

**HOWARD COUNTY SCHOOL HEALTH COUNCIL**

**Howard County Public School System  
10910 Route 108  
Ellicott City, MD 21042**

**Howard County Health Department  
7178 Columbia Gateway Drive  
Columbia, MD 21046-2581**

**July 1<sup>st</sup>, 2012**

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Dear Drs. Foose, Beilenson, French, and Sheesley,

On behalf of the School Health Council (SHC), I am very pleased to submit our annual report, which is due at the end of each school year, per the SHC's bylaws. You will find a summary of all of our accomplishments and our information gathering activities during the past year in greater detail in the attached document, which is also the basis for the three following, broad recommendations the SHC is making for you to consider as we all continue to strive to improve our students' health, well-being and wellness in the school system and the community-at-large.

**Recommendation #1: Provide Howard County School Health Council with Regular and Ongoing Access to De-identified and Aggregated Student Health Data from Various Sources.** Tap into existing data sources and new data collection initiatives underway in Howard County and give the SHC access to these data in the lowest aggregated unit possible and in a personally unidentifiable format to better understand the status of our children's health and monitor implementation of policies over time.

**Recommendation #2: Update and Strengthen the Current Health and Wellness Policy No. 9090.** As the County considers revisions to existing health and Wellness Policy No. 9090 per the new federal requirements, the SHC recommends that the new policy be as comprehensive as possible and strengthened to capture initiatives within the school system and individual schools that meet federal expectations and can be elevated as the minimum standard of practice across the county.

**Recommendation #3: Monitor the Implementation of Homeless Student Policy No. 9300.** As the County continues to implement the newly adopted homeless student policy, the SHC recommends that the health and well-being of these children be assessed more systematically at the same time their academic achievements are assessed and that these data be shared with SHC for purposes of monitoring the implementation of the provisions of the policy that relate to health and well-being and access to needed health and related services. In addition, the SHC recommends that all partners work together to provide linkages to mental health and nutrition services, identified as the two areas with the greatest need among homeless students, and ensure that needed services are provided.

We hope that our recommendations will be well received. We are planning on presenting them to the Board of Education some time this Fall. Please let me know if you have any questions or would like to meet in person to discuss these further. I can be reached at [armarkus@gwu.edu](mailto:armarkus@gwu.edu) or 202.994.4139.

Warm Regards,

A handwritten signature in black ink, appearing to read "A. R. Markus". The signature is fluid and cursive, with a long horizontal stroke at the end.

Anne Rossier Markus, JD, PhD, MHS  
Chairperson, Howard County School Health Council  
&  
Associate Professor  
Director, Child Health Policy Program  
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# Strengthening School Health and Wellness in Howard County: *Recommendations from the Howard County School Health Council* (School Year 2011-2012)

## Contents

|   |              |
|---|--------------|
| <b>1.0 Purpose of the Howard County School Health Council</b> | <b>p. 1</b>  |
| <b>2.0 Meeting Snapshot for Academic Year 2011-2012</b>       | <b>p. 1</b>  |
| <b>3.0 Summary of Key Accomplishments</b>                     | <b>p. 2</b>  |
| <b>4.0 Recommendations</b>                                    | <b>p. 3</b>  |
| <b>5.0 Conclusion</b>   | <b>p. 9</b>  |
| <b>Endnotes</b>   | <b>p. 10</b> |
| <b>Appendices</b>   | <b>p. 11</b> |

## **1.0 Purpose of the Howard County School Health Council**

The Howard County School Health Council (HC-SHC) has several purposes:

- Act as a “hub” between the Public School System (HCPSS), the Health Department (HCHD), the PTA Council of Howard County (PTACHC), and other community partners where any matter pertaining to school health, well-being, and wellness – broadly defined – can be discussed, studied, and considered for improvement on a system-wide level;
- Follow a transparent and systematic process for consideration of these matters;
- Assess the status of school health, well-being, and wellness, identify problems, and outline possible solutions for the development of broad policy recommendations targeting areas selected for improvement;
- Monitor or evaluate the implementation of existing policies, and identify strengths to build upon and weaknesses to address.

## **2.0 Meeting Snapshot for Academic Year 2011-2012**

During the 2011-2012 academic year, the HC-SHC met 10 times, convening five times as a full council, and five times as a smaller, executive committee. The meeting dates, topics, and presenters are presented in Table 1, below. Appendix 1 lists the current membership of the Council.

**Table 1: Howard County School Health General Council Meeting Dates and Topics, 2011-2012**

| Date     | Topics   | Speakers  |
|----------|--|---|
| 9.8.11   | Overview of Health Status of School-Aged Children in Howard County                                 | Glenn Schneider, Chief Program Officer, Horizon Foundation      |
| 11.10.11 | DHMH State Health Improvement Process (SHIP): Howard County Perspective and Linkages to SHC Charge | Nancy Lewin, Director of Health Policy and Communications, HCHD |
| 1.12.12  | Removing Foods with Palm Oil from Vending Machines   | Gillian Sawyer, Student, Wilde Lake HS                          |

| Date    | Topics  | Speakers  |
|---------|---|---|
|         | Briefing on Board Report on Status of Wellness Policy No. 9090<br><br>New Federal Requirements and Upcoming Review of Wellness Policy   | Linda Rangos, Mary Klatko, Jackie French, HCPSS<br><br>Raymond Brown, COO, HPCSS; Nancy Lewin, HCHD   |
| 3.8.12  | Overview of Homelessness among Children and Families in Howard County<br><br>Requirements and Implementation of Policy No. 9300-Homeless Children and Youth   | Jane O’Leary, Executive Director, Bridges to Housing Stability, Inc.<br><br>Dr. Craig Cummings, Coordinator, Alternative Education and Pupil Personnel, HCPSS |
| 5.10.12 | Assessment Results of Current Howard County Wellness Policy No. 9090 using the NANA National Model and Yale University Rudd Center for Food Policy & Obesity Coding Tool as Comparisons<br><br>Howard County Specific Recommendations | Jennifer Eder, MPHcand., George Washington University<br><br>Christine Hall, Health Policy and Advocacy Manager, HealthyHoward, Inc.                          |

Source: Howard County School Health Council, May 2012.

