



Arlington
Public
Schools

School Health Advisory Board

ANNUAL REPORT

2015–2016





PROGRAM PROFILE

The School Health Advisory Board* assists the School Board and APS senior staff with the development of health policies in Arlington Public Schools and the evaluation of the status of school health, health education, and the school environment and health services.

WHAT DOES SHAB CARE ABOUT?

The Whole Child, including:

- Increasing rates of chronic disease among APS students (in particular asthma, severe allergic reactions, and obesity)
- Absenteeism and lost education time due to both chronic and communicable diseases
- Sufficient physical activity and outdoor play for student wellness
- Healthy eating as a foundation for good health
- Adequate sleep for school success
- Socio-emotional wellbeing
- Safe physical and emotional environments to learn and grow
- Staff wellness

*The SHAB Leadership team consists of Vera Cardinale, MPH, Williamsburg and Jamestown parent, Co-Chair since 2013; Medha Shah, MD, Drew Model parent, New Co-Chair as of 10/16; Dr. Brenda Wilks, Asst Superintendent, Student Services; Sam Stebbins, MD, MPH, School Health Physician, DHS; Marion Harmon, RN, School Health Bureau Chief, DHS. 30-member SHAB roster can be viewed at: <http://apsshab.weebly.com/shab-members.html>

website: apsshab.weebly.com

Health in the Schools

The Health Department School Health Bureau's latest data reports are concerning. Nearly 1 in 5 APS students reported a chronic health condition to school health last year. Asthma was the most common with more than 2,400 students affected. A review in one elementary school showed that children with asthma missed more than twice as many school days compared to students without asthma. In addition, the percentage of students with serious food allergies has increased by 84% over the past 5 years, and many of these students require "Epipens" in school and on field trips to help prevent a serious reaction and risk to life and health. The number of clinic visits for medications increased from 14,635 in 2009 to 24,939 in 2016. Total clinic visits in 2015-16 was 138,000; that's more than 5 clinic visits per student.

Prevention and a safe food environment is the most effective way to prevent serious illness. Infectious diseases occur throughout the year, but outbreaks are more common in the late fall and winter months. As of December 16th, School Health just sent out a system-wide alert for "norovirus" (also known colloquially as "winter vomiting disease"), as five schools were affected with definite or probable outbreaks. School Health emphasized in their message to students, parents, and APS staff the importance of regular handwashing both in school and at home, which is also a SHAB priority (see below).





This Year's Work

Allergy/Anaphylaxis Guidelines Launch

APS had 11 episodes of anaphylaxis in 2015-2016. There have been 5 cases of anaphylaxis this school year. In four of those instances generic epinephrine was administered; in the 5th instance the student had his own. In order to support schools and families and meet national guidelines, a workgroup of SHAB comprised of health professionals, DHS and APS staff, and parents of food-allergic students drafted food allergy guidelines incorporating best practices from CDC and other local school districts. "Management and Support of Students With Severe Allergies in Arlington Public Schools" was posted on the SHAB website in September and promoted through Facebook, reaching 2,800 people. The guidelines document attracted more than 400 views on the SHAB website. The guidelines are helping APS staff and parents negotiate adequate protections for students at risk of anaphylaxis. For example, Jamestown Elementary, where more than 7% of the school population is affected by food allergies, is piloting no peanut butter in the school lunch line, offering Sunbutter and Wow (soy) butter sandwiches instead. Jamestown also has several "nut-free classrooms." Nevertheless, some diets rely heavily on nuts, especially among special needs and free and reduced lunch students, so we need to develop best practices to create balance.

The Guidelines are voluntary and require support and commitment from the School Board and staff for successful implementation. While many schools already follow some of the best practices for managing severe allergies, there is not a consistent, centralized approach to allergy management. Implementing the Severe Allergy Guidelines will provide a framework for all schools to follow best practices regarding allergy management. Especially important will be:

- An increased emphasis on staff training. All staff should be trained in prevention, signs and symptoms of anaphylaxis, and emergency management including the administration of epinephrine. It will be important that school administrators take a lead role with this and partner with the Public Health Nurse to schedule adequate time at the beginning of the school year for this training.
- An emphasis on non-food treats for celebrations is a key allergy prevention measure as well as good health and wellness practice.
- Classroom teachers who have students with food allergies in their class should send a letter home to all parents not to send in foods containing identified allergens for snacks or lunches.
- Encourage hand washing as the most effective way to eliminate allergens. Hand sanitizer does not eliminate allergens.
- Ensure proper cleaning of lunchroom tables according to established cleaning procedures.

Next steps are to translate the guidelines into Spanish, design a cover, have APS format the document for look and feel to match APS materials as desired, and print copies (at least one per school to be printed by APS, copies for extended day and nurses' offices also requested). Feedback is welcome from parents, staff and community. Please review the Guidelines document at: <http://apsshah.weebly.com/food-allergy-guidelines.html>

Hand Washing Policy Launch

The Environmental Health and Asthma SHAB Workgroup crafted the following Hand Washing Policy with diverse stakeholder input and national best practice recommendations. It was added to the "Support for Student Wellness" Policy and PIP last year as Section V.

