁶

Sec. 503 – School Gardens

Year Two of the HSA saw many important advances in DC school gardens, both in terms of infrastructural support and in terms of integrating gardens into standard curriculum goals.

A recap of the key successes described in the School Garden and Farm to School Report is outlined below (June 2012):

- OSSE created a School Garden Specialist position;
- OSSE administered a competitive grant to support school gardens. \$197,386 was distributed to 22 schools (12 public charter schools, 10 DCPS). It is important to note that grant recipients are able to use grant funds for staffing needs, making this school garden grant uniquely valuable as the District develops the school garden landscape;
- The School Garden Specialist created and convened a School Garden Advisory Committee comprised of local experts from government agencies and nonprofits;
- The School Garden Specialist gathered baseline data on existing school gardens and determined that there are 82 “active” school gardens in the District (19 public charter schools, 53 DCPS¹⁷);
- The School Garden Specialist provided technical assistance to schools through frequent site visits and by coordinating additional support with nonprofits such as DC Greens, City Blossoms, Kid Power and Washington Youth Garden;

¹⁴ Of the 48 states that have adopted or are developing an ELP, Maryland is the furthest along in its implementation (adopted in 2009). As of June 2012, there were 9 states with approved ELPs (Kansas, Kentucky, Maine, Maryland, Nebraska, New Hampshire, Oregon, Rhode Island, and Washington State). All states in the Chesapeake Bay/mid-Atlantic region have either approved, drafted, or are developing an ELP.

¹⁵ The full ELP can be found at: <http://ddoe.dc.gov/service/dc-environmental-literacy-plan>

¹⁶ Hearing was scheduled for October 29, 2012 but was postponed due to hazardous weather conditions.

¹⁷ This number represents 20% of DC public charter schools and 25% of DCPS.

Additional advances in school gardens since the filing of the June report include:

- Launching a pilot seedling program whereby students at Wilson High School use their state-of-the-art greenhouse to start seedlings for use by a cluster of nearby elementary and middle schools with gardens, thereby maximizing city resources and creating partnerships across schools;
- Initiating an information-sharing network of high school teachers managing greenhouse spaces, with technical support provided by the U.S. Botanic Garden;
- During Growing Healthy Schools Week (October 15-20) school gardens were integrated into the city-wide celebration in the following ways:¹⁸
 - Daily workshops for school garden coordinators on a range of topics;
 - Designation of the “Best DC School Garden” (Prospect Learning Center, Ward 6) and the “Best New DC School Garden” (Janney Elementary School, Ward 3), selected based on student essays;
 - Student photo contest profiling school gardens.

Sec. 504 – Green Buildings/Green Ribbon Schools

During the 2011-12 school year, the U.S. Department of Education awarded Green Ribbon School designation to two schools in the District (Stoddert Elementary School and Sidwell Friends). To promote stronger applications by District schools, OSSE has worked to streamline and improve the application process for the coming grant cycle by:

- Coordinating a multi-agency support network (DDOE, DGS, OSSE, Environmental Protection Agency) to help all interested and qualified schools through the application process;
- Working to make key data more readily available to schools (e.g., baseline energy use data).

RECOMMENDATIONS

The District has made great strides in this area but more can be done to strengthen the school environment, including the following recommendations:

- Adopt all recommendations for implementation of the ELP so its rollout is well-coordinated, closely tracked and fully supported;
- Ensure that every school garden is overseen by a school garden coordinator;
- Pilot a centralized toolshed that schools can access for garden build and maintenance days;
- Establish a centralized marshaling yard for wood waste, compost, mulch and other bulk materials that can be accessible by school garden stakeholders; and
- Designate a qualified individual within DGS that can oversee greenhouse maintenance, to ensure that the existing high-tech greenhouse spaces that required significant expenditure by the city can be kept in proper working condition.

TITLE VI – Health and Wellness

OVERVIEW

In Year Two of the HSA, the OSSE has fully operationalized key elements of the Act’s Health and Wellness section. Schools are reporting on their Local Wellness Policies through the School

¹⁸ More information on Growing Healthy Schools week can be found in Title II (Farm to School) of this report.