### 3.0 Summary of Key Accomplishments

The HC-SHC can boast of several accomplishments over the past year. It provided input into the selection criteria of our new Superintendent following an invitation to do so from the Board of Education. It reviewed its existing bylaws, which were last revised in 2007 but never finalized, and decided to put the review on hold until the State of Maryland School Health Council (MD-SHC) passed its own set of new bylaws to ensure consistency between the state and local bodies’ governing rules, since local SHCs in Maryland were established directly under the state SHC. And it spent a considerable amount of time hearing from the community, the school system, the health department, and other interested parties on matters of substance particularly in the area of:

- 1) Child health indicators to better understand the current status of our school-aged children’s health;
- 2) Federally-required revisions to Wellness Policy No. 9090; and
- 3) Implementation status of Homeless Children and Youth Policy No. 9300, which became effective in June 2011, to bring the County into compliance with the federal anti-discrimination statute, better known as the McKinney Vento Act.

As a result of these various activities and information provided and heard during full council meetings, the HC-SHC was able to develop one main recommendation for each key area mentioned above, all of which would assist the HC-SHC in becoming a more effective advisory body.

## 4.0 Recommendations

The HC-SHC is pleased to submit three main recommendations for consideration by the Superintendent, Health Commissioner, Boards of Education and Health, as well as other interested parties in the County to further our common goal of improving student health, well-being and wellness in the context of broader population health improvement in the community-at-large.

### **Recommendation #1: Provide Howard County School Health Council with Regular and Ongoing Access to De-identified and Aggregated Student Health Data from Various Sources.**

Tap into existing data sources and new data collection initiatives underway in Howard County and give the HC-SHC access to these data in the lowest aggregated unit possible and in a personally unidentifiable format to better understand the status of our children's health and monitor implementation of policies over time.

**Background:** As reported during the September 2011 meeting of the HC-SHC, the great news is that Howard County is the healthiest county in Maryland. The bad news, however, is that the burden of chronic disease is comparable to that across the state, despite the relatively healthy status of the County.<sup>1</sup> In addition, when it comes to understanding the status of child health in the County, we do not know how children are faring because few of the existing surveys provide county-level estimates in their samples. In 2009, one in four Howard County residents was a child under age 18, making our County younger than the State as a whole.<sup>2</sup>

Chronic disease is the leading cause of death in Howard County, representing 60% of all deaths.<sup>3</sup> Overall, the top causes of mortality in the County are: 1) cancer; 2) diabetes, 3) heart disease; and 4) stroke, as is the case across Maryland and nationally.<sup>4</sup> Local data on chronic disease risk factors tell a story about current and emerging risks and needs in the local population.<sup>5</sup> For example, Howard County residents have a higher risk of high cholesterol than their state or national counterparts (41% vs. 37% State vs. 37% national).<sup>6</sup> Available data also suggest a burgeoning problem with unhealthy weight. Whereas, 42% of Howard County residents are at a healthy weight (i.e., not overweight or obese based on BMI) compared to 34% at the State level, the percentage of Howard County adults who are overweight (35%) is equivalent to State and national rates (both 36%) or who are obese (22%) is slightly lower than the State and national rates (26% and 27%, respectively).<sup>7</sup> However, those measures for which race-specific local data related to obesity are available demonstrate disparities for the Black/African American subpopulation, of which 28% are at a healthy weight, compared to 43% of Whites and 53% of Asians.<sup>8</sup> Therefore, addressing health disparities and implementing policies and programs to achieve greater health equity in Howard County is particularly important because of the increasing racial, ethnic, and linguistic diversity of the local population.<sup>9</sup>

One useful source of information<sup>10</sup> on key health indicators in the County is from the Horizon Foundation Howard Health Counts – a Community Dashboard that provides indicators for Howard County on a number of health dimensions from a variety of health data sources. However, only 9 out of 62, or 14.5% of all of the indicators displayed in the Dashboard (see Table 2) provide child-specific information. What can be gathered from the Dashboard is that economically, the County is doing well by its children relative to national norms and compared with other U.S. counties: 94.8% of Howard County children have health insurance, 4.6% are poor, and 9.5% eligible for free school lunches. And, on most available health indicators, the County performs well comparatively speaking. However, a few indicators

among those that are available show higher than desirable prevalence levels with some important gender or racial/ethnic disparities: asthma; obesity among low income preschoolers; preterm births and infant mortality (see Table 2). Of note, asthma is also among the top 6 conditions/diseases tracked by HCPSS health services in the student electronic health record (S-EHR) implemented last Fall. As of September 2011, asthma prevalence among public school students was 12%, slightly higher than the Community Dashboard indicator and higher than the national average.

