





Children's National

School-Based Health Programs

Environmental Scan and Recommendations Report

Acknowledgments

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Disclaimer

This report is a compendium of current and prior school-based programs sponsored by Children's National for which information could be captured. Our environmental scan gathered input broadly from all stakeholders who participate in school-based programs across the hospital system; however, stakeholders who were interviewed did not always have all of the relevant program information and a few stakeholders could not be reached to provide feedback on a drafted school program summary. However, the report also provides an overview of demographic and health challenges of the District of Columbia (DC) public schools but does not discuss the state of school health in surrounding communities. More data could be collected to understand child and adolescent school health and related needs across the DC metropolitan area.

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Executive Summary

School health is such a big part of what we do. "

Kurt Newman, President and Chief Executive Officer, The State of Child Health in DC,
 Children's National Hospital Grand Rounds on December 1, 2016

This report is a compendium of 29 current and prior school-based health programs and related efforts led by 20 of Children's National Health System divisions/ departments since 1997. The identified programs have been implemented in Washington, DC metropolitan area public and public charter schools (pre-kindergarten through 12th grade) for students, teachers, parents, and other school professionals. This report intends to accomplish the following:

- Present a summary of Children's National school-based programs to 1) educate hospital staff and other stakeholders about our important work in schools; 2) improve the coordination of internal stakeholders and help guide their school-based efforts; and 3) build external stakeholders' understanding of Children's National capacity and expertise in supporting and improving school health.
- Illustrate Children's National school-based programs challenges and opportunities.
- Provide recommendations for developing a system-wide approach to improving population health in schools.

 Clarify the Child Health Advocacy Institute's role in supporting our school-based health programs.

Potential opportunities include 1) coordinating efforts between the hospital and community more effectively to scale up/scale down Children's National programming depending on where it is needed; 2) facilitating strategic conversations on what is working and what could be improved using a policy, systems and environmental framework and population health lens; 3) identifying opportunities to build strategic partnerships and secure external funding to enhance our school-based programs portfolio; and 4) leading a system-wide approach to improve population health in schools.

We believe that Children's National can leverage its role as an anchor institution in the community and devise a coordinated approach among internal and external partners to improve population health in schools. The Child Health Advocacy Institute and its team of experts in school health can lead this effort by coordinating the existing work across the institution and mapping out a strategy to make DC area schools the healthiest school districts in the nation.

Background

You can't educate a child who isn't healthy, and you can't keep a child healthy who isn't educated.

Joceyln Elders, former Surgeon General of the United States of America

The health and education sectors play critical roles in promoting healthy outcomes for child wellbeing and long-term success in life. Excluding homes, child health systems and schools have the most direct influence on a child's development.¹ Hospitals play an important role in helping students manage chronic diseases and improving care coordination between hospitals and schools. In a recent survey of children's hospitals, more than half indicated their hospital had a formal partnership with early education or child care.² These types of partnerships allow for convenient care while strengthening the health care-education continuum.

Since 2001, Children's National has operated the District of Columbia's school nurses program (Children's School Services Program), has engaged in dozens of school-based programs throughout the DC metropolitan area, and has advocated for policy changes to foster healthy school environments. As a leader in pediatric health in the region, school-aged children come to Children's National with numerous health challenges, many of which are preventable. In order to advance our four-part CARE mission—to

improve health and wellness and increase health equity through Clinical Care, Advocacy, Research, and Education—and be advocates for all children, our efforts need to move beyond the walls of the hospital, target the social determinants of health, and bridge effective partnerships. A healthier society will require health professionals and health systems to collaborate with others outside of the traditional medical community.³ In August 2016, the Child Health Advocacy Institute (CHAI) hired a manager of school programs to improve the coordination of our school-based programs, identify opportunities to partner externally, and align efforts more strategically with our hospital's Community Health Improvement Plan (CHIP).

CHAI leads "Advocacy" in Children's National CARE mission to champion policies that save children's lives and improve access to quality care. We work in partnership with our communities to advance policies that impact and improve pediatric health outcomes. Through advocacy, CHAI looks for new ideas and new ways of serving all of the region's children, especially those experiencing health inequities.