Health Profiles (SHP). Over 95% of DCPS and public charters schools completed and submitted the SHP in Year Two. The SHP was updated between Year One and Year Two of the Act to better meet the needs of parents, schools and OSSE. The Healthy Youth and Schools Commission provided feedback to OSSE on the SHP questions for Year Three.

Under the requirements of the Act, DOH, the Office of Healthcare Finance, DCPS, OPEFM and the Public Charter School Board are charged with submitting a school health center report. To the best of the Healthy Youth and Schools Commission this report was not submitted and responsible parties should submit the report as soon as possible.

The Commission identifies three areas that require further attention:

- Disparities in school nursing services between DCPS and public charter schools;
- Uncoordinated communication between families, providers, and schools in regards to health records (including the universal health certificate); and
- Inadequate attention to the emotional and mental health needs of students.

Section 604 – School Nurses

School nurses are responsible for management of both acute and chronic illness. This includes review of student health information; sharing of health information with other staff members when appropriate; medication administration and supervision of medication administration by other staff members. When schools do not have a nurse, these functions may not occur.

Disparities between DCPS and Public Charter Schools

The HSA has taken steps to create equal access to school nurses by stipulating that the square footage of a nurse’s suite shall not be a determining factor as to whether or not a school nurse is placed at a public charter school provided that all other conditions as required by DOH are met. However, in Year Two of the Act, there is a persistent disparity in the numbers of school nurses that serve DCPS versus public charter schools. While DCPS far exceeds national benchmarks, the DC public charter schools continue to lag behind.¹⁹

As reported by schools in the SHP, this table demonstrates the percentage of schools with at least one part-time nurse (and percentage with at least one full-time nurse for school year 2011-2012):

School Year	DC Public Schools	DC Public Charter Schools	All DC Schools
2010 - 2011	94.7%	67.8%	84.5%
2011 - 2012	98.2% (90.3%)	64.1% (53.3%)	83% (73.4%)

The primary contributors to this discrepancy in staffing between DCPS and public charter schools include: 1) a lack of space for school nurses in public charter schools, and; 2) lingering ambiguities about regulations on school nurse suites which were not fully clarified in the HSA.

¹⁹ A national survey of schools prepared by Burkhardt Research Services in 2007 for the National Association of School Nurses found that 82% of schools nationwide have at least one part-time registered nurse (RN) or licensed practical nurse (LPN). (http://www.nasn.org/portals/0/2007_Burkhardt_Report.pdf)

This ambiguity has led a number of charter LEAs to acquire private nursing services to meet the needs of their student population.

According to the Student Access to Treatment Act of 2007, school team members who are appropriately trained and certified may administer medications when supervised by a licensed health practitioner.²⁰ Students requiring on-site supervision cannot receive medications when the school nurse is not present (e.g. before/after school programming; when nurse is part-time and not present; on field trips; or if no nurse is assigned to the school). While there are training opportunities for medication administration, access to training opportunities has been limited and users have raised questions about efficacy and quality of the training.

Section 605 – Health Certificates

The HSA requires that each student furnish the school annually with a certificate of health completed and signed by a physician or advanced practice nurse who has examined the student during the 12-month period immediately preceding the 1st day of the school year or the date of the student’s enrollment in the school (whichever occurs later). It further states that the Mayor shall develop standard forms for certificates of health, testing for lead poisoning and dental health, and shall make blank forms available in sufficient quantities to carry out the purposes of the Act.

In Year Two of the Act, the DC Universal Health Certificate is utilized throughout the city at DCPS and public charter schools. The form is distributed in registration packets to all DCPS students and at individual charter schools, and the form is readily available on the DOH and DCPS websites and on many public charter school websites. In addition, the DC Universal Health Certificate is incorporated into the DC Immunization Registry. Healthcare providers can print a copy of the DC Universal Health Certificate for a given child from the registry website which is pre-populated with the child’s immunization history as available in the Immunization Registry.

With the current process, health care providers complete the DC Universal Health Certificate and provide it to the child’s family. The family is responsible for submitting the health certificate to the school. School personnel (nurse or other designated individual) are responsible for reviewing the health certificate to identify important health information.

