
Howard County School Health Council

July 1st, 2016

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On behalf of the Howard County School Health Council (HC-SHC), I am very pleased to submit our annual report, attached, which is due at the end of each school year, per the HC-SHC's bylaws.

This year's report is divided into two parts. The first part of the report is our annual report to the Superintendent and the Health Officer, as required by our bylaws. It summarizes our accomplishments and information gathering activities during the past year and also makes recommendations, which are repeated in this cover letter for quicker access. The second part of the report consists of our feedback report to the Board of Education on the implementation of Wellness Policy 9090.

HC-SHC Recommendation #1 – Wellness Policy 9090: The HC-SHC reiterates previous findings concluding that Wellness Policy 9090 is not being implemented countywide per the requirements of the policy. The HC-SHC requests that the Board of Education (a) actively oversee implementation of its adopted policy and (b) immediately require the Superintendent and her designee to implement the policy per its requirements.

Of particular concern are (i) the continued lack of a process within HCPSS for reporting information on the status of implementation of the policy from local schools to central office and (ii) the inability of the HC-SHC to obtain any up-to-date information for its annual, mandated feedback function to the Board. For these reasons, the HC-SHC would further recommend the following:

- The Board of Education should require the Superintendent and her designee, the Executive Director of School Improvement and Administration, to provide a report to the Board on the implementation of 9090. The report should include, among other things, plans for an internal reporting process and continuous support services to the HC-SHC to fulfill its mandated feedback function to the Board, as well as concrete steps and a budget similar to the existing budget for HCPSS *staff* wellness (e.g., financial and non-financial incentives) for local *student* wellness champions for accomplishing the proposed plans.
- The Board of Education should require the Superintendent and her designee, the Executive Director of School Improvement and Administration, to require principals to include wellness goals and objectives as part of the local School Health Improvement Plans (SHIPs). A quick scan of a sample of local SHIPs available on-line revealed that they heavily focus on academic goals

and objectives and that none incorporated wellness goals and objectives. In addition, other jurisdictions in Maryland (e.g., Eastern Shore) have such a requirement in place. Furthermore, the University of Maryland, in its statewide evaluation of local wellness policy implementation, found that implementation is more effective at the local level when SHIPs include wellness goals and objectives.

- The Board of Education should require the Superintendent and her designee, the Executive Director of School Improvement and Administration, to require that all local *student* wellness champions and an alternate from each local *student* wellness team be appointed to the HC-SHC Wellness Sub-Committee and regularly attend meetings. Other jurisdictions have such a requirement in their wellness policy (e.g., St. Mary's). This change in HC-SHC membership would facilitate the HC-SHC's mandated feedback function to the Board. Alternatively, if these appointments are not possible, the HC-SHC respectfully requests that the Board of Education remove the HC-SHC's obligation to provide annual feedback to the Board on the progress of implementation when Wellness Policy 9090 is up for review.

HC-SHC Recommendation #2 – Later School Start Times: The HC-SHC unanimously supports the decision made by the Board of Education on April 28, 2016 to implement later start times for all HCPSS schools for the 2017-2018 School Year. The scientific evidence on the benefits of later school start times for students' health and academic performance is clear. Professional recommendations, such as those of the American Academy of Pediatrics, the Centers for Disease Control and Prevention, and others are consistently in favor of later school start times. In 2015, the vast majority of key stakeholders (including students, parents, and educators) in Howard County agreed that all schools should start after 8:00 am. Despite the overwhelming level of agreement that this change is "the right thing to do," education and outreach to fully inform parents and other stakeholders needs to be a priority. Therefore, the HC-SHC strongly recommends that the Board of Education require the Superintendent and her designee, the Executive Director of School Improvement and Administration, to design and conduct an appropriate and adequate information campaign, with input from the HC-SHC and other stakeholders, such as the Start School Later (SSL) Howard County Coalition.

Please let us know if you have any questions or would like to meet in person to discuss these further. We can be reached at schoolhealthcouncil@gmail.com.

Warm Regards,



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 2015-2016)

PART ONE

Annual Report to the Superintendent and the Health Officer

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PART ONE

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 Centers for Disease Control and Prevention (CDC) 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 and/or practices 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 2015-2016

During the 2015-2016 School Year, the HC-SHC met 10 times, convening 5 times as a full council, and 5 times as a smaller, executive board. 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, 2015-2016

