



## **Agenda**

**Healthy Youth and Schools Commission Meeting**

**Jul. 27, 2016**

**3:00-5:00 pm**

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| <b>3:00-3:15</b> | <b>Welcome/Introductions</b>            |
| <b>3:15-3:45</b> | <b>Data Collection Efforts at OSSE</b>  |
| <b>3:45-4:00</b> | <b>Health and Wellness Symposium</b>    |
| <b>4:00-4:30</b> | <b>Physical Activity Subcommittee</b>   |
| <b>4:30-4:50</b> | <b>Commissioners/Lead and PACE</b>      |
| <b>4:50-5:00</b> | <b>Other topics &amp; announcements</b> |

Healthy Youth and Schools Commission Meeting

Wednesday, July 27, 2016

3:00 p.m. – 5:00 p.m.

Meeting Minutes

**Commissioners in attendance:** Jeffrey Travers, Donna Anthony, Bill Dietz, Charneta Scott, Audrey Williams, Cara Biddle, Beverly Wheeler

**Commissioners not in attendance:**

**Others in attendance: Phone:**

- I. Introductions
- II. Agenda
  - a. Jeff- Apologized for not having sent out agenda and described topics of discussion.
- III. Data collection efforts at OSSE
  - a. Donna- I want to talk about the data that is being collected at OSSE and the plan to give LEAs back more of this data.
  - b. To date, OSSE has collected the following data and is trying to get as much of it back to LEAs as possible:
    - i. YRBS: Finished administration in the fall of 2015. Working on putting together the report. There are some results that are positive, such as a general improvement in the nutrition and eating habits reported, but the data also shows areas where much improvement is needed, specifically safety skills and mental health. We are still working on our reports so I cannot share more, but hope to take a closer look at the results at the next meeting.
    - ii. 2016 Healthy Schools Act School Health Profiles
      1. Completion rates were 99% - everyone but one DCPS and one PCS school completed the profile.
      2. This year the content was reduced from about 40 pages to 20 pages, trying to ensure that we are considerate to schools by asking only data that is necessary, not just data that is interesting.
    - iii. Future Healthy Schools Act School Health Profiles
      1. For future years, will would like to engage you all in the process – how do we determine what data should be included? How do we deploy and make it easier for school staff to complete? We want to engage with HYSC before the 2017 survey comes.
  - c. We are also trying to give as much data back to LEAs as possible. We are providing the following data to LEAs:
    - i. YRBS: We want to give data back for each question, by student groups. LEAs currently have to sign a MOU but we are looking into whether this will continue

to be a requirement. We take this data set very seriously because we know how many agencies and organizations depend on it.

- ii. Health and Physical Education Assessment: We have the format in which we would like to give schools back their data for the 2016 assessment and are working on getting it back to them.
- d. What we collect forms a triangle of data:
- i. YRBS: The results let us know how students are behaving. DC is fortunate because data is collected in middle and high school. As opposed to many states that begin collection in high school, we have access to this data much earlier and can take action earlier.
  - ii. Health and Physical Education Assessment: One of the few across the nation. It informs us of what students know by collecting data on five categories – safety skills, human body and personal health, nutrition, alcohol tobacco and other drugs, mental health, and disease prevention.
  - iii. Healthy Schools Act School Health Profiles: Lets us know what the resources in the school buildings are.
- e. **Questions:**
- i. What do schools do with this data? Donna – That is piece number two. OSSE does a lot of compliance and regulatory work and we need to do more incentive work for LEAs to encourage them. My vision is that we will eventually have a school data profile that has a snapshot of the three data pieces mentioned earlier (Health and Physical Education Assessment, YRBS, and Healthy Schools Act School Health Profiles). This way schools can see where they stand so that they can prioritize. Ideally we would have coaches in the LEAs/schools that explain to them what it is like to work with OSSE and explain to them the importance of the data that is collected, i.e. this is the data OSSE collects, why and how OSSE collects such data, how the data is used, what LEAs/schools may expect as a result of the data collected. Also, LEAs/schools should hear from each other. If there is a really great model one school is using, other schools should hear about it and learn from it. We want to streamline the data collection process and get good data back so that we can help schools make choices based on that data and provide resources to the schools. There is a huge linkage to academic outcomes and health, and we want to show that we can help close the gap in academics. To do so, we need to tell a story and give schools the resources they need to be able to close the gap.
  - ii. Are the School Health Profile results up on the website as forms? Yes. This year's profile results are up on the OSSE website as PDFs.
  - iii. Michael (FOCUS) – is the school health profile included in the combined report that is created of DCPS and PCS? Donna- No. It is not currently included but we may look into including it. Part of it is that the data collected in the School Health Profiles has been inaccurate in the past, and as a result questions have been revised. We feel we are at a good place now because we have done a

comparison of data collected by OSSE staff going out to the field and comparing their findings to schools' answers in the profiles. These matched up so we feel good about the responses we are receiving.

