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

2012-2013

Submitted by the Healthy Youth and Schools Commission

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Introduction

The Healthy Youth and Schools Commission is charged with advising the Mayor and the Council on health, wellness and nutrition issues concerning youth and schools in the District. Pursuant to the D.C. Healthy Schools Act (HSA), on or before November 30th of each year, the Healthy Youth and Schools Commission (HYSC) 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 of Columbia.

The report shall:

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

Instead of providing a detailed title by title analysis of HSA implementation and next steps, the Commission has opted to focus its 2013 report on the city's progress in five priority areas, the first three of which were referenced as priority areas in the HYSC's 2012 Report on Health, Wellness and Nutrition of Youth and Schools in the District of Columbia.[1]

Year Three Highlights

Nutrition:

- 100% of schools served free breakfast.
- The District had continued participation increases of 6.7% for breakfast and 8.6% for lunch from the previous year.

Farm to School and School Gardens:

- OSSE received the USDA Farm to School Support Service Grant in the amount $100,000 for FY 14&15.
- OSSE held the second annual Strawberries and Salad Greens Day. 176 schools served strawberries and salad greens and 50 schools hosted educational activities.
- The second Growing Healthy Schools Week was held and included 50 chef visits, 12 farmer visits, and 8 Registered Dietitian visits to schools.
- The second round of DC Garden Grants was awarded to 23 schools totaling $200,000.

Physical and Health Education:

- The second round of DC Physical Activity for Youth (DC PAY) grants was awarded to 23 schools totaling $220,000.
- OSSE's Healthy Schools Act Initiatives Team added a Physical Activity and Physical Education Specialist.

Environment:

- DDOE received Sustainable DC funding to work with eight model schools (one per ward) to implement the Environmental Literacy Plan as required by HSA.
- Three DC schools received the Department of Education's Green Ribbon Schools Award.
- DCPS launched a master recycling plan with the goal of reaching a system-wide diversion rate of 45%.

Health and Wellness:

- 96.7% of schools submitted required School Health Profiles.
- 99% of schools visited complied with HSA requirements on healthy vending, fundraising and prizes.
- Over 11,000 students in 5th and 8th grades and high school from across the city took the DC CAS Health and Physical Education.

[1] Healthy Youth and Schools Commission. *2012 Report on the Health, Wellness and Nutrition of Youth and Schools in the District of Columbia*. Available at http://osse.dc.gov/publication/healthy-youth-and-schools-commission-report-city-council.

The five priority areas addressed in this report are:

- Physical and Health Education
- Evaluation of the HSA
- Promotion of the HSA
- DC Universal Health Certificate (UHC) Collection Rates
- Mental Health Screenings

The decision to focus on these five priority areas reflects the HYSC's recognition that:

1) The reports required by the HSA (Appendix A) already provide detailed information, including achievements, national practices, and next steps, on the key sections of the HSA (it should be noted that the School Health Center Plan has never been submitted);
2) These five priority areas are considered essential by the HYSC for the city to better promote the health and wellness of our students and schools;
3) Schools are on a path to non-compliance with the SY 2014-15 requirements for minutes of physical (PE) and health education (HE);
4) The city has no systematic and workable framework for collecting UHCs that contain critical health information such as BMI, student allergies and student chronic disease status; and
5) As part of the District's new managed care organization (MCO) contracts for Medicaid services that became effective in July 2013, a yearly behavioral health screening for children is mandatory.

In creating this Report, the Commission:

- Relied upon other reports required by the Healthy Schools Act (Appendix A);
- Reviewed the 2012 HYSC Report on Health, Wellness and Nutrition of Youth and Schools in the District of Columbia[1];
- Met in-person as a Commission seven times and met via conference call once;
- Appointed Commission members to facilitate stakeholder meetings; and
- Approved the final report on December 4, 2013.