Date	Topics	Presenters/Speakers
10.7.15	Priority Setting for SY 2015-2016 Anti-Tobacco Sales Initiative Wellness Sub-Committee Final Report and Key Recommendations on Wellness Policy 9090	Executive Board, HC-SHC Elizabeth Menachery, MD, Medical Director, HCHD Stacie Bell and Deb Lattimer, Co-Chairs, HC-SHC Wellness Sub-Committee
12.2.15	Summary of Top Priorities for SY 2015-2016 Wellness Policy 9090 Update Later Start Time Presentation & Update	Anne Markus, Chair, HC-SHC Anne Markus, Chair, HC-SHC Deb Young, Later Start Time, Howard County Chapter & Frank Eastham, Executive Director, School Improvement and Administration, HCPSS
02.3.16	Wellness Policy 9090: Howard County Feedback Session Update Later Start Time Next Steps	The Maryland Wellness Policies and Practices Team (University of Maryland) Deb Young, Later Start Time, Howard County Chapter
04.6.16	“But now we’re stressed out”	HCPSS Student Panel Discussion & HCPSS Parent Panel Discussion
06.1.16	Addressing Academic Stress and Anxiety: Existing School Policies, Programs, Practices Annual Report and Recommendations: Wellness Policy 9090; Later School Start Time; Academic Stress and Anxiety	Cynthia Schulmeyer, PhD, NCSP, Coordinator, School Psychology, Section 504, and Instructional Intervention, HCPSS All

Source: Howard County School Health Council, June 2016.

3.0 Summary of Key Accomplishments and Progress to Date

The HC-SHC continues to be active, following up on several items from the previous school year (e.g., Wellness Policy No. 9090) and adding new ones as needs are identified as priorities (e.g., later school start times and academic stress, anxiety and depression). Among the Council's key accomplishments for the 2015-2016 School Year are the following:

1. WELLNESS POLICY 9090

Key Objective: Strengthening local school *student* wellness champions and teams and ensuring that HCPSS is implementing the policy, including the requirements to collect and report data from local schools to central office.

Progress to Date:

- 1) HC-SHC presented findings from SY 2014-2015 feedback report to Board of Education at a community meeting of the Board in the Fall of 2015.
 - a. HC-SHC recommended that someone be appointed in central office to coordinate all aspects of the policy.
 - i. Action Item: HC-SHC developed a job description in collaboration with HealthyHoward and HCHD that was shared with the Board, the Superintendent, the Chief Accountability Officer, and the Executive Director of School Improvement and Administration.
- 2) HC-SHC met with the Chief Accountability Officer and her staff as well as the Executive Director of School Improvement and Administration as a follow-up to the Board's community meeting presentation.
 - a. HC-SHC recommended that an internal working group be formed to develop a process for data collection and reporting and a checklist with key data elements.
 - i. Action Item: HC-SHC shared an example of a checklist with the Chief Accountability Officer and her staff as well as the Executive Director of School Improvement and Administration.
- 3) HC-SHC repurposed the Maryland State School Health Council mini-grant awarded to the Council to collect basic information about champions and teams at local schools in the County.
 - a. HC-SHC submitted a modification to the grant, which was approved.
 - i. HC-SHC attempted to call local schools to obtain this information but after calling a few schools it became clear that this information was not going to be shared and thus this activity was suspended.
- 4) HC-SHC heard an update on the implementation of 9090 from the University of Maryland, which has been commissioned by the Maryland State Department of Education (MSDE) to evaluate school wellness policies throughout the state.
 - a. HC-SHC noted that the percentage of local school respondents who were aware of the existence of the Council increased by 20% since the first report (roughly 80% of schools reported being aware of the Council) but members in attendance expressed skepticism about most of the findings showing successful implementation of most components of the policy in the County based on the Council's own feedback report from SY 2014-2015 and more recent anecdotal evidence shared during general meetings.
 - i. HC-SHC decided not to use the information provided at this time.

2. LATER SCHOOL START TIMES

Key Objective: Making sure the Board of Education follows scientific evidence, professional recommendations, and HCPSS stakeholder survey results, which show that the vast majority of Howard County respondents favor schools starting after 8 am.

Progress to Date:

- 1) HC-SHC provided specific input to the Executive Director of School Improvement and Administration on the proposed models developed by HCPSS for the Board and highlighted the fact that none of the models followed professional recommendations from the American Academy of Pediatrics and others, the evidence reviewed by the HCPSS Charter Committee, or the preferences from stakeholders surveyed by the HCPSS.
 - a. The Executive Director of School Improvement and Administration forwarded the written input to the Director of Transportation who is in charge of running the cost estimating models.
 - b. None of the models changed by the time they were presented to the Board last Fall.
- 2) HC-SHC invited the Executive Director of School Improvement and Administration to provide a progress update at one of the Council's general meetings in the Fall in response to a comprehensive presentation by Deb Jung, Start School Later (SSL) Howard County Coalition Leader (and also HC-SHC member).
 - a. The Executive Director of School Improvement and Administration explained that the Board had tabled the issue for now.
 - b. HC-SHC discussed potential strategies and next steps, including supporting the Orange Ribbon bill (which became law this legislative session).
- 3) HC-SHC heard an update from SSL Howard County Coalition Leader Deb Jung, who recommended several strategies to pursue at the local level.
 - a. Deb Jung testified at the April 28 meeting, urging Board members to decide to change the start time to later times throughout the school system.
 - b. The Board voted to have a budget placeholder/allocation made in 2017-2018 (5 in favor, 2 against) and required HCPSS to run new models with the following parameters: no school starts before 8 am, the school day is from 8:30 am to 3:30 pm, and traffic safety should be considered.