CHAI leads initiatives that improve the health of our

¹ Price, O. A. (2016, July 13). School-centered approaches to improve community health: lessons from school-based health centers. Retrieved from https://www.brookings.edu/research/school-centered-approaches-to-improve-community-health-lessons-from-school-based-health-centers/

² Marolf, K. (2016, July 28). Hospital-school Partnerships Benefit Students and the Community. Retrieved from https://www.childrenshospitals.org/Newsroom/Childrens-Hospitals-Today/Summer-2016/Articles/Hospital-School-Partnerships-Benefit-Students-and-the-Community

³ Arkin, E., Braveman, P., Egerter, S., & Williams, D. (2014). Time to Act: Investing in the Health of Our Children and Communities. Retrieved from http://www.rwjf.org/content/dam/farm/reports/2014/rwjf409002

community, with a focus on programs, policies, and systems that impact the determinants of health and populations that experience health inequities.

Additionally, CHAI uses data and evidence to develop a coordinated approach to improving population health outcomes.

Children's National is committed to building a brighter, healthier future for all children, not just the ones who come through our hospital doors. Children's National is committed to investing in the health and wellness of the communities we serve by providing Community Benefit programming. By the Community Benefit program facilitated by CHAI, we collaborate with community-based organizations, government

<u>Terms</u>

- ACA
 Patient Protection and Affordable Care Act of 2010
- CHAI
 Child Health Advocacy Institute
- CHIP
 Community Health Improvement Plan
- CHNA
 Community Health Needs Assessment
- DCHCC
 District of Columbia Healthy Communities
 Collaborative

agencies, and other public health professionals to implement programs that address the prioritized health needs identified in the community health needs assessment (CHNA). Partnerships are vital to the success of our programming. We partner with the community through coalitions and alliances, such as our DC Pediatric Oral Health Coalition and Injury Prevention Alliance. One example of our hospital-led

community partnerships is the DC Collaborative for Mental Health in Pediatric Primary Care, which aims to improve the integration of mental health in primary pediatric care for children of all ages.

Through CHAI, Children's National also plans, implements and evaluates the hospital's CHNA and Community Health Improvement Plan (CHIP) every three years, with the goal to create a culture of health for all DC residents.4 The impetus for this plan is driven by the Patient Protection and Affordable Care Act of 2010 (ACA) that requires 501(c) (3) not-for-profit hospitals to conduct a CHNA every three years and responds to the needs identified in the CHNA with a CHIP implementation strategy. Since 2012, Children's National has coordinated this effort through the DC Healthy Communities Collaborative (DCHCC), a collaborative partnership between four DC hospitals (Children's National, Howard University Hospital, Providence Health System, and Sibley Memorial Hospital); four community health centers (Bread for the City, Community of Hope, Mary's Center, and Unity Health Care); and two associations (DC Hospital Association and DC Primary Care Association). While the impetus to come together in DC was born out of compliance requirements, the DCHCC is truly investing in community health initiatives that address community needs – with the ultimate goal of creating a culture of health and improving health and wellness. It is the DCHCC's vision that all DC residents have equal opportunity to attain their full potential; a city where no resident is disadvantaged from achieving this potential because of their social position or other socially determined circumstance. DCHCC's 2017-2019 CHIP community-informed priority areas are Care Coordination, Health Literacy Mental Health, and Place-based Care. The CHIP uses a population health framework that focuses on policy, systems, and environmental change, rather than individual health programs or disease.

⁴ Community Health Needs Assessment. (2016, June 24). Retrieved from http://www.dchealthmatters.org/content/sites/washingtondc/2016_DC_CHNA_062416_FINAL.pdf

Current Environment

Children's National serves a diverse and growing DC metropolitan area, including 21 counties and independent cities in Virginia, Maryland, and West Virginia (Figure 1). Additionally, the hospital system serves communities beyond the metropolitan area including Maryland's Eastern Shore rural communities. Between 2000 and 2010, the population of the Washington, DC metropolitan area grew by 16.4 percent, increasing from 4.80 million to 5.58 million.⁵ In this time period, the DC metropolitan area grew faster than many other large metro areas, including New York, Los Angeles,

Miami, and
Boston. In the
past five years,
there has been
a 1 percent
increase in
persons under
18 years, and
there has been
no population
change in
persons 65 years
and older in the

Philadelphia,

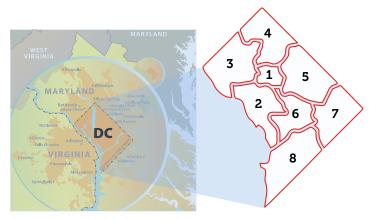


Figure 1: Washington, DC Metropolitan Area and DC Wards

District of Columbia.⁶ The child and adolescent population includes a growing segment of minority native and non-native immigrant populations. In 2015, there were 4,000 foreign-born children (4 percent of children in the DC metropolitan area) with greatest representation from Ethiopia, El Salvador, and Nigeria.⁷ As Children's National strives to meet the needs of non-English speaking families,

the school system has also been challenged by these demographic changes.

