

**Oversight Question Responses
Healthy Youth and Schools Commission
Submitted February 7th, 2014**

Q1) Please provide a list of the current membership of the Commission including each individuals name, affiliated organization, ward of residence, appointing authority and number of meetings attended. Please list any current vacancies on the Commission.

RESPONSE 1:

There are currently 11 active Commissioners on the Healthy Youth and Schools Commission (HYSC) with the absence of a general member and a representative from DOH. Two Commissioners, Jenny Backus (appointed by the Council member with oversight of education) and Amy Nakamoto (general member) are in the process of resigning. Commission Chair, Alex Ashbrook and OSSE are actively seeking candidates who can be referred to the Office of Boards and Commissions for consideration for the Commission. See Appendix A for a list of Commissioners with date of appointment, appointing authority, affiliation, and ward of residence. See Appendix B for the number of meetings attended by each Commissioner.

Q2) Please provide the dates, times and locations of all meetings held by the Commission in FY 13 and to date in FY 14. Where possible, please provide the approved minutes from each meeting.

RESPONSE 2:

Date	Time	Location
3/12/2013*	5:00-7:00 pm	OSSE, 810 1st Street, NE, Washington, DC 20002
5/14/2013*	5:00-7:00 pm	OSSE, 810 1st Street, NE, Washington, DC 20002
7/31/2013*	4:00-6:00 pm	OSSE, 810 1st Street, NE, Washington, DC 20002
9/25/2013*	4:00-6:00 pm	OSSE, 810 1st Street, NE, Washington, DC 20002
11/6/2013*	3:00-5:00 pm	OSSE, 810 1st Street, NE, Washington, DC 20002
01/14/2014**	4:00-6:00 pm	OSSE, 810 1st Street, NE, Washington, DC 20002

*Minutes attached (Appendix C)

**Minutes not yet approved

Q3) Was the work of the Commission split or divided amongst any subcommittees in FY12 or to date in FY13? If so, please provide the goal of each subcommittee, the membership, and information on the meetings held in FY12 and to date in FY13.

RESPONSE 3:

The Commission is divided into subcommittees, each with a particular focus on one function or one issue of concern for the health of youth and schools in the District. The subcommittees are Communications, Evaluation, Physical Education (PE) and Physical Activity (PA), and School Health. Commissioners self-selected which subcommittee(s) to serve upon based upon their areas of interest and expertise. The role and activities of each subcommittee are described below. See Appendix D for more information on subcommittees and dates of meetings.

- The role of the Communications Subcommittee is to promote the Healthy Schools Act to all school stakeholders. To this end the Subcommittee:
 - Developed a Healthy Schools Act infographic and widely disseminated it;
 - Conducted a Healthy Schools Act Art and Essay Contest; and
 - Held two workshops for community-based organizations conducting health and wellness activities in the schools. (See Q5 for full details of these activities)
- The role of the Evaluation Subcommittee is to evaluate the success of the Healthy Schools Act. To this end the Subcommittee:
 - Met to discuss various sources of data available for evaluation of the Healthy Schools Act;
 - Worked with DOH towards obtaining BMI and other chronic disease data on students in the District (this process is ongoing); and
 - Recommended that OSSE convene a group of researchers to discuss evaluation needs and develop plans for evaluation.
- The role of the PA and PE Subcommittee is to investigate what schools will need in order to meet the SY 2014-2015 physical education and health education guidelines and assist schools in promoting 60 minutes/day of physical activity. To this end the Subcommittee:
 - Convened a PE/PA stakeholder session to gather input on the resources needed by schools in order to implement the HSA physical education requirements;
 - Researched PE and health education (HE) requirements in other states across the nation;
 - Recommended that Council convene a Task Force to further investigate this issue.
- The role of the School Health Subcommittee is to investigate ways to increase completion of the Universal Health Certificate and address other issues related to the health of students. To this end the Subcommittee:
 - Met with DOH to discuss the issue of low return rates on the Universal Health Certificates;
 - Obtained a memo from DOH regarding the shortage of vaccine for the TB test and the response to this question on the Universal Health Certificate; and

Q4) Under the Healthy Schools Act, the Healthy Schools and Youth Commission is charged with a specific set of functions. Please provide an update on the work of the Commission in FY12 and to date in FY13 in performing these specific functions. At a minimum, please describe how the commission worked to perform these functions and any work products that were produced as a result. -Advising on the operations of all District health, wellness, and nutrition programs; -Reviewing and advising on the best practices in health, wellness, and nutrition programs across the United States; -Recommending standards, or revisions to existing standards, concerning the health, wellness, and nutrition of youth and schools in the District; -Advising on the development of an ongoing program of public information and outreach programs on health, wellness, and nutrition; -Making recommendations on enhancing the collaborative relationship between the District government, the federal government, the University of the District of Columbia, local nonprofit organizations, colleges and universities, and the private sector in connection with health, wellness, and nutrition; -Identifying gaps in funding and services, or methods of expanding services to District residents; and -Engaging students in improving health, wellness, and nutrition in schools.