Five Priority Areas:

- **Priority 1 — Ensuring Schools are Able to Meet the Physical and Health Education Requirements of the HSA**
- **Priority 2 — Assessing Opportunities to Better Evaluate the Health, Nutrition, Wellness and Academic Impact of the HSA**
- **Priority 3 — Promoting the HSA to Students, Principals, Teachers and Other Schools Staff and Families**
- **Priority 4 — Addressing the Low Collection Rates for the DC Universal Health Certificate**
- **Priority 5 — Improving the Capacity to Identify Children and Youth with Mental Health Needs and Provide Services**

Priority 1 — Ensuring Schools are Able to Meet the Physical and Health Education Requirements of the HSA

Current Status: District on a Path to Non-Compliance

As required by Section 402 of the HSA, the PE and HE requirements beginning in SY 2014-2015 are as follows:

Physical Education:

- 150 minutes/week (Grades K-5)
- 225 minutes/week (Grades 6-8)
- 50% of PE class time to be moderate-to-vigorous physical activity (PA)

Health Education:

- 75 minutes/week (Grades K-8)

Although schools are far from meeting the SY 2014-2015 PE and HE requirements, there have been some promising developments in relation to PE and HE in the schools including:

- The majority of schools report that they are basing their PE and HE upon the OSSE Physical and Health Education Standards[2];
- OSSE has been reviewing PE and HE curricula according to standards set forth by the Centers for Disease Control and Prevention (CDC) and is developing a list and library

[2] Office of the State Superintendent of Education. *Healthy Schools Act of 2010 (D.C. Law 18-209) Report 2013, Physical and Health Education Standards*. Available at http://osse.dc.gov/node/690422.

of OSSE-evaluated curricula that align with OSSE's Health and Physical Education Standards;

- OSSE' s Wellness and Nutrition Services Division (WNS) has recently hired a full-time Physical Activity and Physical Education Specialist who will assist schools in increasing the amount of PA, PE and HE offered; and
- The Department of Health (DOH), in collaboration with OSSE, has been awarded a 5-year CDC grant entitled, "State Public Health Actions to Prevent and Control Diabetes, Heart Disease and Obesity and Associated Risk Factors." Under this grant:
  - OSSE hired a full-time Health Education Specialist for Physical Education who is tasked with training teachers in high quality health and physical education curricula;
  - DOH and OSSE will provide professional development and technical assistance to Local Education Agencies (LEA) on developing, implementing and evaluating physical education policies; and
  - DOH and OSSE will collaborate on an examination of the approximately ten model school districts across the nation that can point to best practices for implementation of PE and HE.

There have also been many positive developments in encouraging and promoting PA in schools such as expansion of contracts with Playworks to facilitate active recesses, increased purchasing of BOKS equipment for schools, some examples of "instant recess" within the school day, and afterschool programs that promote PA. However, these activities do not count toward meeting the PE requirements for a number of reasons. They are primarily focused on PA rather than PE and often they do not reach all of the students in each school. Even in the cases where these activities do involve PE, the minutes do not count for District of Columbia Public Schools (DCPS) because they are not taught by a certified PE teacher.

Unfortunately these activities are insufficient to assist schools in meeting the fast-approaching deadline for increased PE and HE minutes. SY 2012-13 should have been marked by city-wide planning and trouble-shooting to set the stage for the roll-out of increased PE and HE requirements however this has not been the case. By all measures, the District is not remotely prepared to meet the SY 2014-2015 PE and HE requirements and will have to work collaboratively and creatively to address the clear issues of insufficient staffing and inadequate time in the school day.

National Practices: District on the Forefront of School-Based Physical and Health Education Requirements

According to the American Association of Health, Physical Education and Dance (AAHPERD), physical education "increases the physical competence, health-related fitness, self-responsibility, and enjoyment of physical activity for all students so that they can be physically active for a lifetime."[3] In addition, most studies show that time taken away from academics and devoted to PE has either no effect, or a positive effect, on

[3] American Association of Health, Physical Education and Dance. *Why Children Need Physical Education*. Available at http://www.aahperd.org/naspe/publications/teachingTools/whyPE.cfm.

academic performance.[4] Similarly, HE is important in forming lifelong healthy behaviors and children who are healthy reach higher levels of academic achievement.[5] According to the CDC, "Research also has shown that school health programs can reduce the prevalence of health risk behaviors among young people and have a positive effect on academic performance."[6] In addition, data from the Youth Risk Behavior Survey show a negative association between health-risk behaviors and academic achievement among high school students.[7]

The District of Columbia is not alone in our struggle to find ways to incorporate more PE and HE into the school day. In fact, we are on the cutting edge with only a few states and districts that have made the bold commitment to increase PE and HE in schools to the levels recommended by the Institute of Medicine[4] and the Joint Committee on National Health Education Standards,[3] respectively. According to AAHPERD, three other states (New Jersey, Louisiana, and Florida) have legislation requiring 150 minutes per week of PE in elementary schools and three other states (West Virginia, Utah, and Montana) have legislation requiring 225 minutes per week of PE in secondary schools. In CDC's 2012 School Health Policies and Practices Study, 41.2% of districts had specified time requirements for HE at the elementary school level, 58.7% of districts had specified time requirements for HE at the middle school level, and 78.7% had specified time requirements for HE at the high school level.[8] While many states and districts have legislation in place, they are similarly challenged in the implementation of the law, and no state or district at this point can be considered a "model" state in terms of the number of minutes/week of PE and HE actually being offered in the schools. Some districts, however, are having great success in adopting these standards. Representatives from OSSE and DOH are currently reaching out to those districts that have been successful in implementation in order to garner best practices for the expansion of PE and HE during the school day that can be applied to schools in the District of Columbia.