Uncoordinated Communication

Despite widespread availability of the forms, multiple issues exist which diminish the utility of the forms:

- **Low enforcement.** The requirement for submission of universal health certificates is not routinely enforced at the local school level. Rates of submission vary significantly by school.
- **Incomplete forms.** Health certificates are often incomplete for children’s vision/hearing screening information, in many cases these screenings are critical and will delay a child’s enrollment and/or learning in the Head Start Program. Health certificates are often incomplete for children with chronic health issues. The form is not conducive to sharing information between families, providers and school health personnel. This information can be critically important for management of chronic health issues in the school setting.

²⁰ From the Student Access to Treatment Act of 2007

- **Labor intensive.** School nurses manually enter health information into school-based health software which is labor-intensive. Schools without nurses often do not have a systematic way for tracking health information for students in the school.

Low rates of submission and time spent on administrative tasks decrease the system's ability to use the information. Removing logistical barriers could allow health information to be used more effectively.

Addressing Other Issues Impacting Health and Wellness of School Students – Mental Health
Upon review of the overall health and wellness of youth in the District, the Commission identifies **mental health** as an area that, while not specifically identified in the Act, is vital to overall student wellness.

In Year Two of the Act, the Council passed the South Capitol Street Tragedy Memorial Act of 2012. Introduced by Councilmember David A. Catania (At-Large), the Act includes creation of a comprehensive infrastructure for providing early childhood and school-based behavioral health services.

Currently, there are partnerships with the Department of Mental Health (DMH) and other community organizations to provide mental health services on-site in schools. The Department of Mental Health/School Mental Health Program (DMH/SMHP) through a Memorandum of Understanding with DCPS has DMH/SMHP mental health specialists, social workers and psychologists in 40 DCPS locations, and 12 public charter schools. DMH/SMHP provides prevention, early intervention and treatment services in elementary, middle and high schools.

Additional mental health programs in District schools include:

- **Students Forward:** A school-wide *Response to Intervention* (RtI) program initiative that focuses on school climate, behavioral and socio-emotional supports and student intervention management. Currently in 11 DCPS middle schools.
- **Primary Project:** A program targeting students in Pre-K through 3rd grade who may be displaying early school adjustment difficulties and may be “at risk” for additional socio-emotional difficulties. Currently in 15 DCPS sites, 2 public charter schools, and 18 Child Development Centers (CDC).
- **Early Childhood Mental Health Consultation:** Schools may have an internal capacity to provide this key intervention, or may contract out for consultation services. Headstart is mandated to have a Mental Health component, and Kids Comprehensive Services provides the Mental Health consultation for DCPS' PreK Incentive Program. However, there may be some PreK classrooms which are not part of either the PreK Incentive Program or the Headstart program; and therefore, the children in those classrooms would not be receiving specific early childhood Mental Health consultation.
- **Healthy Futures:** A capacity-building program that provides programmatic consultation to staff in order to promote young children's positive social emotional development and reduce problem behaviors. The model also includes child-specific consultation, where the Healthy Futures consultants provide strategies and support for an individual child

who may be exhibiting specific problematic behaviors. Healthy Futures is current in 25 CDCs.

Despite these multiple programs, carried out through an extensive network of partnerships and collaborations, the Commission has identified continuing issues related to emotional and mental health of youth in the District:

- Emotional and mental health issues are under-identified by parents, providers, teachers and other school team members;
- Schools are under-equipped to handle emotional and mental health crises in the school setting;
- Mental health services are offered by multiple providers in the community, and service provision can be fragmented; and
- While students and parents value school-based mental health resources, these resources are limited and the identification of resources can be challenging.

RECOMMENDATIONS

- Ensure all students have access to a school nurse on at least a part-time basis.
 - Review regulations in addition to total square footage for nurse suites.
 - Engage the public in dialogue about any school nurse facilities.
- Clarify privacy issues related to sharing of health information between the school nurse and other team members who might need to know that health information (e.g. classroom teacher, before/after care staff members, food service employees).
- Standardize training process for medication administration for DCPS and public charter schools. Provide training on a rolling basis throughout the year. Consider on-line or distance learning training mechanisms as implemented by other school districts for some or all of training modules as appropriate.
- Standardize definition of medication administration supervision. Recommend concept of regional or remote supervision that does not require on-site presence of a licensed health practitioner. Safety of this process relies on high-quality training services for staff members who are trained and certified to administer medications.
- Convene a multidisciplinary group to review data elements on the universal health certificate. Goals are to maximize communication between providers and schools and to ensure schools have key data elements required for reporting and management of student health.
- Consider alternate methods for providing the same information including direct provider to school transmission of information and transmission of medical summary from local electronic health records (instead of universal health certificate).
- Provide education for providers, school nurses, principals, and other school team members on key information to share and avenues for communication.
- Prioritize achievement of electronic health exchange with central data repository accessible to providers, school system, DOH, Department of Health Care Finance and other partners as appropriate.
- Provide training for health care providers and school personnel on identification of emotional and mental health issues. Prioritize school-based mental health services and wrap-around services for family support. Encourage coordination of care between mental health services and schools, leverage existing strategic partnerships and explore other potential partnerships.

