

**ALEXNADRIA CITY PUBLIC SCHOOLS
OFFICE OF STUDENT SERVICES**

MEMORANDUM

DATE: May 25, 2012

TO: The Honorable Sheryl Gorsuch, Chairman, and Members of the
Alexandria School Board

THROUGH: Morton Sherman, Superintendent
Madye Henson, Deputy Superintendent
Margee Walsh, Executive Director, Student Services

FROM: ACPS School Health Advisory Board
Rose Berler, Chairman
Robin Wallin, Health Services Coordinator, SHAB Staff Liaison

RE: School Health Advisory Board End of Year Report and Recommendations

The ACPS School Health Advisory Board (SHAB) is pleased to report on the committee's deliberations and recommendations that developed after reviewing the SHAB scope of work for the 2011-2012 school year. The School Health Advisory Board continues to be grateful for the commitment of ACPS to the health and wellness of our students. We know that healthy students are critical in ensuring academic success. The following items were addressed in the scope of work this year:

Monitor school-based health care planning and implementation, including the Teen Wellness Center at T.C. Williams High School and plans for future expansion of school-based health care services.

The committee was pleased to continue to follow the implementation of the Teen Wellness Center (TWC) at T. C. Williams High School. This year saw the expansion of the Teen Wellness Center to a satellite center at the Minnie Howard Campus and a weekly visit to the Alternative Education Program by TWC staff to provide limited health services, outreach and education. Student access to the TWC continues to rise over previous years. There has been a 40% increase in student visits this year over last year. This includes a 91% increase in visits for immunizations and a 46% increase in visits for well child care. There is also anecdotal evidence that the incidence of teen pregnancy at the high school has declined significantly.

The committee also followed the implementation of the oral health screening project at Jefferson-Houston School, William Ramsay Elementary School and Patrick Henry Elementary School. This grant-funded project provided oral health screenings and the application of fluoride varnish by ACPS school nurses. One of the more alarming findings was a cavity rate of 28-29% at each of these schools among the students who were screened. There were also other serious oral health problems identified, including multiple students with dental abscesses, a potentially life-threatening

condition. This led to the provision of school-based dental services at each school provided by the Mobile Dentists program. At Jefferson-Houston School, where the majority of students are insured by Medicaid, 92 students received dental care, including the repair of 114 cavities and the application of 154 sealants. The success of this intervention at Jefferson-Houston and at the other project schools demonstrated the power of bringing school-based dental care to this population.

The committee also followed the planning process for the new Jefferson-Houston School. Two SHAB members have participated in the planning process for the new school. The committee supported the inclusion of a school-based health center “footprint” in the educational specifications as an add-on if funding becomes available. In May the committee was pleased to learn of the HRSA grant opportunity which could possibly support the capital development of this project. In light of the success of the first school-based health center in ACPS, and the ongoing needs in our school community for affordable and accessible health care services, the School Health Advisory Board recommends continued commitment to the planning for and development of school-based health centers in ACPS.

Review the Wellness Policy and its implementation by ACPS.

Review the district’s response to the problem of childhood obesity and make recommendations regarding mass screening of students.

SHAB spent several meetings reviewing the ACPS Wellness Policy and learning about the concern of childhood obesity. According to the 2012 Virginia Obesity Survey Research Report by the Virginia Foundation for Healthy Youth, 20% of youth under the age of 18 in northern Virginia are overweight or obese. The committee used the Centers for Disease Control and Prevention’s *School Health Guidelines to Promote Healthy Eating and Physical Activity* materials to provide background guidance for evaluation of the Wellness Policy. The following recommendations arose from our discussions:

1. SHAB encourages the continued support and development of school-based Wellness Committees to encourage wellness programming and to support healthy and safe schools.
2. SHAB recommends that the responsibility for the teaching of the health and family life curriculum be moved to the leadership of the physical education teachers at the elementary level. Currently these subjects often go untaught due to the demands on classroom teachers to support the core curriculum.
3. SHAB recommends the development of a district-wide staff wellness program to support the health and wellness of all ACPS staff. Currently there are scattered efforts at various schools to support staff wellness, but no organized district-wide planning or support.
4. SHAB recommends that ACPS develop a district-wide protocol for the measurement of BMI (body mass index) at specific grade levels. This data could help ACPS target resources and evaluate program effectiveness. The committee noted that this recommendation was made last year also, but no action was taken by ACPS.

Review family life curriculum and make recommendations for strengthening the curriculum, if indicated.

SHAB spent a great deal of time during the 2010-2011 school year researching best practices and looking at the family life curriculum (FLE) currently in place in ACPS. The recommendations included designating one employee within the school system who is dedicated full time to coordinate the program, partnering with evidence-based resources, improving support systems and procedures, and developing a comprehensive action and evaluation plan for the FLE program. The committee continues to share the following concerns:

1. The program needs to be updated in places. It includes materials, references, and instructional practices that may not be appropriate for the 21st century learner.
2. There is some lack of understanding for and appreciation of the value of a comprehensive human sexuality program within the division and the community at large.
3. The pathways to ensure that parents, community members and other stakeholders are informed and involved in the FLE program could be improved.
4. The current program lacks a means of evaluating its efficacy.
5. The program is not delivered yearly at the high school level.
6. Implementation is not consistent. Contributing factors include the following:
 - a. Demands of meeting Standards of Learning and No Child Left Behind compete for instruction time.
 - b. Principals no longer take the graduate level course required of the teachers. In the 80's and 90's, many principals took the course.
 - c. Although there is support from administration at the building, district and school board level, the changes in leadership over the past 30 years have resulted in limited institutional memory about the program within ACPS.
 - d. There is no consistent system for monitoring program delivery and program review.

Monitor problem of substance abuse and prevention efforts in ACPS.

The School Health Advisory Board continued to monitor the issue of substance abuse and prevention efforts in ACPS. The committee recommends the continuing collaboration with the Substance Abuse Prevention Coalition of Alexandria (SAPCA), who has provided outstanding programming and outreach to ACPS students and families. The "Community of Concern" dinners have been very successful at the secondary level, as well as presentations to students and parents by the coalition. SHAB also learned of the efforts of ACPS to partner with other Alexandria community groups to review and improve the implementation of the ACPS Substance Abuse Regulations. This committee has developed recommendations for changes to the Substance Abuse Regulations.

Review evaluation of YRBSS data and the Developmental Assets data as it becomes available and make recommendations for responding to relevant or concerning trends.

SHAB did not have the opportunity to evaluate the YRBSS or Developmental Assets data as it was not available in time for review by the committee. SHAB recommends that this be a priority in the Scope of Work for the committee during the 2012-2013 school year.

Review problem of bullying and ACPS interventions to address the problem.

SHAB learned of the bullying prevention efforts in ACPS from Margee Walsh, Executive Director. She shared with the committee the efforts of the Positive Behavior Support (PBIS) program and progress on implementing the Olweus antibullying program. There are currently many different program efforts in place and ACPS is working to make sure that material in use is well vetted and that the momentum for working on this issue is maintained.