RECOMMENDATIONS:

The HYSC fully supports the PE and HE requirements of the HSA while acknowledging that achieving this level of PE and HE is proving, and will continue to prove to be difficult for the District's schools. Meeting these requirements will be dependent upon the restructuring of the school day, a reprioritization of the importance of PE and HE and

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[4] Institute of Medicine. *Educating the Student Body: Taking Physical Activity and Physical Education to School*. Available at http://www.iom.edu/Reports/2013/Educating-the-Student-Body-Taking-Physical-Activity-and-Physical-Education-to-School.aspx.

[5]Joint Statement of the American Heart Association, American Diabetes Association. and American Cancer Society. Health Education in Schools – The Importance of Establishing Healthy Behaviors in our Nation's Youth. Available at http://www.cancer.org/acs/groups/content/@nho/documents/document/healthedstatementpdf.pdf.

[6] Centers for Disease Control and Prevention. *Health and Academics*. Available at http://www.cdc.gov/healthyyouth/health_and_academics/index.htm.

[7] Centers for Disease Control and Prevention. *Health-Risk Behaviors and Academic Achievement Fact Sheet*. Available at http://www.cdc.gov/HealthyYouth/health_and_academics/pdf/health_risk_behaviors.pdf.

[8] Centers for Disease Control and Prevention. *School Health Policies and Practices Study, 2012, Chapter 3: Health Education*. Available at http://www.cdc.gov/HealthyYouth/shpps/index.htm.

an understanding of the strong, positive relationship between increased PE and HE and academic achievement.

Given that schools are currently offering less than 50% of the required PE minutes and approximately 50% of the required HE minutes, the Healthy Youth and Schools Commission must sound the alarm that there is no way our schools will meet these recommendations within the next year without considerable support and assistance. Based upon discussions with school stakeholders, it has become clear that there are two realistic methods by which the District can effectively increase the PE and HE minutes offered in the schools to the amount required by the HSA:

Method 1: Reallocate the minutes in the current school day
Method 2: Extend the school day to allow for more PE and HE

Both of these options have costs and benefits to the schools, the students and the District as a whole. A detailed cost-benefit analysis of both methods must be undertaken in order to provide citywide guidance on implementation. Individual schools cannot be expected to do this analysis on their own and they will require guidance and financial support in order to implement the change.

Unlike other areas of the HSA that have received considerable support through grants, staffing and incentives (school gardens, farm-to-school, etc.), the PE and HE requirements have received very little coordinated attention across DCPS and the DC Public Charter Schools (DCPCS) in the District. While OSSE has distributed DC Physical Education for Youth (DC PAY) competitive grants each year pursuant to the HSA, schools have primarily used this funding to enhance PA, not PE. If Council continues to feel that the HSA mandated levels of PE and HE are a key component for healthy schools and a healthy student body (and the IOM provides evidence supporting this[4]), then some concomitant commitments and investments on the part of the city are also necessary.

Therefore, the Commission makes the following recommendations:

- The Mayor should convene a Task Force of key decision-makers, recommended by the DCPS Chancellor and the Public Charter School Board (PCSB), to conduct a detailed cost-benefit analysis of the two possible methods for incorporating the additional physical and health education minutes into the school day.
    - The Task Force should develop citywide guidance on the implementation of the physical and health education minutes.
    - Based upon the findings of the Task Force, additional funds should be allocated to schools to account for the increased costs associated with the implementation of the PE and HE requirements.
- D.C. Council or the Mayor should call a public hearing focused solely on the PE and HE requirements of the HSA by June 15th, 2014 and require a representative group of charter schools organized by the PCSB, and the DCPS Chancellor to testify regarding their plans to meet the requirements. A hearing of this nature would allow for a

candid discussion of what schools need in terms of staffing, facilities and funding in order to incorporate the additional minutes of PE and HE.
    - The hearing could provide the City an opportunity for experts in the PE and HE fields to share the importance of the HSA's requirements.
    - Based upon the hearing, Council should assess whether schools are able to meet the PE and HE requirements for the coming school year.
- All school stakeholders must be educated on the benefits of PE and HE in relation to student achievement, drawing on studies from across the country. Stakeholders should also be educated about the difference between physical education and physical activity, the benefits of physical education, and the importance of providing time for both during the school day.