3. ACADEMIC STRESS, ANXIETY AND DEPRESSION

Key Objective: Identifying the scope of the problem, understanding existing community-based and school-based policies, programs, and practices, recommending next steps.

Progress to Date:

- 1) HC-SHC heard from students and parents about undue academic stress and its consequences, including anxiety and depression, and some of their coping strategies.
- 2) HC-SHC heard a presentation from Cynthia Schulmeyer about existing school-based supports for mental health. Dr. Schulmeyer also updated the group on the HCPSS Mental Health Task Force Priorities for 2016-2017, which include “add[ing] opportunities in 10th through 12th grade to address stress, transition to college/career, health coping strategies plus more.”

Next Step: HC-SHC, with support from HCHD, and in collaboration with other stakeholders in the County, such as HCDrugFree, will convene a student mental health symposium in September 2016 with a broad array of stakeholders from the County to coordinate efforts and issue a call for action.

4.0 Recommendations

The HC-SHC is pleased to submit two 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.

HC-SHC Recommendation #1 – Wellness Policy 9090: The HC-SHC reiterates previous findings concluding that Wellness Policy 9090 is not being implemented countywide per the requirements of the policy. The HC-SHC requests that the Board of Education (a) actively oversee implementation of its adopted policy and (b) immediately require the Superintendent and her designee to implement the policy per its requirements.

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Strengthening School Health and Wellness in Howard County:
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PART TWO

Annual “Feedback” Report to the Howard County Board of Education

PART TWO

Nothing to Report

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Due to the inability to obtain data from the schools and from HCPSS central office, a report could not be generated.

5.0 Conclusion

This year has been extremely productive as evidenced by the information summarized in this annual report. The HC-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 1st, 2016 on behalf of HC-SHC by Anne Rossier Markus, Chair

Appendix 1. HC-SHC ROSTER, SY 2015-2016

Stacie Bell, PhD* Community-at-Large	Donna Mazyck, RN* Community-at-Large
Marva Dickerson, RN* HCHD	Janet Munro*** Community-at-Large
Don Disney** Community-at-Large	Colleen Nester, LCSW-C HCHD
Jacqueline Dougé, MD, MPH, FAAP ^{EB****} Medical Director, Child Health Bureau, HCHD	Mirian Ofonedu, PhD, LCSW-C** Member-at-Large
Joan Ford** HCPSS	Ekere Olojola ^{EB***} Nutritionist, HCPSS
Sharon Hobson, CPNP ^{EB***} Administrator, School-Based Wellness Program, HCHD	Alvaro Ortiz*** LHIC Program Manager, HealthyHoward, Inc.
Joanne Jackson ^{EB, EC*} BoE CAC	Brian Ralph* Director, Food and Nutrition Services, HCPSS
Deb Jung, JD**** Community-at-Large	Linda Rangos ^{EB*****} Health Education and PE Curriculum, HCPSS
Jacob Lampf ^{EB****} HCASC	Morgan Risley, RN-C, MSN*** Clinical Practice Manager, MCH Unit, HCGH
Deborah Lattimer, MPH ^{EB*****} PTACHC	Caroline Rothfield, MD ^{EB***} PTACHC
Terri Laubach* Community-at-Large	Eileen Singleton***** Community-at-Large
Andrea LeWinter, JD**** Community-at-Large	Kerrie Wagaman, RN ^{EB*} Coordinator of Health Services, HCPSS
Anne Rossier Markus, JD, PhD, MHS ^{EB, EC*****} Community-at-Large	Joan Webb-Scornaienchi ^{EB, EC***} Executive Director, HC DrugFree

KEY

* :	Attended general meeting once
** :	Attended general meeting twice
***:	Attended general meeting three times
****:	Attended general meeting four times
*****:	Attended general meeting five times (i.e., all general meetings for SY 2015-2016)
EB:	Executive Board (Note: Attendance at the EB meetings is not shown here and is in addition to the attendance at the general meetings)
EC:	Executive Committee (Elected Officers: Chair, Vice-Chair, Secretary)