

MURIEL BOWSER MAYOR

JUL 1 0 2015

The Honorable Phil Mendelson Chairman Council of the District of Columbia 1350 Pennsylvania Avenue N.W. Suite 410 Washington, D.C. 20004

Dear Chairman Mendelson:

As required by Section 405 of the Healthy Schools Act of 2010, DC Law 18-209, the Office of the State Superintendent of Education (OSSE) is pleased to file with the Council of the District of Columbia, our report on the compliance of the District public schools and public charter schools with the physical and health education requirements of this Act and the District's student achievement with respect to health and physical education standards for the 2013-2014 school year.

OSSE is available to discuss any questions you may have regarding this report.

Sincerely,

Muriel Bowser



Health and Physical Education Report

d.c. healthyschools act

Reporting Period: October 1, 2013 – September 30, 2014

Hanseul Kang

Acting State Superintendent of Education

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SECTION 1: Compliance of public schools and public charter schools with the physical and health education requirements.

Healthy Schools Act Requirements

Mandatory Reporting

Under section 405 of the Healthy Schools Act (HSA), the Office of the State Superintendent of Education (OSSE) shall report to the Mayor, the Council, and the Healthy Youth and Schools Commission (HYSC) regarding the compliance of District of Columbia Public Schools (DCPS) and public charter schools (PCS) with physical education (PE) and health education requirements.

School Health Profile

Under section 602 of the HSA, all DCPS and PCS shall submit information related to compliance with the PE and health education standards and other aspects of the HSA to OSSE by February 15 of each year. The OSSE School Health Profile (SHP) is utilized for this purpose.

Physical Education

Under section 402 of the HSA, all DCPS and PCS must provide PE for students in grades Kindergarten through 8. During School Year (SY) 2013-2014, students in grades Kindergarten through 5 were to be provided with an average of at least 30 minutes of PE per week, or the same level as was provided in SY 2009-2010¹, whichever was greater. During SY 2013-2014, students in grades 6 through 8 were to be provided with an average of at least 45 minutes of PE per week, or the same level as was provided in SY 2009-2010, whichever was greater. Furthermore, 50% of PE class time was to be devoted to actual physical activity (PA). For SY 2014-2015, the PE requirement increased to an average of at least 150 minutes per week for students in grades Kindergarten through 5 and an average of at least 225 minutes per week for students in grades 6 through 8.

Health Education

Under section 402 of the HSA, all DCPS and PCS must provide health education for students in grades Kindergarten through 8. During SY 2013-2014, students in grades Kindergarten through 8 were to be provided with an average of at least 15 minutes per week of health education, or the same level as was provided in SY 2009-2010, whichever was greater. For SY 2014-2015, the health education requirement increased to 75 minutes per week.

Adherence to Curricular Standards

Under section 402 of the HSA, the required PE and health education curriculum shall meet the curricular standards adopted by the State Board of Education in 2007. These standards outline the concepts and skills that students should know and be able to do at the end of each grade from pre-Kindergarten through 8th grade and by the time they graduate from high school.

¹ D.C. Law 18-209, the "Healthy Schools Act of 2010" went into effect in 2010. In SY 2013-2014, schools had to offer what they had offered the year the law was passed or the requirements stated herein.

Results – Compliance with Physical and Health Education Requirements

School Health Profile

The 2014 School Health Profile (SHP) represents the fourth year of the collection of this data. Each year, OSSE has learned valuable lessons on how best to collect this data. Therefore, the 2014 SHP Questionnaire (Appendix A) included questions as dictated in section 602 of the HSA, as well as additional questions suggested key stakeholders and developed by OSSE staff, to provide a complete picture of the health and wellness environment in DCPS and PCS. All data in the SHP are self-reported by each school. This data, along with non-self-reported data from other sources, provides a broad picture of the health and wellness activities in schools.

SHP data pertinent to the PE and health education requirements are reported in this section. SHP data pertinent to other measures of compliance with the HSA are also reported in this document in *Section 3: Additional Measures of Healthy Schools Act Compliance*. A report on data from the SHP and other measures of compliance with the HSA were provided to stakeholders via a fact sheet entitled *Progress on the DC Healthy Schools Act* (Appendix B), which was released in October of 2013. Stakeholders may also request SHP data for their own use through OSSE's Office of Data, Accountability, Assessment, and Research.

Ninety-eight percent of applicable schools (this excludes adult education schools and schools that did not participate in the National School Lunch Program (NSLP)) completed the SHP², including 96% of DCPS and 100% of PCS. A complete analysis of the SHP data is provided in Appendix C (all schools), Appendix D (DCPS), and Appendix E (PCS).

Adherence to Physical and Health Education Minutes

Data on the minutes of PE and health education in DCPS, PCS, and participating private schools were collected using (1) the SHP Questionnaire, (2) HSA Compliance Determination Visits (Appendix F), and (3) informal Physical Education and Physical Activity Needs Assessments (Appendix G) conducted by OSSE's Healthy Schools Act Initiatives team to discuss the challenges that schools anticipate in meeting the SY 2014-2015 HSA required PE minutes.

(1) School Health Profile Data

The 2014 SHP Questionnaire included the following inquiries:

 For each grade in your school, please indicate the average number of minutes per week during the regular instructional school week that students receive physical education instruction.

² The following schools did not complete the 2014 SHP: Brightwood Education Campus (DCPS), Brookland Education Campus (DCPS), Dunbar High School (DCPS), and LaSalle-Backus Education Campus (DCPS).

- For each grade in your school, please indicate the number of minutes per week during the regular instructional school week devoted to actual physical activity within the physical education course.
- For each grade in your school, please indicate the average number of minutes per week during the regular instructional school week that students receive health education instruction.

A total of 204 DCPS and PCS were included in the analysis of SHP data. To maintain consistency in analysis and reporting, PE and/or PA data were removed from seven schools and health education data were removed from 16 schools based upon the following criteria:

- Data that indicated that students received more than 225 minutes per week of PE in grades Kindergarten through 5 or more than 300 minutes per week of PE in grades 6 through 8 were eliminated as likely outliers.
- Schools that indicated a greater number of PA minutes than PE minutes were removed from analysis of minutes of PA, as the question specified to only count minutes of PA within the PE course.
- Data that indicated that students received more than 125 minutes per week of health education in any grade were eliminated as likely outliers.

The average reported PE and health education minutes at the different grade levels from the 2014 SHP are presented in Table 1. Students in grades Kindergarten through 5 received an average of 59 minutes per week of PE and students in grades 6 through 8 received an average of 89 minutes per week of PE. Students spent more than the required 50% of their time in PE classes engaged in PA (90% for grades K-5 and 84% for grades 6-8). Students in grades Kindergarten through 5 received an average of 31 minutes per week of health education and students in grades 6 through 8 received an average of 48 minutes per week of health education.

Table 1. Average Minutes of Physical and Health Education per Week by Grade, SY 2013-2014

	K	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
Physical Education	59	60	59	59	58	60	88	89	90
Health Education	29	31	31	30	32	36	48	47	50

The minutes of PE and HE provided over the past four school years as compared to SY 2013-2014 and SY 2014-2015 requirements are presented in Figures 1 and 2. With outliers removed as discussed above, PE minutes (Figure 1) decreased by seven minutes per week in grades K through 5 and by 11 minutes per week in grades 6 through 8 between SY 2012-2013 and SY 2013-2014. One suggested explanation is that the number of outliers (Table 2) has increased over the years and perhaps schools that have legitimately increased their PE minutes have been removed. On the other hand, the number of outliers has decreased for health education over the years. Health education minutes (Figure 2) did not change for grades K through 5 and

increased by three minutes per week for grades 6 through 8 between SY 2012-2013 and SY 2013-2014. Based upon the 2014 SHP data, schools were in compliance with the SY 2013-2014 HSA requirements for PE and HE instruction minutes and many were exceeding those requirements.

Figure 1. Minutes per Week of Physical Education in Grades K-5 and 6-8 as Compared to Current and Future Requirements, SY 2010-2011 through SY 2013-2014

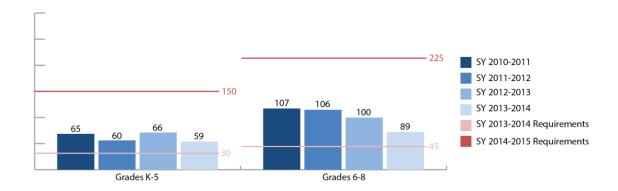
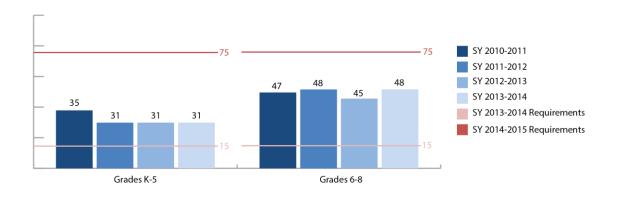


Table 2. Number of Outliers Removed from School Health Profile Data, SY 2010-2011 through SY 2013-2014

Num	nber of Outlier Schools Re	emoved
	Physical Education	Health Education
SY 2013-2014	7	15
SY 2012-2013	5	15
SY 2011-2012	1	23
SY 2010-2011	4	19

Figure 2. Minutes per Week of Health Education in Grades K-5 and 6-8 as Compared to Current and Future Requirements, SY 2010-2011 through SY 2013-2014



Schools routinely have stand-alone PE classes but utilized a variety of methods to incorporate health education into the curriculum (Figure 3). Approximately 50% of schools had a health course while others incorporated health into another course, such as PE. Many schools also used assemblies or presentations as a way to convey health information to their students.

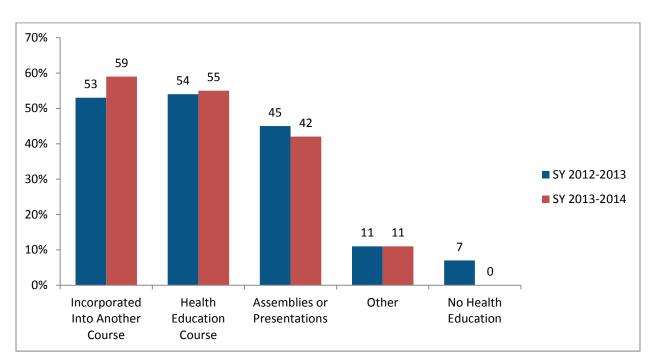


Figure 3. Percent of Schools Reporting Use of Various Strategies to Provide Health Education, SY 2012-2013 and SY 2013- 2014

(2) HSA Compliance Determination Visit Data

During on-site HSA Compliance Determination visits to schools, OSSE observed at least one meal service, at least one PE and/or health education class, and any other opportunities for physical activity (e.g. recess, before- and after-school programs). Schools were also monitored for compliance with the HSA on healthy vending, fundraising, prizes in schools, and local wellness policies (LWP) (discussed further in this document in *Section 3: Additional Measures of Healthy Schools Act Compliance*). During SY 2013-2014, OSSE focused on site visits to a random sample of DCPS school sites. Visits were completed at 20 DCPS schools (eleven grades K-5, four grades K-8, two grades 6-8, two grades 6-12, and one grade 9-12). A list of the schools visited in SY 2013-2014 is provided in Appendix H.

During the site visits, OSSE observed PE and health education classes in 19 of the 20 schools sites. PE and health education classes were not observed in one school site due to the school's abbreviated schedule on the day of the visit. Of the 19 schools where PE and health education classes were observed, all provided PE and health education at the current grade-level requirements, including 16 schools that exceeded the current PE requirements and 11 schools that exceeded the current health education requirements. Additionally, one middle school was

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already exceeding the PE requirements for SY 2014-2015. Discussions with school administrators during the visits revealed that they are concerned about meeting the SY 2014-2015 PE and health education requirements given limited scheduling, staffing, funding, and facilities.

(3) Physical Education and Physical Activity Needs Assessments
In an effort to better understand the barriers and challenges that schools face in the implementation of the SY 2014-2015 PE minutes, OSSE's Healthy Schools Act Initiatives Team conducted informal needs assessment interviews with principals and PE teachers at 10 schools (Appendix G). Schools currently receiving funds through the Physical Activity for Youth grant (DC PAY), as well as schools that expressed a strong interest in increasing PE minutes or that indicated a high number of minutes of PE on the SHP were asked to participate in the informal assessment. Of the schools contacted, 10 visits were scheduled, and more will be scheduled during SY 2014-2015. Results from the interviews echoed key themes found during the HSA Compliance Monitoring visits: limited scheduling, staffing, funding, and facilities and equipment are all barriers to school complying with the SY 2014-2015 PE requirements.

Adherence to Curricular Standards

On the 2014 SHP, 97% of schools reported using OSSE's Physical Education Standards as the foundation for PE, and 92% of schools reported using OSSE's Health Education Standards as the foundation for health education. This year marks the highest adherence to curricular standards seen to date (Figure 4).

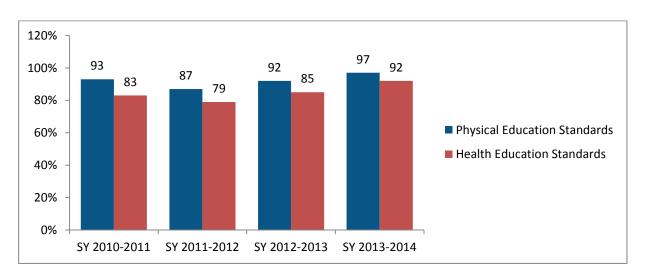
OSSE regularly provides training and technical assistance on standards-based curriculum to health education and PE teachers and community-based organizations (CBOs) who partner with schools on PE and health education (Appendix I). In SY 2013-2014, this included the following:

- OSSE conducted a training for CBOs entitled, "Health and Physical Education Standards Mapping for Non-profit Organizations."
- OSSE conducted two sexual health curricula trainings with local CBOs.
- With funding from the Centers for Disease Control (CDC) 1308, CDC 1305, and Personal Responsibility Education Program (PREP) grants, OSSE has:
 - Analyzed 35 sexual health curricula, 26 PE/PA curricula, and 15 nutrition education curricula; and
 - Drafted an Alcohol, Tobacco, and other Drugs Curricula Guidance Document that was reviewed by DCPS and PCS health education and PE teachers and other community stakeholders.
- OSSE created a Health and Physical Education Curriculum Library that is now being
 piloted with schools and community providers. Visitors are able to schedule an
 appointment with OSSE to view the curricula on file and a Library Catalog is currently
 being finalized.
- OSSE's Health Education Team conducted 28 in-person and two online PE and health education needs assessment surveys (Appendix G) with school administrators and staff and organizations/agencies to gather information about the challenges and factors

associated with implementing effective PE and health education. These surveys revealed a number of barriers faced by schools in providing high quality health and physical education including funding, adequate time for instruction, classroom space, and adequate professional development for teachers. Many CBOs are providing health education in the schools and often they offer their services free of charge to schools. However, not all of these organizations are analyzing their curricula against the national and/or OSSE's Health and Physical Education Standards.

