

**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>, 2013**

Renee Foose, Ed.D., M.B.A.  
Superintendent  
Howard County Public School System  
10910 Route 108  
Ellicott City, MD 21042

Maura J. Rossman, M.D.  
Health Officer  
Howard County Health Department  
7178 Columbia Gateway Drive  
Columbia, MD 21046-2581

Frank Aquino  
Chairperson  
Howard County Board of Education  
10910 Route 108  
Ellicott City, MD 21042

Robert Sheesley  
Chairperson  
Howard County Board of Health  
7178 Columbia Gateway Drive  
Columbia, MD 21046-2581

Dear Drs. Foose, Rossman, Aquino, 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 our accomplishments and information gathering activities during the past year in the attached document, which also makes the three following, broad recommendations 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: Clarify the Policy Statement in the Current Version of Proposed Revisions to Wellness Policy No. 9090.** See annual report, attached, for more details.

**Recommendation #2: Provide the Howard County School Health Council with Baseline Data Needed to Track the Implementation of Wellness Policy No. 9090.** See annual report, attached, for more details.

**Recommendation #3: Strengthen and Support the Role and Composition of the School Health Council.** See annual report, attached, for more details.

We hope that our recommendations will be well received. 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, sweeping tail on the final letter.

Anne Rossier Markus, JD, PhD, MHS  
Chairperson, Howard County School Health Council

# **Strengthening School Health and Wellness in Howard County:** *Recommendations from the Howard County School Health Council* (School Year 2012-2013)

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## **1.0 Mission and Objectives**

The mission of the Howard County School Health Council (HC-SHC) is to promote coordinated school health policies and programs to enhance academic achievement, health and wellness for all students. The School Health Council is a COMAR-mandated advisory group, which identifies needs, reviews practices, programs and policies, and generally provides advice to the Howard County Public School System (HCPSS) and the Howard County Health Department (HCHD) on aspects of child health as defined by the Coordinated School Health (CSH) approach. The CSH approach is a systems approach to improving the health and well-being of all students so they can fully participate and be successful in school. CSH integrates health promotion efforts across eight interrelated components: (1) Counseling, psychological, and social services; (2) Family and community involvement; (3) Health education; (4) Health promotion for staff; (5) Health services; (6) Healthy school environment; (7) Nutrition services; and (8) Physical education.

The HC-SHC has several objectives:

- 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 School Year 2012-2013

During the 2012-2013 school year, the HC-SHC met 10 times, convening 5 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. The membership roster is attached as Appendix 1.

**Table 1: Howard County School Health General Council Meeting Dates and Topics, 2012-2013**

Date	Topics	Speakers
9.13.12	Overview of Student Health Data  Foci for 2012-2013 School Year	Filipa Gomez, Student Health Services, HCPSS  SHC Members
11.8.12	Overview of School Health Index (SHI) Findings and Recommendations from Frederick School Health Council	Christa Williams, Past-Chair & Member, FSHC
1.9.13	What are Realistic and Feasible Monitoring and Evaluation Initiatives within the HCPSS Context?	E. Grace Chesney, Chief Accountability Officer, HCPSS
3.27.13	Health-Related Items in Proposed School Budget  Proposed Changes to Wellness Policy 9090  Proposed SHC Bylaws: Discussion and Vote	Patty Daley, Director, Special Education and Student Services, HCPSS  Carol Hahn, Principal, West Friendship Elementary, HCPSS  SHC Members
5.1.13	May 2 <sup>nd</sup> , 7pm Meeting with Board of Education	SHC Members

Source: Howard County School Health Council, June 2013.