RESPONSE 4:

The Commission worked hard towards fulfilling all of the functions designated under the Healthy Schools Act. See below for a list of specific functions and activities conducted.

- Advising on the operations of all District health, wellness, and nutrition programs;
 - The Commission’s annual report on the health, wellness and nutrition of youth and schools in the District is the primary method for the Commission to communicate its activities to the Mayor and the Council. The Commission’s FY 13 “Report on the Health, Wellness and Nutrition of Youth and Schools in the District of Columbia” is attached (Appendix E). The FY 13 Report focused on five priority areas that Healthy Youth and Schools Commission considered essential for the city to address in order to better promote the health and wellness of our students and schools. The five areas are physical and health education, evaluation of the Healthy Schools Act, promotion of the Healthy Schools Act, DC Universal Health Certificate collection rates, and mental health screenings.
- Reviewing and advising on the best practices in health, wellness, and nutrition programs across the United States;
 - In preparation for writing the FY 13 Report, the HYSC investigated successful programs across the nation and reported upon the progress that other states are making in regards to the physical education and physical activity requirements of the Healthy Schools Act.
- Recommending standards, or revisions to existing standards, concerning the health, wellness, and nutrition of youth and schools in the District;
 - Recommended that a Task Force be convened to further investigate the resources needed by schools to implement the PE and HE requirements of the Healthy Schools Act.
- Advising on the development of an ongoing program of public information and outreach programs on health, wellness, and nutrition;
 - Provided direction to OSSE’s Healthy Schools Act Initiatives Team regarding programming needs throughout the city. In particular, suggested that more

programming be directed at parental engagement around the Healthy Schools Act.

- Making recommendations on enhancing the collaborative relationship between the District government, the federal government, the University of the District of Columbia, local nonprofit organizations, colleges and universities, and the private sector in connection with health, wellness, and nutrition;
 - Commission meetings are open to the public and numerous stakeholders have been engaged through attendance at these meetings. The meetings have therefore served as an excellent means to develop collaborative relationships between all stakeholders. The Commission has further supported these efforts through holding trainings on the Healthy Schools Act and OSSE's Physical Education and Health Education Standards for community based organizations. The Commission has encouraged collaborative efforts between the DC Department of Health (DOH) and OSSE which have been extremely fruitful in regards to working to obtain chronic disease data.
- Identifying gaps in funding and services, or methods of expanding services to District residents; and
 - The Commission has focused a lot of attention towards the resources needed by schools to implement the Healthy Schools Act physical education and health education requirements and recommended that a Task Force be convened to further investigate this issue. The Commission has also gathered information on best practices in regards to increasing physical education and health education minutes in the schools.
- Engaging students in improving health, wellness, and nutrition in schools.
 - A new student member has recently been appointed to the Commission and efforts are being made to engage her in the meetings and to utilize her feedback to better meet the needs of students. In October, the Commission held a Healthy Schools Act Art and Essay Contest to engage students and over 200 entries were received. See Q5 for more information on the contest.

Q5) How does the Commission communicate with residents, advocates, government agencies, and interested stakeholders? Please explain the methods and frequency of communication the Commission has with these individuals. Additionally, please describe any outreach and/or education efforts that the Commission has made to engage the public in its work in FY13 and to date in FY14?

RESPONSE 5:

The Commission's meetings are open to the public and OSSE ensures that notice is provided in the D.C. Register as well as on the recently launched Commission Website (<http://osse.dc.gov/service/healthy-youth-and-schools-commission-hysc>). Additionally, the Commission promotes the meetings to a list of interested stakeholders through email notices. The Commission primarily relies on the D.C. government representatives from the OSSE, the D.C. Public Charter School Board, the D.C. Public Schools, and the DOH (Commission seat currently vacant) to communicate relevant information to interested stakeholders.

The 2011-2012 HYSC Report (Appendix F) 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 HYSC and OSSE collaborated on two key efforts to promote the HSA to stakeholders:

Healthy Schools Act Messaging Campaign:

To promote awareness of the Healthy Schools Act, the HYSC:

- Created a Healthy Schools Act infographic which provides a simple description of the components of the Act (Appendix G). The infographic was disseminated citywide through the following methods:
 - Durable banners and posters were provided to the majority of public and public charter schools for display in the front hallway and/or cafeteria;
 - Fliers and posters were provided to community-based organizations working on health and wellness in the schools, as well as to the DC Physical Activity for Youth and DC School Garden Grantees;
 - Posters were displayed on bus stops throughout the city during the month of August;
 - Fliers are distributed during HYSC meetings and multiple copies are provided to stakeholders for further dissemination; and
 - The HYSC and OSSE continue to look for new opportunities to disseminate the infographic fliers and posters to stakeholders.
- Launched Healthy Schools Act Tips that share information on the Healthy Schools Act and highlight schools employing best practices. The tips are available at <http://dchealthyschools.org/healthy-schools-act-tips> and are distributed via email to a variety of stakeholders.
- Hosted the Healthy Schools Act Art & Essay Contest to recognize schools and students who are promoting health and wellness. More than 200 students submitted entries. The awards were given out by CM Mary Cheh and Interim State Superintendent of Education Jesus Aguirre during the Growing Healthy Schools Week kickoff event at Thurgood Marshall Academy. Winning entries can be viewed at <http://osse.dc.gov/multimedia/healthy-schools-act-art-essay-contest-winners>.