 OSSE coordinated a Building Our Kids Success (BOKS) Physical Activity Training for schools and early child care centers.

Figure 4. Percent of Schools Reporting the Use of OSSE's Physical and Health Education Standards, SY 2010-2011 through SY 2013-2014



SECTION 2: Student achievement with respect to the physical and health education standards, and national physical activity recommendations.

Healthy Schools Act Requirements

Mandatory Reporting

Under section 405 of the HSA, OSSE shall report to the Mayor, the Council, and the HYSC regarding student achievement with respect to OSSE's PE and health education standards by September 30th of each year.

Results – Student Achievement with Respect to the Physical and Health Education Standards, and National Physical Activity Recommendations

Student achievement with respect to OSSE's Physical and Health Education Standards is assessed through the DC Comprehensive Assessment System for Health and Physical Education (DC CAS Health) as well as FITNESSGRAM data collected by DCPS. District of Columbia data from the 2012 Centers for Disease Control's (CDC) Youth Risk Behavior Survey (YRBS) includes the frequency with which middle and high school students reported engaging in physical activity. Thus, this data was used to compare physical activity levels among DC students to national physical activity recommendations.

<u>District of Columbia Comprehensive Assessment System for Health and Physical Education</u> OSSE conducted DC CAS Health for the third year in a row in SY 2013-2014. The assessment includes questions addressing all of OSSE's Physical and Health Education Standards. An operational blueprint for the SY 2013-2014 DC CAS Health is provided in Appendix J. New test items for the 2014 assessment were developed by OSSE staff, as well as health and physical education teachers, and were subjected to content and bias review before being included as field test items.

DC CAS Health was administered during the DC CAS testing window from March 31-April 11, 2014. A few charter LEAs requested additional testing dates to reduce testing burden and as a result a second testing window was made available from June 4-5, 2014.

A total of 11,743 students participated in the 2014 CAS Health (Table 3). Due to the sensitivity of the sexual health items, parents/guardians were able to elect not to have their children complete these items. As indicated in Table 3, the number of 5th grade students who chose not to participate decreased by 64 students, or 1.58%, from 2013 to 2014 while the number of 8th grade and high school students who chose not to participate increased slightly from 2013 to 2014.

Table 3. 2014 DC CAS for Health and Physical Education Participation and Sexual Health Opt Out Numbers/Percentages by Grade

Grade	Number of students with test scores	Number of students who were opted out of the sexual health questions	Percent of students who were opted out of the sexual health questions
5 th	4,431	121	2.73%
8 th	4,220	33	0.78%
High School	3,092	12	0.39%
TOTAL	11,743	166	1.41%

The 2014 DC CAS Health results are presented in Table 4. Fifth grade students performed best in the area of communication and emotional health, answering 83% of questions correctly. The biggest gain was seen in the area of safety skills, with an increase of 11 percentage points from 2013. Fifth grade students answered the lowest percentage of questions correctly in the area of alcohol, tobacco, and other drugs, answering 44% of questions correctly, an 8 percentage point decrease from 2013. Eighth grade students also performed the best in the area of communication and emotional health, answering 78% of questions correctly. The biggest gain was seen in the area of nutrition, with an increase of 16 percentage points from 2013. Eighth grade students answered the lowest percentage of questions correctly in the area of physical education, answering 57% of questions correctly. Eighth grade was the only grade that did not see lower scores compared to 2013 in any section.

High school students performed the best in the area of safety skills, answering 81% of questions correctly. The biggest gain was seen in the area of human growth and development, with an increase of 13 percentage points from 2013. High school students answered the lowest percentage of questions correctly in the area of locating health information and assistance, answering 48% of questions correctly.

The areas of physical education at both the 5th and 8th grade levels saw gains as did 8th grade nutrition. However, scores in these areas have remained flat at the high school level.

Additionally, the scores for alcohol, tobacco, and other drugs have remained flat for 8th grade and have notably decreased for 5th grade and high school. High school saw the biggest decrease from the 2013 assessment in this area, where the score decreased by nine percent.

Table 4. 2014 DC Comprehensive Assessment for Health and Physical Education Results, All Grades and Reporting Categories

Grade	Reporting Category	Correct (%)	Overall Correct (%)
5 th	Communication and Emotional Health	83%*	66%
	Safety Skills	77%	
	Human Body and Personal Health	46% ¹	
	Disease Prevention	76% ¹	
	Nutrition	72%	
	Alcohol, Tobacco and Other Drugs	44%*	
	Healthy Decision Making	53%	
	Physical Education	74%	
8 th	Communication and Emotional Health	78%*	69%
	Safety Skills and Community Health	74%	
	Human Development and Sexuality	62% ¹	
	Disease Prevention	72%	
	Nutrition	66%	
	Alcohol, Tobacco and Other Drugs	66% ¹	
	Health Information and Advocacy	73%	
	Physical Education	57%*	
High School	Human Growth and Development	80%	66%
	Sexuality and Reproduction	75% ¹	
	Disease Prevention and Treatment	65%	
	Nutrition	63%	
	Alcohol, Tobacco and Other Drugs	63%	
	Locate Health Information and Assistance	48%*	-
	Safety Skills	81%*	
	Physical Education	53%	-

^{*} Lowest and highest % correct in each Grade

This was the first year that an increase in the overall score was observed at all grade levels (Figure 5). The greatest gain was seen at the 8th grade level, with a 5 percentage point increase over 2013 from 64% to 69%. Fifth grade and high school scores improved by 2 and 3 percentage points, respectively. These results are encouraging and may represent an increase in the quality of health education and PE being provided in the schools.

¹ Includes items which parents may opt students out of

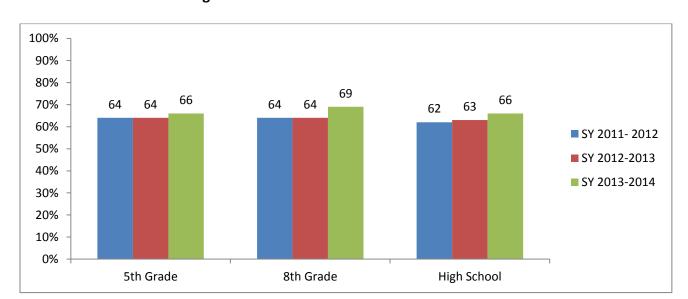


Figure 5. DC Comprehensive Assessment System for Health and Physical Education Overall Scores, SY 2011-2012 through SY 2013-2014

FITNESSGRAM Data from District of Columbia Public Schools³

Some of the PE standards address actual measures of physical health and thus cannot be assessed using a standardized test. To assess student achievement with respect to these standards, schools utilize a variety of tools. DCPS, for example, utilizes the FITNESSGRAM (Appendix K) measure for all students in Grades 4 through 12 that are enrolled in a PE course. This data is collected by PE teachers throughout the year and assesses:

- Muscular Strength and Endurance: measured by curl-ups (abdominal), push-ups (upper body), and trunk lifts (back extensor strength and endurance)
- Aerobic Capacity: measured by a progressive aerobic cardiovascular endurance run
- Body Composition: either measured by a skin-fold test or extrapolated based upon calculated Body Mass Index
- Flexibility: measured by a back-saver sit and reach

In 2014, FITNESSGRAM data was collected on a total of 10,849 DCPS students (5,455 boys and 5,394 girls) and is presented in Table 5 (all grades, both sexes), Table 6 (all grades, girls), and Table 7 (all grades, boys). Between 55% and 75% of the students scored in the "healthy fitness zone" on the various measurements. The smallest percentage (54%) of students was in the healthy fitness zone for flexibility while the largest percentage (75%) of students was in the healthy fitness zone for the trunk lift. Overall, 61% of the students were in the healthy fitness zone for aerobic capacity, which is a measure of cardiovascular fitness. A much higher percentage of boys (70%) than girls (53%) fell into the

³ Note that OSSE only has FITNESSGRAM data for DCPS students. Thus, the data included in this report on the FITNESSGRAM speaks only to DCPS students and does not include public charter school students.

healthy fitness zone for aerobic capacity. Another measurable difference between boys and girls is in the area of upper body strength, 69% versus 57% in the healthy fitness zone, respectively.

Table 5. 2014 DCPS FITNESSGRAM Measures, All Grades, Both Sexes

	Abdominal	Upper Body	Aerobic Capacity	Body Composition	Flexibility	Trunk Lift
Number of Students	10849	10858	9630	9755	10299	9069
Measured						
Number in the Healthy Fitness	6886	6781	5905	5540	5677	6796
Zone						
Percent in the Healthy Fitness Zone	63.47%	62.45%	61.31%	56.79%	55.12%	74.93%

Table 6. 2014 DCPS FITNESSGRAM Measures, All Grades, Girls

	Abdominal	Upper Body	Aerobic Capacity	Body Composition	Flexibility	Trunk Lift
Number of	5394	5379	4798	4862	5130	4465
Students						
Measured						
Number in the	3227	3050	2528	2780	2677	3366
Healthy Fitness						
Zone						
Percent in the	59.82%	56.70%	52.68%	57.17%	52.18%	75.38%
Healthy Fitness						
Zone						

Table 7. 2014 DCPS FITNESSGRAM Measures, All Grades, Boys

	Abdominal	Upper Body	Aerobic Capacity	Body Composition	Flexibility	Trunk Lift
Number of Students Measured	5455	5479	4832	4893	5174	4600
Number in the Healthy Fitness Zone	3659	3771	3377	2757	2995	3431
Percent in the Healthy Fitness Zone	67.07%	68.83%	69.88%	56.34%	57.89%	74.75%

DCPS has accumulated four years of FITNESSGRAM data (Table 8). The results have varied little over

the four years. This trend is not unexpected given that the increased minutes for PE do not go into effect until SY 2014-2015 and that PE minutes have changed only minimally over the past four years. While there is a large difference between 2011 and 2012 in the area of aerobic capacity, this is most likely the result of a measurement error. In 2014, the trunk lift was added as an additional measure of fitness.

Table 8. 2011-2014 DCPS FITNESSGRAM Measures, All Grades, Both Sexes

	Abdominal	Upper Body	Aerobic Capacity	Body Composition	Flexibility	Trunk Lift
2011 - Percent in	66%	65%	36%	56%	59%	N/A
the Healthy Fitness Zone						
2012 – Percent in	73%	65%	62%	60%	60%	N/A
the Healthy Fitness						
Zone						
2013—Percent in	66%	60%	63%	59%	54%	N/A
the Healthy Fitness						
Zone						
2014—Percent in	63%	62%	61%	57%	55%	75%
the Healthy Fitness						
Zone						

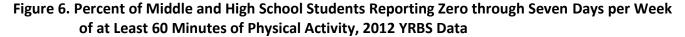
2012 YRBS, Physical Activity Levels among Middle and High School Students in the District of Columbia PA levels for middle and high school students are collected using the YRBS. The YRBS is a survey of health-risk behaviors conducted in middle and high schools every two years in Washington, DC and around the United States. The YRBS covers six topic areas including behaviors that contribute to unintentional injuries and violence, tobacco use, alcohol and other drug use, sexual risk behaviors, unhealthy dietary behaviors, and physical inactivity. The data is self-reported by the students. The most recent YRBS data was collected in 2012 and a full report was released in 2014. The next YRBS data collection in the District will be completed in the fall of 2014.

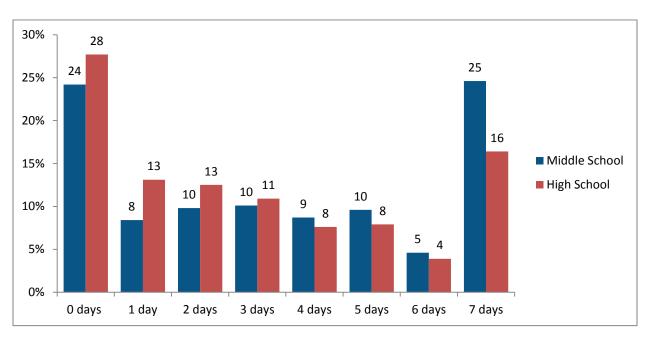
The United States Department of Health and Human Services (HHS) recommends that children and adolescents engage in 60 minutes of physical activity daily. Figure 6 illustrates the number of days per week that middle and high school students reported being physically active for at least 60 minutes based upon the 2012 YRBS data. The majority of middle and high school students in the District reported inadequate levels of PA and more than half of middle school students and approximately 65% of high school students engage in 60 minutes of PA on three or fewer days per week. Only 25% of

⁴ Ost, Julie C. and Maurizi, Laura K. 2014. Physical activity and school nutrition programs are not only protective for maintaining a healthy weight among high school students, but are also protective for achieving academic success, 2012 District of Columbia Youth Risk Behavior Survey Surveillance Report. Office of the State Superintendent of Education: Washington, DC.

⁵ United States Department of Health and Human Services. 2008 Physical Activity Guidelines for Americans. Available at <a href="http://www.health.gov/paguidelines/

middle schools students and 16% of high school students reported being physically active for 60 minutes on seven days of the week. It is interesting that there appears to be a spike at both the low and high ends of this data. The high end is most likely represented by student athletes who play on multiple sports teams and thus are active on all days of the week, while the low end represents those that do no activity at all. Twenty-four percent of middle school students and 28% of high school students reported that they did not engage in any PA. These numbers are concerning given the impact of PA on obesity and other health indicators, as well as on academic performance. In fact, 2012 YRBS data indicates that District high school students who exercised for at least 60 minutes four or more times per week or who played on at least one sports team were 36% less likely to receive Ds and Fs. The second students who exercised for a specific physical students are concerning given the impact of PA on obesity and other health indicators, as well as on academic performance. In fact, 2012 YRBS data indicates that District high school students who exercised for at least 60 minutes four or more





⁶ Centers for Disease Control. The Association Between School-Based Physical Activity, Including Physical Education, and Academic Performance, 2010. Available at http://www.cdc.gov/healthyyouth/health_and_academics/pdf/pa-pe_paper.pdf.