### 3.0 Summary of Key Accomplishments

The SHC continues to be active, following up on several items from the previous school year (e.g., Wellness Policy No. 9090, bylaws) and adding new ones as needs are identified as priorities. Among the Council's key accomplishments for the 2012-2013 School Year are the following:

- Executive Committee members finalized bylaws, which were adopted by the full membership on March 27, 2013. The bylaws currently in effect are attached as Appendix 2. On June 5, 2013, the three officers (i.e., Chair, Vice-Chair, and Secretary) were reelected for another two-year term following the process outlined in the new bylaws. The new term begins July 1, 2013 and ends June 30, 2015.
- The SHC chair scheduled a community meeting with the Board of Education, which took place on May 2<sup>nd</sup>, 2013. In preparation for the meeting, the SHC produced an informational two-page handout about the Council, its focus areas, and some of the operational issues that affect its effectiveness as an advisory body. The handout is attached as Appendix 3. The Board and SHC jointly identified several areas where the relationship between the Board and SHC could be strengthened, including holding regular meetings with the Board throughout the school year to keep the lines of communication open, appointing a member of the Board to represent the Board at SHC meetings, and developing and proposing ways to measure the impact of budgetary, policy and programmatic changes made by the Board.
- Throughout the school year, the SHC continued to track local developments pertaining to the federally-required revisions to Wellness Policy No. 9090. The SHC also identified asthma as a prevalent chronic condition affecting Howard County youth at all grade levels that deserves further exploration into its causes, current school practices, and potential solutions, if problems are identified. The SHC chair presented a summary of the evidence to date on the causes of asthma among children, including proven factors, such as allergies to indoor and outdoor allergens, and factors that are hypothesized to have an influence on, or a correlation with, the disease, such as overweight and obesity and anxiety.
- The public meetings taking place during the 2012-2013 school year focused specifically on student health data and understanding what is already known, what types of surveys are available to assess the implementation of policies and programs in schools, and what fact finding activities may be feasible to undertake in the future to support the SHC's advisory mandate. The Frederick School Health Council (FSHC) presented its comprehensive and multi-year effort to collect information on policies and programs throughout the Frederick public school system, using the CDC's School Health Index (SHI), which is a self-assessment and planning tool used to improve health and safety policies and programs. The FSHC identified asthma, among other issues, as a top issue requiring some attention, and has since developed and implemented a systemwide intervention of increased awareness and health education. The HCPSS presented the various sources of school health data that are currently collected by the School Health Services and the PE departments, with a special emphasis on the individual-level BMI data collected through the Fitnessgram program. Through this program, PE teachers also collect data on an annual basis on all students' aerobic capacity (e.g., one-mile run), other body composition besides BMI (e.g., skinfold), and muscle strength, endurance and flexibility (e.g., curl-up, modified pull-up).

## 4.0 Recommendations

The SHC is pleased to submit three main recommendations for consideration by the Superintendent, Health Officer, 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: Strengthen the Policy Statement in the Current Version of Proposed Revisions to Wellness Policy No. 9090.**

The “BOE Meeting of March 12, 2013” version of the proposed revisions to current Wellness Policy No. 9090 has as its policy statement in Section I the following:

#### **“I. Policy Statement**

The Board of Education of Howard County recognizes the connection between health and wellness and student achievement and that students need nourishing foods and physical activity in order to grow, learn, and thrive. The Board recognizes its responsibility to provide a safe and healthy learning environment for all students. The Board recognizes that staff wellness is also an integral part of a healthy school environment and believes that promoting staff wellness fosters improved health status, improved morale, greater commitment to the health of students, and positive role modeling opportunities.

The Board further acknowledges the necessity for the Howard County Public School System (HCPSS) to ensure a coordinated approach to school health. The Board acknowledges the necessity to ensure that the school environment promotes and protects students’ ability to learn by providing nutrition education, physical activity, and a variety of healthy food and beverage choices. The Board believes schools have a responsibility to help students develop the skills, knowledge, and attitudes necessary to adopt and maintain a healthy lifestyle.”

The SHC would like to propose the following language (some of which comes from model wellness policies developed by the National Alliance for Nutrition and Activity to meet federal requirements and “based on nutrition science, public health research, and existing practices from exemplary states and local school districts around the country”)<sup>1</sup> for consideration as the Board continues to prepare for a vote on Wellness Policy No. 9090 in November 2013:

#### **“I. Policy Statement**

The Board of Education of Howard County recognizes the connection between health, wellness, fitness and safety and student achievement. The Board recognizes its responsibility in providing a safe and healthy learning environment for all students and promoting the wellness of staff as an integral part of a healthy school environment that

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<sup>1</sup> National Alliance for Nutrition and Activity. Model School Wellness Policies. Accessed June 10, 2013 at: <http://www.schoolwellnesspolicies.org/>

fosters improved health status, improved morale, greater commitment to the health of students, and positive role modeling opportunities. The Board believes schools have a responsibility in helping students develop the skills, knowledge, and attitudes necessary to adopt and maintain a healthy lifestyle.