Since the District is ill-prepared to meet the 2014 goals, Council might also consider extending the deadline for expansion of PE and HE. If this step is not taken, Council should expect that virtually every school in the District will be non-compliant with the HSA in relation to PE and HE beginning in SY 2014-2015. With no penalties for non-compliance, it seems unlikely that there will be any move towards compliance without a focused and concerted effort to overcome the clear challenges.

Priority 2 — Assessing Opportunities to Better Evaluate the Health, Nutrition, Wellness and Academic Impact of the HSA

Current Status: Need for Improved Data Collection around the HSA

Evaluating the holistic impact of the HSA is a complex undertaking. More than 200 schools are required to implement nutrition improvements, provide additional minutes of PE and HE, adopt environmental improvements, and offer a variety of programs including farm-to-school and school gardens. Complicating this analysis is that schools vary widely in terms of which provisions of the HSA they are embracing and implementing at the school level.

Below is a report on progress made in regards to two goals identified by the HYSC in our 2012 Report.[1] These goals were intended to enable the HYSC to pave the way for more comprehensive assessment of the HSA:

<u>Goal 1 — Improving the School Health Profile (SHP):</u>
OSSE has been working to refine the SHP to make it a useful data collection tool while reducing the participant burden for the schools. For SY 2013-2014, questions were removed if the data was available through other channels within OSSE. One example is School Meal Participation which can be accurately obtained from OSSE. While the SHP is a wonderful source of data about the compliance of our schools with the HSA, it is entirely self-reported and thus potential errors in the data must be considered.

With regards to the minutes of PE and HE being offered, the Commission suggests that OSSE not rely solely on the schools to report this data. For DCPS, it is more reliable for OSSE to work with the DCPS Health and Physical Education Program Manager to

collect this information. For DCPCS, OSSE should select a sample of schools and follow-up with Principals to verify the information submitted in the SHP.

At the current time, the citywide data collected with the SHP is not provided back to the schools in a format that they can utilize to understand where they stand in relation to other schools in the District. Researchers at American University (AU) are actively working on an HSA Composite Score which will take into account various aspects of the HSA and allow schools to better assess where they rank compared to other schools in terms of HSA implementation. This project is yet-to-be published however an update will be presented to stakeholders at a conference at American University in late February, 2014. OSSE is actively supporting this effort at AU and is also working on the development of SHP Fact Sheets to disseminate citywide SHP data to stakeholders.

Goal 2 — Convening Experts:
The Commission convened a panel of experts to identify data sources that may be available to evaluate the impact of HSA on health behaviors and outcomes, academic achievement and other critical issues related to school performance such as truancy, tardiness and absenteeism.

This group identified several data sources that could potentially be used for HSA evaluation including the following:

- School Health Profiles (SHP)
- Youth Risk Behavior Survey (YRBS)
- Body Mass Index (BMI) (collected as part of the UHC)
- School Health Nursing Program Annual Reports
- DC CAS Health and Physical Education
- DC CAS Math, Science, and Reading
- School Meal Participation
- Rates of Truancy, Tardiness and Absenteeism

Based on this meeting, the Commission explored two potential opportunities for a more holistic analysis of the impact of the HSA:

YRBS:
YRBS data is collected by OSSE. Utilizing the YRBS data, OSSE will examine changes over time in health behaviors that pertain to health, nutrition and physical activity that could potentially be attributable to the HSA.

BMI: Currently, an insufficient amount of reliable BMI data has been collected in the District to use for evaluation purposes. The YRBS data is limited to middle and high school students, and students self-report their perception of their weight status (middle school) or their height and weight (high school), which likely underestimates the prevalence of unhealthy weight among District youth. BMI data was obtained by OSSE from the School Health Nursing Annual Report for the past two years, however, given wide variations in sample size and percentages for overweight and obesity, this data does not appear to be reliable.

The UHCs could provide the District with usable BMI data. Unfortunately, the collection rate of UHCs within DCPS was 29% for SY 2012-2013 (the number is not tracked in DCPCS), and even when forms are submitted the information is not systematically entered into a usable data management system. The implications of this and the HYSC recommendations related to the UHC are discussed in Priority Area 4.