District of Columbia Public Schools Health Snapshot

DC is a growing and vibrant city divided into eight Wards that have significant variability in child and adolescent health outcomes. Approximately 18 percent of the DC population is comprised of children ages 0-17 and 50 percent live in Wards 4, 7, and 8, which have some of the greatest health disparities in the city. These health disparities are

perpetuated by the social determinants of health, conditions in the places where people live, learn, work, and play. About one third of DC children live below the federal poverty level, which is more prevalent among Black children and exacerbates poor health outcomes. For

example, Black children in DC have greater than twice the asthma rate (18.8 percent) compared to White children (8.4 percent).⁸

School attendance has also been a chronic challenge in DC public schools with 32 percent of all students in pre-kindergarten through high school missing more than 10 days without a valid excuse in 2014.9

⁵ CRA Census Series. (April 2011). Population Change in the Washington DC Metropolitan Area. Retrieved from http://cra.gmu.edu/pdfs/researach_reports/recent_reports/Population_Change_in_the_Washington_Metropolitan_Area.pdf

U.S. Census Bureau. (2016, July 1). Quick Facts: District of Columbia Population Estimates. Retrieved from http://www.census.gov/quickfacts/table/PST045216/11
 Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, 2002 through 2015 American Community Survey.

⁸ Children with Asthma. (2011, May). DC Health Matters. Retrieved from http://www.dchealthmatters.org/

⁹ Brown, E. (2014, April 26). Truancy, absenteeism a chronic problem in D.C. schools. Retrieved from https://www.washingtonpost.com/local/education/truancy-absenteeism-a-chronic-problem-in-dc-schools/2014/04/26/02692

Despite recent improvements in school absenteeism rates, an overall reduction in obesity, and reduction in school violence in recent years, DC children continue to face a variety of clinical and social conditions that affect their ability to focus in the classroom. A 2016 School Health Needs Assessment, conducted by DC Action for Children in partnership with the DC Department of Health (DOH), reported that DC students have a wide range of health needs and their health is not improving. According to data collected by the 2012 National Survey on Children's Health, 19 percent of DC children and youth reported they were not in excellent or very good health, an increase from 2003 (17 percent). 11

The DC public school system has a diverse mix of students with growing non-native speaking English populations, including students who are 67 percent Black, 17 percent Hispanic, 12 percent White, and 4 percent other races. The DC public school system includes approximately 89,000 students enrolled in 111 public schools and 118 public charter schools. In 1996, Congress

DC Public Schools Governance

- DC public schools are overseen by DC Public Schools (DCPS) and the DC Public Charter School Board (DC PCSB).
- Created in 1996, the DC PCSB is an independent body governed by the 1995 DC School Reform Act. There are currently 118 public charter schools operated by 65 nonprofits.
- Established in 2007, the Office of the State Superintendent of Education (OSSE) sets statewide policies, health and education standards and is accountable for all public education in DC.



opened the door for DC charters and their successful growth has spurred recent efforts to reform the city's underperforming school system. DC students are not limited to attending public schools that are located in their residential neighborhoods. Charter schools and a subset of DC public schools allow enrollment from students who live outside their geographic boundary. Given the diversity in schools across the city, the DOH restructured its School Health Services Program in 2016 to take into account unique student and school

¹⁰ Office of the State Superintendent of Education. (2016, September 30). School Health Services Program Update. Retrieved from http://seo.dc.gov/publication/school-health-services-program-update

¹¹ Data via National KIDS COUNT. Retrieved from http://datacenter.kidscount. org/data/tables/8824-children-who-are-not-in-excellent-or-very-good-health?loc=10&loct=3#detailed/3/any/false/1021,18,14/any/17684,17685

needs, while providing high quality, coordinated and accessible services. This new approach, based on the Center for Disease Control and Prevention's Whole School, Whole Community, Whole Child (WSCC) framework¹², aims to make full use of school and community resources, engage families, and link students to the care they need through community

navigation. Leading health challenge areas that DOH is addressing through its revised program are asthma, behavioral health, and sexual health. For instance, although the rates of teen pregnancy have declined across the nation and in DC, rates of teen pregnancy in Wards 7 and 8 are double and triple the national average, respectively.¹³