The Board acknowledges the necessity for the Howard County Public School System (HCPSS) to ensure a coordinated approach to school health. The Board recognizes that students need nourishing foods and physical activity in order to grow, learn, and thrive. The Board acknowledges that there are many school-based activities outside of traditional nutrition and physical activity programs that can influence students' habits. It is the sense of the Board that, in the future, a comprehensive school wellness policy should take into account all school activities in order to ensure that the school environment sends consistent and accurate health messages and provides students opportunities to put into practice the healthful skills they are learning. This policy, however, solely addresses school activities specifically related to nutrition and physical activity in compliance with federal requirements.”

The Council would also recommend that a coordinated approach to school health – as currently called for in the Policy Statement –include a coordinated approach to policies voted by the Board on matters of school health so that the approach is consolidated at the policy level as well as at the programmatic level, where the CSH model has been implemented since the CDC endorsed it several decades ago.

**Recommendation #2: Provide the Howard County School Health Council with Baseline Data Needed to Track the Implementation of Wellness Policy No. 9090.**

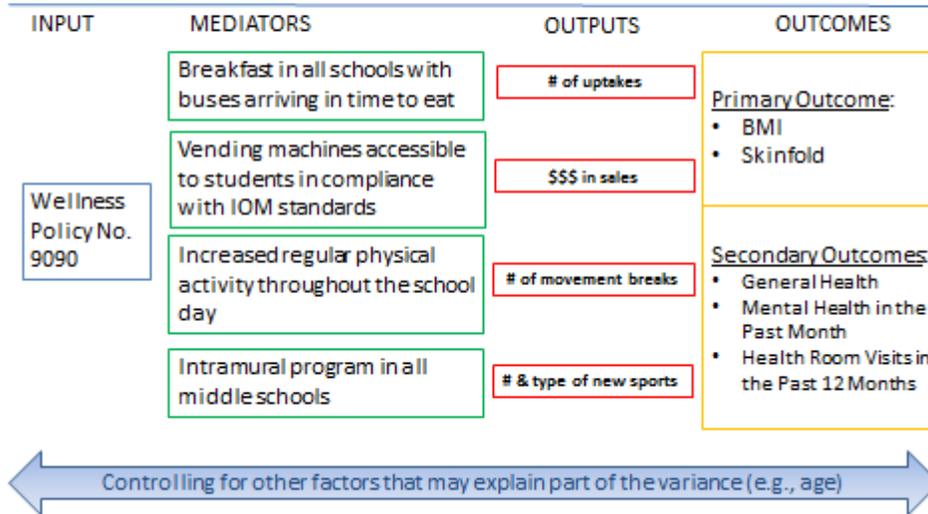
The “BOE Meeting of March 12, 2013” version of the proposed revisions to current Wellness Policy No. 9090 currently provides the SHC with the following responsibility:

“The Howard County School Health Council, which serves in an advisory capacity, will provide feedback annually to the Board.”

In order for the Council to meet this expectation, access to some data at baseline (i.e., prior to the changes becoming effective and being implemented) as well as several times post implementation of changes will be necessary. The Council heard presentations from several HCPSS school officials on the types of student health data being collected from various departments that could be made available, pending verification of the completeness, validity and reliability of the data reported. The Council would request the ability to tap into these existing sources of data but is also mindful of the burden and risks this may create. In order to minimize both, the Council narrowed down the number of variables it would like to track over time to one main measure per key upcoming change. The Council developed a preliminary approach to tracking implementation that would follow the logic model depicted in Figure 1, below. The model captures Wellness Policy No. 9090 as the main input, which is then operationalized into four main mediators representing four key changes slated to come into effect July 1, 2013. Once implemented, these changes would be expected to lead to observable changes in intermediate outputs and ultimate outcomes.

# Figure 1. Local Wellness Policy's Anticipated Effect on Student Health Outcomes

- A Proposed Logic Model -



The basic design would be a pre-pre/post-post design as shown in Figure 2, below. While considered a weak evaluation design, this may be the only feasible design due to the universal implementation of the Wellness Policy provisions in all schools.