On a more positive note, OSSE is adding an Evaluation and Assessment Specialist who will work on identifying and other data sources that might be available for HSA evaluation.

National Practices: Other States Routinely Collect BMI Data from Students

Many states have worked to improve the collection of BMI data for children and adolescents in order to track childhood obesity and guide appropriate public health responses. At least 13 states (AR, CA, DE, FL, IL, LA, NY, PA, SC, TN, TX, VT, and WV) have implemented legislation requiring school-based BMI-measurement programs.[9]

San Diego County, California and the state of Michigan have each effectively implemented registry-based approaches to collect BMI data. These systems required minimal funding to add clinician-measured height and weight values to existing immunization registry databases. The systems electronically calculate BMI thus errors are minimized and the measurements are taken by trained health professionals so are more accurate that self-reported measurements. Furthermore, the ages corresponding with immunization schedules are crucial for growth monitoring. The use of registries to integrate electronic health records can promote Health Information Technologies, meaningful use of clinical data, and compliance with clinical guidelines. For example, in both the San Diego County and Michigan systems, health care professionals encounter clinical decision support tools such as prompts to provide patients with weight, nutrition or physical activity counseling when appropriate. The San Diego County system also provides BMI surveillance and summary reports for clinicians.[10]

RECOMMENDATIONS:

In part because of the reporting requirements of the HSA (Appendix A), many areas of HSA compliance have been evaluated. For instance, the SHP provides self-reported data on a number of areas within the HSA and schools menus provide information on compliance with enhanced nutrition requirements for school meals. DC CAS Health and Physical Education provides an assessment of students' PE and HE knowledge. However, because schools have not been collecting UHCs and BMI data and/or entering that data into a usable data management system, the District has lost an opportunity to assess the health impacts of the HSA in terms of reducing obesity among students.

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[9] Hihiser AJ, Lee SM, McKenna M, Odom E, Reinold C, Thompson D, Grummer-Strawn L. BMI Measurements in Schools. *Pediatrics* 2009:174(1);S89-S97.
[10] Longjohn M, Sheon AR, Card-Higginson P, Nader PR, Mason M. Learning From State Surveillance of Childhood Obesity. *Health Affairs*: 29(3); 463-472.

Therefore, moving forward, the District must:

- Address the issue of low collection rates for the UHC (see Priority Area 4).
- Collect accurate BMI data.
    - The HYSC recommends that the District explore integrating the information contained in the UHCs (which include clinician-measured height and weight) into the existing DC Immunization Registry. Any BMI collection efforts must include measurements done by trained professionals using standardized methods, ensure family privacy, include safeguards so as not to stigmatize children who may be overweight or obese, and must also connect children and their parents/guardians to resources if the child is overweight or obese.
- Provide grants of $100,000 to several model schools and evaluate the behavior change and health outcomes of students in these schools.
    - These schools would agree to implement key components of the HSA, in particular the PE and HE, and to participate in an evaluation.

Priority 3 — Promoting the HSA to Students, Principals, Teachers and Other Schools Staff and Families

Current Status: Promotion Efforts a Focus in 2012-2013

Last year's HYSC Report[1] stressed the need for District agencies, including OSSE, DOH, the District Department of the Environment, the Council and the Mayor's Office, as well as District Commissions such as the HYSC and the new Commission on Physical Fitness, Health, and Nutrition, non-profits and businesses 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.

To that end, the Commission on Healthy Youth and Schools supported several key efforts to improve promotion of the HSA:

<u>Healthy Schools Act Messaging Campaign:</u>
To promote awareness of the Healthy Schools Act, the HYSC created an HSA infographic which provides a simple description of the components of the HSA. (Appendix C)

OSSE provided the following HSA infographic materials to each school:

- A durable banner for hanging outside of the school;
- A large poster that can be displayed in another highly trafficked area; and
- Fliers for distribution to students, teachers, parents or community members as appropriate.

In addition, the infographic was displayed on a number of bus stops throughout the city during the month of August and the HYSC, in partnership with OSSE and D.C. Hunger

Solutions, began disseminating monthly Healthy Schools Act Tips that share information on the HSA and highlight schools employing best practices. The tips are available at http://dchealthyschools.org/healthy-schools-act-tips and are distributed to stakeholders throughout the city.