WHOLE SCHOOL WHOLE COMMUNITY WHOLE CHILD

A Collaborative Approach to Learning and Health



¹² ASCD and CDC, 2014

¹³ DC Health Matters. 2013. Teen Birth Rate (15-19). Retrieved from http://www.dchealthmatters.org

Children's School-Based Programs

This environmental scan presents information on Children's National sponsored health services and educational programs administered for prekindergarten through 12th grade public schools and public charter schools during school hours or onsite after-hours. Educational enrichment programs and other programs were excluded where Children's National hosted children and adolescents for career readiness programs.

Methodology

Over a three-month time period, CHAI interviewed over 30 internal and external stakeholders who have a role in Children's National school-based programs (see Appendix A – Interviews Conducted). In September 2016, CHAI identified stakeholders to interview from the following: Community Benefit program submissions that were focused on school-based efforts since 2008; staff recommendations; and an online survey distributed hospital-wide through the Bear Report on September 27 and on the Daily Dose the week of October 17.

Survey questions included: program name; focus area(s); school(s) and population targeted(s); program duration; outcomes; and staff contact information. Stakeholder interview questions included additional questions on how programs were funded; partners engaged; future program plans and policy opportunities; and recommendations for what Children's National should do to improve population health in schools. Stakeholders were interviewed in-person or by phone when it was not feasible to meet in person. External stakeholders were interviewed from DCPS, OSSE, the George Washington University Center for Health and Health Care in



Schools, Children's Law Center, and the Rodham Institute. A semi-structured interview questionnaire was constructed and tailored to accommodate each expert's background and experience. Interviews ranged from 30 minutes to one-hour in length. One or more members from the CHAI team attended the interview and responses were hand-written or typed. Following the interviews, the CHAI team sent program summaries to the person interviewed for verification.

Findings

KiPOW! was the most valuable learning experience of my medical school training. - George Washington University Medical Student

Children's National has served school-based populations for more than two decades. Most notably, our Children's School Services, Inc. (CSS) has operated and managed the Children's School Services Program in DC public and public charter schools since 2001 with oversight from DOH. Our school-based efforts have expanded in recent years including acquiring management of three school-based health centers in DC high schools in 2016. The school based health centers are comprehensive primary care clinics located within schools that offer medical, dental, social and mental health services to enrolled students.

Children's school-based programs align with all four pillars of Children's National CARE mission (Appendix B –Table 2) and reach diverse populations including students, teachers, parents, and other school support professionals (Appendix B – Table 3).

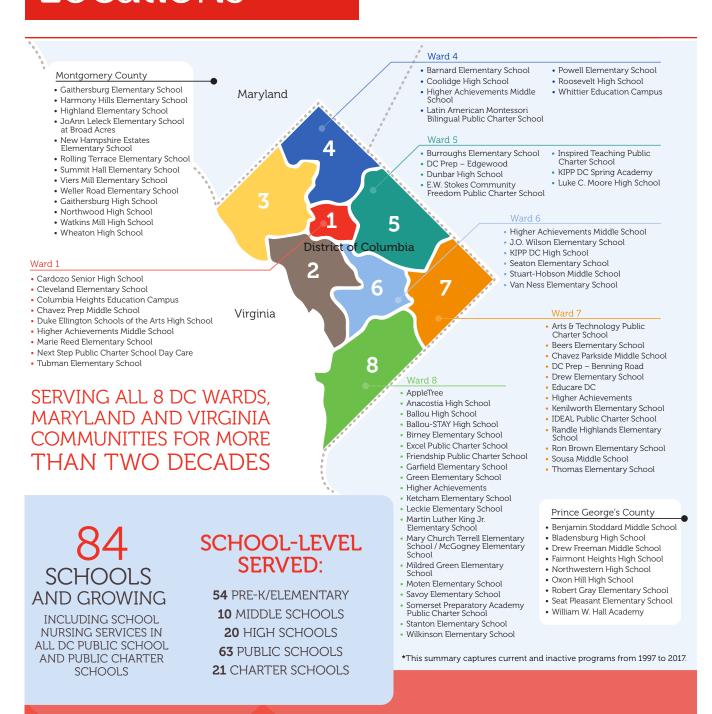
Programs cut across many focus areas including asthma management, injury prevention, and mental health (Figure 2). Programs also span all school levels and geographic locations in both public and public charter schools (Figure 3, Table 1, and