## Figure 2. Pre-Post-Design

IMPLEMENTATION	Pre Measures*	9090	Post Measures*
Elementary Schools	Yes	Yes	Yes
Middle Schools	Yes	Yes	Yes
High Schools	Yes	Yes	Yes

\* Several pre and post measures are recommended

The SHC would like to explore the possibility of strengthening this design by adding some comparison group either at the school level or within schools.

The SHC realizes that some data are more readily available than others and that issues of privacy, confidentiality, parental consent and sharing of personal health information would have to be worked out. As indicated in a prior report, the SHC would not need access to individual student level data; rather, it would need aggregated data at the grade (across schools), cluster and district levels. The body composition data, including data on BMI and skinfold, are collected annually by HCPSS PE teachers. Other data do not currently exist and would be required to track the implementation of the policy, such as the number of movement breaks during the school day. The SHC recommends that the proposed School Wellness Champions (and their School Wellness Teams) collect these data. The SHC could review data collection tools, if needed, to provide feedback and input prior to pilot testing them and then deploying them in the field. Other data are available from other sources. For example, expenditure data on vending machine sales are directly obtainable from the vendors. Ideally, baseline data would span at least three years prior to July 1<sup>st</sup>, 2013 (i.e., school years 2010-2011, 2011-2012 and 2012-2013), when the four changes depicted in Figure 1 become effective, though not mandatorily, in order to ensure sufficient data to capture pre-Wellness Policy proposed changes that were discussed as early as Fall 2012 when the policy review committee was constituted. Multiple post measures to track implementation for at least five years after July 1, 2013 would be ideal.

### **Recommendation #3: Strengthening and Supporting the Role and Composition of the School Health Council.**

During the past year, the SHC reexamined its role in the community in light of the state requirements as well as the upcoming obligations outlined in the “BOE Meeting of March 12, 2013” version of the proposed revisions to current Wellness Policy No. 9090. The SHC updated its bylaws to come into compliance with those of the State of Maryland School Health Council, the HC-SHC umbrella organization at the state level. The SHC established an *ad hoc* outreach committee to develop a strategy to expand the Council’s membership to be more diverse and more representative of the community-at-large. The SHC is seeking better ways to understand school health issues by gaining increased access to relevant data. The SHC would also like to better understand all of the other advisory committees in existence in the county that address some aspect of student health, wellness, fitness and safety and propose to create an inventory of those with their charges to see whether the SHC could help coordinate and streamline some of these efforts. The SHC would like to explore the possibility of conducting a survey, such as the SHI, or the possibility of mining the Biannual Howard County Health Assessment Survey for children’s health information. The SHC would like to request a *small budget* to support the advisory activities of the SHC, including the fact finding activities that are so necessary to support recommendations that are “evidence-based” and meaningful.

## 5.0 Conclusion

This year has been extremely productive as evidenced by the information summarized in this final report. The SHC looks forward to the next School Year and anticipates continuing to work on the issues highlighted in this report, as well as monitoring progress toward better health, well-being and wellness for all students in Howard County.

*Respectfully Submitted July 1<sup>st</sup>, 2013 on behalf of HC-SHC by Anne Rossier Markus, Chair*

## **Appendix 1. HC-SHC MEMBERSHIP LIST, SCHOOL YEAR 2012-2013**

### **Officers**

Anne Markus, At-Large, Chair  
Joan Webb Scornaienchi, At-Large, Vice-Chair  
Joanne Jackson, At-Large, Secretary

### **HCPSS**

Jackie French  
Carol Hahn  
Keisha Major  
Marcy Maxwell-Hersl  
Marion Miller  
Linda Rangos  
Dulcy Sullivan  
Linda VonParis  
Kami Wagner

### **HCHD**

Robin McClave  
Elizabeth Menachery  
Colleen Nester  
Lorraine Quarrick  
MaryAnn Warnke

### **PTACHC**

Caroline Rothfield

### **COMMUNITY-AT-LARGE**

Terri Ann Chiu  
Rebecca Ramsing  
Jo Greenberg

### **Administrative Support**

Tricia Longo, HCHD

## Appendix 2. HC-SHC BYLAWS

### HOWARD COUNTY SCHOOL HEALTH COUNCIL BYLAWS

As of 1.25.2013  
Amended 1.26.2013  
Amended 2.27.2013; Approved by Executive Board 2.27.2013  
Approved by Council 3.27.2013

#### ARTICLE I: NAME

The Howard County School Health Council (HCSC).