**Table 2: Howard County Child Specific Indicators, 2008/2009/2010**

| Most Recent Data (Yr)                               | Health Indicators  |
|---|--|
| 11.8% ('10)   | Have asthma,<br>with 18.9% of those being boys and 3.8% girls                                      |
| 16.4% ('09)   | Are preschoolers and obese from low-income families  |
| 10.2% ('09)   | Are born preterm,<br>with 14.2% to Black mothers   |
| 6.8 per 1,000 live births ('10)                     | Are infants who die before their first birthday,<br>with 14 per 1,000 live births to Black mothers |
| 8.5% ('09)  | Are born with low birth weight   |
| 1.7% ('09)  | Are born with very low birth weight  |
| 12.9 live births per 1,000 females aged 15-19 ('09) | Is birth rate to teenagers,<br>with close to 50% to Hispanic mothers                               |
| 11.1% ('10)   | Smoke as teens   |
| 1.7 per 1,000 children ('08)                        | Are abused   |

Source: Horizon Foundation (2012). Community Dashboard & Disparities Dashboard Retrieved 5/21/12 at: <http://www.howardhealthcounts.org/modules.php?op=modload&name=NS-Indicator&file=index>

While these indicators are important and representative gauges of the County's children's health status, there are a number of data collection initiatives that will likely yield important, additional data specific to the health and well-being of school-aged children and to certain policies and their implementation within the school system. Table 3 summarizes existing initiatives listing them by name, responsible agency, the topics that are the focus of the data source, and how frequently data are collected. These data, in the lowest aggregated level possible without violating protections of privacy and confidentiality, are currently not accessible to the HC-SHC to fulfill its policy development advising and implementation monitoring roles.

**Table 3: Howard County Data Collection Initiatives, School Health and Well-being**

| Name of Data Source       | Topic   | Frequency  | Responsible Agency/Organization  |
|---------------------------|---|--|--|
| School Health Profiles    | Monitoring of the status of: <ul style="list-style-type: none"> <li>• School health education requirements and content</li> <li>• Physical education requirements</li> <li>• School health policies related to HIV infection/AIDS, tobacco-use prevention, and nutrition</li> <li>• Asthma management activities</li> <li>• Family and community involvement in school health programs</li> </ul> | Annual (most recent: 2.15.-4.30, 2012)   | MSDE in cooperation with CDC   |
| School Health Index (SHI) | Self-assessment and planning tool used to improve health and safety policies and programs   | (SHC proposes to conduct SHI based on findings from School Health Profiles, above) | To be determined   |
| Fitnessgram               | - Aerobic capacity: The Pacer, one-mile run, walk test<br>- Body Composition: Skinfold and BMI<br>- Muscle strength, Endurance and Flexibility: Curl-up; trunk lift; push-up; modified pull-up; pull-up; flexed arm hang; back saver sit and reach; should stretch  | Annual   | HCPSS – Physical Education; MSDE   |
| Biannual Health Survey    | Locally-modified version of the BRFSS, 100 questions  | Every 2 years for 8 years period, beginning 2012                                   | HCGH, HCHD, Horizon Foundation; Columbia Association                       |
| HCPSS Survey              | Sugary Drink Consumption  | (Proposed)   | Horizon Foundation   |
| Provider Survey           | Sugary Drink screening and guidance practices by Howard County health care providers (pediatricians; family physicians; possibly dentists, nurse practitioners)   | One-time   | Horizon Foundation, MD Chapter of AAP, MD Association of Family Physicians |

Source: Howard County School Health Council, May 2012.

**How Do We Get There:** The HC-SHC is requesting regular and ongoing access to de-identified and aggregated student health data from various sources. It would like to explore with the County the best avenues for obtaining such access to the data presented in Table 3.

## **Recommendation #2: Update and Strengthen the Current Health and Wellness Policy No. 9090.**

As the County considers revisions to existing health and Wellness Policy No. 9090 per the new federal requirements, the HC-SHC recommends that the new policy be as comprehensive as possible and strengthened to capture initiatives within the school system and individual schools that meet federal expectations and can be elevated as the minimum standard of practice across the County.

**Background:** In 2010, Congress enacted the Healthy, Hunger-Free Kids Act, which reauthorizes child nutrition programs and also expands the scope of local school wellness policies, requires the participation of additional stakeholders in their development, implementation and review, and strengthens the communication to the public of the content and implementation of wellness policies. Local school systems are encouraged to review their local wellness policies in School Year 2011-2012 and begin implementing the new requirements. The HCPSS is planning on appointing a policy review committee by Fall of 2012, following the regular process it has in place to review existing school policies. In the meantime, and because this topic falls naturally under the mission of the HC-SHC, the HC-SHC took it upon itself to understand the new requirements and their implications for the County wellness policy, the status of implementation of the current policy, and the areas where the policy might be strengthened. After conducting this systematic document assessment, the HC-SHC feels it is uniquely positioned to contribute to the review of existing Wellness Policy No. 9090 and requests inclusion as a key stakeholder in the upcoming policy review process by HCPSS.

The HC-SHC undertook a systematic and objective assessment of Wellness Policy No. 9090 and 9090-PR (implementation procedures), comparing its provisions to a Model Local School Wellness Policy on Physical Activity and Nutrition developed by the National Alliance for Nutrition and Activity (NANA) in March 2005 and using a coding tool developed by the Rudd Center for Food Policy & Obesity at Yale University. Table 4 displays the summary findings from the coding exercise. As can be seen, the current County policy tends to be more comprehensive, i.e., address a number of items considered to be important for student wellness, than strong, in that it does not require the school system and individual schools to undertake certain tasks but rather encourages them to do so. The HC-SHC recommends that the findings be considered in the review of the policy.