IV. Health and wellness symposium

- a. Donna- We are hosting a Health and Wellness Symposium August 18 and 19. It is open to school professionals that work around health. The symposium will consist of:
  - i. Presentations by agency partners such as the Department of Behavioral Health and the Department of Health.
  - ii. Sessions presented by OSSE staff, such as presentations on school gardens, farm to school, and physical education and physical activity lesson plans. These are important as I want OSSE staff to connect with schools
  - iii. Other topics such as trauma informed classrooms, CPR and AEDs, Epinephrine, and staff wellness.
    1. Employee wellness and community engagement are incredibly important because we have looked at the WSCC (Whole School, Whole Child, Whole Community Model) developed by the CDC, and there is gap in these two areas. The gap is being filled by other organizations but OSSE needs to show up, particularly to improve areas such as crisis and trauma.
- b. Registration for the symposium is free and it is almost full.
- c. We will be releasing a lot of data and materials at the symposium. Including:
  - i. Resources for implementation of the new health standards, which were approved by the State Board of Education earlier this year (2016)
  - ii. Guidance documents
  - iii. Booklist of books for K-12 that align to the new standards
  - iv. Stickers and bookmarks to promote the "Healthy Schools" approved books
- d. **Questions:**
  - i. Will OSSE be buying these books? Donna- No. But this is a good point and whether to buy books for schools should be discussed. Currently there is an organization that provides students with books.

V. Physical Activity subcommittee

- a. Bill- As the chair of the subcommittee, I wanted to share what we have been discussing. The current goal as set by the Healthy Schools Act is 150 minutes of physical education per week. This is a goal that very few schools are meeting, and we feel that amending the Act might be the best way to improve.
  - i. We feel that a conservative and practical goal is 30 minutes of physical activity per day during the school day. This is half of the requirements, and can be met through recess and classroom breaks, which it seems teachers do not know how to use and are an important behavioral tool.
  - ii. The Act also states that we should think about out of school time. Out of school programs like the 100 miles challenge to get kids to run 100 miles over the course of a year whether in our out of school. Some schools have this program.

1. Joint use agreements for schools involve several different agencies, permission from principal and someone to clean up in school. These are mostly used by adults because they have the capacity to do this.
- iii. The standards for physical activity in early care and education centers are half an hour per day, which is different from pre-K, which are 20 minutes per day, so kids are suffering from unequal treatment.
- b. How to move these forward? Can the commission initiate the amendments? We have met with Mary Cheh's office to discuss how to move forward the amendment process. Filing in spring would be best as the process is long. We would like to include:
  - i. Making standards uniform for early care and pre-K, which will also require teacher education.
  - ii. Implementing 30 minutes a day within the school day.
    1. Need to promote on the basis of academic achievement.
    2. Challenge: how do you monitor and implement?
- c. We have also discussed that very often adults that suffer from obesity have experienced adverse childhood experiences. This came from a study by an internal medicine doctor who saw women with obesity, and many had exposure to violence or sexual abuse. The CDC followed with studies to describe childhood experiences that could lead to adverse adult results, including addiction of a parent, abuse, homelessness (i.e. traveling to a variety of schools in DC, etc.).
  - i. Manifestations are not understood but it is likely these are the kids that act up since they do not have coping mechanisms.
  - ii. Physical activity might help because the neurotransmitters are stimulated.
  - iii. Should have a resource person in schools to help teachers understand how to implement and understand why students are acting in such way. This was also discussed with Mary Cheh's staff.
- d. Jeff – that is why we have subcommittees, so that each can focus their attention on a specific topic.
  - i. Need to work on comprehensive set of amendments over the next 6 months and address other issues that are not in the Act. Mental health, teen pregnancy, are topics to consider.
  - ii. Tweak nutrition sections in the Act.
  - iii. OSSE will be hiring a Director of Policy and Planning to help lead this process and determine what the amendments should be.
- e. **Questions:**
  - i. Healthy Tots Act may be a better avenue for physical activity in early childhood centers. Bill- Yes. The Healthy Schools Act and the Healthy Tots Act are seen as attached to one another.
  - ii. I thought some DCPS schools were extending the school day, in part to increase time for physical activity. I was under the understanding that this was in a way a pilot to determine if it was an effective method to increase physical activity. I have concerns about amending the physical activity section of the Act, as it puts

pressure on schools. Bill- Many schools already extended the day through their afterschool activity because participation is so high. Giving a daily amount would create more structure and provide rigorous programming in physical activity to get to the same goal. Physical activity is less regulated so there is more of an opportunity to make progress.