Healthy Schools Act Outreach to Community-Based Organizations:

Through extensive efforts to identify community-based organizations (CBOs) working in the schools in the areas of health, wellness, and physical education and activity, it was identified that over 200 such CBOs are operating in the schools. To raise awareness among these

organizations about the Healthy Schools Act, the Commission and OSSE collaborated on two workshops aimed at these community providers:

- In August 2013, 30 representatives from CBOs attended a workshop at OSSE where they learned more about the Healthy Schools Act and the OSSE Health and Physical Education Standards. The workshop received excellent feedback and participants requested more in-depth assistance in adapting their activities to the OSSE standards.
- In October of 2013, 17 representatives from CBOs attended a follow-up workshop where they received hands-on experience with aligning their activities to the OSSE Health and Physical Education Standards. This workshop was also well-received and communication with these groups is ongoing.

Q6) How does the Commission encourage and solicit the direct involvement of District youth in its efforts? How often do youth from the city attend commission meetings? Are there any plans for FY13 to expand the role of youth in the work of the Commission?

RESPONSE 6:

The structure of the Commission requires the appointment of at least one youth representative. Unfortunately, that seat has not been consistently filled. Our new youth representative, Simone Banks-Mackey, was appointed on October 23, 2013 after the former youth representative stepped down. The Commission, as primarily an advisory body that is required to meet just four times a year, struggles with finding opportunities to better directly involve youth. However, our fall 2013 sponsorship of the Healthy Schools Act Art and Essay competition was a step in the right direction. In the upcoming year, the Commission plans to draw on the suggestions of our youth representative and Commissioners who work directly with youth to find opportunities for youth engagement.

Q7) Please describe the goals and work plan for the Commission for the remainder of FY14 and beyond. In your response, please include the specific programs, policies, initiatives, or efforts that the Commission will focus on.

RESPONSE 7:

The FY 13 HYSC Report (Appendix E) provides the work plan for our FY 14 focus. The Commission's Report emphasizes the need for city leaders to mobilize pertinent stakeholders from District agencies, schools, and community partners, to take action in the five priority areas listed below. The Commission looks forward to working with the D.C. Council and welcomes participation by the Council at its meetings.

- Ensuring Schools are Able to Meet the Physical and Health Education Requirements of the Healthy Schools Act
- Assessing Opportunities to Better Evaluate the Health, Nutrition, Wellness and Academic Impact of the Healthy Schools Act
- Promoting the Healthy Schools Act to Students, Principals, Teachers and Other Schools Staff and Families
- Addressing the Low Collection Rates for the DC Universal Health Certificate

- Improving the Capacity to Identify Children and Youth with Mental Health Needs and Provide Services

Q8) What, if any, barriers has the Commission encountered in working to meets its functions and mandates under the Healthy Schools Act? Please provide any policy or legislative recommendations that Commission has to improve its work and functions.

RESPONSE 8:

The primary barrier facing the Commission is that all of its members are volunteers who have limited hours to devote to the Commission. Several of its D.C. agency members, while having work responsibilities related to student health and wellness, have a much broader scope of work. As a consequence the Commission focuses its efforts on where –given these constraints— it can add the most value to the City. As such the Commission plays a key advisory role.

APPENDIX A
CURRENT HEALTHY YOUTH AND SCHOOLS COMMISSIONERS

Commissioner Name	Date of Appointment	Appointment	Affiliation	Ward of Residence
Sandra Schlicker	5/3/2012	Designee representative of OSSE	OSSE	2
Amy L. Nakamoto (resigning)	5/3/2012	General member	DC SCORES	4 (recently moved to Virginia)
Alexandra M. Ashbrook	5/3/2012	Chairperson	DC Hunger Solutions	3
Lauren S Biel	7/30/2012	General member	DC Greens	3 (recently moved to Maryland)
Charneta Scott	5/3/2012	Designee representative of DBH	DMH	4
Alexandra C. Lewin-Zwerdling	5/3/2012	General member	Powell Tate	1
Cara Larson Biddle	5/3/2012	Member appointed by the Council	Children's National Medical Center	4
Jenny Backus (resigning)	5/3/2012	Member appointed by the Council	Parent	3
Diana Bruce	4/30/2013	Designee representative of DCPS	DCPS-Office of Youth Engagement	6
Audrey Williams	10/23/2013	Designee representative of PCSB	DC Public Charter School Board	Resides in Maryland (designee)
Simone Banks-Mackey	10/23/2013	Student	Cesar Chavez PCS	8
VACANT	NA	DOH Representative	NA	NA
VACANT	NA	General Member	NA	NA