⁷ Ost, Julie C. and Maurizi, Laura K. 2014. Physical activity and school nutrition programs are not only protective for maintaining a healthy weight among high school students, but are also protective for achieving academic success, 2012 District of Columbia Youth Risk Behavior Survey Surveillance Report. Office of the State Superintendent of Education: Washington, DC.

SECTION 3: Additional measures of Healthy Schools Act compliance.

Healthy Schools Act Requirements

Funding for Healthy School Meals

Under section 102 of the HSA, the Healthy Schools Act Fund shall be used to provide additional funding for school meals, including ten cents for each breakfast and lunch meal that meets the requirements of sections 202 and 203 of the HSA, forty cents for each lunch meal served to a student eligible for reduced-priced lunch, and five cents per day for a local item served as part of either breakfast or lunch.

Results

During SY 2013-2014, all DCPS, PCS and participating private schools received additional funding for providing meals that met the requirements of the HSA.

Promoting Physical Activity

Under section 401 of the HSA, DCPS and PCS shall promote the goal of the District of Columbia for children to engage in PA for 60 minutes per day.

Results

Based upon data reported in the 2014 SHP, schools utilized a variety of strategies to promote PA, including active recess, movement in the classroom, and athletic programs (Figure 7). From SY 2012-2013 to SY 2013-2014, there was in increase in the number of PA strategies that schools reported using, with the largest gains in active recess (5 percentage points increase) and walk or bike to school (4 percentage points increase). Every school promoted PA through at least one method. OSSE assisted schools in promoting PA throughout the school day through our DC Physical Activity for Youth (DC PAY) grants and through workshops, trainings, and technical assistance for the schools. In August of 2014, OSSE partnered with the Action for Healthy Kids to conduct a two-day Teacher Wellness Symposium (Appendix L) with 60 participants each day. The Symposium included presentations on a variety of health and wellness topics, including increasing PA before, during, and after the school day.

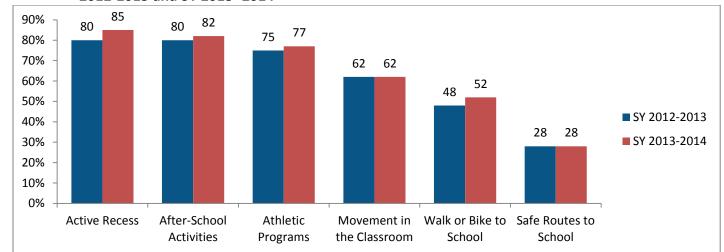


Figure 7. Percent of Schools Reporting Use of Various Strategies to Promote Physical Activity, SY 2012-2013 and SY 2013- 2014

Funding for Increased Physical Activity in Schools

Under section 102 of the HSA, the Healthy Schools Act Fund shall be used to make grants available through a competitive process to DCPS and PCS that seeks to increase the amount of PA in which their students engage.

Results

In May of 2014, OSSE selected 10 DCPS and 12 PCS out of 47 applicants to receive the third group of DC PAY grants (Appendix M). These projects started in the summer of 2014. OSSE will monitor the programs for adherence to the proposed project, budget, and timeline through site visits and mid-term and final reports submitted by the grantees. In order to collect data on the impact of the DC PAY programming on student attitudes and behavior around physical activity, an evaluation matrix was developed and is being piloted with the current grantees. Grantees will choose evaluation instruments that are best matched to their proposed program and will utilize these instruments to assess the change in student attitudes and behavior that occurs as a result of participation in the grant activities. All except one of the 2013 grantees (Appendix N) completed their projects and submitted final reports.⁸

Healthy Vending, Fundraising, and Prizes in Schools

Under section 206 of the HSA, all beverages and snack foods provided by or sold in DCPS and PCS, whether through vending, fundraisers, snacks, afterschool meals, or other means, shall meet the requirements of the United States Department of Agriculture's HealthierUS School Challenge program at the Gold Award Level.

Results

According to the 2014 SHP, 13% of schools provided student access to vending machines and all but

⁸ The one grantee that did not complete its project chose to withdraw from the grant before it received funds, so no funds were ever provided to this grantee.

one identified their vending as complying with the requirements of the HSA. In addition, 32% sold food or beverages for fundraisers, and 12% had a school store. During the SY 2013-2014 HSA Compliance Determination visits, 99% of school sites were in compliance with the HSA requirements for healthy vending, fundraising, and prizes. One school was twice found out of compliance with fundraising activities. OSSE issued a corrective action plan and provided technical assistance to bring this school into compliance within forty-five days of the initial site visit.

Sufficient Time during the Lunch Period

Under section 203 of the HSA, schools are required to 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.

Results

During the SY 2013-2014 HSA Compliance Determination visits, all 20 school sites were in compliance with the requirement to provide at least 30 minutes for students to eat lunch and sufficient time during the lunch period for students to pass through the lunch line. According to the 2014 SHP data, schools provided an average of 34 minutes for the lunch period.

Local Wellness Policies

Under section 601 of the HSA, each Local Education Agency (LEA) shall collaborate with parents, students, food service providers, and community organizations to develop, adopt, and update a local wellness policy (LWP) which shall be revised once every three years. Each LWP shall be reviewed by OSSE to ensure that it complies with federal requirements and OSSE shall examine whether schools comply with their policies.

Results

During SY 2013-2014, OSSE monitored LWP requirements for public participation, transparency, and implementation through the HSA Compliance Determination visits. Based upon the visits conducted during SY 2013-2014, 100% of schools promoted their LWP to faculty, staff, parents, and students by posting it on the school's website, distributing it to staff members or the parent/teacher organization, and/or making it available in the school's main office. OSSE provided technical assistance to four new LEAs (Briya PCS, Ingenuity PCS, Sela PCS, and Somerset PCS) in developing a School Wellness Council and using the Council to develop and implement their Local Wellness Policy. Additionally, OSSE assisted three LEAs [DCPS, Cedar Tree PCS (formerly Howard Road Academy PCS), and Community Academy PCS] in updating their policies. According to results from the 2014 SHP, 43% of schools posted their LWP on the school website, 63% had it available in the main office, and 36% had it in the cafeteria or eating area. Seven percent of schools indicated that this information was not made publicly available. OSSE provided technical assistance to LEAs around LWPs and SWCs through workshops, trainings, and technical assistance visits to schools. During our August Teacher Wellness Symposium, OSSE presented a session entitled, "School Wellness Policies and the Building Blocks of a School Wellness Team" in cooperation with the Alliance for a Healthier Generation.

Availability of Cold, Filtered Water

Under section 203 of the HSA, all DCPS, PCS, and participating private schools are required to make

cold, filtered water available at no charge to students, through water fountains or other means, when meals are served to students in DCPS and PCS. This is also required under the NSLP.

Results

Based upon the data reported in the 2014 SHP, 97% of school stated that they had water available to students during meal times. Water availability has been steadily increasing from 85% in 2012 and 93% in 2013. Results from the HSA Compliance Monitoring visits confirmed the availability of water during meal times in all schools visited.

SECTION 4: Continued implementation of the Healthy Schools Act and next steps.

Progress Made on SY 2013-2014 Initiatives

SY 2013-2014 Initiatives

Progress

Finalizing the 2014 SHP with the goal of developing a standard set of questions that will be used to ensure consistency in data collection.

- Changes to the 2014 SHP were designed to reduce data collection redundancy and improve question clarity. All sections of the SHP have remained the same over the years – school profiles, health services, health education instruction, physical education instruction, nutrition programs, local wellness policy, distributing information, school gardens, and posting availability. In the 2014 SHP, environmental literacy was added as a new section. Within sections, at least 75% of questions have remained the same.
- OSSE has finalized the questions for the 2015 SHP and it is currently in production for online release this fall.

Utilizing SHP data to provide feedback to schools and information to the public on the health and wellness of schools in the District of Columbia.

- OSSE created a Fact Sheet about progress on the HSA using data from the 2013 SHP.
 This fact sheet was distributed to LEAs, schools, and stakeholders, and was made available on the OSSE website.
- Stakeholders may now request SHP data through OSSE's Office of Data, Accountability, Assessment and Research
- OSSE presented a session on utilizing available health data such as the SHP and YRBS to inform educational activities as part of the Teacher Wellness Symposium in August, 2014.

Analyzing the results from the 2013 DC CAS for Health and Physical Education and creating new field test items for the 2014 assessment.

- OSSE will make results from the 2014 DC CAS Health publically available.
- Several new field test items were included on the 2014 assessment.

Progress

Seeking other sources of evaluative data and planning evaluation activities to measure the effectiveness of the HSA, including adding a half-time HSA evaluation position to the staff at OSSE.

- In March 2014, OSSE added a data analyst within the Office of Data, Accountability, Assessment and Research to support OSSE in reporting, data analysis, and evaluation planning around the HSA and the CDC 1305, 1308 and PREP grants.
- OSSE has been investigating other data sources (such as the YRBS data) and incorporating this data into the evaluation plan for the HSA.

Utilizing data collected to inform technical assistance and professional development activities offered through OSSE.

 SHP and other data are routinely used to inform technical assistance by OSSE. Some instances include: identifying schools with high PE minutes for surveying about PE best practices, targeting professional development opportunities to the needs of health education and PE teachers, and identifying schools that need farm-toschool technical assistance.

Researching, evaluating, and reviewing the PE and health education curricula schools are using to determine alignment with OSSE's learning standards.

- With funding from the CDC 1305, and the PREP grants, OSSE has:
 - Analyzed 35 sexual health curricula, 26 PE/PA curricula, and 15 nutrition education curricula; and
 - Drafted an Alcohol, Tobacco, and other Drugs Curricula Guidance Document that was reviewed by DCPS and PCS health and physical education teachers and other community stakeholders.

Creating a library of PE and health education curricula and supplemental resources that align with national and OSSE's Physical and Health Education Standards and making this library available to schools and teachers.

 OSSE's Health and Physical Education Curriculum Library is now being piloting with schools and community providers.
 Visitors are able to schedule an appointment with OSSE to view the

SY 2013-2014 Initiatives

Progress

Providing training and technical assistance to schools and community-based organizations on the use of OSSE's Physical and Health Education Standards.

curricula on file and a Library Catalog is currently being finalized.

- OSSE added two full-time staff members to assist schools with the implementation of the HSA required PE and health education minutes, to train teachers in high quality PE and health education curriculum, and to promote PA throughout the school day.
- OSSE presented a workshop to CBOs entitled, "OSSE Health & Physical Education Standards Mapping for Nonprofit Organizations." Over 15 CBOs were in attendance.
- OSSE coordinated a Building Our Kids Success (BOKS) Physical Activity Training for schools and early child care centers.
- OSSE developed an online resource kit containing information about physical activity best practices, the link between PA and achievement, comprehensive schoolbased PA programs, and resources for increasing PA in schools.
- OSSE developed an evaluation matrix for the DC PAY grantees to measure more effectively the impact of the grants and better collect data.
- OSSE's Health Education Team conducted 28 in-person and two online PE and health education needs assessment surveys with school administrators and staff, and organizations/agencies to gather information about the challenges and factors associated with implementing effective PE and HE.
- OSSE has signed-on 24 PCS to work with OSSE on HIV/STD and/or PE/PA within their schools for the next four years. Each school received an action plan based upon a needs assessment and will receive an

SY 2013-2014 Initiatives

Progress

annual mini-grant and direct technical assistance to enhance programming on their campus. This programming is funded by the CDC 1308 and CDC 1305 grants.

Providing training and technical assistance for school staff members in implementing and updating LWPs, and in developing effective SWCs.

- OSSE provided training and technical assistance to four new LEAs in developing a SWC and using the SWC to develop and implement their LWP.
- OSSE provided technical assistance to three existing LEAs in the review and update of their LWP.
- OSSE delivered a session at Teacher
 Wellness Symposium in August, 2014
 entitled, "School Wellness Policies and the
 Building Blocks of a School Wellness
 Team."

Utilizing the HSA Compliance Determination visits to further monitor the compliance of schools with the HSA.

OSSE completed HSA Compliance
 Determination visits to 20 DCPS schools during SY 2013-2014.

SY 2014-2015 Initiatives

During SY 2014-2015, OSSE plans to:

- Collect the 2015 School Health Profile data.
- Collect the 2014 YRBS data.
- Provide technical assistance to 36 LEAs that need to update their LWPs.
- Assist five new LEAs in developing SWCs, and in developing and implementing their LWPs.
- Develop and deliver LWP workshops for LEAs in conjunction with Action for Healthy Kids.
- Conduct HSA Compliance Determination visits to a random sample of 25 of schools to monitor compliance with the HSA.
- Conduct additional needs assessment interviews to better highlight barriers to fully implementing the PE and PA components of the HSA.
- Gather PE best practices from a small number of schools who are meeting the FY 2014-2015 PE requirements and provide this information to other schools.
- Provide training in selected PE and health education curriculum and provide direct capacity building and technical assistance to schools around PE and health education.

- Release three curricula guidance documents (pending approval) on nutrition and physical education, alcohol, tobacco, and other drugs, and sexual health.
- Advertise the PE/health education curriculum library to schools District-wide.
- Release an updated copy of the Healthy Youth Resource Guide.
- Pilot a health referral system in select DCPS and PCS.
- Host a health symposium for local educators.

Though there are still improvements to be made, the schools in the District of Columbia have made great strides in providing a healthy learning environment to their students through improved nutritional content of school meals, reduced availability of unhealthy foods in schools, the provision of PE and health education, and the promotion of PA. OSSE staff will continue to work with schools to provide needed training, technical assistance, and support and will seek out new and innovative approaches as we strive to improve our processes and the services that we provide to schools.