- Explore funding models for mental health service provisions in the school-based setting.
- Determine appropriate school-based staffing needs for longitudinal support and crisis intervention for students with emotional and mental health issues.

Conclusion

The HSA provides the District with a unique opportunity to improve the health, wellness and nutrition of its students. District agencies, schools and community partners must continue working hard to realize the full potential of the HSA – to keep our students healthy, active, well-nourished and ready for success in the classroom.

In addition to the recommendations provided in the Nutrition – Title II; Farm to School – Title III; Physical and Health Education – Title IV; Environment – Title V and Health and Wellness – Title VI sections of the report, the District should prioritize two actions:

- 1) **Ensuring schools are able to meet the health and physical education components of the Healthy Schools Act:** The City must prioritize how schools will be able to meet the Act’s school year 2014-2015 health and physical education (and physical activity) requirements given the current lack of progress toward those benchmarks. Stakeholders must not only develop concrete strategies so LEAs can meet these benchmarks, but also must share data, reports and research to show the connections of health and physical education and activity to student health, wellness and academic performance. Stakeholders can begin by sharing the logistics of how schools achieving Gold Level Healthier US Challenge recognition have increased health and physical education and activity and what these increases have meant for student health, wellness, and academic achievement. If the District does not address how schools will meet these benchmarks, schools will be on a path to non-compliance.
- 2) **Assessing opportunities to better evaluate the health, nutrition, and wellness impact of this legislation:** As the District enters Year Three of the Act’s implementation, different audiences are asking whether the Act is working. And while data show that certain sections of the Act have proved highly successful - for example, the significant breakfast participation increases, the proliferation of school gardens and enhanced menus - there is currently little ability to address how the entire Act is shaping school wellness and reducing obesity. The Commission recognizes that this is no small task and would likely require targeted funding for additional staff and research tools to do longitudinal evaluations.
- 3) **Promoting the Act to students, school principals, teachers, administrators, staff and families:** Events like Growing Healthy Schools Week, Healthier US Challenge awardees, Strawberries and Salad Greens and National School Lunch and Breakfast Weeks have proven effective in highlighting nutrition, school gardens and farm to school efforts. And while high level school and city officials know about the HSA, individual school stakeholders typically know about pieces of the Act (e.g., Breakfast In the Classroom, school gardens, health assessments, etc.) but do not know the overarching goals of the Act, particularly the interplay of the various provisions. District agencies – including OSSE, DOH, DDOE, the DC Council and the Mayor’s Office – as well as District Commissions such as the Healthy Youth and Schools and the new Commission on Physical Fitness, Health, and Nutrition, non-profits and businesses need to act more cohesively and deliberatively to promote a consistent

health, nutrition and wellness message that permeates to all school levels and reaches the broader school community. Better coordination and promotion of the Act by high level District personnel and community partners will help individual schools recognize the transformative impact of the Act and guide work to implement the Act's components. Two websites (<http://osse.dc.gov/service/wellness-and-nutrition-services> and <http://dchealthyschools.org/>) provide information, ideas and materials to help promote and implement the Act.

High level District personnel, the Commission on Healthy Youth and Schools and HSA stakeholder groups (DC Farm to School Network, DCPS Health and Wellness Advisory Board), non-profits, advocates, medical experts and school leaders need to:

- Develop consistent messaging to promote the Act, including a one-page overview of the Act for key audiences;
- Create a calendar of HSA-related events for the year.

As a first step, the Commission has been working with OSSE to improve the SHP data collection process and will submit any comments that address necessary legislative language changes to ensure the data collected each year is both strong and reliable.