APPENDIX B
ATTENDANCE OF COMMISSIONERS AT HEALTHY YOUTH AND SCHOOLS COMMISSION MEETINGS

	FY 2012-2013				FY 2013-2014	
	3/12/2013	5/14/2013	7/31/2013	9/25/2013	11/6/2013	1/14/2014
Sandra Schlicker	X	X	X	X	X	X
Amy L. Nakamoto	X		X		X	
Alexandra M. Ashbrook	X	X	X	X	X	X
Lauren S. Biel	X			X	X	X
Charneta Scott	X	X	X	X	X	X
Alexandra C. Lewin-Zwerdling			X	*REQUESTED LEAVE DUE TO HAVING A BABY		
Cara Larson Biddle	X	X	X	X	X	X
Jenny Backus	X	X				
Diana Bruce		X	X	X	X	X
Audrey Williams					X	X
Simone Banks-Mackey					X	

APPENDIX C
MINUTES FROM HEALTHY YOUTH AND SCHOOLS COMMISSION MEETINGS

Healthy Youth and Schools Commission
810 First St, NE Room 4002
March 12, 2013
5:00 PM-7:00 PM

FINAL

Commissioners in attendance: Alexandra Ashbrook, Jenny Backus, Cara Biddle, Lauren Biel, Shawanda Davis, Adele Fabrikant, Amy Nakamoto, Kendra Rowe Salas, Sandra Schlicker, Charneta Scott, Alex Lewin-Zwerdling

Missing Commissioners: Naomi Deveaux, Vacant DOH representative

Others in attendance: Alyia Smith-Parker (DC Hunger Solutions), Ivy Ken (GWU), Peter Forbes (Trees for the Planet), Erin Watts (OSSE), Nancy Katz (OSSE), Dawanna James-Holly (OSSE), Brittany Oberdorff (OSSE), Richard Fowler (PCSB), Nisha Narayanan (Team KiPOW), Andy Laine (CM Mary Cheh)

Introductions/Recap of Last Meeting

The Commission has formed three sub-committees:

- 1) Communications
- 2) Evaluation
- 3) Physical and Health Education

Report from Each of the Sub-Committees

- 1) **Communications:** Alexandra Ashbrook, Jenny Backus, Lauren Biel, Shawanda Davis, Charneta Scott, Alex Lewin-Zwerdling (Brittany Oberdorff)
 - a. Infographic
 - Feedback obtained on two prototypes created as a courtesy by Powell Tate.
 - Sub-committee review feedback and present final design for Commission approval.
 - Possible multifunctional use: hang as a banner in schools, posted on social media outlets, website
 - Tip of the Month
 - Example: Did you know the DC Physical Activity for Youth (DC PAY) grant is helping schools increase physical activity?
 - a. Current DCPAY grantee profile

- Possible Dissemination: DCPS Principal Portal, PCS Tuesday Bulletin, OSSE LEA Look Forward, Facebook, local TV station, Washington Post and Examiner, webpages, Government agency waiting rooms.
- 2) **Evaluation:** Lauren Biel, Sandra Schlicker, Alex Lewin-Zwerdling,(Erin Watts)
 - a. Current data sources: Youth Risk Behavior Surveillance System (YRBSS), DC CAS, School Health Profile, CDC school health profiles, meal program participation, health certificate
 - b. Current evaluation efforts
 - No requirements/guidelines written into HSA
 - American University with funding from Kaiser Permanente is evaluating some of the data
 - c. Mapping
 - Will work with DC Office of Planning develop an interactive map that lists the health and wellness programs at each school.
 - 3) **Physical and Health Education:** Jenny Backus, Cara Biddle, Naomi Deveaux, Amy Nakamoto, (Erin Watts)
 - a. Schools are struggling to meet the SY 2014-2015 requirements
 - b. Possible modifications to legislation discussed
 - 4) **Health Forms:** Cara Biddle, Charneta Scott, (Nichelle Johnson)
 - a. Group would prefer to have a Department of Health commission representative appointed to follow-up on their previous sub-committee meeting.

Commission Rule Updates

- 1) Open Meetings
 - a) Publish meetings in DC Register
 - b) Send names of new committee members added to Dr. Dawanna James-Holly at dawanna.james-holly@dc.gov.

Announcements

Nisha Narayanan, GW Team KiPOW: GW medical students are working with Playworks in two DC schools (Thomas Elementary School and Cesar Chavez Parkside), and are eating lunch with students. Important to involve students in changes and educate them as to why

Peter Forbes, Trees for the Planet (TFP): creating a game for students to connect tree planting with environmental health, mapping, gardening, human health, and science themes.

