Community Schools - Community of Practice

Community and Public Health

Ms. Sombo Pujeh, MPH
Objectives

• Present an overview of the Division of Health and Wellness

• Discuss the importance of health education and health data in school environments

• Discuss Division resources available to local education agencies to improve their health education programs and services
Division of Health and Wellness
Overview
Division of Health and Wellness

- OSSE’s Division of Health and Wellness works with schools and community-based organizations (CBOs) to promote healthy behaviors and improve the quality of life for children and youth in the District.

- We offer capacity building to schools and CBOs through the administration of the federal child nutrition programs, distribution of federal and local funding, technical assistance and programming.
Division of Health and Wellness

- Assistant Superintendent
- Five teams support the work of the division:
  - DC State Athletic Association
  - Healthy Schools and Wellness Programs
  - Nutrition Programs
    - Child and Adult Care Food Program (CACFP)
    - School Programs
  - Policy and Planning
  - Strategic Operations
DC State Athletic Association (DCSAA)

- Established by the Office of the Mayor and OSSE in 2012
- Association of DC public schools, public charter schools, and independent schools (private and parochial) that shares knowledge and best practices to enhance student-athlete achievement through athletic programs and quality learning experiences
- Host state athletic championships
Nutrition Programs

- Child and Adult Care Food Program (CACFP)
- Provide monthly financial subsidy, training and technical assistance, nutrition education, food safety information, and nutritious meals and snacks to:
  - Child development centers
  - Adult day care centers
  - Sponsored day care homes
  - Afterschool programs
  - Emergency shelters
Nutrition Programs

• School Programs
• Oversee the following USDA and local programs in DC public schools, public charter schools, and some independent schools (private and parochial) to improve the health of children:
  – National School Lunch Program (NSLP)
  – School Breakfast Program (SBP)
  – After School Snack Program (ASSP)
  – Fresh Fruit and Vegetable Program (FFVP)
  – Food Distribution Program (FDP)
  – Special Milk Program
  – Healthier US School Challenge: Smarter Lunchrooms
Additional Nutrition Programs

• Summer Food Service Program (SFSP)
  – DC Free Summer Meals Program

• Federal Emergency Food Assistance Program
  – The Emergency Food Assistance Program (TEFAP)
Policy & Planning

• Oversees health and wellness grants, initiatives, and policies within the division
  – DC Healthy Schools Act
  – Local Wellness Policies
  – Health and Physical Education Assessment
  – Health and Wellness Grants Management
  – Youth Risk Behavior Survey
  – Healthy Schools Act/CDC School Health Profiles (SHP)
  – Regulations and health and wellness policy development
  – School Climate Pilot (and related mandates from the Suicide Prevention and School Climate legislation)
Strategic Operations

• Oversees operations for the division, including:
  – Auditing activities
  – Finance
  – Human resources
  – Office administration
  – Procurement
MISSION
To work with educators, students, families, and other organizations to improve the overall health of children and youth.

Our goal is to equip individuals with the appropriate resources for healthy environments in academic settings. This includes providing high-quality health and physical education programs and health services.
• Healthy Schools and Wellness Programs
  – Our goal is to collaborate, coordinate, and equip individuals and organizations with the appropriate resources and support for healthy environments in academic settings. This includes:
    • providing quality health and physical education,
    • environmental and health literacy programs, and
    • health services from an ecological approach.
• Resources and Support Available
  – [DC Health Education Standards](#)
  – [Healthy Schools Booklist](#) (K – 5)
  – [Health and Physical Education Booklists](#) (K – 12)
  – [Healthy Schools and Wellness Programs Curricula and Resource Library](#)
  – [Health and Wellness Menu of Professional Developments, Services, and Technical Assistance](#)
  – [Drop-in technical assistance hours. Requests can be made at Technical Assistance Request Form](#)
Healthy Schools and Wellness Programs

• Summary of Programs/Services:
  – Health and Physical Education Standards and Programming
  – School Health Services (Epinephrine, Referral Services, Health Screenings/Testing, Mental Health, etc.)
  – OSSE Youth Advisory Committee
  – DC Personal Responsibility Education Program (Pregnancy Prevention)
  – Environmental Literacy
  – Health and Wellness Symposium
  – Professional Development, Technical Assistance, and Capacity Building services
Division/Team Leads