Since 2006, various initiatives have sprung up in individual schools but also within the school administration that often constitute best practices and by the same token meet or exceed the new federal requirements. Healthy Howard, Inc.'s Healthy Schools Program, started in school year 2007-2008, recently summarized the initiatives of individual healthy schools and how they align with best practices for physical education and activity. (See Appendix 2.) Initiatives that have become best practices and been adopted by more than one school should be assessed for their effectiveness and cost, and based on the evidence, encouraged for uniform adoption in the school system either through processes internal to the school system and/or changes in the current wellness policy.

**Table 4: Comprehensiveness and Strength of Current Howard County Wellness Policy, 2012**

| <b>Content of Wellness Policy</b>              | <b>Comprehensiveness Score<br/>(Max.=100%, with 100% being<br/>most comprehensive language)</b> | <b>Strength Score<br/>(Max.=100%, with 100% being<br/>strongest language)</b> |
|--|---|---|
| Nutrition Education                            | 56%   | 11%   |
| School Meals                                   | 62%   | 31%   |
| Other School Food and Beverages                | 66%   | 10%   |
| Physical Education                             | 24%   | 6%  |
| Physical Activity                              | 70%   | 40%   |
| Communication and Promotion                    | 25%   | 25%   |
| Evaluation                                     | 33%   | 0%  |
| <b>Total: All Content Areas Above Combined</b> | <b>48%</b>  | <b>18%</b>  |

Source: Analysis by George Washington University School of Public Health and Health Services Department of Health Policy Child Health Policy Center, March - May 2012.

**How Do We Get There:** The HC-SHC believes that it is essential for the County to explicitly reiterate that it endorses a broad definition of school health and wellness and related policies and programs, by using terms that require compliance wherever possible and a broad definition that should help guide the revisions of the County’s current Wellness Policy No. 9090.

***Broad Definitions of Health and Wellness Already Exist.*** The World Health Organization (WHO) defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Wellness is a state of well-being further defined by WHO as “the optimal state of health of individuals and groups.” WHO further clarifies that “there are two focal concerns: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually, and economically, and the fulfillment of one role’s expectations in the family, community, place of worship, workplace, and other settings.”<sup>11</sup>

***The Concept of Coordinated School Health is Already Used to Operationalize Health and Wellness in Howard County Schools.*** In addition to using broad definitions of health and wellness as a guide for the review of the current County wellness policy, the concept of Coordinated School Health first developed and recommended by CDC as a strategy for improving students' health and learning in our nation’s schools,<sup>12</sup> and adopted by MSDE and HCPSS, should be reemphasized and incorporated as a way to operationalize the broad definitions of health and wellness. Coordinated School Health is defined as a “systematic approach of advancing student academic performance by promoting, practicing and coordinating school health education and services for the benefit and well-being of students in establishing healthy behaviors designed to last their lifetime.” The Figure in Appendix 3 depicts the eight health-related areas that cover all aspects of the school environment that are linked together to function as a unified, effective system to the benefit of the entire school community.

***Documenting Wellness Best Practices in the Howard County School System and Individual Schools is Necessary to Support Revisions to Wellness Policy No. 9090.*** The HC-SHC recommends that the exciting developments in the County around wellness be systematically documented to support revisions to the existing wellness policy. It would like to explore with the County the best avenues for conducting such a systematic documentation of best practices.

### **Recommendation #3: Monitor the Implementation of Homeless Student Policy No. 9300.**

As the County continues to implement the newly adopted homeless student policy, the HC-SHC recommends that the health and well-being of these children be assessed more systematically at the same time their academic achievements are assessed and that these data be shared with HC-SHC for purposes of monitoring the implementation of the provisions of the policy that relate to health and well-being and access to needed health and related services. In addition, the HC-SHC recommends that all partners, including HCPSS, HCHD, and other agencies, work together to provide more and easier linkages to physical, mental, dental health services and nutrition services, identified as the top areas with the greatest need among homeless students, and ensure that needed services are provided.

**Background:** The number of homeless individuals is increasing in the U.S. and families with children are the fastest growing segment among homeless people.<sup>13</sup> Homeless families represented about 36% of the homeless population in 2000.<sup>14</sup> A total of 1.35 million children are homeless.<sup>15</sup> The largest increases in homeless students have been observed in suburban areas.<sup>16</sup> For example, since 2005, there was a 150% increase in Howard County, a 231% increase in Anne Arundel County, and a 150% increase in Baltimore County.<sup>17</sup> Homelessness has tremendous consequences for children's health, though not much is known about this at the County level.<sup>18</sup> Homeless children are generally less healthy, more stressed psychologically, have limited access to primary care, and are more likely to have chronic conditions and infectious diseases.<sup>19</sup> Homelessness also has an impact on children's education.<sup>20</sup> Homeless children are less likely to enroll in school, and, once enrolled, more likely to not attend school regularly, change schools frequently during the school year, and repeat a grade.<sup>21</sup> To ensure equal access to education and related services and a consistent education for homeless children, Congress added protections in the 2001 McKinney-Vento Act.<sup>22</sup> The Department of Education followed up with guidance on indicators of quality for the evaluation of local education programs for homeless children and youth, which are known as McKinney-Vento programs.<sup>23</sup>