Commission Chair Alexandra Ashbrook will testify at an Education Committee oversight performance hearing on Friday, March 15th, at 10:00 AM.

First DC Statewide Athletic Association (DCSAA) girls' and boys' basketball championships were held at the Verizon Center on Monday, March 11th. DCSAA baseball championship is

scheduled at Nationals Park on June 2nd. DCSAA cheerleading championship is scheduled for April 13th, location TBD.

Next HYSC meeting: Tuesday, May 14, 2013 5:00 PM-7:00 PM at OSSE

Adjourn.

Healthy Youth and Schools Commission Meeting

May 14th, 2013

Meeting Minutes

FINAL

Commissioners in attendance: Alexandra Ashbrook, Sandra Schlicker, Charneta Scott, Kendra Rowe-Salas, Jenny Backus, Cara Biddle, Naomi Deveaux, Diana Bruce

Others in attendance: Richard Fowler (PCSB), Nancy Katz (OSSE), Ivy Ken (GWU), Dawanna James-Holly (OSSE), Erica Steinhart (OSSE), Erin Watts (OSSE), Andy Laine (CM Mary Cheh), Sam Ullery (OSSE); Sarah Beckwith (WIC); Joni Eisenberg (DOH), Precious Calloway (AHG)

- 1) DC PAY Grants
 - a. All applications have been reviewed and notices will go out next week
 - b. This year there were over 40 applications so the process was more competitive, perhaps due to highlighting the PAY grant into the HSA Tip
 - c. 24 grants will be awarded, they are evenly split between DCPS and DCPCS
- 2) School Garden Grants
 - a. 23 projects have been funded and activities have begun.
 - b. A request was made from the commission for the list of schools that received the funding, which is available here: <http://ossedc.wordpress.com/2013/05/20/the-sun-is-shining-on-our-garden-grant-awardees/>
- 3) The Center of Disease Control will be awarding grants to each state to address diabetes, heart disease, obesity and associated risk factors through a coordinated school health approach. OSSE and DOH have applied for this grant and will likely be funded for at least the guaranteed portion of the grant.
- 4) The Alliance for a Healthier Generation will be holding the DC Healthy Schools Program Summit on June 12th. This event is for the 25 DC schools participating with AHG. The event will be held at the Kaiser Center for Total Health.
- 5) School Health Profiles
 - a. Approximately ten charter schools and six DCSP schools have not submitted their SHP.

- b. Diana and Naomi will reach out directly to those schools that are missing their SHPs. If they do not complete them a letter will be sent from the Commission (approved by vote).
 - c. There may be a need to revise the SHP to make it easier for low capacity schools to complete.
 - d. QUICKBASE needs to be improved – there are many technical challenges with this platform.
 - e. It may make sense to require the SHP every two years. Now is the time to make modifications to the SHP.
- 6) Physical Activity Workgroup Update forthcoming as Commission representative was absent
- 7) Health Requirements Working Group Update
- a. Currently identifying stakeholders, specifically groups that are already working to develop health requirements.
 - b. Shortage of TB skin tests required for children entering DC day care/schools was discussed. Dr. Biddle will send a request to Commissioners to assist in getting the TB test data from the Department of Health.
 - c. The Universal School Health Certificate form submission protocol and record keeping discrepancy was discussed
 - i. schools are allowed to complete enrollment without a health form with the intention of collecting the completed form at a later date, and this does not always happen
 - ii. dental forms are the most often delinquent.
 - iii. student health forms may ultimately be networked with SLED which may eliminate future problems.
 - iv. Dr. Cara Biddle would like to discuss and research these issues in a voluntary working group to present to the Commission
 - d. Youth Risk Behavior Survey Data was collected this year (every 2 years) which will be available this summer at the city and ward level.
- 8) Promotion Working Group Update
- a. Proposed: A letter should be sent home to parents to provide an overview of the act. It has been the experience of one of the commissioners that parents feel in the dark about the act.
 - b. NEWS Channel 8 is considering doing a story on the HSA, Jenny will provide more information as this develops.
 - c. Banners, posters and fliers of the info graphic will be printed and disseminated widely to schools, parents, MDs, government offices, etc.
- 9) Evaluation Working Group Update
- a. A draft hard copy version of the mapping project was distributed. This map will include all HSA activities by school.

- b. The commission discussed completing a minute-by-minute analysis of the school day considering the Act's physical activity requirements to see if it is possible for schools to meet the requirements.