APPENDIX A Healthy Schools Act School Health Profile Questionnaire, 2014

*required question

SECTION 1: School Profile	
Type of School*	
□ Public School □ Public Charter School	
School Name*	
Street Address*	
Does your school currently have a website?* What is your school's website address?	
☐ Yes ☐ No	
Current number of students enrolled*	
Grades Served (select all that apply)*	
□ PS □ 2 □ 6 □ 10	
□ PK □ 3 □ 7 □ 11	
□ K □ 4 □ 8 □ 12	
□ 1 □ 5 □ 9 □ Adult □ Other	
Number of weeks in your academic year*	
Contact Name*	
Contact Job Title*	
Contact Email*	
SECTION 2: Health Services	
Recommended point of contact for this section: School Health Providers	
What type of nurse coverage does your school have?*	
☐ Full-time ☐ Part-time ☐ No coverage	
11	
How many nurses are available at your school?*	
☐ One ☐ Two ☐ Three or more	
Name of School Nurse 1	
School Nurse 1 E-mail	
School Warse 12 mail	
Name of School Nurse 2	
School Nurse 2 E-mail	

Does your school currently have a	school-based health center?*	
Does your school currently have a	School Mental Health Program or	similar services on site for students?*
How many of the following clinica Psychiatrist # full time Psychologist # full time		nploy?
, , ,	al Worker (LICSW) \square # full time	
Do you partner with any outside o mental health, and/or provide for Yes No Please specify the agency or organ	mental health needs?	s social-emotional needs, improve school climate around
		cal health services than you currently have? \square Yes \square
Has your school ever used the Chil Health's Access Helpline? ☐ Yes	d and Adolescent Mobile Psychiatr \square No	ic Services (ChAMPS) or the Department of Mental
Does your school currently have a	n anti-bullying policy? \square Yes \square I	No □Don't know
SECTION 3: Health Education In Recommended point of contact for Are students required to take heal	or this section: Health Education T	eacher
☐ Yes ☐ No		
□ None □ One	ers does your school currently hav	e on staπ?" ee or more
	t least one certified or highly qualif	
Name of Health Ed Instructor 1		Health Ed Instructor 1 E-mail
Name of Health Ed Instructor 2		Health Ed Instructor 2 E-mail
Health education courseAssemblies or presentationsNo health education is provide		
For each grade in your school, pleaschool week that students receive	_	f minutes per week during the regular instructional

	Minutes/Week:		Minutes/Week:
	Minutes/Week:		Minutes/Week:
	Minutes/Week:	Grade:	
	Minutes/Week:		Minutes/Week:
	Minutes/Week:		Minutes/Week:
Is the h	ealth education instruction based on OSS	E's Health Educa	ation standards?*
	□ Yes □ No		
For the			n curriculum (or curricula) your school uses for instruction:
	Communication and Emotional Health		
	Safety Skills	Curriculum:	
	Human Body and Personal Health	Curriculum: _	
	Human Growth and Development	Curriculum: _	
	Disease Prevention	Curriculum: _	
	Nutrition		
	Alcohol, Tobacco and Other Drugs		
	Healthy Decision Making		
	Sexuality and Reproduction	Curriculum:	
Does yo	our school partner with any outside progr	ams or organizat	tions to satisfy the health education requirements?*
	□ Yes □ No		
	Please specify the agency or organization	n:	
SECTIO	ON 4: Physical Education Instruction		
	mended point of contact for this section	: Physical Educat	tion Teacher
	dents required to take physical education		
	□ Yes □ No	,	
How m	any physical education teachers does you	ır school have on	staff?*
	□ None □ One □ Tv		
			10166 01 10016
Name o		WO 🗆	Three or more Phys. Ed. Instructor 1 E-mail
	of Phys. Ed. Instructor 1	wo 🗆	Phys. Ed. Instructor 1 E-mail
Name o	of Phys. Ed. Instructor 1 of Phys. Ed. Instructor 2		Phys. Ed. Instructor 1 E-mail Phys. Ed. Instructor 2 E-mail
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Which physical activity curriculum (or curricula) is your school currently using for instruction?
Does your school use a physical education or fitness assessment tool?* (e.g., FITNESSGRAM, President's Physical Fitness Test,
etc.)
□ Yes □ No
What is the name of the tool?
Does your school partner with any outside programs or organizations to satisfy the physical education or physical activity
requirements?*
□ Yes □ No
Please specify the agency or organization:
How many times per week do students get recess?*
Llaur manny mainright a manny and a de aturdanta haya manan 3*
How many minutes per week do students have recess?* minutes
SECTION 5: Nutrition Programs
Recommended point of contact for this section: Food Services Director, Cafeteria Manager
Name of Food Service Vendor*
Name of Food Service Vendor
What types of nutrition promotion does your vendor provide? (select all that apply)*
□ None □ Multimedia
☐ Vendor-provided nutrition education ☐ Posters
☐ Meal time presentations ☐ Classroom Instruction
☐ Outside speakers ☐ Handouts/brochures
☐ Other (please specify if a specific nutrition curricula is used):
Please comment on the quality and/or effectiveness of the nutrition promotion that your vendor provides:
Does your school offer free breakfast to all students?*
□ Yes □ No
Does your school offer breakfast in the classroom? Yes No
If yes, please specify the grades for which breakfast is served in the classroom:
Grade(s): If you do not offer breakfast in the classroom, please explain why (i.e., not required):
if you do not offer breakfast in the classroom, please explain why (i.e., not required):
Does your school offer any alternative breakfast models (check all that apply)?
☐ Cafeteria ☐ Grab and Go cart ☐ Other (please specify):
Where is your Grab and Go cart located? (check all that apply)
☐ In the cafeteria
□ In/near the main entrance of the school
□ Other
If other, please specify:
Does your school provide meals that meet the nutritional standards required by the federal and District laws, such as the
Healthy Hunger-Free Kids Act and the Healthy Schools Act?
These requirements (for lunch) include: a different vegetable every day; dark green, red/orange, dry beans/peas, starchy, and
other vegetables each week; a different fruit every day; fresh fruit at least 3 times per week; 100% juice only once per week; a
whole grain-rich serving every day; 3 different types of whole-grain rich foods each week; only low-fat (1% or less) or fat-free
(skim) fluid milk each day.
☐ Yes ☐ No
How many minutes does your school allow students to eat lunch?*
Does your school serve locally grown and/or locally processed and unprocessed foods at meal times?
Yes No

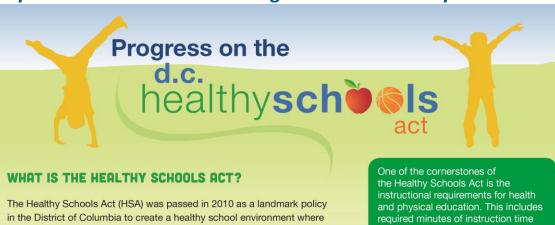
Are these items served at breakfast?		
☐ Yes ☐ No		
Are these items served at lunch?		
☐ Yes ☐ No		
Is water available to students during meal times?*		
□ Yes □ No		
Is it available via (check all that apply):		
☐ Water fountain in the cafeteria ☐ Water fountain in another location		
☐ Water pitcher and cups ☐ Students bring water		
□ Other (please specify):		
SECTION 6: Local Wellness Policy		
Recommended point of contact for this section: Principal, Chair of School Wellness Council/Committee		
All Local Education Agencies (LEAs) in DC have a local wellness notice. Hos your LEAs local wellness notice have distributed to		
All Local Education Agencies (LEAs) in DC have a local wellness policy. Has your LEAs local wellness policy been distributed to		
the following? (check all that apply)		
Parent/teacher organization		
Wellness committee/council		
□ Foodservice staff		
□ Administrators		
□ Students		
□ None		
Other		
Is your school implementing your LEA's local wellness policy? Yes No		
Who at your school is responsible for implementing your LEA's local wellness policy?*		
Does your school have vending machines available to students?*		
□ Yes □ No		
How many vending machines do you have:		
What are the hours of operation of these vending machines?		
What items are sold from these vending machines?		
Do the items comply with the Healthy Schools Act? Yes No		
Does your school sell foods or beverages of any kind for fundraisers?		
□ Yes □ No		
Does your school have a school store?*		
□ Yes □ No		
What are the hours of operation for the school store?		
What food and beverages are sold?		
SECTION 7: Distributing Information		
Where are the following items located at your school?		
LEA's Local Wellness Policy*		
☐ This information is not available		
□ School Website □ School Main Office □ School Cafeteria or Eating Areas		
□ Other:		
School Menu for Breakfast and Lunch*		
☐ This information is not available		
□ School Website □ School Main Office □ School Cafeteria or Eating Areas		
□ Other:		
Nutritional Content of Each Menu Item*		
☐ This information is not available		
☐ School Website ☐ School Main Office ☐ School Cafeteria or Eating Areas		
☐ Other:		
Ingredients of Each Menu Item*		

☐ This information is not available		
☐ School Website ☐ School Main Office ☐ School Cafeteria or Eating Areas		
□ Other :		
Information on where fruits and vegetables served in schools are grown and processed and whether growers are engaged		
in sustainable agriculture practices*		
☐ This information is not available		
☐ School Website ☐ School Main Office ☐ School Cafeteria or Eating Areas		
□ Other:		
Are students and parents informed about the availability of vegetarian food options at your school?* Yes No No		
Vegetarian food options are not available		
Where can they find this information?		
□ School Website □ School Main Office □ School Cafeteria or Eating Areas		
Other:		
Are students and parents informed about the availability of milk alternatives, such as soy milk, lactose free milk, etc., at your school?*		
☐ Yes ☐ No ☐ Milk alternatives are not available		
Where can they find these options?		
□ School Website □ School Main Office □ School Cafeteria or Eating Areas		
Under:		
SECTION 8: School Gardens		
Recommended point of contact for this section: School Garden Coordinator		
Does your school currently have a School Garden?*		
Name of Garden Contact Garden Contact E-mail		
Did your school participate in Growing Healthy Schools Week or Strawberries and Salad Greens?		
□ Yes □ No		
SECTION 9: Environmental Literacy Recommended point of contact for this section: Lead Science Teacher		
Does your school offer an Environmental Science Class?*		
□ Yes □ No		
How many students are enrolled in this course in SY 2013-2014?		
How many students are emolica in this course in 51 2013-2014:		
Please select the environmental literacy topics currently addressed in your school. For each selection, indicate the course in		
which the topic is taught and the curriculum (or curricula) that your school is currently using for instruction:		
which the topic is taught and the curriculant (or curricula) that your school is currently using for histraction.		
☐ Air (quality, climate change) Course:Curriculum:		
☐ Water (stormwater, rivers, aquatic wildlife) Course:Curriculum:		
Land (plants, soil, urban planning, terrestrial wildlife) Course:Curriculum:		
Resource Conservation (energy, waste, recycling)) Course:Curriculum:		
Health (nutrition, gardens, food)) Course:Curriculum:		
Other:) Course:Curriculum:		
□ None		
Name of Lead Science Teacher/Environmental Literacy Instructor		
Lead Science Teacher/Environmental Literacy Instructor Email		
SECTION 10: Posting and Form Availability to Parents		
According to section 602(c) of the <i>Healthy School Act of 2010</i> , "each public school and public charter school shall post the		
information required by subsection (a) online if the school has a website and make the form available to parents in its office".		
How will you make this information available to parents?*		

□ Online	☐ Copies Available at Main Office
☐ Other (please spec	fy):
	ng information about the Healthy Schools Act in any other ways?*
□ Yes	□ No
Please exp	lain

APPENDIX B

Healthy Schools Act Fact Sheet: Progress on the Healthy Schools Act, 2013



The Healthy Schools Act (HSA) was passed in 2010 as a landmark policy in the District of Columbia to create a healthy school environment where students can achieve academically and learn healthy nutrition and activity habits for life. The HSA aims to reduce the rate of overweight and obesity among the District's youth through provisions for school meal nutritional requirements, required minutes for health and physical education, promotion of physical activity, fundraising standards, and support for farm to school and school garden programs.

HEALTH EDUCATION, PHYSICAL EDUCATION, AND PHYSICAL ACTIVITY

- 69% of schools have at least one certified or highly qualified health education teacher.
- 54% of schools provide health education through a dedicated health education course, 53% incorporate health into other subjects, and 45% host assemblies and presentations.
- Schools use multiple strategies to engage students in physical activity.
 These include: active recess, after-school activities, athletic programs, and movement in the classroom (see Figure 1).

One of the cornerstones of the Healthy Schools Act is the instructional requirements for health and physical education. This includes required minutes of instruction time and adherence to the Office of the State Superintendent of Education (OSSE) Physical and Health Education Standards. Schools have been successful in meeting these requirements (Figures 2 & 3):

- K-5th grade schools report an average of 66 minutes per week of physical education and 31 minutes per week of health education.*
- 6th-8th grade schools report an average of 100 minutes per week of physical education and 45 minutes per week of health education.*
- 93% of schools base their physical education on the OSSE standards.
- 85% of schools base their health education on the OSSE standards.

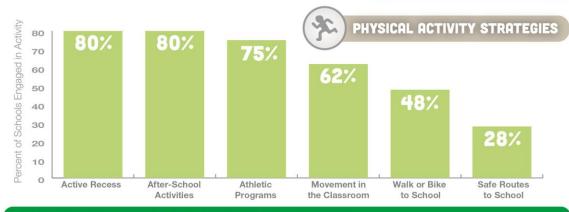
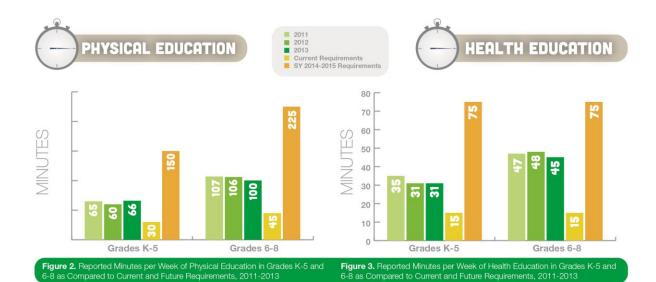


Figure 1. Percent of Schools Reporting Use of Various Strategies to Promote Physical Activity, 2013

^{*} In the 2014-2015 school year the required minutes of physical education goes up to 150 minutes per week for grades K-5 and 225 minutes per week for grades 6-8. The required minutes of health education for grades K-8 goes up to 75 minutes per week.





NUTRITION

- The majority of DC schools have meals provided by an outside vendor. 78% of vendors conduct nutrition promotion through hanging posters, 53% by handing out brochures, and 31% through meal time presentations.
- 93% of schools provide water free of charge to students during meal times.
- 99% of schools are in compliance with HSA requirements for healthy vending, fundraising, and prizes.

FARM TO SCHOOL AND SCHOOL GARDENS

- 100% of schools serve locally grown and unprocessed foods to students. For example, 89% of schools serve local apples at least once per month and 77% of schools serve local collard greens at least once per month. Other local foods commonly served in schools include: kale, pears, peaches, strawberries, sweet potatoes, and tofu.
- 176 schools participated in Strawberries and Salad Greens
 Day on May 29, 2013. 14,000 students participated in Growing
 Healthy Schools Week, October 21-25, 2013, including 50
 chef demos and a dozen farmer visits to schools.
- · DC has 93 active school gardens.