Implementation challenges include: lack of awareness about the policy, inadequate number of sinks and time before and after lunch and recess to wash hands, and lack of buy-in among staff. The hand washing reminder in the school handbook did not mention WHEN hand washing should happen. SHAB hopes to revise this for next year and provide multiple examples for staff on how to teach about hand washing, and integrate hand washing throughout the busy school day. School construction and remodeling efforts should include installation of trough sinks, particularly in or near cafeterias. The SHAB website now has a page about the hand washing policy and evidence for hand washing to prevent disease and absenteeism in schools. SHAB is planning a School Talk communication to raise awareness of hand washing for preventing communicable diseases. <http://apsshah.weebly.com/hand-washing-policy.html>

Promoting Healthy Eating and Exercise

At the request of the Superintendent, School Health is creating a handbook of healthy eating and physical activity best practices within APS. Some of the activities advocated for and promoted by SHAB in the last year include:

- Farm to School Days (lunchroom visits by local farmers with organic produce samples) rotating across all APS schools
- Food in Classroom Policies and Non-Food Treats for Celebrations Policies
- Growing the participation rates for school breakfast
- Walk and Bike to School Days
- Kinesthetic classrooms: Wobble/fidgeting chairs, pedal desks or standup desks
- Mindfulness meditation and yoga
- School employee physical activity and farm to school participation to improve wellness and model healthy behaviors
- Expanded recess and/or movement breaks throughout the day and outdoor play



In response to parent and SHAB member concerns about recess, a survey designed by Planning and Evaluation was presented to elementary school principals to get a better understanding of what is currently going on with recess and PE, including length of times offered, indoor/outdoor opportunities, and handwashing after recess. Sixteen out of 23 elementary schools (70%) participated in the recess survey between April 27 and May 17, 2016. Summary of results:

- Schools handle recess in a variety of ways. Some have two recesses, some have one.
- Some have more than 25 minutes for recess; others have only 25 minutes.
- Many students have recess before or after lunch, but some have it mid-morning or before dismissal.
- During indoor recess, students are frequently engaging in board games or other sedentary activities.

Asthma and Vehicle Idling

Arlington air quality has gotten an “F” from the American Lung Association in recent years. Children are affected by air pollution more dramatically than adults. Breathing in ozone irritates and inflames the lungs. For the health of all children, and especially considering the rise in asthma rates noted above, the Environmental Health and Asthma Subcommittee (EHAS) is working to raise awareness about the impact of vehicle idling on the environment and children’s health and to create a reduction in vehicle idling, especially around schools.

The EHAS workgroup circulated an idling survey in spring 2016 that received more than 160 responses from over 30 schools. Results reflect a significant concern about vehicle idling with over 50 percent of respondents observing cars idling at schools for at least three minutes frequently or daily. Also identified as problems were cars idling more than 20 minutes at a time around school start and dismissal times and school buses idling both on and off of school property. Additionally, participants raised concerns about idling around youth activities at community centers and evening events at schools. Participants largely supported anti-idling signage and education campaigns.

EHAS is planning an anti-idling campaign with the goal of drastically reducing children’s exposure to idling vehicle emissions. One component will be a community forum during May, Clean Air Awareness Month. This may include recognition of student initiatives on idling or green issues in general. Other components of the education and awareness campaign are in the works. Students, parents, teachers and staff will all be targets of the campaign. EHAS met with the previous transportation director in late 2015 and will meet with the new director in early 2017 to discuss enforcement of APS bus idling rules and possible ways to improve emissions from the APS bus fleet.

Moving Forward SHAB Workgroups

During the October meeting, SHAB members assessed the functions and goals of the 6 workgroups in place for the last 2 years, and agreed to split or condense them, going forward with the following six workgroups:

1. Allergy and Anaphylaxis
2. Environmental Health and Asthma
3. Nutrition and Physical Activity
4. Socio-Emotional Health
5. Assessment and Best Practices
6. Whole Child Initiative (6 SHAB members participated in the Whole Child Framework Development Workgroup)

SHAB Liaisons

SHAB is planning to request that all schools identify staff liaisons to SHAB, preferably Assistant Principals. Liaisons would not be required to attend SHAB meetings, but would be responsible for pushing SHAB updates out to their school community and reporting back. SHAB is looking at the Special Education liaison plan as an example, and looks forward to School Board support of this important organizational measure.

Other SHAB Priorities this year

- Indoor air quality, especially among relocatables
- Staffing schools with one full-time school nurse per school, to meet national guidelines
- Educating about the importance of our students getting adequate sleep and limiting screen time
- Reviewing and providing input on the Family Life Education Curriculum
- Initiating a literature review and analysis of emerging guidelines regarding technology and its impact on child health and wellness.

To help us accomplish our goals, SHAB would especially value support from the School Board in the following ways:

1. A small budget for web technology, communications and printing.
2. Support for a SHAB liaison in every school
3. Support of a Whole Child model that includes a strong health component supported by a nurse in every school.