Next Meeting Date: July 31, 2013, 4:00pm-6:00pm, OSSE Offices, Room 4002

Healthy Youth and Schools Commission Meeting

July 31, 2013, 4:00 pm-6:00 pm

Minutes

FINAL

Commissioners in attendance: Alex Ashbrook, Cara Biddle, Diana Bruce, Shawanda Davis, Alexandra Lewin-Zwerdling (call-in), Amy Nakamoto, Sandra Schlicker, Charneta C. Scott

Commissioners not in attendance: Jenny Backus, Naomi Deveaux, Lauren Schweder-Biel

Others in attendance: Kafui Doe (OSSE), Joni Eisenberg (DOH), Richard Fowler (PCSB), Grace Friedberger(OSSE), Heather Holaday(DCPS), Nichelle Johnson (OSSE), Nancy Brenowitz Katz (OSSE), Ivy Ken (GWU), Andy Laine (CM Cheh), Michele Mietus-Snyder (CNMC), Brittany Oberdorff (OSSE), Julie Ost (OSSE), Michael Posey(DCPS), Ariana Quinones (DMHHS), Margarita Ramos (GWU SOM), Kay-Anne Spence (CNMC), Erica Steinhart(OSSE), Jonathan Tatum (KiPOW)

Vote to approve the minutes from last meeting: Passed

1) Subcommittee Reports

Physical Activity (Chair, Amy Nakamoto)

- The subcommission is still figuring out how to make concrete recommendations, to whom, and in what manner they would be best received by that person
- Needs are: 1) increasing physical education minutes per day to meet the requirements of the Act and 2) increasing the PE personnel to meet these requirements
- If some schools are meeting the requirements it is possible so how are they doing it?
- IOM published a summary of recent research about academic achievement and PE correlation in a positive way, this should be shared with schools
- PE vs. PA
 - Act compliance is minutes per week of PE, not PA.
 - Perhaps HYSC can work on promoting 60 min PA/day which is a goal of the Act
- What to do in SY14-15 if schools are not in compliance with increased requirements?

ACTION STEP: PE subcommission will draft a letter to Council & Mayor regarding possible unachievable SY 14-15 PE goals and issues with meeting Health Education requirements; will also draft letter to go with release of IOM report to Principals (VOTE – 7 yes, passed)

Health (Chair, Cara Biddle)

- TB test availability
 - Testing for children clarified to only those at risk and schools and child care facilities notified
 - Does this apply to adults who come into volunteer in schools?
- Universal health forms
 - Schools have completed forms for 29% of students.
 - Goal to have an electronic system for student records
- Immunization registry
 - Registry is very behind right now because of the different interfaces from the three main providers (Childrens, Mary's Center, United). The registry is run through DOH – the contractor left so that's where the problem lies.
- Mental Health
 - Expanding into more schools (none selected yet), significant increases in funding
- Health Education
 - For purposes of the Act, does Health Ed need to be taught as part of the school day or will after school programs count?

ACTION STEP: Cara will put together a quick letter about the importance of these issues and the challenges in terms of the Universal Health Forms, Commission will get it to Council. (VOTE: 7 yes, passed)

Evaluation (Chair, Alex Ashbrook?)

- YRBS
 - Data can be aligned with HSA and YRBS and reports will be created to highlight this data
 - Examples: BMI (high school only), # F/V eaten
 - Data is self reported.
- Philadelphia Public Schools Study
 - All students in Philadelphia Public Schools have their BMI recorded pursuant to PA law
 - Obesity rates went down with the increase in healthy environment standards and the researchers said there could be a potential relationship.
 - They recommended other forms of evaluation such as qualitative studies and plate waste studies
- DC Data
 - BMIs are not regularly collected on students
 - DOH BMI data on 2nd, 4th and 6th graders is incomplete and not representative of the population
 - DCPS has FitnessGram data
 - AU still working on composite scores, OSSE will continue to assist them and investigate other evaluation tools

Communications (Chair, Alex Ashbrook?)

- Currently working on HSA Tip of the Month, #5

- Infographic being printed – banners, posters, flyers
- HSA Art & Essay Contest
 - Students can submit art, essay, photograph, video, etc
 - Prizes can include stipend for school, plaque, gift cards, winners displayed in Wilson Building

ACTION STEP: Finalize the contest rules and flyer to disseminate to principals (VOTE: 7 yes –passed)

2) Other Activities

- Mapping project ongoing
- Breakfast for community based organizations working with schools on 8/15
- OSSE completed annual Farm to School and School Garden Report
- Healthy Tots Act introduced in Council

Next Meeting: Wednesday September 25th, 4 pm – 6pm.

Healthy Youth and Schools Commission Meeting

September 25, 2013, 4:00 pm-6:00 pm

Minutes

FINAL

Commissioners in attendance: Alex Ashbrook, Diana Bruce, Lauren Biel, Sandra Schlicker, Cara Biddle, Charneta Scott, Naomi DeVeaux (call-in)

Commissioners not in attendance: Alex Lewin-Zwerdling, Jenny Backus, Amy Nakamoto

Others in attendance: Grace Friedberger (OSSE), Heather Holaday (DCPS), Nichelle Johnson (OSSE), Nancy Katz (OSSE), Ivy Ken (GWU), Brittany Oberdorff (OSSE), Michael Posey (DCPS), Alyia Smith-Parker (DC Hunger Solutions), Joni Eisenberg (DOH), Elizabeth Leach (DCPS), Chidimma Acholonu (Alliance for a Healthier Generation) (call-in)