Only 11% of schools had vending machines available to students in the 2012-2013 school year, down from 19% the previous year.

HEALTH SERVICES & MENTAL HEALTH

- · 84% of schools have at least part-time nurse coverage.
- · 86% of schools have an anti-bullying policy.*
- 74% of schools have at least part-time mental health clinician coverage.
- 48% of schools partner with other organizations to provide students with mental health support.
- * As of September 2013, all schools are required to have an anti-bullying policy.





Data for this fact sheet was compiled from the 2012 & 2013 School Health Profiles, 2013 Farm to School and School Garden Report, 2012-2013 HSA Compliance Determination visits, 2013 Healthy Youth and Schools Commission Report, and 2013 Growing Healthy Schools Week data.

www.osse.dc.gov/service/healthy-schools-act-0

APPENDIX C

Healthy Schools Act School Health Profile Data

2014 Results, DC All Schools⁹

<u>Overall Compliance</u>: 98% of all applicable DC schools completed the School Health Profile (this excludes adult schools and schools that did not participate in the NSLP.

SECTION 1: School Profile

85% of schools had a school website.

SECTION 2: Health Services

- > 85% of schools had at least part-time nurse coverage.
- > 73% of schools had at least one full-time nurse on staff.
- > 59% of schools had a school mental health or comparable program.
- 2% of schools had a psychiatrist on staff.
- 68% of schools had a psychologist on staff.
- ➤ 63% of schools had a Licensed Independent Clinical Social Worker on staff.
- > 31% of schools had a Licensed Professional Counselor on staff.
- ➤ 63% of schools partnered with outside organizations to address students' social-emotional needs.
- ➤ 69% of schools believed there is a need for additional behavioral/mental health services.
- > 73% of schools used the Child and Adolescent Mobile Psychiatric Unit (ChAMPS) or the Department of Mental Health Access Helpline.
- > 92% of schools had an anti-bullying policy.

SECTION 3: Health Education Instruction

- > 87% of schools required students to take health education.
- > 87% of schools had at least one health teacher.
- > 73% of schools had at least one certified or highly qualified health teacher.
- > 92% of schools used the OSSE Health Education Standards.
- ➤ 40% of schools partnered with outside organizations to provide health education.
- Students in grades K-5 received an average of 31 minutes of health education per week.
- > Students in grades 6-8 received an average of 48 minutes of health education per week.
- Schools reported using a variety of methods to provide health education students (see table).

⁹ All data presented in this Appendix was self-reported by the school principal or school designee.

Percent of Schools Reporting Different Health Education Methods 10		
Method	Percent	
Incorporated into another course	59	
Health education course	55	
Assemblies or presentations	42	
Other	11	
No health education	0	

SECTION 4: Physical Education Instruction

- 100% of schools required students to take physical education.
- > 93% of schools had at least one physical education teacher on staff.
- > 97% of schools used the OSSE Physical Education Standards.
- ➤ 65% of schools used a physical fitness assessment tool.
- > 33% of schools partnered with outside organizations to provide physical activity.
- > On average, students received recess 4 times per week for an average of 90 minutes per week.
- > Students in grades K-5 received an average of 59 minutes per week of physical education.
 - On average, 90% of class time was devoted to physical activity
- > Students in grades 6-8 received an average of 89 minutes per week of physical education.
 - o On average, 84% of class time was devoted to physical activity
- > Schools reported using a variety of strategies to promote physical activity (see table).

Percent of Schools Reporting Use of Various Strategies to Promote Physical Activity ¹¹		
Method	Percent	
Active recess	85	
After-school activities	82	
Athletic programs	77	
Movement in the classroom	62	
Walk or bike to school	52	
Safe routes to school	28	
Other	16	
None	0	

11

¹⁰ Total percent is more than 100% because schools can deliver health education in more than one format.

 $^{^{11}}$ Total percent is more than 100% because schools can deliver physical activity in more than one form.

SECTION 5: Nutrition

- Chartwells (44%) and Revolution Foods (28%) were the most commonly used food vendors.
- > 100% of schools served free breakfast.
- ► 62% of schools served breakfast in the classroom.
 - Schools also served breakfast using alternative methods (see table).

Alternative Breakfast Models	Percent ¹²
Cafeteria	60
Grab and Go cart	19
Other	5

- > 100% of school meals complied with the Healthy Schools Act and Healthy, Hunger Free Kids Act of 2010.
- > 80% of schools served food that is locally grown.
 - 72% of schools served local food at breakfast.
 - 79% of schools served local food at lunch.
- > 97% of schools had water available to students during meal times.
- > The average amount of time allotted for lunch was 34 minutes.
- Food vendors provided a variety of nutrition promotion activities (see table).

Percent of Schools Reporting Use of Different Nutrition Promotion Activities by Vendors 13		
Method	Percent	
Posters	77	
Handouts/brochures	53	
Vendor-provided nutrition education	35	
Meal time presentations	31	
Outside speakers	17	
Classroom instruction	13	
None	13	
Multimedia	6	
Other	3	

¹² Total percent is more than 100% because schools can deliver breakfast in more than one format.

¹³ Total percent is more than 100% because schools can deliver nutrition promotion in more than one format

SECTION 6: Local Wellness Policy

- > 95% of schools implemented their local wellness policies.
- ➤ 13% of schools had vending machines available to students.
 - o 96% of the schools with vending machines sold items that comply with the HSA.
- > 32% of schools sold food or beverages for fundraisers.
- > 12% of schools had a school store.
- > Schools distributed their local wellness policies to a variety of stakeholders (see table).

Local Wellness Policy Distributed To	Percent ¹⁴
Administrators	78
Foodservice staff	69
Parent Teacher Organization	65
Wellness Committee/Council	46
Students	35
Other	14
None	6

SECTION 7: Distributing Information

- > 91% of schools with vegetarian options informed parents and students of these options.
 - o 6% of schools did not have vegetarian options available.
- > 89% of schools with milk alternatives informed parents and students of these options.
 - o 19% of schools did not have milk alternatives available.
- Schools distributed school health information in various ways (see table).

Methods Schools Report Using to Distribute School Health Information 15					
	School Website	School Main Office	School Cafeteria or Eating Areas	This information is not available	Other
Local Wellness Policy	43%	63%	36%	7%	13%
School Menu for Breakfast and Lunch	52%	77%	78%	3%	18%
Nutritional Content of Each Menu Item	25%	40%	63%	13%	17%
Ingredients of Each Menu Item	20%	30%	56%	18%	19%
Information on Where Fruits and Vegetables Served in Schools are Grown and Processed	18%	26%	45%	32%	16%

¹⁴ Total percent is more than 100% because schools distribute the LWP to more than one audience.

¹⁵ Total percent may be more than 100% because schools distribute information using multiple methods.

SECTION 8: School Gardens

- ➤ 43% of schools had a school garden.
- ➤ 44% of schools participated in *Growing Healthy Schools Week* or *Strawberries and Salad Greens*.

SECTION 9: Environmental Literacy

- > 28% of schools offered Environmental Science classes.
 - The average number of students enrolled in these classes, per school, was 182.
- > There are various topics covered by Environmental Science classes (see table).

Environmental Science Topics	Percent ¹⁶
Water	43
Resource Conservation	42
Land	41
Health	40
Air	37
None	18
Other	3

 $^{^{\}rm 16}$ Total percent is more than 100% because schools teach more than one Environment Science topic.

SECTION 10: Posting and Availability

- ➤ 69% of schools made their HSA School Health Profile available online and 77% provided it in the main office.
- > 28% of schools shared information about the Healthy Schools Act in other ways (see table).

Other Ways Schools Share Information about the Healthy Schools Act		
Written Methods	<u>Events</u>	
Banners in Cafeteria	Back-to-School Night	
Classroom Newsletter	Community Meetings	
Letters to Parents	Healthy Eating Seminars for Parents	
Pamphlets	Healthy Schools Bake Sale	
Parent/Student Handbook	Open House Presentations	
School Mailing	Parent Meetings	
School Newsletter (Weekly/Monthly)	Parent-Teacher Conferences	
Signs/Posters	Parent Training/Workshops	
	Professional Development	
	PTA Meetings	
	School Assemblies	
	Special Events	
	Student Demos at Lunch	
	Teacher Workshops	
Online Methods	<u>Other</u>	
Facebook	After-school Activities	
Mass Emails	Central Office	
Online	Classroom Activities/Lessons	
Parent Links	Health Education & Nutrition Classes	
Twitter	Nurse's Office	
Website	Parent Center	
	Review US Partnership for Sustainability Standards with staff and families	
	Science Curriculum	
	Share information during lunch and breakfast	
	Share information from OSSE Trainings and HSA	
	Updates	
	Student Council	
	Video of students demonstrating physical activity	
	Wellness Committee	
Oral Methods		
Children share lessons with peers regarding		
nutrition & exercise		
Conversations with students about nutrition		
Conversations with students around food choices		
and against bringing unhealthy snacks and		
meals into school		
Robo-Calls		

APPENDIX D

Healthy Schools Act School Health Profile Data

2014 Results, DC Public Schools

All data presented below was self-reported by the school principal or school designee

<u>Overall Compliance</u>: 96% of applicable DCPS schools completed the School Health Profile (this excludes adult schools and schools that did not participate in the NSLP).

Section 1: School Profile

> 72% of schools had a school website.

Section 2: Health Services

- ➤ 100% of schools had at least part-time nurse coverage.
- > 88% of schools had at least one full-time nurse on staff.
- ➤ 61% of schools had a school mental health or comparable program.
- ➤ 61% of schools had a psychiatrist on staff.
- 90% of schools had a psychologist on staff.
- > 81% of schools had a Licensed Independent Clinical Social Worker on staff.
- 33% of schools had a Licensed Professional Counselor on staff.
- > 59% of schools partnered with outside organizations to address students' social-emotional needs.
- > 70% of schools believed there is a need for additional behavioral/mental health services.
- > 76% of schools used the Child and Adolescent Mobile Psychiatric Unit (ChAMPS) or the Department of Mental Health Access Helpline.
- > 90% of schools had an anti-bullying policy.

Section 3: Health Education Instruction

- > 87% of schools required students to take health education.
- 90% of schools had at least one health teacher.
- > 84% of schools had at least one certified or highly qualified health teacher.
- 93% of schools used the OSSE Health Education Standards.
- > 37% of schools partnered with outside organizations to provide health education.
- > Students in grades K-5 received an average of 33 minutes of health education per week.
- > Students in grades 6-8 received an average of 65 minutes of health education per week.
- Schools reported using a variety of methods to provide health education (see table).

Percent of Schools Reporting Different Health Education Methods ¹⁷	
Method	Percent
Health education course	64
Incorporated into another course	58
Assemblies or presentations	47
Other	12
No health education	0

Section 4: Physical Education Instruction

- > 99% of schools required students to take physical education.
- 99% of schools had at least one physical education teacher on staff.
- > 97% of schools used the OSSE Physical Education Standards.
- > 88% of schools used a physical fitness assessment tool.
- > 37% of schools partnered with outside organizations to provide physical activity.
- On average, students received recess 4 times per week for an average of 82 minutes per week.
- > Students in grades K-5 received 55 minutes per week of physical education.
 - On average, 93% of class time was devoted to physical activity
- > Students in grades 6-8 received 87 minutes per week of physical education.
 - o On average, 79% of class time was devoted to physical activity
- > Schools reported using a variety of strategies to promote physical activity (see table).

Percent of Schools Reporting Use of Various Strategies to Promote Physical Activity ¹⁸	
Method	Percent
After-school activities	86
Active recess	84
Athletic programs	84
Movement in the classroom	52
Walk or bike to school	49
Safe routes to school	35
Other	16
None	0

¹⁷ Total percent is more than 100% because schools can deliver health education in more than one format.

¹⁸ Total percent is more than 100% because schools can deliver physical activity in more than one form

Section 5: Nutrition

- > 88% of schools used Chartwells as their food vendor.
- > 100% of schools served free breakfast.
- > 54% of schools served breakfast in the classroom.
 - Schools also served breakfast using alternative methods (see table).

Alternative Breakfast Models	Percent ¹⁹
Cafeteria	73
Grab n Go cart	18
Other	3

- > 100% of school meals complied with the Healthy Schools Act and Healthy, Hunger Free Kids Act of 2010.
- ➤ 68% of schools served food that is locally grown.
 - 57% of schools served local food at breakfast.
 - 67% of schools served local food at lunch.
- > 95% of schools had water available to students during meal times.
- > The average amount of time allotted for lunch was 34 minutes.
- > Food vendors provided a variety of nutrition promotion activities (see table).

Percent of Schools Reporting Use of Different Nutrition Promotion Activities by Vendors ²⁰		
Method	Percent	
Posters	83	
Handouts/brochures	44	
Meal time presentations	20	
Vendor-provided nutrition education	19	
None	7	
Outside speakers	6	
Multimedia	5	
Classroom instruction	4	
Other	2	

 $^{^{19}}$ Total percent is more than 100% because schools can deliver breakfast in more than one format.

Total percent is more than 100% because schools can deliver nutrition promotion in more than one format.

Section 6: Local Wellness Policy

- > 91% of schools implemented their local wellness policies.
- > 9% of schools had vending machines available to students.
 - o 33% of the schools with vending machines sold items that comply with the HSA.
- ➤ 41% of schools sold food or beverages for fundraisers.
- 16% of schools had a school store.
- > School reported distributing their local wellness policies to various stakeholders (see table).

Local Wellness Policy Distributed To	Percent ²¹
Administrators	68
Foodservice staff	63
Parent Teacher Organization	59
Students	37
Wellness Committee/Council	29
Other	8
None	8

Section 7: Distributing Information

- > 93% of schools with vegetarian options informed parents and students of these options.
 - o 8% of schools did not have vegetarian options available.
- > 89% of schools with milk alternatives informed parents and students of these options.
 - o 28% of schools did not have milk alternatives available.
- Schools distributed school health information in various ways (see table).

Methods Schools Report Using to Distribute School Health Information ²²					
	School Website	School Main Office	School Cafeteria or Eating Areas	This information is not available	Other
Local Wellness Policy	19%	55%	41%	11%	15%
School Menu for	11%	71%	89%	3%	18%
Breakfast and Lunch					
Nutritional Content of	11%	26%	69%	19%	12%
Each Menu Item					
Ingredients of Each	8%	17%	64%	25%	10%
Menu Item					
Information on Where	3%	10%	44%	47%	9%
Fruits and Vegetables					
Served in Schools are					
Grown and Processed					

²¹Total percent is more than 100% because schools distribute the LWP to more than one audience.