• Assistant Superintendent of Health and Wellness
  – Donna M. Anthony, Donnam.Anthony@dc.gov
• DC State Athletics Association Director
  – Clark Ray, Clark.Ray@dc.gov
• Healthy Schools and Wellness Programs Director
  – Kafui Doe, Kafui.Doe@dc.gov
• Nutrition Programs State Agency Director
  – Lindsey Palmer, Lindsey.Palmer@dc.gov
  • Suzanne Henley, CACFP/SFSP Manager Suzanne.Henley@dc.gov
  • Elizabeth Leach, School Programs Manager Elizabeth.Leach@dc.gov
• Policy & Planning Director
  – Yair Inspektor, Yair.Inspektor@dc.gov
• Strategic Operations Manager
  – Rhoma Battle, Rhoma.Battle@dc.gov
Why is it so important to incorporate data into our work?
Health Education Data Sources

Student Health Knowledge (HPEA)

Student Health Behaviors (YRBS)

School Resources (SHP)

Improved Student Outcomes
The Youth Risk Behavior Survey (YRBS) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including—

1. Behaviors that contribute to unintentional injuries and violence
2. Sexual behaviors related to unintended pregnancy and sexually transmitted diseases, including HIV infection
3. Alcohol and other drug use
4. Tobacco use
5. Unhealthy dietary behaviors
6. Inadequate physical activity

YRBS also measures the prevalence of obesity and asthma and other priority health-related behaviors plus sexual identity and gender of sexual contacts.

YRBS includes a national school-based survey created by the Centers for Disease Control and Prevention.
100% eligible DCPS schools and 75% of eligible public charter schools participated in the 2015 administration.

There was a 69% average response rate for students in the participating schools.

DC is one of the only jurisdictions that administers to middle school students in addition to high school students.

DC collects the information via the Census technique (vs. sampling, which would only cover a portion of students); This minimizes the margin of error in the data.
• 30% of middle school students and 11% of high school students reported being bullied on school property

• 12% of middle school students and 12% of high school students reported attempting suicide

• 69% of middle school students and 62% of high school students report having a supportive adult
## Mental Health and Sexual Identity

<table>
<thead>
<tr>
<th>Percentage of students who felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey)</th>
<th>Heterosexual High School (HS) Students Answering Yes</th>
<th>Gay/Lesbian/Bisexual (GLB) HS Answering Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>23%</td>
<td>47%</td>
<td></td>
</tr>
</tbody>
</table>

| Percentage of students who seriously considered attempting suicide (during the 12 months before the survey) | 10% | 32% |

| Percentage of students who made a plan about how they would attempt suicide (during the 12 months before the survey) | 12% | 31% |

| Percentage of students who attempted suicide (one or more times during the 12 months before the survey) | 10% | 25% |

| Percentage of students who attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (during the 12 months before the survey) | 4% | 9% |

Source: 2015 HS YRBS
Overall, STD and HIV testing was lower among high school students in 2015 compared to 2012

- 39% of high school students were tested for HIV (vs. 44% in 2012)

- 34% of high school students were tested for STDs (vs. 50% in 2012)
<table>
<thead>
<tr>
<th>Percentage of students who were physically active at least 60 minutes per day on five or more days (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the seven days before the survey)</th>
<th>% of HS students who received mostly A's</th>
<th>% of HS students who received mostly B's</th>
<th>% of HS students who received mostly C's</th>
<th>% of HS students who received mostly D's/F's</th>
</tr>
</thead>
<tbody>
<tr>
<td>35.4</td>
<td>33.6</td>
<td>25.1</td>
<td>22.1</td>
<td></td>
</tr>
</tbody>
</table>