Vote to approve the minutes from last meeting: Passed

1) Subcommittee Reports

Physical Activity (Chair, Amy Nakamoto)

- Amy Nakamoto was not present at meeting; need to find out status of action step from last meeting regarding writing a letter to Council and Mayor about possible unachievable SY 14-15 PE goals and issues with meeting Health Education requirements.
- SY 12-13 school health profile data shows schools are providing an average of 66 minutes per week for students in Grades K-5 and an average of 100 minutes per week for students in Grades 6-8.
- OSSE monitored sixty-seven schools for compliance with the Healthy Schools Act during SY 12-13. OSSE observed six schools (5 PCS and 1 private school) providing PE

at the SY 14-15 requirements: 150 minutes for Grades K-5 and 225 minutes for Grades 6-8.

- It was suggested that it may be beneficial to do some analysis on the schools that are currently meeting the SY 14-15 requirements. How long is the school day? How many students are enrolled? What is the FTE per student ratio? Who is providing PE/who is qualified? Report DC CAS scores and attendance. How are these schools excelling?
- It was suggested that the HYSC propose a plan for schools to meet the SY 14-15 PE requirements. Convene community experts and make recommendations on how schools can meet or work toward the SY 14-15 requirements (e.g. extend the school day, set step-wise PE minute targets, strengthen PA goal/requirement, allocate funding and/or space).

ACTION STEP: Set a meeting date and convene experts to make PE recommendations (Lauren Biel).

Health (Chair, Cara Biddle)

- Universal Health Forms,
 - Among school-aged children visiting Children's National Medical Centers, 74% have had physical exams in the past 12 months and 84% have had physical exams in the past 18 months. Rates are lower among adolescents than young children. Yet, only ~30% of children have Universal Health Forms on file with their school.
 - Letter to Council on universal health forms remains an action step (set at the last meeting)
- Mental Health: No update

Communications/Promotion (Chair, Alex Ashbrook)

- Infographic posters and flyers are being distributed. Several Commissioners have seen the infographic on bus stops across the District.
- Healthy Schools Act Student Art & Essay Contest entries due on October 4, 2013. Spread the word!

2) OSSE Healthy Schools Act Report to Council: Completed. Report is due on September 30.

3) Commission Report Preparations: Report is due on November 30.

- Last year, Commission report was written around three target areas: communications, evaluation, and physical and health education.
- This year, the Commission will report on progress around the four targets/sub-committees:
 - Physical education and physical activity (Lauren Biel and Amy Nakamoto)
 - Health (Charneta Scott and Cara Biddle)
 - Evaluation (Diana Bruce and Sandy Schlicker)
 - Promotion (Alex Ashbrook)
- Jenny Backus has agreed to edit and format the report for submission to Council.

4) Growing Healthy Schools Week Update (October 20th-25th)

- The Healthy Youth and Schools Commission is sponsoring a panel on Healthy Schools Act implementation at the U.S. Green Building Council on Monday, October 21, 2013 at 6:30 PM.
- Washington Redskins player will eat lunch with students as a special incentive for a school during Growing Healthy Schools Week.
- DCPS and several charter schools will serve a local food every day at lunch during GHSW. Rachael Ray recipes will be featured on Wednesday.

5) Announcements and Closing Remarks

Monday, November 4, 2013: Email your section of the draft to nancy.katz@dc.gov. OSSE will circulate section drafts to Commissioners via email for review.

Next meeting:

Wednesday, November 6, 2013 at 3:00-5:00 PM: Commissioners come prepared with comments on the section drafts. OSSE will provide additional feedback once the draft comes together.

Conference call:

Wednesday, November 13, 2013 at 3:00 PM: Commissioners approve the report. All comments have been incorporated by this date. Jenny Backus will edit and format the report by **Wednesday, November 20, 2013**. Report is due to Council on November 30, 2013.

Healthy Youth and Schools Commission Meeting

Wednesday, November 6th, 2013

3:00 pm – 5:00 pm

Minutes

FINAL

Commissioners in Attendance: Lauren Shweder Biel, Amy Nakamoto, Sandy Schlicker, Cara Biddle, Alex Ashbrook, Charneta Scott, Diana Bruce, Audrey Williams, Simone Banks-Mackey

Commissioners not in attendance: Alex Lewin-Zwerdling, Jenny Backus, Jean Gutierrez

Others in Attendance: Alyia Smith-Parker (DC Hunger Solutions), Nancy Katz (OSSE), Robin Diggs (DOH), Joni Eisenberg (DOH), Liz Leech (DCPS), Heather Holaday (DCPS), Ivy Ken (GWU), Michael Posey (DCPS)

Review of Draft Report

- Important to highlight successes in the three areas
- PE/PA
 - Highlight inability of schools to meet the requirements

