

Alexandria City Public Schools
SCHOOL HEALTH ADVISORY BOARD MINUTES
May 15, 2019 | 4:00 – 5:30 PM

Called to order at 4:05 pm

Member Attendees: Robyn Douglas, Stephanie Fellenberg, Karen Seaver Hill (chair), Mike Humphreys, Viviek Sinha and Brittany Wood

Liaisons: Jennifer Abbruzzese, Jeffery Carpenter and Barb Nowak

Guests: Marilyn Foster, LeeAnn Napolean and Natalie Talis, (all from Alexandria Health Department)

Members Absent: Debbie Bowers, Freddi Brubaker, Brooke Sydnor-Curran, Wendy Harper, Margaret Lorber and Rachel Mendelson-Philpot

Approvals:

- Agenda was adopted with no changes.
- March 18, 2019 Meeting minutes approved without corrections.

I. Action Items

Community Health

Natalie Talis, Public Health Planner, Alexandria Health Department was invited to provide an update to the Community Health Assessment. Intern, LeeAnn Napoleon accompanied her.

Background

- The assessment has been a collaborative process with Fairfax, Prince William, Louden and Arlington Counties as well as INOVA Alexandria to assess health needs. Want to see if there are regional opportunities and needs.
- The assessment is yearlong. One part was a community-wide survey. Asked about strengths, top issues and what would improve quality of life (1.8K responses). Tableau workbooks on the website with scoped search available to all.
- Second step was analysis with a lens for equity and disparities based on race, gender, ethnicity, income etc . Combined these data with community input and feedback sessions to come up with 10 top issues (alpha, not by priority). Final report will be under 20 pages long. Full findings will be shared on June 26th
- Next: developing Community Health Improvement Plan w/ Partnership for Healthier Alexandria. More community input is welcome to land on a limited, few, measurable, concrete strategies. Measures will be attached to each. Expect that there would be shared accountability in the

various strategies. Looking to match the Community Health Needs Assessment of INOVA – which would be a 6 year plan.

Discussion

- DCHS: Children and Youth Master Plan and ACPS Strategic Plan = Two ripe areas for collaboration. Can share data and goals. Opportunity for SHAB to be aligned in its scope of work.
- SHAB – wants to improve how health is measured in the schools as ACPS is developing its Strategic Plan. This health plan has so many great data points SHAB could access to access and look into further.
- VDOE requires some data collection. Chronic conditions, immunizations etc. Can these intersect with the health data?
- There is misalignment between some health conditions and the public response (ie: teen pregnancy, HIV rates). The Alexandria MMR rate is 99%, despite a national dialogue about measles immunization, for example.
- Large community meeting in September – Concerned Citizens Network, Public Health Dept etc will have a group conduct the narrowing of these priorities.
- Look through lenses of equity. Look for levels of engagement across the city. Articulate the barriers to success in the school
- Deficiency is that there is very little student response data. Not as representative as we want it to be. Off year then Developmental Assets then YRBS – student self-report

Action/Follow-up Items

1. Define what were the health and wellness objectives in the 2020 plan? Measure how did it go and what happened? The following year address where are we going?
2. June 26th Community Meeting from Community Health Assessment. Can have input to what items are prioritized and paired down to include in the community health improvement plan
3. In Alexandria INOVA/health department have partnered on the assessment of health as well as the implementation plans. SHAB could base priorities off of these data to communicate with ACPS School Board. Elevate these issues and pull the data so that our policies reflect the experience of our students.
4. Engage the Substance Abuse Prevention Coalition of Alexandria SAPCA (Alan Lomax, Director and Emma Bell, program coordinator) in SHAB. The youth are engaged and would make a more authentic voice to anything we bring to the board.

II. Policy Review

Jennifer Abbruzzese provided an overview of four health policies which required SHAB discussion and review.

1. JHCB – Student Immunizations
The Regulation should speak to the specifics, not the policies. Basically, looking to respond to the state requirement.

2. Health Requirements for Registration (JHCB-R)
Requirements are age based, not grade based. For the physician, age trumps grades. VDH.gov should be our guide. Can add that “a child who enters 7th grade as a 10 yr old will be medically exempt until they turn 11 – at which time they have 30 days to comply.” The same holds true for Hep-B where there is a 2 dose Recombivax HB where they could be medically exempt because the child is fully immunized.

Will need to add language to differentiate between this adult vax versus the child vax. It could be that there are different vaccines at the Teen Wellness Center vs the Health Dept on King.

3. JH – Student Health Services and Requirements
The section that was written on condom availability did not reflect our ACPS practice. If the state doesn’t require us to speak about condom distribution, why would we add? Leaves interpretation to the Teen Wellness Center/nurses. In contrast, why be silent on something that is a value/practice?

Use language “sexual and reproductive health services, including contraceptives, are available at the Teen Wellness Center in consultation with the Alexandria Health Dept”

The specifics of the activities of the Teen Wellness Center are detailed in a MOU and do not need to be a part of an ACPS policy. ACAP is interested in putting condom dispensers in the school. Want to keep language open to other partners.

4. GBE – Staff Health
Need policy to back up principal and school nurse. What is the scope of service for the school nurse... just kids or also teachers? Adults are allowed to refuse treatment/transport. This is where the employment language (HR) kicks in.

Shall vs may. Suggest that the language is consistent with the Employee Handbook – especially where symptoms are listed. Should be consistent with use of Corvel by employees.

The symptom list do not address mental health symptoms and crisis (specific screen if danger to themselves or others). Both mental and physical health needs would require clearance to return.

SHAB will settle on language and then EAA (effectively the teacher’s union) will need to review.

III. School Health Services Reports

A. Teen Wellness Center Services

Marilyn Foster provided a report for SHAB Member Debbie Bowers.

The Teen Wellness Center has felt the loss of the health educator, including management of the student advisory group. When the nurse practitioner left, it decreased the number of kids seen.

The nurses at the health department (state employees) have stepped up to help fill the gap at the Teen Wellness Center (city employees). They have added 20 hrs a week over 4 ppl. Especially helpful for sports screening/physicals – this can vary by sport when the parent has private insurance (ie volleyball and golf) vs football where more kids are publicly insured.

Visits are down in April due to a forced closure during Spring Break due to power/HVAC repair.

STDs are decreasing but still high. Generally national rates are increasing. Worry about resistance to treatment for chlamydia. Teen Wellness dispenses meds (1 time dose) given by nurses.

Note: the Teen Wellness report can also be broken down by diagnosis code to see who access what care.

B. WOW Bus Services

Barbara Nowak provided an update on WOW Bus services.

Upcoming meeting with Neighborhood Health to address dental provider shortage. Lost 3 dental employees and this limits the capacity and function of WOW.

SHAB would be effective if we could help promote and strategize visibility. WOW Bus has been in use for 5 years, but the community may be unaware of its availability.

Meeting adjourned at 5:35 pm