At the County level, Howard County Homeless Student Policy No. 9300, which became effective in June 2011, brings the County into compliance with the requirements of the McKinney-Vento Act. In 2011, HCPSS counted 589 homeless students who were enrolled in the school system.<sup>24</sup> In 2012, that number dropped to 472 homeless students who were enrolled at some point in the system; in addition, 65 children were not enrolled but were either in HeadStart or the HCPSS preschool system or dropped out.<sup>25</sup> The HC-SHC learned that there is no formal monitoring process for the implementation of the policy in the County. In November 2012, Howard County developed The Plan to End Homelessness.<sup>26</sup> The first goal addresses family (situational homelessness), which is where most homeless students fall; the second goal focuses on chronic homelessness.<sup>27</sup> Strategies to meet Goal 1 include: housing subsidies, low-cost rental housing, flexible financial assistance, and case management.<sup>28</sup> For both goals, the aim is to achieve a comprehensive, coordinated system of dedicated services, and to implement a Homeless Management Information System (HMIS) to support coordination.<sup>29</sup>

**How Do We Get There:** HC-SHC could interface more regularly with the HCPSS Homeless Advisory Council to better understand what the monitoring needs might be and which tasks could be under the purview of the HC-SHC (e.g., obtaining regular update at full Council meetings of the implementation of the policy).

## 5.0 Conclusion

This year has been extremely productive as evidenced by the information summarized in this final report. The HC-SHC set priorities based on what we know works and actively sought to develop tangible, action-oriented goals and processes. Based on the identified priorities, the HC-SHC developed an agenda for the school year and did not stray from that agenda. The HC-SHC conducted in depth, systematic, and comprehensive reviews of key and current issues under each priority and was able to produce concrete recommendations in each area of focus. The HC-SHC made a concerted effort to more actively engage the community in the full meetings of the Council<sup>30</sup> and received some press coverage as a result.<sup>31</sup> At the state level, this past year was a transition year for the MD-SHC, and we will continue to engage with our state counterpart and align our governing rules with those of the MD-SHC once they become final.

We look forward to the next School Year and anticipate continuing to work on the issues highlighted in this report and monitoring our progress toward better health, well-being and wellness for all of our students in Howard County.

*Respectfully Submitted July 1<sup>st</sup>, 2012 on behalf of HC-SHC by Anne Rossier Markus, Chair*

## ENDNOTES

- <sup>1</sup> Howard County Health Department (June 2012) Roadmaps to Health Prize Submission Columbia, MD
- <sup>2</sup> State Health Improvement Process (SHIP) data for Howard County, available at: [http://eh.dhmdh.md.gov/ship/SHIP\\_Profile\\_Howard.pdf](http://eh.dhmdh.md.gov/ship/SHIP_Profile_Howard.pdf).
- <sup>3</sup> Maryland Department of Health and Mental Hygiene (2011) Burden of Chronic Disease: Howard County in Howard County Health Department (June 2012) Roadmaps to Health Prize Submission Columbia, MD
- <sup>4</sup> 2009 data from the Maryland Behavioral Risk Factor Surveillance Survey (BRFSS) in Howard County Health Department (June 2012) Roadmaps to Health Prize Submission Columbia, MD
- <sup>5</sup> Howard County Health Department (June 2012) Roadmaps to Health Prize Submission Columbia, MD
- <sup>6</sup> Howard County Health Department (June 2012) Roadmaps to Health Prize Submission Columbia, MD
- <sup>7</sup> Howard County Health Department (June 2012) Roadmaps to Health Prize Submission Columbia, MD
- <sup>8</sup> Howard County Health Department (June 2012) Roadmaps to Health Prize Submission Columbia, MD
- <sup>9</sup> Howard County Health Department (June 2012) Roadmaps to Health Prize Submission Columbia, MD
- <sup>10</sup> Another important source of information is the SHIP data for Howard County, which are available at: [http://eh.dhmdh.md.gov/ship/SHIP\\_Profile\\_Howard.pdf](http://eh.dhmdh.md.gov/ship/SHIP_Profile_Howard.pdf). The related Local Health Improvement Action Plan is available at: <http://www.howardcountymd.gov/DisplayPrimary.aspx?id=6442463224> (scroll to the bottom).
- <sup>11</sup> World Health Organization (2006) *Health Promotion Glossary Update*. Geneva, Switzerland. Available at: [http://www.who.int/healthpromotion/about/HPR%20Glossary\\_New%20Terms.pdf](http://www.who.int/healthpromotion/about/HPR%20Glossary_New%20Terms.pdf)
- <sup>12</sup> Centers for Disease Control and Prevention (on-line) *Adolescent and School Health*. Atlanta, GA: DHSS. Available at: <http://www.cdc.gov/healthyyouth/cshp/>
- <sup>13</sup> Markus, A. (2012) Homelessness among School-Aged Children: A National Overview. Columbia, MD: Howard County School Health Council. Presented at the March 8, 2012 meeting. See Appendix for PPT handout.
- <sup>14</sup> Markus, A., *ibid.*
- <sup>15</sup> Markus, A., *ibid.*
- <sup>16</sup> Markus, A., *ibid.*
- <sup>17</sup> Markus, A., *ibid.*
- <sup>18</sup> Markus, A., *ibid.*
- <sup>19</sup> Markus, A., *ibid.*
- <sup>20</sup> Markus, A., *ibid.*
- <sup>21</sup> Markus, A., *ibid.*
- <sup>22</sup> Markus, A., *ibid.*
- <sup>23</sup> Markus, A., *ibid.*
- <sup>24</sup> Cummings, C. (2012). Presentation at the March 8, 2012 Meeting of the HC-SHC.
- <sup>25</sup> Cummings, C. (2012). Presentation at the March 8, 2012 Meeting of the HC-SHC.
- <sup>26</sup> O'Leary, J. (2012). Presentation at the March 8, 2012 Meeting of the HC-SHC.
- <sup>27</sup> O'Leary, A. *ibid.*
- <sup>28</sup> O'Leary, A. *ibid.*
- <sup>29</sup> O'Leary, A. *ibid.*
- <sup>30</sup> The January and March meetings were announced in the Elkridge Patch, the HCPSS parent e-newsletter, and the Howard County Times. The HC-SHC developed a flyer for the Howard County Family Wellness Fair on June 3<sup>rd</sup>, 2012 where it was displayed in poster and handout formats. (See **Appendix 4**.)
- <sup>31</sup> See, e.g., Janney, E. (March 5, 2012) Howard Counts Unsheltered Homeless-Representatives from the School System will Present its Policies Regarding Homeless Students this Week. Available at: <http://elkridge.patch.com/articles/howard-counts-unsheltered-homeless>; Janney, E. (March 8, 2012) Elkridge Schools Offer Help for Homeless Students. Available at: <http://elkridge.patch.com/articles/elkridge-schools-offer-home-for-homeless-students>