- HYSC needs to make the recommendations of what should happen and who should do it rather than presenting vague recommendations
- Only two options—extend school day or take minutes away from other subjects
 - Needs to be a group of people to investigate these options and give report on costs/implications —OSSE, DME, DCPS, and PCSB
- Need to add examples of schools that are doing well, and recommendations from IOM
- Perhaps add literature review on PE minutes and academic performance
- Include Health Education minutes in this section of the report
- Health and Wellness
 - Universal Health Forms
 - Need to talk about importance of electronic system to collect health data on students (can incorporate into SLED).
 - What happened to DOH Student Health Center Plan?
 - Include rate of return on Universal Health Certificates
 - Need better system of communicating information on students that have health issues (consent for physician to talk to school nurse)
 - This should include food allergies rather than having separate forms
 - Include issue of reimbursing physicians for time spent on filling out these forms—DCHF should review
 - For schools with no nurse, administration at school should be collecting the universal health forms
 - Mental Health
 - Focus on issues related to inability of physicians and/or school nurse's to address students' mental health issues
 - Better coordination of care between primary care, mental health services, and schools
 - Screening of children for mental health now included as part of annual physical
 - Recommend full time coverage of nursing and mental health in each school
- Evaluation
 - Collecting BMI data
 - San Francisco or San Diego collecting information through immunization registry rather than through school nurses (DOH has been working on this)
 - Include information from AU
- Communications
 - Stress importance of reaching out to parents
 - Parents concerned about extending the school day and about physical activity
 - School parent nights
 - Student-led conferences
 - Sporting events
 - New ideas: PSAs, Buses, Grants to schools to engage parents

Schedule for Completion of Report:

- All parts need to be submitted to Nancy Katz by November 13th
- Final draft of report to Commissioners by November 19th
- Call on November 22nd at 3:00 pm to finalize report

First Commission Meeting of year will be January 15th, 4-6 pm.

Healthy Youth and Schools Commission Subcommittee Meetings, FY 2012-2013 and FY 2013-2014 (October, 2012-present)

Committee (Members)	Communications Sub Committee (Members: Charneta Scott, Alex Ashbrook, Jenny Backus, Alex Lewin)	Evaluation Subcommittee (Members: Alex Ashbrook, Lauren Biel, Audrey Williams, Diana Bruce, Sandra Schlicker)	Physical Activity and Physical Education Subcommittee (Members: Lauren Biel, Amy Nakamoto, Jenny Backus, Cara Biddle)	School Health Subcommittee (Members: Cara Biddle, Audrey Williams, Charneta Scott)
Goal of Subcommittee	To promote the Healthy Schools Act to all stakeholders	To investigate ways to evaluate the success of the Healthy Schools Act	To investigate what schools will need in order to meet the SY 2014-2015 physical education and health education guidelines and assist schools in promoting 60 minutes/day of physical activity.	To investigate ways to increase completion of the Universal Health Certificate and address other issues related to the health of students.
Meeting Dates	07/09/2013	02/14/2013; 04/11/2013; 06/25/2013; 07/20/2013	07/03/2013; 10/15/2013	

APPENDIX E
FY 2013 Healthy Youth and Schools Commission Report

**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

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

Submitted by the Healthy Youth and Schools Commission

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 Columbia¹;
- 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 Standards²;
- 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 Medicine⁴ 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

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/healthstatementpdf.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 this⁴), 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:

Goal 1 — Improving the School Health Profile (SHP):

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 than 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.

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 Report¹ 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:

Healthy Schools Act Messaging Campaign:

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 Aguirre 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 Report¹ 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. 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 June 30 th , 2012
School Garden Report	OSSE	June 30 th	Title V: School Environment (Sec. 503)	Submitted July 17 th , 2013
Farm to School Report	OSSE	June 30 th	Title III: Farm to School (Sec. 303)	Submitted July 17 th , 2013
Physical Education and Health Education Report	OSSE	September 30 th	Title IV: Physical Education/ Health Education (Sec. 405)	Submitted September 18 th , 2013
Health, Wellness, and Nutrition Report	Healthy Youth and Schools Commission	November 30 th	Title VI: Health and Wellness (Sec. 701)	
Comprehensive Food Service Report	DCPS and Department of General Services	December 31 st (every year until completion)	Title II: School Nutrition (sec. 204)	March 15 th , 2013
School Health Center Plan	DOH, Office of Healthcare Finance, DCPS, OPEFM and the Public Charter School Board	December 31 st , 2010	Title VI: Health and Wellness (Sec.603)	Not submitted
Sustainable Meal Serving Products Plan	DCPS	December 31 st , 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 31 st , 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

APPENDIX F
FY 2012 Healthy Youth and Schools Commission Report

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 School Health Profiles (SHP), the District’s schools are drastically behind in

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.

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

- Revise or supplement the SHP data collection method.

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).

- 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 (HUSSC) 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

APPENDIX G Healthy Schools Act Infographic