As a second step, the Commission and other experts will identify opportunities to better evaluate the how the HSA is impacting the nutrition, health and wellness of District youth and any impact the Act may have on academic performance, truancy, tardiness, and absentee rates.

The group should examine the data available that can begin evaluating the Act's impact. For instance, the more than 30 DCPS and public charter schools that have received USDA Healthier U.S. School Challenge (HUSC) recognition may provide insights regarding schools that are adopting holistic components of the Act and how these schools fare against similarly situated schools.

In school year 2012-2013, the District must widely promote the requirements and wellness goals of the HSA. The wider the acceptance of the Act, the more impact it will have. The District should also publicize the impact of the Act through multiple channels on student health, wellness and academic achievement.

Attachment A

COMPLIANCE WITH THE HEALTHY SCHOOLS ACT REPORTING AND PUBLIC DISCOURSE REQUIREMENTS, SCHOOL YEAR 2011-2012

Report Title	Agency Responsible	Yearly Due Date (unless otherwise noted)	Section of the Act	Current Status
School Health Profiles	Submitted by each DCPS and Public Charter School & posted on OSSE website	Schools must submit profile by Feb. 15 th of each year and post on their website or in the office, OSSE shall post on its website within 14 days of receipt	Title VI: Health and Wellness (Sec.602)	96 percent completion rate
Environmental Literacy Plan	DDOE	June 30 th , 2012	Title V: School Environment (Sec. 502)	Submitted
School Garden Report	OSSE	June 30 th	Title V: School Environment (Sec. 503)	Submitted June 28, 2012
Farm to School Initiative Report	OSSE	June 30 th	Title III: Farm to School (Sec. 303)	Submitted June 28, 2012
Physical Education and Health Education Report	OSSE	September 30 th	Title IV: Physical Education/ Health Education (Sec. 405)	Submitted to Mayor on Sept 30th
Health, Wellness, and Nutrition Report	Healthy Youth and Schools Commission	November 30 th	Title VI: Health and Wellness (Sec. 701)	
Development of a Central Kitchen Report	DCPS and Department of General Services	December 31 st (every year until completion)	Title II: School Nutrition (sec. 204)	Submitted but cannot confirm date
School Health Center Plan	DOH, Office of Healthcare Finance, DCPS, OPEFM and the Public Charter School Board	December 31 st , 2011	Title VI: Health and Wellness (Sec.603)	Not submitted
Sustainable Meal Serving Products Plan	DCPS	December 31 st , 2011	Title V: School Environment (Sec. 501)	Submitted but cannot confirm date
Environmental Programs Report	Mayor	December 31 st , 2011	Title V: School Environment (Sec. 501)	DGS is currently working on this report, per Susan Riley at DGS

Report Title	Agency Responsible	Yearly Due Date (unless otherwise noted)	Section of the Act	Current Status
Wellness Policy	Submitted by DCPS and Public Charter School	Each local educational agency develop, adopt, and update a comprehensive local wellness policy at least every 3 years, OSSE shall review each policy	Title VI: Health and Wellness (Sec.601)	OSSE has received a local wellness policy from each LEA
Daily Menu, Nutritional Content and Ingredients of Each Menu Item, and Origin of Produce	Posted by DCPS and Public Charter Schools In School Office and Online If School Has A Website	Daily	Title II: School Nutrition (Sec. 205)	37% of schools report posting menus on their school website. DCPS posts menu on the central DCPS website. Ingredients and origin are required to be available upon request.

Attachment B

COMMISSIONERS

Name	Appointment	Affiliation
Adele Fabrikant	Designee representative of DCPS	DCPS
Alexandra Lewin-Zwerdling	General member	Powell Tate
Alexandra Ashbrook	Chairperson	DC Hunger Solutions
Amy Nakamoto	General member	DC SCORES
Cara Larson Biddle	Member appointed by the Council	Children's National Medical Center
Charneta Scott	Designee representative of DMH	DMH
Open	Student member	Open
Jenny Backus	Member appointed by the Council	Parent
Kendra Rowe Salas	General member	Capital Area Food Bank
Lauren Biel	General member	DC Greens
Naomi DeVeaux	Member appointed by DCPCSB	DCPCSB
Open	Designee representative of DOH	DOH
Sandra Schlicker	Designee representative of OSSE	OSSE