Appendix B – Table 4). Approximately half of our school-based programs are grant funded and half are funded in-kind by Children's National. School sites are chosen through needs assessments, existing relationships with school officials, and for convenience of location for Children's National staff. For example, one of the school location factors that KiPOW! (Kid Power) considered was selecting schools near the Blue and Orange Metro line so that George Washington University medical students could easily travel there from campus.

Our school-based programs collect a variety of outcome data, including: number of people engaged; number of trainings or events delivered; school workforce capacity; health forms compliance; knowledge and behavior changes; health literacy scores; student seat time; and referrals to clinical services. Our programs have had broad-reaching impacts, including: using quality improvement to improve care of students with a chronic disease; advocating for legislation changes; and deploying medical students as change agents.

Children's National School-Based Programs

Locations*



For more information on Children's National school-based programs, visit:

ChildrensNational.org/CHAI

Case Examples

Children's School Services, Inc. (CSS) Asthma Quality Improvement Initiative

During the 2014-2015 school year, CSS launched a process quality improvement initiative to improve the care of students with asthma in the school setting. The aim for this initiative was to increase the number of students with asthma who have Asthma Action Plans, medications in the health suite, and increase student seat time. For school year 2016-2017, CSS is implementing an evidence-based Chronic Care Model to evaluate and improve CSS's organizational approach to providing care for students with asthma. The student care team will include the school health program, community resources and primary care providers. CSS aims to improve its ability to attain the information necessary to monitor patient health status, reduce exacerbations, and improve the student's ability to self-manage their asthma.

Safe Concussion Outcome Recovery & Education (SCORE) Program

Dr. Gerald Gioia, SCORE Director, worked closely with the CHAI Government Affairs team to advocate for legislative changes to address traumatic brain injury and youth sports-related concussions.

As a result of their efforts in partnership with many stakeholders, Children's National and MedStar were chosen as the first in the nation to receive funding to establish a concussion awareness training program to enforce the protocols of the District's Athletic Concussion Protection Act of 2011. The SCORE program is one of the only programs in the greater Washington, DC area that specializes in the evaluation and management of concussions in children. The SCORE program consults with physicians regionally and nationally as well as scholastic and youth recreational sports programs in which children are vulnerable to injury.



KiPOW! (Kid Power)

This healthy lifestyle program leverages the power of positive relationships with medical student health mentors to encourage school children to fully engage in and benefit from healthful opportunities available to them in their schools. This program was launched following the passage of the DC Healthy Schools Act (HSA) in 2010 to provide greater implementation of proactive school wellness policy, nutrition, activity,

and health literacy goals. Children's National provides oversight of approximately 30 George Washington University first and second year medical students to participate in this program each year. This program has engaged approximately 303 students and 72 teachers since 2012. Children's National has recently trademarked the KiPOW! logo and is supporting its expansion to other jurisdictions including Orange County, California.

Program Areas



Administration of medication



Autism Spectrum Disorders and Attention-Deficit Hyperactivity Disorder



Brain and mental health



Breastfeeding education and family support



Children with special health care needs



Chronic disease management (Asthma, Diabetes)



Financial literacy



Food allergies



Immunizations



Infectious disease prevention



Injury prevention: bullying, child abuse, home safety (burn safety, fire prevention, falls), bike and pedestrian safety, child passenger safety