Total percent is more than 100% because schools distribute information using multiple methods.

Section 8: School Gardens

- > 52% of schools had a school garden.
- > 52% of schools participated in *Growing Healthy Schools Week* or *Strawberries and Salad Greens*.

Section 9: Environmental Literacy

- > 30% of schools offered Environmental Science classes.
 - o The average number of students enrolled in these classes was 144 per school.
- There are various topics covered by Environmental Science classes (see table).

Environmental Science Topics	Percent ²³
Resource Conservation	43
Health	42
Water	41
Land	39
Air	33
None	18
Other	3

²³ Total percent is more than 100% because schools teach more than one Environment Science topic.

Section 10: Posting and Availability

- > 53% of schools made their HSA School Health Profile available online and 77% provided it in the main office.
- > 20% of schools shared information about the Healthy Schools Act in other ways (see table).

Other Ways Schools Share Information about the Healthy Schools Act		
Written Methods	<u>Events</u>	
Classroom Newsletter	Back-to-School Night	
Parent/Student Handbook	Healthy Schools Bake Sale	
School Newsletter (Weekly/Monthly)	Open House Presentations	
	Parent Meetings	
	Parent-Teacher Conferences	
	Parent Workshops	
	PTA Meetings	
	School Assemblies	
	Special Events	
	Teacher Workshops	
Online Methods	<u>Other</u>	
Mass Emails	After-school Activities	
Website	Central Office	
	Classroom Activities/Lessons	
	Nurse's office	
	Nutrition Classes	
	Science Curriculum	
	Share information during lunch and breakfast	
	Student Council	
	Wellness Committee	
Oral Methods		
Conversations with students around food choices		
and against bringing unhealthy snacks and		
meals into school		
Robo-Calls		

APPENDIX E

Healthy Schools Act School Health Profile Data

2014 Results, DC Public Charter Schools

All data presented below was self-reported by the school principal or school designee

<u>Overall Compliance</u>: 100% of applicable public charter schools completed the School Health Profile (this does not include adult schools or schools that did not participate in the NSLP).

Section 1: School Profile

> 100% of schools had a school website.

Section 2: Health Services

- > 70% of schools had at least part-time nurse coverage.
- > 57% of schools had at least one full-time nurse on staff.
- ➤ 22% of schools had a school mental health or comparable program.
- 3% of schools had a psychiatrist on staff.
- 46% of schools had a psychologist on staff.
- ➤ 46% of schools had a Licensed Independent Clinical Social Worker on staff.
- 29% of schools had a Licensed Professional Counselor on staff.
- ➤ 67% of schools partnered with outside organizations to address students' social-emotional needs.
- ➤ 68% of schools believed there is a need for additional behavioral/mental health services.
- ➤ 69% of schools used the Child and Adolescent Mobile Psychiatric Unit (ChAMPS) or the Department of Mental Health Access Helpline.
- 94% of schools had an anti-bullying policy.

Section 3: Health Education Instruction

- > 87% of schools required students to take health education.
- > 77% of schools had at least one health teacher.
- > 62% of schools had at least one certified or highly qualified health teacher.
- 91% of schools used the OSSE Health Education Standards.
- > 43% of schools partnered with outside organizations to provide health education.
- > Students in grades K-5 received an average of 30 minutes of health education per week.
- Students in grades 6-8 received an average of 38 minutes of health education per week.
- Schools reported using a variety of methods to provide health education (see table).

Percent of Schools Reporting Different Health Education Methods ²⁴			
Method	Percent		
Incorporated into another course	60		
Health education course	47		
Assemblies or presentations	38		
Other	10		
No health education	0		

Section 4: Physical Education Instruction

- ➤ 100% of schools required students to take physical education.
- ➤ 86% of schools had at least one physical education teacher on staff.
- > 96% of schools used the OSSE Physical Education Standards.
- ➤ 41% of schools used a physical fitness assessment tool.
- > 29% of schools partnered with outside organizations to provide physical activity.
- ➤ On average, students received recess 4 times per week for an average of 98 minutes per week.
- > Students in grades K-5 received 66 minutes per week of physical education.
 - o On average, 90% of class time was devoted to physical activity
- > Students in grades 6-8 received 91 minutes per week of physical education.
 - On average, 81% of class time was devoted to physical activity
- > Schools reported using a variety of strategies to promote physical activity (see table).

Percent of Schools Reporting Use of Various Strategies to Promote Physical Activity ²⁵		
Method	Percent	
Active recess	86	
After-school activities	78	
Athletic programs	70	
Movement in the classroom	71	
Walk or bike to school	55	
Safe routes to school	22	
Other	16	
None	0	

²⁴Total percent is more than 100% because schools can deliver health education in more than one format.

Total percent is more than 100% because schools can deliver physical activity in more than one form.

Section 5: Nutrition

- > 55% of schools used Revolution Foods as their food vendor.
- 99% of schools served free breakfast.
- ➤ 69% of schools served breakfast in the classroom.
 - o Schools also served breakfast using alternative methods (see table).

Alternative Breakfast Models	Percent ²⁶
Cafeteria	49
Grab and Go cart	20
Other	7

- 99% of school meals complied with the Healthy Schools Act and Healthy, Hunger Free Kids Act of 2010.
- > 92% of schools served food that is locally grown.
 - 86% of schools served local food at breakfast.
 - 92% of schools served local food at lunch.
- ➤ 98% of schools had water available to students during meal times.
- ➤ The average amount of time allotted for lunch was 35 minutes.
- Food vendors provided a variety of nutrition promotion activities (see table).

Percent of Schools Reporting Use of Different Nutrition Promotion Activities by Vendors ²⁷		
Method	Percent	
Posters	71	
Handouts/brochures	61	
Vendor-provided nutrition education	52	
Meal time presentations	42	
Outside speakers	28	
Classroom instruction	23	
None	20	
Multimedia	7	
Other	3	

Section 6: Local Wellness Policy

- > 98% of schools implemented their local wellness policies.
- > 18% of schools had vending machines available to students.
 - 94% of the schools with vending machines sold items that comply with the HSA.
- > 23% of schools sold food or beverages for fundraisers.
- > 9% of schools had a school store.'
- Schools reported distributing their local wellness policies to various stakeholders (see table).

²⁶ Total percent is more than 100% because schools can deliver breakfast in more than one format.

 $[\]dot{}^{27}$ Total percent is more than 100% because schools can deliver nutrition promotion in more than one format.

Local Wellness Policy Distributed To	Percent ²⁸
Administrators	89
Foodservice staff	74
Parent Teacher Organization	71
Wellness Committee/Council	62
Students	33
Other	21
None	5

Section 7: Distributing Information

- > 90% of schools with vegetarian options informed parents and students of these options.
 - o 5% of schools did not have vegetarian options available.
- > 88% of schools with milk alternatives informed parents and students of these options.
 - o 9% of schools did not have milk alternatives available.
- > Schools distributed school health information in various ways (see table).

Methods Schools Report Using to Distribute School Health Information ²⁹					
	School Website	School Main Office	School Cafeteria or Eating Areas	This information is not available	Other
Local Wellness Policy	66%	71%	31%	3%	11%
School Menu for Breakfast and Lunch	76%	83%	67%	2%	18%
Nutritional Content of Each Menu Item	40%	55%	57%	5%	23%
Ingredients of Each Menu Item	32%	45%	48%	11%	28%
Information on Where Fruits and Vegetables Served in Schools are Grown and Processed	33%	42%	46%	18%	24%

Section 8: School Gardens

- > 34% of schools had a school garden.
- > 36% of schools participated in *Growing Healthy Schools Week* or *Strawberries and Salad Greens*.

Section 9: Environmental Literacy

- 25% of schools offered Environmental Science classes.
 - The average number of students enrolled in these classes, per school, was 229.

²⁸ Total percent is more than 100% because schools can deliver breakfast in more than one format.

²⁹ Total percent is more than 100% because schools distribute information using multiple methods.

> There are various topics covered by Environmental Science classes (see table).

Environmental Science Topics	Percent ³⁰
Resource Conservation	45
Land	43
Air	42
Water	42
Health	38
None	17
Other	4

Section 10: Posting and Availability

- > 85% of schools made their HSA School Health Profile available online and 76% provided it in the main office.
- > 37% of schools shared information about the Healthy Schools Act in other ways (see table).

Various Ways in Which Schools	Share information about the HSA
Written Methods	<u>Events</u>
Banner in Cafeteria	Back-to-School Night
Letters to Parents	Community Meetings
Newsletter	Healthy Eating Seminars for Parents
Pamphlets	Parent Training
Parent/Student Handbook	Professional Development
School Mailing	PTA Meetings
Signs/Posters	School Assembly
	Student Cooking Demos at Lunch
Online Methods	<u>Other</u>
Facebook	Health Education Classes
Online	Parent Center
Parent Links	Review US Partnership for Sustainability
Twitter	Standards with staff and families
Website	Share information from OSSE Trainings and HSA
	Updates
	Video of students demonstrating movement
	activities
	Wellness Committee
Oral Methods	
Children share lessons with peers regarding	
nutrition & exercise	
Conversations with students about nutrition	

 $^{^{30}}$ Total percent is more than 100% because schools teach more than one Environment Science topic.

APPENDIX F

Healthy Schools Act Compliance Determination Visit Checklist, SY 2013-2014

DC Healthy Schools Act Section 206: Healthy vending, fundraising, and prizes in public schools

Contact Type:	Warning	Corrective Action	Penalty
Date:			
Facility/School:			
School Contact:			
COMPLIANCE DETERMIN	NATION		
Based on the Healthy Scl	hools Act LWP Implementation	on TA Site Visit, are program ope	rations in compliance with
the requirements set f	orth in Sec. 206?		
Yes No N			
	=	ds provided or sold in vending mach	
닐 닐		ds provided or sold for fundraisers*	?
□ □		ds provided or sold as snacks*?	
		ds provided or sold as after-school r	
	☐ Beverages and snack foo	ds provided or sold through other m	neans*?
	Foods and beverages sol	d in school stores?	
	☐ Foods and beverages use	ed as incentives, prizes or awards?	
	☐ Food or beverages adver	tised or marketed in schools?	
$\overline{\sqcap}$		ed to sell foods or beverages on sch	ool property from 90 minutes
	-	gins until 90 minutes after the school	
	,	0	,
Standard: Anv "No" ans	wers require a corrective act	ion plan. Use the attached Corre	ctive Action Plan Form to
•	· · · · · · · · · · · · · · · · · · ·	llow-up review must be conducte	
Anticipated date of follow		ap review mast be conducte	a trici. 13 carcilladi days.
Anticipated date of John	w-up review.		

- Food and drinks available only to faculty and staff members; provided that school employees shall be encouraged to model healthy eating;
- Food provided at no cost by parents;
- Food sold or provided at official after-school events;
- Adult education programs; and
- Food not consumed or marketed to students

^{*}Exempt from the requirements of Sec. 206 (a)

DC Healthy Schools Act Title II: School Nutrition

Contact Type:	Warning	Corrective Action	Penalty (Sec. 206)
Date:			
Facility/School:			
School Contact:			
COMPLIANCE DETERMI	NATION		
Based on the Healthy Sc the requirements set f		entation TA Site Visit, are prograi	n operations in compliance with
Yes No N	N/A		
	All meals meet or	exceed the federal nutritional stand exceed the HSA nutritional requiren	
		exceed the serving requirements of at the Gold Award Level?	the USDA's HealthierUS School
		breakfast to all students?	
		arge students for meals if the studer eals that meet the needs of childrer	nts qualify for reduced-price meals? In with diagnosed medical
		ut regarding nutritious meals that ap	opeal to students?
		realthy eating to students, faculty, s	
	-	least 30 minutes for students to ear	=
		or every student to pass through the	
		e in federal nutritional and commod	ity foods programs whenever
		od service provider information (i.e	
		nilies that vegetarian food options a	
		th Sec. 206 Healthy vending, fundra 206 Compliance Determination For	= :
Standard: Any "No" and	swers require a correction	ve action plan. Use the attached	Corrective Action Plan Form to
		n. A follow-up review must be cor	
Anticipated date of follo			raactea with 13 caremaan days.
· ····································			
DC Healthy Schools Act Title IV: Physical and Health Education			
Contact Type:	Warning	Corrective A	ction
Date:			
Facility/School:			
School Contact:			
COMPLIANCE DETERMINATION			
Based on the Healthy Schools Act LWP Implementation TA Site Visit, are program operations in compliance with the requirements set forth in Title IV?			
Yes No N	u/A		
		he goal for children to engage in ph	ysical activity for 60 minutes each

	day?
	School seeks to maximize physical activity by means including (1) Promoting active recess,
	(2) Including physical activity in after-school activities, and (3) Integrating movement into
	classroom instruction?
	For students in Kindergarten through Grade 5, physical education is provided an average
	of at least 30 minutes per week?
	For students in Grades 6 through 8, physical education is provided an average of at least
	45 minutes per week?
	At least 50% of physical education class time is devoted to actual physical activity?
	For students in Grades Kindergarten through 8, health education is provided an average of
	at least 15 minutes per week?
	A student with disabilities has suitably adapted physical education incorporated as part of
	the IEP developed for the student?
	Requiring or withholding physical activity is <i>not</i> used to punish students?
Standard: Any "No" answers	require a corrective action plan. Use the attached Corrective Action Plan Form to
describe the problem and the	action to be taken. A follow-up review must be conducted with 45 calendar days.
Anticipated date of follow-up	review:
	Requiring or withholding physical activity is <i>not</i> used to punish students? require a corrective action plan. Use the attached Corrective Action Plan Form to action to be taken. A follow-up review must be conducted with 45 calendar days.