**Appendix 1. HC-SHC MEMBERSHIP LIST, SCHOOL YEAR 2011-2013**

**Officers**

Anne Markus, At-Large, Chair  
Joan Webb Scornaienchi, HC DrugFree, Vice-Chair  
Joanne Jackson, Community Advisory Council (CAC) to BoE, Secretary

**HCPSS**

Judy Bland  
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**Administrative Support**

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## 2011-2012 Healthy Schools Summary

### Elementary Schools

This report is summarized based on national recommendations for comprehensive school wellness strategies and Yale University's Rudd Center for Food Policy & Obesity. The majority of programs listed display measureable evidence, ease of implementation and sustainability.

#### General Recommendations

- Walking days at least once a month during recess (15 schools meet this criteria)
- Fun Run/3k/5k races at least once a year (20 schools)
- Formal Wellness Committees that meet at least 3 times a year (7 schools)
- Use one Professional Development Day a year for promoting staff wellness (2 schools)

#### Nutrition Education

Measure the percentage of Howard County children ages 2-19 who eat a healthy diet consistent with USDA's My Plate Guidelines.

| Program            | School         | Contact                     |
|--------------------|----------------|-----------------------------|
| Race to Wellness   | Clarksville    | Lauren Slattery, AP         |
| Classroom Garden   | Elkridge       | Diane Mumford, Principal    |
| My Plate Challenge | Longfellow     | Susan McHale, Cluster Nurse |
| My Plate Challenge | Triadelphia    | Susan McHale, Cluster Nurse |
| Girlz Go Fit       | Stevens Forest | Trish Lannon, AP            |
| ReCharge*          | Waverly        | Ross Chakrian, PE Teacher   |

*\*Emphasizes caloric balance between food intake and energy expenditure through physical activity and exercise; teaches how to read nutrition fact labels.*

#### Physical Activity

Integrate physical activity into the classroom setting. Provide short physical activity breaks between lessons or classes.

- Clemens Crossing, Fulton, Jeffers Hill, Northfield, Stevens Forest and West Friendship use physical activity breaks in their classrooms. Some schedule school wide breaks over their announcements.

Schools should encourage elementary school students to engage in moderate to vigorous activity during daily recess.

- Walking Wednesdays – Bryant Woods, Bushy Park, Lisbon, St John's Lane, Triadelphia Ridge, Waverly and West Friendship Elementary Schools
- Monthly Walking Club – Veterans
- Fitness Fridays – Bellow Springs, Longfellow, Northfield and Thunder Hill Elementary Schools
- Daily running/walking program for students – Fulton, Northfield and Stevens Forest Elementary Schools
- Peaceful Playgrounds – Talbott Springs

### School Activities Involving Foods and Beverages

Each party should include no more than one food or beverage that does not meet nutrition standards for food and beverages sold individually.

- Hollifield Station – School Wide Snack Policy
- Lisbon – Healthy Snacks at Parties
- West Friendship – Foodless Parties

### Other Recommendations

The district/school will offer healthy eating seminars for parents, send home nutrition information, post nutrition tips on school websites, encourage parents to pack healthy lunches and snacks and provide physical activity tips.

- Fresh Fruit Incentive Program – Ilchester and Waterloo
- Family Fitness Nights – Jeffers Hill and Stevens Forest
- We CAN – Guilford and Waverly
- Pedometer Program for parents and PTA Exercise N’ Talk programs - Guilford
- Holiday Break Family Wellness Activities – Northfield
- Wellness Wednesday – No Juice or Soda allowed – Thunder Hill
- Nutrition Nuggets Newsletter for Parents sent home monthly – Triadelphia Ridge
- Family Fun Walk – Veterans

### Staff Wellness

Plan and implement activities and policies that support personal efforts by school staff to maintain a healthy lifestyle through healthy eating and physical activity.