Healthy Schools Act Art & Essay Contest:
To recognize schools and students who are promoting health and wellness, the HYSC, led by OSSE, in partnership with D.C. Hunger Solutions, sponsored a Healthy Schools Act Art & Essay Contest. More than 200 students submitted entries. The 14 winners (Appendix D) were given their awards by Councilmember Mary Cheh (Ward 3) and Acting State Superintendent of Education Jesus Agúirre at the Growing Healthy Schools Week kickoff event. In addition, their works were displayed during the week of October 15th in the Wilson Building and the winning students received a plaque and monetary awards for their schools.

Workshops for Community and Afterschool Health, Nutrition, Physical Activity, and Wellness Providers:
On August 15th, 2013, the HYSC and D.C. Hunger Solutions hosted a workshop for community-based organizations (CBO) providing health- and wellness-related activities in the schools. More than 30 CBOs attended. Highlights of the event included an overview of the goals of the HSA, strategies for integrating OSSE's Physical and Health Education Standards into community programming and a pre-screening of an interactive map that will show the various health and wellness programs in DCPS and DCPCS. All participants received copies of the brand new Healthy Schools Act infographic and other resources to promote healthy eating and physical activity through their programming. Attendees indicated interest in a follow-up workshop to help align their work to OSSE's Physical and Health Education Standards. That workshop, held on October 8th, 2013, reached 17 community partners. OSSE and D.C. Hunger Solutions plan to continue these workshops to assist our community partners in delivering programming to the schools that is consistent with the HSA and OSSE's Physical and Health Education Standards.

Continued City-Wide Efforts to Highlight Sections of the HSA:
Schools continue to celebrate events like Growing Healthy Schools Week and Strawberries and Salad Greens Day, and two School Garden Bike Tours have been conducted to showcase school gardens. In addition, all 111 District of Columbia Public Schools signed on with Let's Move! and a kickoff event featuring the First Lady was held at Orr Elementary on September 6th, 2013.

Websites that Provide User-Friendly Information on the HSA:
Two websites (http://osse.dc.gov/service/healthy-schools-act-0) and (http://dchealthyschools.org/) provide information, ideas and materials to help promote and implement the HSA.

These new promotional efforts are helping extend knowledge about the broader goals of the HSA beyond high level school and city officials, with the aim of reaching teachers, parents, students and the broader community.

RECOMMENDATIONS:

In SY 2013-2014, the District must continue its efforts to widely promote the requirements and wellness goals of the HSA. The wider the acceptance of the HSA, the more impact it will have. The District should also publicize the impact of the HSA on student health, wellness and academic achievement through multiple channels.

While great progress has been made in sharing information on the HSA and its role in promoting health and wellness, there remains work to be done, particularly in promoting similar health and wellness messages to students and their families outside of the school day.

Priority 4 — Addressing the Low Collection Rates for the Universal Health Certificate

Current Status: District on a Path to Non-Compliance

Section 605 of the HSA requires that each student furnish the school annually with a certificate of health (the DC Universal Health Certificate or UHC) 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). DCPS reports that in SY 2012-13, they only received UHCs for 29 percent of their students and this data is not tracked by DCPCS. The schools use additional documents such as asthma and anaphylaxis action plans and food allergy forms which guide management of these chronic conditions in the school setting and medication authorization forms which allow administration of medications during the school day.

However, the following issues identified in the 2012 HYSC Report[1] continue to exist:

- The requirement for submission of UHCs is not universally enforced at the local school level;
- Completion of the health certificates is labor-intensive at the pediatric practice level;
- Health certificates are often incomplete for children with chronic health issues and the form is not conducive to the sharing of information between families, providers, school health personnel and school meal providers;
- School nurses manually enter health information into school-based health software which is labor-intensive and schools without nurses often do not have a systematic way for tracking the health information of students; and
- Information submitted on the form (including lead status and BMI) is not available for analysis at the citywide level.

RECOMMENDATIONS:

The majority of children in the District receive primary care services at health centers which use a common electronic health record (eClinicalWorks). These health centers are currently sending data on immunizations administered to the DC Immunization Registry which is supported by DOH. Immunization information in the Registry is then accessible to healthcare providers, school nurses and DOH. There is a unique opportunity to pilot the electronic transfer of key health data including date of the last preventive care visit, hearing and vision screening, lead and anemia screening, and BMI via interface from this electronic health record platform to the city's existing Immunization Registry. Ideally, these platforms would also communicate with the Statewide Longitudinal Educational Data System (SLED).