#### ARTICLE II: MISSION

The mission of the Howard County School Health Council is to promote coordinated school health policies and programs to enhance academic achievement, health and wellness of all students by advising the Superintendent, the Health Officer, the Board of Education, the Board of Health and the County Council in the development, implementation, and assessment of comprehensive school health policies and programs.

#### ARTICLE III: DEFINITIONS AS USED IN THESE ARTICLES

**Coordinated School Health (CSH)** – A systematic approach to improving the health and well-being of all students so they can fully participate and be successful in school. CSH integrates health promotion efforts across eight interrelated components:

- (1) Counseling, psychological, and social services;
- (2) Family and community involvement;
- (3) Health education;
- (4) Health promotion for staff;
- (5) Health services;
- (6) Healthy school environment;
- (7) Nutrition services; and
- (8) Physical education.

**Executive Board** – The administrative unit that serves as the planning and coordinating body for the Council composed of the appointed members from the Howard County Public School System (HCPSS), the Howard County Health Department (HCHD), and the PTA Council of Howard County (PTACHC) and the elected members from the Executive Committee

**Executive Committee** – The elected officers of the Executive Board, also serving the General Body.

**General Body** – The members of the Howard County School Health Council and the members of the Executive Board.

**Health** – A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

**Howard County School Health Council (HCSHC)** –An advisory group, which identifies needs, reviews practices, programs and policies, and generally provides advice to the Howard County Public School System (HCPSS) and the Howard County Health Department (HCHD) on aspects of child health as defined by the CSH approach.

**Administrative Secretary** – The administrative support alternating between the HCPSS and the HCHD every year.

**Wellness** –A state of optimal health in body and mind for individuals and groups.

#### ARTICLE IV: EXECUTIVE BOARD

##### Section 1 – Membership of the Executive Board

The Executive Board shall be the administrative unit of the Howard County School Health Council. The Executive Board shall consist of representatives from education, health, and the community, including the following:

- Howard County Public School System (HCPSS)
- Howard County Health Department (HCHD)
- Parent-Teacher Association Council of Howard County (PTACHC)
- Other state agencies as appropriate
- Representatives of organizations addressing the needs of school-aged children as approved by the Executive Board
- Individual members from the community, such as parents, students

##### Section 2 – Tenure of the Executive Board Members

The members of the Executive Board’s Executive Committee shall serve for a two-year term. All members may serve one additional consecutive term. Exceptions may be granted on an individual basis with consent from all parties involved.

##### Section 3 – Meetings of the Executive Board

The Executive Board shall convene at least five times annually. It shall be the responsibility of the Executive Committee to set the date and agenda for meetings. Meetings may be held by teleconference or webinar, as deemed appropriate.

##### Section 4 - Voting

- (1) Executive Board Meetings – A simple majority of members participating in Board meetings shall be required to pass any motion. A minimum of five (5) members, of which one (1) must be an elected officer, is required for a vote.

- (2) Other – The Executive Committee may decide to call for a vote on a time-sensitive topic using telecommunications to survey the Executive Board members.

#### Section 5 – Budget

There is no budget. In kind support is provided in the form of the Administrative Secretary and meeting space. The Administrative Secretary keeps accurate records and minutes of all meetings of the Council; makes available copies of the minutes of the previous meeting and distributes them in advance of each meeting or posts them on the Council web site; and maintains a current listing of members with addresses, phone numbers, and email addresses.

#### Section 6 –Presentations of the Executive Board

Representatives of the Executive Board shall annually present Council recommendations to the HCHD Health Commissioner, HCPSS Superintendent, Board of Education Members, County Council Members, and other stakeholders, as appropriate.

### ARTICLE V: OFFICERS OF THE HOWARD COUNTY SCHOOL HEALTH COUNCIL: THE EXECUTIVE COMMITTEE

#### Section 1 – Officers

The officers of the Council shall include a Chairperson, Vice-Chairperson, and Secretary. They serve both the Executive Board and the General Body.