| Program                      | School            | Contact                                    |
|------------------------------|-------------------|--|
| Before/After School workouts | Atholton          | Tierney Ahren, PE Teacher                  |
| Use of accelerators          | Bellows Spring    | Jackie Klamerus, Principal                 |
| Walk to Wellness             | Bollman Bridge    | Casey Shurman, 5 <sup>th</sup> Gr. Teacher |
| Fit Fridays                  | Fulton            | Katie MacFarland, PE Teacher               |
| Fitness Boot Camp            | Gorman Crossing   | Tyson Echtile, 3 <sup>rd</sup> Gr. Teacher |
| Step it Up Challenge         | Guilford          | Connie Stahler, AP                         |
| Zumbathon                    | Lisbon            | Liza Bane, School Counselor                |
| GoZone                       | Running Brook     | Kim Kennedy, PE Teacher                    |
| Our Game                     | St. Johns Lane    | Amanda Wadsworth, AP                       |
| 17 Day Diet Program          | Stevens Forest    | Trish Lannon, AP                           |
| Yoga Program                 | Thunder Hill      | Marti Bowen, AP                            |
| Walking Club                 | Triadelphia Ridge | Susan McHale, Cluster Nurse                |
| Yoga Program                 | West Friendship   | Carole Hahn, Principal                     |
| Biggest Loser Competition    | Waterloo          | Nigel La Roche, Intern                     |
| Staff Activity Club          | Waverly           | Ross Chakrian/Lauren Heisey, PE Teachers   |

**Other Programming – Specifically noted by the judges**

- Bollman Bridge – NLF Punt, Pass and Kick/ Combine Programs
- Fulton – Rockwall Reading Incentive
- Hollifield Station – Walking School Bus
- Rockburn – Golden Shoe Race
- Running Brooke – PAWS afterschool club
- St John’s Lane – Mind and Muscle Program
- Steven’s Forest – Bouncing Bobcats

**Local and National Programs used by schools**

- NFL Play 60
- ReCharge through NLF Play 60
- Girls on the Run
- Jump Rope 4 Heart
- Hoops for Heart
- Marathon Kids
- National Walk to School Day
- National Bike to School Day
- Learn2Tri
- Peaceful Playgrounds
- Days of Taste

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**2011-2012 Healthy Schools Summary**  
 Middle Schools

This report is summarized based on national recommendations for comprehensive school wellness strategies and Yale University's Rudd Center for Food Policy & Obesity. The majority of programs listed display measureable evidence, ease of implementation and sustainability.

**General Recommendations**

- Intramural programs that emphasize team work and cardiovascular endurance (8 schools)
- Fun Run/3k/5k races at least once a year (5 schools)
- Formal Wellness Committees that meet at least 3 times a year (7 elementary schools)
- Use one Professional Development Day a year for promoting staff wellness (2 schools)

**Nutrition Education**

Nutrition Education should include culturally-relevant and participatory activities such as contests, promotions, taste tests, farm visits and school gardens.

| Program                       | School          | Contact                               |
|-------------------------------|-----------------|---------------------------------------|
| Links Nutrition Program       | Bonnie Branch   | Ashley Liby/Elissa Schuyler, Teachers |
| Student lead nutrition videos | Lake Elkhorn    | Vanessa Hooks, Guidance Secretary     |
| Colorful Plate Initiative     | Oakland Mills   | Karen Saunderson, GT Resource Teacher |
| Top Chef                      | Harper's Choice | Tiffany Carmean, AP                   |

**Physical Activity**

Offer a range of extracurricular physical activity opportunities such as physical activity clubs or intramural sports programs. Ensure the range of activities meets the needs, interests and abilities of all students.

- Intramural programs – Dunloggin, Glenwood, Hammond and Patapsco Middle Schools
- After school sports clubs – Harper's Choice, Lake Elkhorn, Oakland Mills and Wilde Lake Middle Schools
- Dancing at Lunch – Lake Elkhorn
- Walking Group – Mount View

**School Activities Involving Foods and Beverages**

Any party or celebration should include no more than one food or beverage that does not meet nutrition standards for food and beverages sold individually

- Patuxent Valley Middle School – Healthy Snack, monthly

**Other Recommendations**

The district/school will offer healthy eating seminars for parents, send home nutrition information, post nutrition tips on school websites, encourage parents to pack healthy lunches and snacks and provide physical activity tips.

- Wellness Night – Oakland Mills

**Staff Wellness**

Plan and implement activities and policies that support personal efforts by school staff to maintain a healthy lifestyle through healthy eating and physical activity.

| <b>Program</b>             | <b>School</b> | <b>Contact</b>                              |
|----------------------------|---------------|---|
| Staff Yoga Program         | Glenwood      | Denie Gorbey-Creese, Cluster Nurse          |
| Biggest Loser Challenge    | Hammond       | Carol Rudacille, Principal's Secretary      |
| Morning Walking Club       | Murray Hill   | Richard Sherin, 7 <sup>th</sup> Gr. Teacher |
| Healthy Snacks at meetings | Oakland Mills | Karen Saunderson, GT Resource Teacher       |
| Staff Fitness Classes      | Patapsco      | Kim Hopkins, 8 <sup>th</sup> Gr. Teacher    |