APPENDIX G

Physical Education and Physical Activity Needs Assessment, SY 2013-2014



Physical Education and Physical Activity Needs Assessment

School:	
Grades Served:	
Contact Person Name & Title:	
Date:	
# of weekly PE minutes	
# of PE teachers	
Is PE withheld as a punishment?	
Initial thoughts on 2014-2015 PE requirements in the Healthy Schools Act (HSA)?	
Barriers to reaching 2014-2015 PE requirements in HSA?	
Current physical activity initiatives/best practices	
Suggestions for potential state- level programs/support?	
Keys to PA/PE success	
Additional comments	

APPENDIX H
Schools that Received Healthy Schools Act Compliance Visits, SY 2013-2014

School	Ward	Date of Visit	# of Health Education min/week	# of PE min/week
Barnard Elementary School	4	10/15/2013	30	60
Brookland Education Campus @Bunker Hill	5	11/20/2013	45	45
Burrville Elementary School	7	05/05/2014	15	45
Capitol Hill Montessori	6	01/24/2014	30	125
Cardozo Education Campus	1	03/14/2014	90	150
Columbia Heights Education Campus	1	03/07/2014	65	65
Drew Elementary School	7	03/26/2014	45	45
Eliot-Hine Middle School	6	11/13/2013	55	55
Hearst Elementary School	3	10/16/2013	30*	60
Janney Elementary School	3	03/18/2014	20	60
Langley Elementary School	5	01/17/2014	15	45
Leckie Elementary School	8	03/05/2014	15	45
Malcolm X Elementary School	8	05/16/2014	15	45
McKinley Tech Middle School	5	06/17/2014	Did not observe**	Did not observe**
Ross Elementary School	2	10/08/2013	30	60 (K-2); 30 (3-5)
School Without Walls HS	2	11/05/2013	57-89 (9-12)	57-89 (9-12)
Takoma Education Campus	4	03/13/2014	15 (K-6); 30 (7-8)	45 (K-6); 60 (7-8)
Thomson Elementary School	2	12/02/2013	15	45
Truesdell Education Campus	4	06/13/2014	30 (K-5); 180 (6-8)	60 (K-5); 270 (6-8)
Tubman Elementary School	1	03/25/2014	15	45

^{*}Hearst's teachers are also trained with the Institute for America's WAY Health Curriculum, so health education is incorporated into classroom instruction throughout the day; therefore, the minutes of health education will be greater and varied by classroom.

^{**}Did not observe McKinley Tech MS due to abbreviated school schedule on the day of the visit.

APPENDIX I

Community-Based Organizations that Partnered with Schools on Physical and Health Education, SY 2013-2014

Community Based Organization	HE/PE	# Schools
Action for Healthy Kids (AFHK)	ВОТН	1
American Association for Health, Physical Education, Recreation, and Dance	вотн	8
(AAHPERD) (now SHAPE America)		
Arthur Ashe Children's Program	ВОТН	2
Behavioral and Educational Solutions, LLC	HE	1
BigSmiles	HE	1
boks (build our kids success)	ВОТН	4
Botivin Lifeskills	HE	1
Catholic University Nursing Program	HE	1
Center for Student Support Services (CSSS)	HE	1
ChAMPS	HE	1
Child & Family Services Agency (CFSA)	PE	1
Children's Hospital	ВОТН	4
Children's School Services	HE	1
City Blossoms	HE	1
City Cycles	PE	1
City Year	PE	1
Community of Hope Health Center	PE	1
Department of Behavioral Health (DBH)	HE	5
Department of Health (DOH)	HE	3
DC Eat Smart Move More	ВОТН	3
DC State Athletic Association (DCSAA)	PE	2
DC Rape Crisis Center	HE	4
DC SCORES	PE	6
DC United	ВОТН	2
Fillmore Arts Center	PE	1
First Tee Golf Embassy of Korea	PE	3
Friends of Fort Dupont Ice Arena	ВОТН	1
Friends of SWS (School-Within-School)	PE	1
George Washington University Wellness Center	ВОТН	8
Georgetown University Mini-Med School	ВОТН	1
Girls on the Run	PE	3
Good Touch Bad Touch	HE	1
Grassroots Project	вотн	4
HealthCorps	вотн	1
Healthy Solution	ВОТН	1
Howard University Health	вотн	1
Institute for America's Health (IAH)	HE	2
Institute for Student Health (ISH)	PE	1

Community Based Organization	HE/PE	# Schools
International Neuroscience Network Foundation	HE	1
Jump Rope for Heart	вотн	2
Kaiser Permanente	HE	2
Kids Moving Company	PE	1
Lamond Recreation Center	PE	1
Latin American Youth Center (LAYC)	вотн	6
Let's Move Active Schools	PE	1
MetroTeenAIDS	HE	20
National Association for Sport and Physical Education (NASPE)	PE	2
National Black Child Development Institute (NBCDI)	HE	1
New Heights Teen Parent Program	HE	1
Office of the State Superintendent of Education	HE	1
Organic Community Garden	HE	1
Playworks	ВОТН	10
Peer Health Exchange Group	HE	2
Planned Parenthood	HE	2
Revolution Foods	HE	3
Save the Children	PE	1
Safe Routes to School	HE	1
Sasha Bruce Youthworks	HE	1
SPARK (Sports, Play, and Active Recreation for Kids)	ВОТН	1
Special Olympics	ВОТН	1
Sports4Sharing	вотн	1
sweetgreen	HE	5
Team Nutrition	HE	1
United Way	HE	1
United States Department of Agriculture (USDA)	HE	1
US Tennis Association (USTA)	PE	2
YMCA	ВОТН	3
Youth Purgation United	HE	1
Wal-Mart Foundation	вотн	8
Washington Ballet	PE	1
Washington Nationals	PE	1
Washington Sports Club	HE	1
Washington Tennis & Education Foundation	PE	2

APPENDIX J

DC Comprehensive Assessment System for Health and Physical Education,

Operational Test Blueprint, 2014

Content Strand	No. of	No. of	% Points
th -	Standards	Items	
5 th Gra	1		ı
Communication and Emotional Health	4	6	14%
Safety Skills	3	6	14%
Human Body and Personal Health	3	5	12%
Disease Prevention	3	5	12%
Nutrition	1	5	12%
Alcohol, Tobacco and Other Drugs	2	5	12%
Healthy Decision Making	5	5	12%
Physical Education	6	5	12%
TOTAL	27	42	100%
8 th Gra	ide		
Communication and Emotional Health	3	6	13%
Safety Skills and Community Health	4	6	13%
Human Development and Sexuality	5	7	15%
Disease Prevention	3	6	13%
Nutrition	2	5	11%
Alcohol, Tobacco and Other Drugs	3	6	13%
Health Information and Advocacy	2	5	11%
Physical Education	6	5	11%
TOTAL	28	46	100%
High Sci	hool		
Human Growth and Development	3	5	11%
Sexuality and Reproduction	2	6	13%
Disease Prevention and Treatment	3	6	13%
Nutrition	2	6	13%
Alcohol, Tobacco and Other Drugs	2	5	11%
Locate Health Information and Assistance	5	5	11%
Safety Skills	3	6	13%
Physical Education	4	6	13%
TOTAL	24	45	100%

APPENDIX K FITNESSGRAM Test Information





FITNESSGRAM® Tests

Six Recommended Tests Are Bolded

AEROBIC CAPACITY

 PACER (Progressive Aerobic Cardiovascular Endurance Run) – Set to music, a paced, 20-meter shuttle run increasing in intensity as time progresses

Or:

- One-Mile Run Students run (or walk if needed) one mile as fast as they can
- Walk Test Students walk one mile as fast as they can (for ages 13 or above since the test has only been validated for this age group)

BODY COMPOSITION

 Skin Fold Test – Measuring percent body fat by testing the tricep and calf areas

Or:

· Body Mass Index - Calculated from height and weight

MUSCULAR STRENGTH AND ENDURANCE

- Curl Up Measuring abdominal strength and endurance, students lie down
 with knees bent and feet unanchored. Set to a specified pace, students
 complete as many repetitions as possible to a maximum of 75
- 4) Trunk Lift Measuring trunk extensor strength, students lie face down and slowly raise their upper body long enough for the tester to measure the distance between the floor and the student's chin
- Push-Up Measuring upper body strength and endurance, students lower body to a 90-degree elbow angle and push up. Set to a specified pace, students complete as many repetitions as possible

Or:

- Modified Pull-Up (proper equipment required) With hands on a low bar, legs straight and feet touching the ground, students pull up as many repetitions as possible
- Flexed Arm Hang Students hang their chin above a bar as long as possible

FLEXIBILITY

 Back-Saver Sit and Reach - Testing one leg at a time, students sit with one knee bent and one leg straight against a box and reach forward

Or:

 Shoulder Stretch – With one arm over the shoulder and one arm tucked under behind the back, students try to touch their fingers and then alternate arms











APPENIDX L Agenda from OSSE/Action for Healthy Kids Teacher Wellness Symposium, August 2014

	Monday, August 11 th	
8:30 - 9:00AM	Event Registration	
	Breakfast Provided by Action for Healthy Kids	Room A
	Networking and Informational Booths	Rooms A/C
9:00 - 9:15AM	Welcoming and Introductions	Room A
	Kristina Shelton, DC Regional Coordinator for Action	
	for Healthy Kids	
9:15 -10:00AM	Overview of the Healthy Schools Act, Healthy Hunger	Room A
	Free Kids Act, and Smart Snacks in Schools	
	Nancy Katz, Manager, Healthy Schools Act Initiatives,	
	OSSE	
	This session will provide an overview of the local and	
	federal legislation that impacts the nutritional	
40.00.40.45484	requirements for all foods sold in schools.	D A
10:00 -10:15AM	Optional Physical Activity and Break	Room A
10:15 -11:05AM	The Learning Connection	Room A
	Ellen Dillon, Regional Manager, Northeast & Mid-	
	Atlantic Action for Healthy Kids	
	The Learning Connection: What You Need to Know to	
	Ensure Your Kids are Healthy and Ready to Learn	
	demonstrates that physical activity supports academic	
	achievement, well-nourished kids learn better and	
	that healthier practices in schools can increase school	
	revenue. The easy-to-read special report, released in	
	2013, is a roadmap for parents, educators, school administrators and school volunteers to create	
	healthier school environments so the kids in their lives	
	are better positioned to learn. It's a follow-up to	
	Action for Healthy Kids' landmark 2004 report, The	
	Learning Connection: The Value of Improving Nutrition	
	and Physical Activity in Our Schools.	
11:05 -11:10AM	Break	
11:10 -12:00PM	School Wellness Policies and the Building Blocks of a	Room A
11.10 -12.00PIVI	School Wellness Folicies and the Building Blocks of a	ROUIII A
	Nichelle Johnson, Health and Wellness Specialist,	
	OSSE	
	Chidimma Acholonu, Healthy Schools Program	
	•	
	Manager, Alliance for a Healthier Generation	

	This session will take a high-level approach to creating sustainable wellness programs in schools. Participants will learn about school wellness policies and legislation and explore district Local Wellness Policy requirements. The session will also address general school-level implementation strategies for local wellness policies, specifically, what educators can do in and out of the classroom to assist with implementing school policies. Participants will also begin to explore school wellness councils, what they are and how this team can drive school-level wellness goals.	
	My Students Don't Do That! Student Health Behavior & School Response Ife Bamikole, Management Analyst, OSSE Grace Friedberger, Assessment & Evaluation Specialist, OSSE Julie Ost, Health Education Specialist, OSSE You don't always know who it is: which student had their first drink over the weekend? While you can't always know exactly who, we do know that more than 70% of DC students have had at least alcoholic drink by the time they leave high school. Knowing that alcohol use is a common risk behavior among DC students can prepare you to support you're your students in healthy decision making. This session will explore this and other student health issues as described by results from the latest Youth Risk Behavior Survey report and how teachers and schools are responding as described by the Centers for Disease Control and Healthy Schools Act School Health Profiles. You will come away with a deeper understanding of students' health needs and what you can do in the classroom and at school to make a difference.	Room B
12:00 - 1:00PM	Lunch provided by Revolution Foods	Room A
	Networking and Informational Booths	Rooms A/C
12:30 -12:55PM	Physical Activity - Group Walk (Optional)	Foyer
	Center for Total Health Tour (Optional)	Foyer
1:00 - 2:30PM	Building Healthier School Communities – One Teacher at a Time Chidimma Acholonu, Healthy Schools Program Manager	

	Initiative Manager, The Alliance for a Healthier Generation This session is designed take a deeper dive into school and community level strategies for achieving health and wellness goals. We will explore the versatility of school wellness councils and brainstorm tangible strategies for creating and sustaining wellness teams in schools and communities. The session will break down how a wellness council can drive health and wellness efforts in the schools and strategies for engaging community partners in a cross-collaborative approach within communities. Using the lens of the Alliance for a Healthier Generation's Healthy Schools Program (HSP) and Healthy Out-of-School Time (HOST) Initiative participants will learn about how to create and sustain community-centered wellness efforts, specifically through establishing wellness councils, creating wellness visions for a school community, utilizing Alliance assessment tools and resources, discussing best practices for identifying and sustaining wellness champions.	
	Increasing Yoga through Play Nicole Cardoza, Founder of YogaFoster Play is one of the most fundamental aspects of child development, and oftentimes overlooked in the educational space. This 90 minute workshop, hosted by Yoga Foster, which creates free kids yoga programs in schools through free trainings, tools and curriculum, will provide an overview of the importance of play and provide teachers with easy tools to integrate during the day. This will include a sample lesson plan, transitional yoga and breathing techniques, and fun yoga flows to pair with lessons.	Room B
2:30 - 2:45PM	Optional Physical Activity and Break	Room A
2:45 - 3:45PM	Integrating Wellness Topics into the Classroom Laura Hansen, Nutrition Education Specialist, and Kathryn Lantuh, Physical Activity and Physical	Room A
	Education Specialist, Wellness and Nutrition Services	
	Division, OSSE	
	We can play an important role in helping to improve	
	students' wellness by integrating wellness topics into	