1. We are striving for something that is achievable vs. ideal to make kids move more.
  2. We have not made a compelling case for physical activity. Behavior and learning is the stronger argument and we need to lay some groundwork to make that case.
- iii. What data will be collected? This needs to be determined so data will inform ways to move forward. It would be great if schools could be made more accountable for this requirement.

VI. Bill Dietz and Beverly Wheeler were sworn in as commissioners.

VII. Lead and the PACE Bill

- a. Michael (FOCUS)- Council member Grosso's PACE bill (Planning Actively for Comprehensive Education) asks DGS to go into all schools in the city to test for lead in the water, and asbestos and carbon monoxide in the building.
  - i. FOCUS believes that the DGS is limited as only one person does the testing and there are 112 PCS campuses in the city plus DCPS. Instead, schools should receive the funds, show proof of testing to PCSB and if funds are not used appropriately, should be fined. If they don't perform the required tests, these should be treated as fire and safety violations so that they are penalized the same way they would if their fire alarm did not work. This is by a penalty of a \$2,500 to \$16,500 fine. We believe this is a better method than threatening to take a school's money. A report would be published by DGS and OPEFP and the agencies would contact schools directly (or PCSB) to communicate that they have not provided the information required and will receive a fine.
  - ii. Mary Cheh recently came up with a new bill addressing these same issues. The bill should be combined with Grosso's to create a smooth bill as current bill is not very clear.
- b. **Questions:**
  - i. Who is the enforcer? Concerns that schools would not do the testing, and a fine of \$2,500 is not sufficient as a school with possible lead should not be operating. Need to determine when the report comes out and what the timeframe is for them to be fined. There needs to be more explicit language in the bill.
- c. Jeff – Audrey and I were talking and feel that Mary Cheh's bill has unrealistic targets.
- d. Audrey – Yes. The bill seems to be missing points. It only mentions DGS once and simply implies that DGS does testing. There are many questions about the bill.
- e. Donna- I think there has been a question as to whether OSSE would do the testing. OSSE does not have the capacity. Health and Wellness does not have the expertise to supervise this type of effort.

- f. Michael (FOCUS) – PCS tested water in all schools and the PCSB reimbursed them, but they do not receive money for this. Council could add a line to the Bill to specify funds, as PCSB spent \$100,000 testing all schools and DCPS spent nothing because DGS did the testing.
- g. Jeff – We are supportive that OSSE should find a way to test the schools within this fiscal year. Do the other commissioners agree? All said yes.

VIII. Breakfast in the classroom and supplies needed

- a. Patrillie (DC Hunger Solutions)- When the Healthy Schools Act first started there was allocation for breakfast alternative models as a one-time funding of \$7.00 per student for schools, and all schools that have 40% or more of students who qualify for free and reduced meals must provide at least one of the alternative breakfast models. The three models are: Grab and go, breakfast in the classroom, and second chance. These funds allowed schools to purchase materials such as wipes, trash bags, etc. for the first few years. However, once the one-time fund was exhausted schools had to use other funds for these materials.
- b. Jeff- Yesterday we met with Child Trends, the vendor doing the evaluation of the Healthy Schools Act, and this was a topic that came up as a possible amendment to the Act as a recurring fund.
- c. Michael (FOCUS)- When PCS heard that the \$7 per student fund was done, there were many complaints because it was now an unfunded mandate. FOCUS emphasized flexibility.
- d. Liz (OSSE) – I am speaking now wearing my previous hat as a DCPS employee. Annually DCPS spent about \$80,000 per year for materials in addition to Head Start. I want to make sure we keep in mind the original intent of breakfast in the classroom. The intent of breakfast in the classroom and other alternative methods is to make breakfast accessible so that students do not have a barrier to eating breakfast. Because schools have so many types of facilities, I want to make sure that access is created for everyone but not just through enforcing one method, as one solution is not best for all schools.
- e. Patrillie- Logistically breakfast in the classroom might not work for all schools, but other methods still require materials and equipment. Some schools may require a hybrid, but funding is still important. If we want to echo best practices set forth by FRAC, our national partner organization, we want to make sure that every student has the opportunity to have breakfast after the bell. DC Hunger’s estimate is that it would take approximately \$250,000 for three years of materials.
- f. Cara- We may also need to look at those students that are eating breakfast at home and at school. We want to make sure that whatever model is applied takes this into consideration.
- g. Beverly- We want to increase participation in breakfast and need to determine the best method to do so.
- h. Jeff – Any additional items?
- i. Cara – Just wanted to let everyone know that we are working on the electronic submission of health certificates. I was informed OSSE was doing the same and want to

make sure that we are not duplicating work. Is there an early childhood group in OSSE working on this? Donna- Yes. Heidi and Audrey are involved in the conversation with OSSE on universal health certificates. Cara- Perfect. I am working with Heidi as well.

**Meeting adjourned at 4:24 pm.**