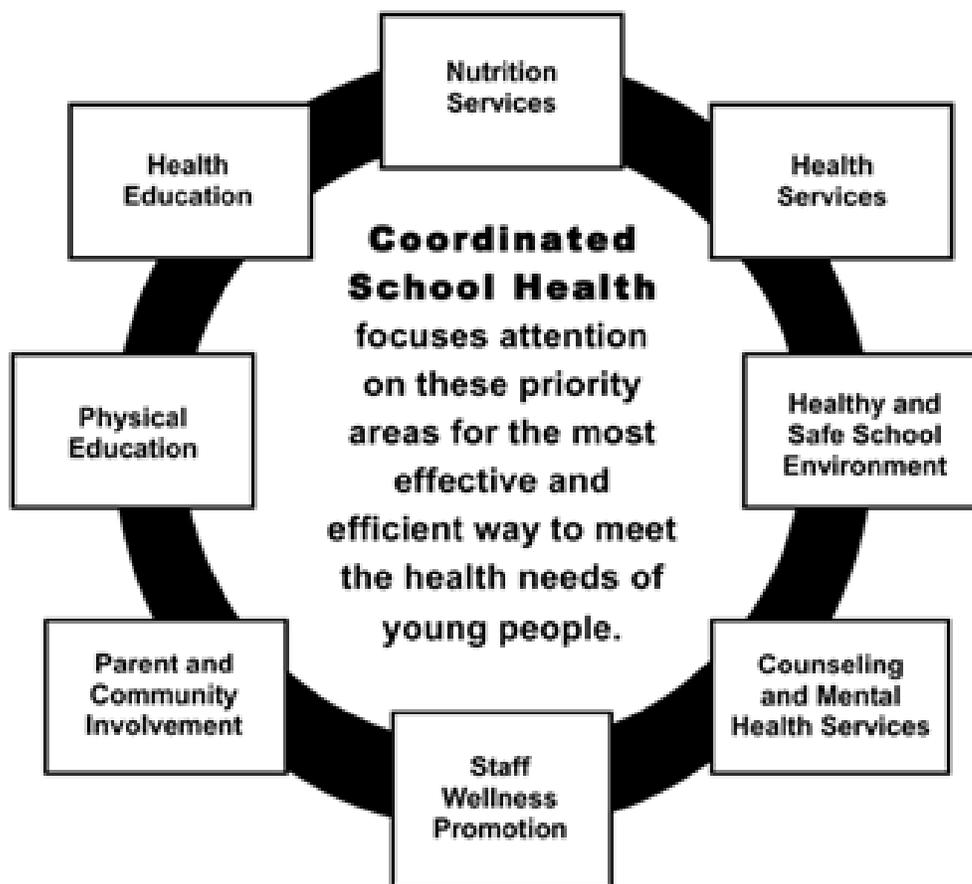
**Other Programming – Specifically noted by the judges**

- Burleigh's Intense Games – Burleigh Manor
- Food on the 15<sup>th</sup> – Clarksville
- Fitness Goal Setting Project – Folly Quarter
- NASA Fit Exercise – Hammond
- Hispanic Food Tasting – Oakland Mills
- Patapsco's Promise – Patapsco
- Girl Talk – Wilde Lake

**Local and National Programs used by schools**

- NFL Play 60
- Girls on the Run
- Hoops for Heart
- Learn to Tri

**Appendix 3. Coordinated School Health, Eight Components, CDC**



*Wellness is a state of well-being defined by WHO as "the optimal state of health of individuals and groups."*

# Howard County School Health Council

## Who are we?

The Howard County School Health Council (SHC) is an advisory board jointly sponsored by the Howard County Health Department (HCHD) and Howard County Public School System (HCPSS). Our mission is to serve as a bridge between these entities and work with other community partners to identify, evaluate and improve the status of health and wellness of the populations served by the public school system. The SHC also encourages health and wellness activities.

## Come Learn More About What We Do and How You Can Participate

The SHC encourages members of the community to attend our meetings, learn more about school health and wellness initiatives, and share your thoughts and experiences. Our general meetings are held on the second Thursday of every odd month.

## The SHC Current Advisory Review

### HCPSS Policy 9090: *Wellness through Nutrition and Physical Activity*

Due to the issuance of new federal requirements, this policy is slated for review in the Fall of 2012. This Spring, the SHC undertook a systematic assessment of the policy, which revealed that it tends to be more comprehensive than it is strong, in that it does not require the public school system and individual schools to undertake certain tasks but rather encourages them to do so. At the same time, many school-based, voluntary initiatives have sprouted since 2006, when Policy 9090 was first adopted, which meet the new requirements and are considered "best practices." Based on these findings and other insights, the SHC will be making recommendations to the HCPSS, HCHD, and other local entities.

### Assessment of HCPSS 9090: Sample Findings

| Content of Wellness Policy             | Comprehensiveness Score (Max.=100%, with 100% being most comprehensive language) | Strength Score (Max.=100%, with 100% being strongest language) |
|--|--|--|
| Nutrition Education                    | 56%  | 11%  |
| School Meals                           | 62%  | 31%  |
| Other School Food and Beverages Number | 66%  | 10%  |
| Physical Education                     | 24%  | 6%   |
| Physical Activity                      | 70%  | 40%  |
| Communication and Promotion            | 25%  | 25%  |
| Evaluation                             | 33%  | 0%   |
| Total: All above combined              | 48%  | 18%  |

Source: Analysis by George Washington University School of Public Health and Health Services Department of Health Policy Child Health Policy Center, March - May 2012.

## Example of Program Developed by the SHC

### HS Culinary Arts Recipe Contest

Initially introduced in the 2008 – 2009 school year, this competition has challenged high school students to develop innovative, appealing and healthy recipes for our school lunches.

For further information, visit us online at [http://www.hepss.org/parents/advisory\\_committee.shtml](http://www.hepss.org/parents/advisory_committee.shtml)