	State Superintendent of Education An overview of the School Garden and Farm to School	
	Sam Ullery, School Garden Specialist, Office of the	
	Erica Steinhart, Farm to School Specialist, Office of the State Superintendent of Education	
9:15 – 10:15AM	Lessons from the Ground	Room A
0.15 10.15 4 4	Option 1:	Doom A
9:15 - 11:00AM	Ontion 1.	
	OSSE	
	Nancy Katz, Manager, Healthy Schools Act Initiatives,	
3.00 3.10AIVI	for Healthy Kids	1.00111 A
9:00 - 9:10AM	Kristina Shelton, DC Regional Coordinator for Action	Room A
	Welcoming and Introductions	NOOMS A/C
	Networking and Informational Booths	Rooms A/C
8:30 - 9:00AM	Event Registration Breakfast Provided by Action for Healthy Kids	Room A
0.20 0.00444	Tuesday, August 12 th	
3:45 - 4:00PM	Wrap up	Room A
	to make school a safe space for LGBTQ youth.	
	classroom and school system, and explore strategies	
	complexities of LGBTQ youth's experiences in the	
	the position to change these outcomes for our LGBTQ students. In this workshop we will delve into the	
	Fortunately teachers and school administrators are in	
	for these and many other negative outcomes.	
	classroom and beyond. LGBTQ youth are at higher risk	
	person's academic and socioemotional success in	
	isolation can have devastating effects on a young	
	As educators we know that bullying, harassment and	
	Coordinator	
	Dominique Parris, SMYAL - Peer Education	
	Creating Safe Spaces for LGBTQ Youth	Room B
	tips for creating a healthy classroom environment.	
	common core standards. The session will also cover	
	focused on nutrition and physical activity to meet	
	throughout the school, as well as using lessons	
	to promote physical activity in the classroom and	
	lessons into existing lesson plans. We will discuss ways	
	simple ways to incorporate health and wellness	
	the school curriculum. This session will highlight	

	services available from OSSE through the requirements of the Healthy Schools Act. Also included is an introduction of the School Garden Coordinator position and a sample lesson and activity. We will provide a list of recommended curriculum that is aligned with Common Core and Next Generation Science standards.	
10:15 – 11:15AM	Small Bites	Room A
	Andrew Keller, Program Manager, Washington, DC Stephanie Folkens, Curriculum and Quality Assurance Manager Common Threads will be facilitating a crash course in	
	nutrition for teachers through a series of hands-on	
	activities that translate back to the classroom and support HSA and Common Core standards.	
	Option 2:	
9:15 – 11:00AM	From Stress to Joy: How to Center Your Classroom with Yoga Suzie Carmack, PhD, MFA, MEd, ERYT Anne McDow, RYT 500 Hosted by CenteredBeing Yoga! Do you or your students need a stress break? Learn how to create a more centered, stress-free classroom to improve academic achievement and increase positive behavior! You will learn how to use the CenteredBeing system of "movement, mindfulness and meaning" (Carmack, 2014) to manage your classroom and promote your students' well-being. Plus, you will learn how this easy-to-follow system can help you to get centered too! Please note: No prior yoga practice or knowledge is required. This interactive session will encourage participants to engage in a basic chair-based class of gentle movement and breathing strategies. The practice is performed in everyday clothing (i.e. no exercise attire or mat required).	Room B
11:00 -11:05AM	Break	
11:05 – 11:30AM	BOKS - In School Physical Activity Makes an Impact on Academic Success Wordna Warren, BOKS Lead Trainer Ben Washington, BOKS Lead Trainer Session Description: BOKS (Build Our Kids' Success), an initiative of Reebok and the Reebok Foundation, is a	Room B

	town loss EDEE had one calculation and activity of a second	
	turn-key FREE before school physical activity program	
	aimed to get elementary and middle school aged	
	children moving in the morning and their brains ready	
	for a day of learning.	
11:30 – 12:00PM	Reducing Stress in a Stressful Environment	Room A
	Kristina Shelton, DC Regional Coordinator for Action	
	Healthy Kids	
	Chronic stress creates long-term activation of the	
	stress-response system. The subsequent overexposure	
	to the stress response system can disrupt almost all	
	your body's processes. In this workshop, we'll explore	
	the various causes of stress, both short and long-term	
	health consequences, and identify healthy techniques	
	to cope with the stressors in your life.	
12:00 – 1:00pm	Lunch provided by DC Central Kitchen	Room A
·	Networking and Informational Booths	Rooms A/C
		-
12:30 – 12:55PM	Physical Activity - Group Walk (Optional)	Foyer
	Center for Total Health Tour (Optional)	Foyer
1:00 – 2:00pm	SPARK A.(activity)B.(break)C.(choices)	Room A
·	Ellen Ormsby, Program Representative, SPARK	
	Healthy kids are better learners! One of the best	
	things elementary classroom teachers can do to	
	improve student test scores is to integrate movement	
	into the core subjects. A large percentage of children	
	are kinesthetic learners and every child benefits from	
	quick, brain-based energizers. The goal of the session	
	is to provide activities and strategies to help classroom	
	teachers facilitate safe and effective physical activity in	
	the classroom and during recess. This session will	
	provide sample content and instructional strategies	
	that have been proven effective in real-world settings.	
	Teachers will leave with a few FREE lesson plans and	
	support from content experts. You'll score this session	
	in the 99th percentile for relevance!	
2:00 – 2:15PM	Optional Physical Activity and Break	Room A
2:15 – 3:00PM	Healthy Vending and Beverages	Room A
	Erica Krepp, Community Health Promotion	
	Programmer	
	Arlington County Department of Parks and	
	Recreation Office of Community Health	
	Recreation Citics of Community Realin	

	Overview of USDA Smart Snacks in School standards,	
	why vending matters to staff and students, how it's	
	being accomplished through FitArlington's Healthy	
	Vending Initiative, and the dangers of energy drinks	
	(using National Soda Summit resources.	
	Get Moving and Win!	Room B
	_	KOOIII B
	Christine Green, Washington DC Regional Policy Manager, Greater Washington Safe Routes to School	
	Network	
	Alice Patty, Senior Program Manager, Kaiser	
	Permanente Community Health Initiatives	
	Fire Up Your Feet is a tool to increase physical activity	
	to, from and at school. It encourages families, students	
	and schools to work together and create active	
	lifestyles which inspire all children to be healthy and	
	physically active. Come learn how Greater Washington	
	region K-8 schools can win awards of up to \$2,000 to	
	support physical activity and wellness programs by	
	participating in the Fire Up Your Feet fall and spring	
	activity challenges. It's easy to get involved: Students,	
	parents, teachers and school staff simply sign up	
	online and track their physical activity during the	
	month-long challenge period. Bicycling, walking,	
	recess, team sports, playing outside – all activity	
	counts toward the challenge. We'll share tips, best	
	practices and success stories from previous winning	
	schools on how to promote the challenge, encourage	
	participation, and win. Safe Routes to School	
	strategies will be discussed as a way to keep kids	
	active and safe on the way to school. Fire Up Your Feet	
	is a key part of Kaiser Permanente's Thriving Schools	
	program which encourages students, teachers, staff	
2.22	and parents to make healthy choices.	_
3:00 – 3:15PM	Optional Physical Activity and Break	Room A
3:15 – 4:00PM	Disordered Eating 101: Prevention, Resources and	Room A
	Signs to Look for in Our Students	
	Christie Dondero, Director of Development &	
	Community Programs, Rock Recovery	
	According to the National Eating Disorder Association,	
	in America alone, more than 10 million women and 1	
	million men will struggle with a clinically significant	
	eating disorder at some point in their lifetime. Many of	
	these struggles begin in childhood, and experts are	
	recommending prevention programs starting by age	

4:00PM	Wrap Up	Room A
	tools for increasing physical activity among students.	
	will provide participants with resources, strategies and	
	before, during and after the school day. This session	
	share creative ways to increase physical activity	
	activity for students. Participants will explore and	
	Schools Act and the far-reaching benefits of physical	
	and physical activity components of the Healthy	
	participants will learn about the physical education	
	In this informative and collaborative session,	
	Education Healthy Schools Act Initiatives Team	
	Organization: Office of the State Superintendent of	
	Katie Lantuh, Physical Education & Physical Specialist	
	Activity Components of the Healthy Schools Act	
	Policy to Practice: The Physical Education & Physical	Room B
	nutrition, emotional resilience and self-care.	
	environment and dialogue around body image,	
	with tools and resources they need to build a healthy	
	session will help to dispel myths and equip teachers	
	prevent eating disorders and related issues. The	
	efforts in the classroom and with parents can help	
	potential causes of disordered eating and how their	
	session, participants will learn about the basics and	
	relationships with food and body image. In this	
	prevention of disordered eating and unhealthy	
	inclusive understanding of the nature, prevalence and	
	six. The objective of this session is to promote broad,	

APPENDIX M Physical Activity for Youth Grantees and Project Descriptions, SY 2014-2015

School	Туре	Ward	Project	Award Amount
Bancroft Elementary School	DCPS	1	 Partner with Sports for Sharing, Inc. to provide physical activity and healthy-living classes before and after school. 	\$10,000
Bruce-Monroe Elementary School at Park View	DCPS	1	 Develop a Healthy Play Initiative that will fund Playworks-led activity programs before, during, and after school. 	\$10,000
Capital City I- Middle School	PCS	4	 Support 16 sport activities held throughout the year. 	\$10,000
Cesar Chavez School for Public Policy- Capitol Hill High School	PCS	6	Partner with Teens Run DC to offer a mentoring and distance running program that promotes the physical, mental, and emotional health of youth.	\$10,000
DC Bilingual	PCS	1	 Support the Physical Activity coordinator. Implement physical activities before and after school. Improve data collection methods for measuring students' fitness. 	\$10,000
E.L. Haynes	PCS	1	 Develop a comprehensive, well-rounded athletics program. Subsidize athletic director's salary. 	\$10,000
Eagle Academy	PCS	8	Create a summer camp that includes tennis, football, volleyball, soccer, t-ball, basketball, and swimming.	\$10,000

School	Туре	Ward	Project	Award Amount
Early Childhood	PCS	8	 Partner with Project Safe Play to remove an old playground and install a new playground. 	\$10,000
E.W. Stokes	PCS	5	Create an all-weather, year-round physical activity space for physical activities and physical education classes.	\$10,000
Excel Academy	PCS	8	Partner with Friends of Fort Dupont Ice Arena to offer ice-skating lessons during the summer, after school, and on weekends.	\$10,000
Garrison Elementary School	DCPS	2	Partner with DC SCORES to provide soccer programming to students.	\$10,000
John Eaton Elementary School	DCPS	3	Offer dance before, during, and after the school day.	\$10,000
KIPP - Benning Road Campus	PCS	7	Partner with Citydance to offer afterschool dance classes.	\$10,000
Mamie D. Lee	DCPS	5	Partner with Dance Place to provide dance classes during the school day.	\$10,000
Moten Elementary School	DCPS	8	Partner with Dance Place to provide dance classes during the school day.	\$10,000
Mundo Verde	PCS	5	Provide additional physical activity staff and equipment to meet needs of larger student body and HSA requirements.	\$10,000
Raymond Education Campus	DCPS	4	 Implement WellKIDS curriculum to provide a total wellness curriculum through: moving, eating, stretching, and 	\$10,000

School	Туре	Ward	Project	Award Amount
Seaton Elementary School	DCPS	6	 breathing. Partner with DC SCORES to provide soccer programming to students. 	\$10,000
SEED	PCS	7	Implement physical activity program for girls in grades 6-12 with the goal being to motivate youth to lead healthier lifestyles.	\$10,000
Takoma Education Campus	DCPS	4	Implement WellKIDS to offer yoga and nutritional programs to students.	\$10,000
Washington Yu Ying	PCS	5	Hire instructor to provide martial arts and/or yoga classes to K-5 students.	\$10,000
WB Patterson Elementary School	DCPS	8	Partner with Playworks to offer an integrated physical activity curriculum.	\$10,000

APPENDIX N Physical Activity for Youth Grantees and Project Descriptions, SY 2013-2014

School	Туре	Ward	Project Description	Funding Amount
Anne Beers Elementary School	DCPS	7	 Purchased equipment to help combat obesity and encouraged healthy eating habits. 	\$5,000
Banneker High School	DCPS	1	 Created camping/orienteering; strength and conditioning; and yoga units in the PE course. 	\$10,000
Capitol Hill Montessori at Logan	DCPS	6	 Improved outdoor space, purchased equipment, and created staff physical fitness incentive program. 	\$8,612.25
Community Academy – Amos 1	PCS	4	 Created a curriculum using SPARK (Sports, Play, and Active Recreation for Kids). Purchased materials and provide professional development. 	\$10,000
Community Academy– Butler	PCS	5	 Created a curriculum using SPARK (Sports, Play, and Active Recreation for Kids). Purchased materials and provide professional development. 	\$10,000
DC Bilingual	PCS	1	 Supported PE teacher to focus on curriculum writing and improvements in students' physical fitness data. Participated in city-wide sports league. 	\$10,000
Deal Middle School	DCPS	3	 Created a school-wide strength, conditioning, and wellness program that promoted wellness using target heart rate. 	\$10,000
E.L. Haynes	PCS	4	 Developed a comprehensive, well- rounded athletics program. 	\$10,000
Eagle Academy	PCS	8	Created a summer camp for 380 students to play	\$10,000

School	Туре	Ward	Project Description	Funding Amount
			tennis, football, volleyball, soccer, t-ball, and basketball. • Provided transportation to swimming pool.	
Garrison Elementary School	DCPS	2	Partnered with DC SCORES to provide year-round fitness activities.	\$10,000
Jefferson Academy Middle School	DCPS	6	Established wrestling and gymnastics programs.	\$10,000
KIPP– Benning Road	PCS	7	Offered after-school dance classes.	\$10,000
KIPP– WILL Academy	PCS	2	Offered after-school dance classes.	\$10,000
Mamie D. Lee School	DCPS	5	 Partnered with Dance Place to provide after- school dance classes. Provided trainings to faculty on movement exercises. 	\$10,000
Marie Reed Elementary School	DCPS	1	Partnered with DC SCORES to establish tennis, golf, and other intramural clubs.	\$10,000
Maury Elementary School	DCPS	6	Created a wellness center to promote physical activity and lifelong fitness and wellness.	\$10,000
Miner Elementary School	DCPS	6	Partnered with DC SCORES to provide fall and spring soccer.	\$10,000
Mundo Verde PCS	PCS	5	 Funded implementation of ¡Adelante!, a wellness and PE program. 	\$10,000
National Collegiate Prep	PCS	8	Created an after-school traveling boys and girls basketball teams and a cheerleading squad.	\$7,000
Raymond Education Campus	DCPS	4	Implemented after-school program series developed by Infinity Wellness Foundation.	\$10,000
Shining Start Montessori Academy	PCS	3	Continued development of physical wellness program that increases PA and PA	\$10,000

School	Туре	Ward	Project Description	Funding Amount
			knowledge.	
Washington Yu Ying	PCS	5	Continued program from 2012 DC PAY grant to create PE program aligned with DC and IB curriculum.	\$10,000
Watkins Elementary School	DCPS	6	 Created intramural competitive sports. Expanded and improved Watkins Recess Running & Walking Club. Increased before, during, and after-school PA through programs such as BOKS, SPARK, and Running Club. 	\$10,000