*Source: 2015 HS YRBS*
<table>
<thead>
<tr>
<th>Safety Skills and Sexual Identity</th>
<th>Heterosexual MS</th>
<th>LGB MS</th>
<th>Heterosexual HS</th>
<th>LGB HS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of students who did not go to school because they felt unsafe at school or on their way to or from school (on at least one day during the 30 days before the survey)</td>
<td>12%</td>
<td>18%</td>
<td>6%</td>
<td>11%</td>
</tr>
<tr>
<td>Percentage of students who have been afraid of being beaten up at school (one or more times during the 12 months before the survey)</td>
<td>12%</td>
<td>17%</td>
<td>7%</td>
<td>13%</td>
</tr>
<tr>
<td>Percentage of students who have seen or heard people where they live be violent and abusive (including serious hitting, shouting, throwing items, yelling, or name calling, but not 'play fighting,' during the 12 months before the survey)</td>
<td>-</td>
<td>-</td>
<td>33%</td>
<td>44%</td>
</tr>
<tr>
<td>Percentage of students who were bullied on school property (during the 12 months before the survey)</td>
<td>29%</td>
<td>40%</td>
<td>11%</td>
<td>18%</td>
</tr>
</tbody>
</table>

*Source: 2015 HS YRBS*
<table>
<thead>
<tr>
<th></th>
<th>Students receiving mostly A's</th>
<th>Students receiving mostly B's</th>
<th>Students receiving mostly C's</th>
<th>Students receiving mostly D's/F's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of students who were in a physical fight (one or more times during the 12 months before the survey)</td>
<td>22%</td>
<td>31%</td>
<td>40%</td>
<td>52%</td>
</tr>
<tr>
<td>Percentage of students who carried a weapon (such as a gun, knife, or club on at least one day during the 30 days before the survey)</td>
<td>13%</td>
<td>16%</td>
<td>22%</td>
<td>37%</td>
</tr>
<tr>
<td>Percentage of students who were in a physical fight on school property (one or more times during the 12 months before the survey)</td>
<td>8%</td>
<td>14%</td>
<td>17%</td>
<td>23%</td>
</tr>
<tr>
<td>Percentage of students who have ever bullied someone else on school property (during the 12 months before the survey)</td>
<td>8%</td>
<td>8%</td>
<td>10%</td>
<td>22%</td>
</tr>
</tbody>
</table>

*Source: 2015 HS YRBS*
The number of high school students who were overweight or obese remained static between 2012 and 2015

- 15% of high school students were obese
- 18% of high school students were overweight
- 12% of high school students ate vegetables at least three times in the previous week (down from 15% in 2012)

Source: 2015 HS YRBS
Overall, illegal drug and alcohol use has decreased among both high school and middle school students:

- 20% of middle school students (down from 31% in 2012) drank alcohol
- 8% of high school students (down from 12% in 2012) drank alcohol
- 28% of middle school students (down from 31% in 2012) used marijuana
- 8% of high school students (down from 10% in 2012) used marijuana

Source: 2015 HS YRBS
Health and Wellness Resources
Grant Opportunities

- CDC 1305/1308: HIV/STD Prevention and Physical Activity
- DC Physical Activity for Youth (DC PAY)
- DC Personal Responsibility Education Program (DC PREP)
- Environmental Literacy Advancement
- Environmental Literacy Fellowship
- Equipment Assistance (Foodservice)
- Farm Field Trip
- School Garden
Technical Assistance

- Environmental Literacy
- Health and PE Standards – Health & Wellness Symposium
- Health and PE Curricula Library
- Local Foods Procurement
- Local wellness policy development
- Meals standards
- Nutrition Education and Promotion
- Physical Activity in schools
- School Gardens
- School Health Services
Data/Reporting

• Certain information is collected from schools through the calendar year
• Health and Physical Education Assessment
  – Grades 5, 8, and HS health class grade each year
• School Health Profiles (SHP)
  – Centers for Disease Control and Prevention (CDC)
    • Due Feb. 15 of each even year (2016, 2018, etc.)
  – Healthy Schools Act (HSA)
    • Due Feb. 15 each year
• Youth Risk Behavior Survey (YRBS)
  • Due Feb 15 of each odd year (2017, 2019, etc.)
SAVE THE DATE!
Health and Wellness Symposium

Aug. 17-18, 2017 at the Kellogg Conference Center at Gallaudet University (800 Florida Ave. NE)

FREE two-day event to obtain critical professional development; skills training and updates around health education including teaching strategies, content knowledge, community-based resources, parent engagement strategies, and teaching materials; and networking to share best practices

For more information or questions, please contact Whitney Carrington at (202) 442-4010 or Sombo Pujeh at (202) 741-5932
Thank you!

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