The officers shall have the authority and responsibility delegated by the Board as follows:

- (1) The Chairperson shall preside at and conduct all meetings of the Executive Board and the General Body. The Chairperson serves as the representative of the Council in meetings and discussions with other organizations and agencies, and performs the duties which are ordinarily the function of the office.
- (2) The Vice-Chairperson shall perform the duties of the Chairperson if the Chairperson is unable to do so or is absent, perform such tasks as may be assigned at the request of the Chairperson, and assist in the performance of the duties of the Chairperson. (In the event that the office of Chairperson becomes vacant, the Vice-Chairperson shall automatically become Chairperson.)
- (3) The Past Chairperson may remain a member General Body of the HCSHC
- (4) The Secretary shall review minutes of all meetings of the Council and conduct outreach on behalf of the Council.

#### Section 2 – Election of Officers

From a slate proposed by the Nominating Committee appointed by the Executive Committee, the Executive Board shall elect from among its members a Chairperson, Vice-Chairperson and a Secretary. The strong preference is for potential officers to represent the community. In the event of a lack of community representatives available, qualified, and willing to fill in the officer positions, representatives from the HCPSS and HCHD may be elected in these positions temporarily. When officers are from the HCPSS and HCHD, the positions of Chairperson and Vice-Chairperson will rotate between the two departments each year.

#### Section 3 – Presiding Officers

The Chairperson and Vice-Chairperson shall each serve a two-year term; the term begins July 1 of odd-numbered years. The Chairperson may serve for additional two-year terms, with consent from

all parties involved. The Vice-Chairperson shall serve for a two year term and may serve for additional two-year terms, with consent from all parties involved.

Section 4 – Secretary

The Secretary shall serve a two-year term and may serve for additional two-year terms, with consent from all parties involved.

Section 5 – Filling Officer Vacancies

In the event that an officer is unable to complete her/his term in office, the Executive Board will appoint a member to complete the unexpired term.

ARTICLE VI: THE GENERAL BODY OF THE HOWARD COUNTY SCHOOL HEALTH COUNCIL

Section 1 – Meetings

The General Body of the Howard County School Health Council shall convene at least five times annually. The date and agenda shall be determined by the Executive Board. Additional meetings may be held at the discretion of the Executive Board. Meetings may be held by teleconference or webinar, as deemed appropriate.

Section 2 – Function of the General Body of the Howard County School Health Council

The General Body serves to enhance the breadth of knowledge, skills, and resources of the Council and to engage the community-at-large in the advisory function of the School Health Council.

Section 3 – Voting on Bylaws

- A. Changes in the Bylaws must be shared with the membership of the Council at least 2- weeks prior to voting on the changes.
- B. A two-thirds vote of the members present is needed to enact a Bylaw change. A quorum consisting of 50% of membership must be present before voting may take place.
- C. Voting on Bylaws may occur electronically, as deemed appropriate.

Section 4 – Annual Report

The draft annual report must be shared with the membership of the Council and a final report accepted by all or approved by a simple majority. Acceptance or approval may occur electronically, as deemed appropriate.

ARTICLE VII: THE COUNCIL YEAR

The official year of the Council shall be from July 1 to June 30.

ARTICLE VIII: COMMITTEES

Section 1 – Sub-Committees

- (1) There shall be sub-committees, including:
  - a. Nominating, as needed
  - b. Bylaws, as needed
  - c. Wellness

(2) The Council Chairperson with the approval of the Executive Board shall appoint the sub-committee Chairpersons, on an as needed basis.

Section 2 – Ad Hoc Committees

The Executive Board may establish *ad hoc* committees and the Council Chairperson with the approval of the Executive Board may appoint the chairpersons of *ad hoc* committees.

Section 3 – Committee Reports

Committees shall present reports of their activities as requested by the Chairperson or Executive Board.

ARTICLE IX: ANNUAL REPORT

The HCSHC shall prepare an annual report for the HCHD Health Commissioner, HCPSS Superintendent, Board of Education Members, County Council Members, and other stakeholders, as appropriate.