The addition of BMI and other key child health data metrics would:

- Enhance coordination of care for children in DC and minimize duplication of testing when children move from one care provider to another;
- Allow DCPS and DCPCS to better track compliance with immunization and annual preventive care requirements;
- Permit citywide analysis of BMI data to assess obesity rates and the impact of the HSA; and
- Improve efficiency for school nurses and health care providers around the city.

In order to seize this unique opportunity to improve the collection and use of student health information, the HYSC urges the Mayor and Council to:

- Fund the information technology investments necessary to add data fields to the existing DC Immunization Registry.
- Convene a multidisciplinary group with representatives from the DOH, DCPS, DCPCS, the DC Chapter of the American Academy of Pediatrics, OSSE, school nurses, and local pediatricians to develop a care plan document for children with special healthcare needs. Care plans already exist for certain key conditions like asthma, anaphylaxis and diabetes, however, there is a need for a generic care plan for medically complex children and adolescents with other chronic health conditions.
- Direct the Office of Healthcare Finance to reimburse existing care coordination and care plan oversight CPT codes. These codes provide reimbursement for time spent by health care providers on care coordination activities and care plan developments which occur between scheduled patient visits.

Priority 5: Improving Capacity to Identify Children and Youth with Mental Health Needs and Provide Services

Current Status: Mental Health Screening of Youth in the District is Now Required

The new MCO contracts for the District's Medicaid services became effective on July 1st, 2013. As part of these contracts with AmeriHealthDC, MedStar Family Choice, Trusted Health Plan, and Health Services for Children with Special Needs, the MCOs are required to ensure annual mental health screening of youth using an approved tool. This work is currently supported by the DC Collaborative for Mental Health in Pediatric Primary Care (Collaborative). The Collaborative working group is engaged in the areas of community needs assessment of primary care providers, identification of recommended tools for mental health screening and consultation on implementation of universal screening, educational support for primary care clinicians, establishment of a hotline for Child Behavioral Health consultation (in which primary care providers can reach a mental health professional for guidance on managing a mental health issue in the primary care setting), and promotion of co-location of mental health providers with primary care providers. By equipping primary care providers to handle basic mental health issues with support from mental health providers, the District can free up the mental health providers to handle more complex mental health needs.

The District is also emphasizing identification of children and youth with unmet mental and behavioral health needs in the school system. The South Capitol Street Tragedy Memorial Act of 2011 requires training for all teachers and principals in DCPS and DCPCS as well as staff employed in child development facilities by October 1, 2014. The Department of Behavioral Health is coordinating with OSSE, DCPS and DCPCS on delivering this training to teachers and implementing a social marketing campaign to promote the initiative. The bill also requires creation of a Behavioral Health Ombudsman Program and creation of behavioral health resource guides for parents/guardians and youth. These initiatives are in the procurement phase.

In the meantime, the District continues to struggle to have sufficient and coordinated mental health services for children and youth.

RECOMMENDATIONS:

To better identify and manage the mental health needs of students, the HYSC recommends that the City:

- Fund the central hotline for Child Behavioral Health consultation;
- Fund creation of basic infrastructure to support the Collaborative's initiatives on education for primary care clinicians, implementation of universal screening for mental health issues and the promotion of co-location of mental health providers in primary care practices;
- Examine empanelment of DC mental health providers with local DC Medicaid plans to ensure these providers can see children and youth with DC Medicaid.

- Review reimbursement guidelines for mental health services with the Department of Healthcare Finance; and
- Ensure that psychiatrists and other mental health providers who are embedded in primary care settings can bill for their services and that they can submit a claim on the same date of service as a primary care claim.

Conclusion

The HSA provides the District with a unique opportunity to improve the health, wellness and nutritional status of its students. District agencies, schools and community partners must continue working together to realize the full potential of the HSA, to keep our students healthy, active, well-nourished and ready for success in the classroom. While the District continues to make progress in implementing the D.C. Healthy Schools Act and in working to improve the health, wellness and nutrition of youth and schools, the Commission finds that the District needs to devote attention and resources to the key areas covered in this report.