Nutrition and obesity prevention



Oral Health



Reproductive and sexual health



Sports medicine



Substance abuse



Vision and hearing screenings

Figure 2

Table 1: School-based Programs and Location*

Table 1. Scribbl-based Programs and Location"								
DISTRICT (OF COl	LUMBI	Ą					
PROGRAM NAME	WARD							
	1	2	3	4	5	6	7	8
Adolescent Health Education Curriculum (Currently Inactive)	✓							
Being Me Health Curriculum (Currently Inactive)				✓		✓	✓	
Children's School Services, Inc.	✓	✓	✓	✓	✓	✓	\checkmark	✓
Darkness to Light's <i>Stewards of Children</i> Sexual Abuse Prevention Training	✓			✓				
Dental Health Education in Schools	✓				\checkmark			✓
District of Columbia School Based Health Centers				✓	✓			✓
Early Childhood Innovation Network							✓	✓
Father's Program	✓				✓			✓
Fit Family Jr.							✓	
Health Education in Schools	✓			✓	✓	✓	✓	✓
Joyful Food Market							✓	
KiPOW! (Kid Power)							✓	✓
Kohl's Cares Community Dental Program						✓		✓
Museum Academy Program (Currently Inactive)								✓
New Heights Program for Expectant and Parenting Students	✓			✓	✓		✓	✓
Safe Kids District of Columbia				✓	✓	✓	\checkmark	✓
School-based Mental Health Center					✓		✓	
Teen Life Clubs (TLC) (Currently Inactive)	✓			✓		✓	✓	✓

MARYLAND			
PROGRAM NAME	MONTGOMERY COUNTY	PRINCE GEORGE'S COUNTY	
Being Me Health Curriculum		✓	
Kohl's Cares Community Dental Program		✓	
Montgomery County Elementary and High School School-based Health Program	✓		
Prince George's County School-Based Wellness Clinics		✓	
Trauma Informed Care Training		✓	

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Key Findings

- Many stakeholders interviewed were unaware of other Children's National school-based programs or CHAI's role related to advocacy and CHIP implementation.
- Mental health has been a recurring key health challenge that children and families face in this region.
- Stakeholders uniformly agreed that parent and teacher involvement were necessary and youth-led peer-to-peer models were effective in assuring that healthy behavior changes could be sustainable.
- Stakeholders recommended that more communication and coordination is needed across the hospital system for sharing information on school-based programs.
- A Children's National school health collaborative could be convened for stakeholders to share lessons learned and opportunities for collaboration.
- Children's National remains committed to finding innovative ways to meet children where they are, in school.

Through internal and external stakeholder interviews, CHAI gathered feedback on challenges and opportunities to improve existing programs and efforts as an institution. The summary table below represents themes that were provided by a number of stakeholders. A full summary of each Children's National school-based program is available in Appendix C.



CHALLENGES

OPPORTUNITIES

VARIATION

School-based programs vary across the public school system – DC public schools and public charter schools have health and wellness programs that vary from school to school; Various community-based providers offer inschool and after-school programming at a limited capacity.

ASSESSMENT

Conduct a community provider asset map and school health needs assessments to understand gaps and opportunities for placement of health and wellness programs – In 2017, the DC Department of Behavioral Health is releasing a School Mental Health Needs Assessment. Other needs assessments could be conducted on a regular basis.

GOVERNANCE

School oversight varies between public and charter schools – Charter schools are publicly funded but independently run which presents a challenge when efforts intend to promote healthy school environments across the entire public school system. Moreover, each school has a unique culture, climate and resources, making it challenging to scale up successful programs.

ALIGNMENT

Identify opportunities to align and scale up effective health programs across the public school system – In 2016, DC Action for Children recommended that a school health collaborative be formed to improve city-wide coordination and to create a forum to ensure on-going communication and collaboration.

COORDINATION

Care coordination between schools and the health care system is limited – For example, student attendance data are not currently shared with pediatricians in DC. Health and mental health issues are key contributors to chronic absenteeism along with other personal, family and community barriers.

DATA SHARING

Coordinate care through expanding dialogue between school and healthcare professionals – Children's National could engage in discussions around understanding HIPAA/FERPA student record exchange restrictions to identify opportunities where data could be shared between schools and healthcare providers to facilitate better care coordination (e.g., improving the immunization registry to contain lead and TB screening data).

COMMUNICATION

Insufficient communication between Children's National and schools – Communication is inconsistent and limited leading to missed opportunities. For example, a number of Children's National and DC school administrators are unaware that programs had been implemented or were being implemented at various school locations.

RELATIONSHIPS

Build relationships at the top and bottom on a regular basis – Children's National leadership could identify opportunities to communicate regularly with senior leadership in government and school administration; staff could partner with government and school staff to better understand school culture and resources needed. A database of easy-to-access school health programs could be compiled and shared.

POLITICS

The changing political environment and demographic shifts could burden populations at greater risk – DC is governed by the Home Rule Act making it uncertain what fiscal constraints could be placed on publicly funded programs.