ARTICLE X: AMENDMENTS AND REVISIONS

If Bylaw amendments/revisions are needed, the standing Bylaws Committee will review the issues and draft proposed changes. The Bylaws Committee will present the draft bylaws to the Executive Board for approval and submission to the General Body for a vote.

ARTICLE XI: FUNDING AND GRANTS

The Chairperson, Vice Chairperson and/or Executive Board may apply for grant(s) through either the HCPSS or HCHD or other nonprofit organizations in order to conduct studies in relevant health areas of concern or to request funding to invite outside expert(s) to address the SHC on relevant health issues and concerns.

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Date approved by Executive Board:

**Unanimously approved on February 27, 2013**

Date approved by General Body:  
(in accordance with previous Bylaws)

Appendix 3. HC-SHC TWO-PAGE HANDOUT

Howard County Board of Education Community Meeting with the  
Howard County School Health Council  
May 2<sup>nd</sup>, 2013

**What is the School Health Council?**

- 1 In Howard County, the School Health Council (SHC) has been around for more than 20 years.
- 2 It is a COMAR-mandated local advisory committee.
- 3 It reports each year to the Superintendent, the Health Officer, the Board of Health, and the Board of Education.
- 4 It is composed of members from the HCPSS, HCHD, PTACHC, and the community.
- 5 Its priority is to advocate on a broad system level for healthy, well, fit, and safe youth who are in turn able, ready, and excited to learn and excel at it.
- 6 It acts collectively to (a) identify needs, (b) review programs and policies, and (c) generally provide recommendations to the HCPSS and HCHD jointly on how to improve school health, wellness, fitness and safety.

**Key Recommendations from the 2011-2012 Annual Report**

- 7 **Recommendation #1:** Provide the SHC with access to data and information to (a) identify needs, (b) review programs and policies, and (c) develop, as much as possible, evidence-based recommendations (see point 6, above).
- 8 **Recommendation #2:** Update and strengthen the current Health and Wellness Policy No. 9090.
- 9 **Recommendation #3:** Monitor the implementation of Homeless Student Policy No. 9300.

**School Health Council's Current Foci**

- 10 **Childhood Obesity.** This national epidemic's impact on our children's physical, mental and social health has been a continuous item on the SHC agenda for the last couple of years. Childhood asthma, its prevalence in our schools and its relationship with obesity and anxiety, was added this year for initial exploration.

**Howard County Board of Education Community Meeting with the  
Howard County School Health Council  
May 2<sup>nd</sup>, 2013**

- 11     **Transportation Safety, Bullying, and Wellness.** The SHC has conducted in-depth research on these topics over the past six years. The research conducted last year on the wellness policy led to our 2011-2012 recommendation.
- 12     **Wellness Policy No. 9090.** The proposed revisions to the county’s wellness policy represent improvements over the current one; however, it could be more comprehensive, at least in intent, while making clear that 9090 is solely about the role of physical activity and nutrition. We would recommend the development of an “umbrella” policy that: (a) emphasizes wellness in terms of the CDC-recommended 8 components of coordinated school health (i.e., health education, physical education, health services, nutrition services, counseling, psychological, and social services, healthy and safe school environment, health promotion for staff, and family/community involvement), and (b) references all of the policies currently on the books - in addition to 9090 - that contribute to wellness (e.g., Bullying, Cyberbullying, Harassment, or Intimidation No. 1060, School Health Services No. 5220).

**Operational Issues**

- 13     **Increased Collaboration with the BOE.** The proposed revisions include a provision requiring the SHC to provide feedback to the Board on an annual basis. How would the Board like to see and receive this type of feedback from the SHC? Can the SHC meet with the Board twice a year face-to-face to discuss key findings and obtain Board input?
- 14     **Improved Data Access.** To provide feedback to the Board, the SHC needs access to aggregated health-related data collected by the HCPSS. What surveys do HCPSS/BoE use to assess student health (e.g., Youth Risk Behavior Survey, School Climate Survey, FitnessGram BMI Data)? Can the SHC have access to these data?
- 15     **Broadened Impact.** The issues and questions raised under points 13 and 14 are important to our function as an advisory committee regardless of the wellness policy as we focus on other topics of relevance to student health, wellness, fitness, and safety.