APPENDIX A

Compliance with the Healthy Schools Act Reporting and Public Discourse Requirements, SY 2012-2013

Report Title	Agency Responsible	Yearly Due Date (unless otherwise noted)	Section of the HSA	Current Status
School Health Profiles	Submitted by each DCPS and Public Charter School & posted on OSSE website	Schools must submit profile by Feb. 15th 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 30th, 2012	Title V: School Environment (Sec. 502)	Submitted June 30th, 2012
School Garden Report	OSSE	June 30th	Title V: School Environment (Sec. 503)	Submitted July 17th, 2013
Farm to School Report	OSSE	June 30th	Title III: Farm to School (Sec. 303)	Submitted July 17th, 2013
Physical Education and Health Education Report	OSSE	September 30th	Tittle IV: Physical Education/ Health Education (Sec. 405)	Submitted September 18th, 2013
Health, Wellness, and Nutrition Report	Healthy Youth and Schools Commission	November 30th	Title VI: Health and Wellness (Sec. 701)	
Comprehensive Food Service Report	DCPS and Department of General Services	December 31st (every year until completion)	Title II: School Nutrition (sec. 204)	March 15th, 2013
School Health Center Plan	DOH, Office of Healthcare Finance, DCPS, OPEFM and the Public Charter School Board	December 31st, 2010	Title VI: Health and Wellness (Sec.603)	Not submitted
Sustainable Meal Serving Products Plan	DCPS	December 31st, 2010	Title V: School Environment (Sec. 501)	Submitted but cannot confirm date

Report Title	Agency Responsible	Yearly Due Date (unless otherwise noted)	Section of the HSA	Current Status
Environmental Programs Report	Mayor	December 31st, 2010	Title V: School Environment (Sec. 501)	DGS has developed a recycling plan for DCPS (http://dgs.dc.gov/page/healthy-schools)
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 and continues to work with new LEAs to develop their policies.
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)	100% 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.

APPENDIX B

Current Healthy Youth and Schools Commissioners

Name	Appointment	Affiliation
Diana Bruce	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 Chairman of the Council	Children's National Medical Center
Charneta Scott	Designee representative of DBH	DBH
Simone Banks-Mackey	Student member	Cesar Chavez Public Charter School for Public Policy
Jenny Backus	Member appointed by the Chairperson of the Council Committee with oversight over education	Parent
Jean Gutierrez	General Member	The George Washington University
Lauren Biel	General member	DC Greens
Audrey Williams	Member appointed by DCPCSB	DCPCSB
Open	Designee representative of DOH	DOH
Sandra Schlicker	Designee representative of OSSE	OSSE

APPENDIX C

Healthy Schools Act Infographic

The Healthy Schools Act is

HELPING SCHOOLS, STUDENTS AND FAMILIES....

1. Eat Healthy

All schools are serving free, nutritious breakfasts

Meals are tastier with more fruits, veggies, whole grains, and local foods

2. Stay Active

Schools are increasing amounts of time for physical activity and physical education each year

Schools are promoting ways for students to be active throughout the week

3. Learn Healthy Habits

Students are learning the skills and knowledge to live safe and healthy lives

Schools are tobacco-free on school property and at off-campus school-sponsored events

4. Care for the Environment

Gardens are blossoming across the District schools

Recycling programs are helping conserve our natural resources

5. Create Healthy School Communities

School wellness teams are key to promoting the Healthy Schools Act

Schools are adopting healthy vending and fundraising

Together we can put the Act into action!

For more information, visit http://osse.dc.gov/service/healthy-schools-act

Healthy Youth & School Commission

OSSE

d.c. healthyschools act

APPENDIX D

Healthy Schools Act Art & Essay Contest Winners

Participant Name	Grade	School	Item	Grade Group	Place
Niamh O'Donovan	1	Tyler ES	Storybook	K-2	1
Colin Clifford	2	Watkins ES	Drawing	K-2	2
Ahmeen Jackson	1	Watkins ES	Drawing	K-2	3
Abigail Hardman	K	Peabody Early Childhood Center	Drawing	K-2	4
Sara Brodsky	5	Key ES	Poem	3-5	1
Anderson Waltz	4	Watkins ES	Drawing	3-5	2
Tonia Barnes, Victoria Blunt, Kenneth Gray, Christina Cooper, Laila Hart, Destiny Hart	5	Neval Thomas ES	Video	3-5	3
Morgan Phillips	3	Watkins ES	Drawing	3-5	4
Paris Whealton	7	Kelly Miller MS	Poster	6-8	1
Aniyah Riggins	7	SEED	Essay	6-8	2
Ezra Arevalo	7	Capital City PCS	Photo	6-8	3
Princess Simms	10	Richard Wright PCS	Essay	9-12	1
Terry Fair	12	Washington Math Science Technology PCHS	Essay	9-12	2
Whitney Edwards	11	Washington Math Science Technology PCHS	Essay	9-12	3