PRIORITIZE

Prioritize health services and health education efforts for populations who experience greater inequities – Children's National has expertise and school-based programs in mental health, sexual health, and immigrant health.

Recommendations

School is where everything should be happening since it is the most consistent place for children.

– Children's National staff

Schools are one important community setting where medical trainees and staff could regularly engage to help children and families achieve optimal physical, social, emotional health and wellbeing. Outside of home, children spend the majority of their time in schools, where they experience multiple developmental benchmarks helping to set the trajectory for the rest of their lives. Through the school nurse program, school-based health centers, and other school-based health programs cutting across more than 80 public schools in the region, Children's National has an opportunity to leverage its workforce to make measurable differences in child and adolescent health outcomes in school environments. As a leading academic medical center, Children's National provides clinical training to 117 pediatric residents, 177 fellows, and other graduate trainees each year. Medical students and trainees have the opportunity to engage with the community through a number of avenues, including Intern Advocacy Day and the Residency REACH (Research, Education, Advocacy, and Child Health Care) program.

Given limited resources and competing priorities, it is recommended that Children's National identify a target population and/or focus area where current

programs can align resources and offer support. A critical area where Children's National could focus resources and efforts is addressing access to and care coordination of mental health services in school populations, which is an identified need in the CHIP and a common challenge identified by a number of stakeholders interviewed for this environmental scan. Through the CHIP, Children's National along with the DCHCC proposes to increase school workforce capacity in mental health by addressing the recruitment, retention, accessibility, competency, and workforce roles. Additional recommendations where Children's National Health System and the Child Health Advocacy Institute could focus efforts are as follows:

CHILDREN'S NATIONAL

- Routinely document and share lessons learned and program information through case studies and promotional materials
- Develop an infrastructure to manage requests from schools and offer a coordinated schoolbased services approach (e.g., a comprehensive toolkit that includes resources on all areas of children's and adolescent health and wellbeing)

- Align new and existing program and policy change efforts with existing frameworks and priorities such as Children's National Policy recommendations, local priority efforts (DOH School Health Services) and evidence-based frameworks (WSCC)
- Increase engagement of national school health and education organizations headquartered locally to leverage learnings from other regions where children's hospitals collaborate closely with public school systems (e.g., School-Based Health Alliance, George Washington University Center for Health and Health Care in Schools)

CHILD HEALTH ADVOCACY INSTITUTE

- Facilitate a school health collaborative to increase alignment, education and coordination of hospital-wide efforts; this effort could take place within the hospital and/or through engagement of external stakeholders
- Support our understanding of the community through providing opportunities for Children's National staff to engage with schools through site visits, volunteering events and leading schoolbased health programs
- Identify funding opportunities that support
 a policy, systems, and environmental (PSE)
 framework to address the root causes of health
 and wellness outcomes. PSE change is a way
 of modifying the environment to make healthy
 choices practical and available to all community
 members
- Identify opportunities to document, publish and present findings in school-based health forums locally, regionally and nationally



Conclusion

With the onset of the Patient Protection and Affordable Care Act of 2010, healthcare professionals are expected to collaborate with other professionals outside of their traditional sectors, in order to gain knowledge and understanding of the social determinants of health and to move our society from a sick care system to a well care system. This new requirement must be balanced with putting professionals in positions where they are wellprepared and have the resources or support to deliver high quality care. Children's National has made a tremendous impact on improving school health through its diverse programming and influence on policy changes. In order to make the most difference in the health and wellbeing of our children, we propose uniting to craft a vision for school health and a coordinated approach that leverages our expertise and resources. School-based programs are a win-win for our hospital and the communities we serve. Through engaging with schools, teachers, and parents we can understand our patient population needs and target efforts and resources more effectively to meet our CARE mission. Furthermore, our work could be a national example of best practices for a health care system to engage with a public education system.

This report is a preliminary examination of opportunities to improve the coordination of Children's National school-based programs. More data gathering is needed to understand our current

role in schools and opportunities to engage broadly and more systematically throughout the DC metropolitan region. In addition, more attention could be placed on establishing common school-based program outcome measures that align with a strategic vision for school health. This would help us to understand our collective impact and share our lessons learned across the region, the nation and internationally. Given Children's National centralized location in the nation's capital, we could also strategically partner with research and policy institutions to develop programming and policy changes that can be responsive to addressing the social determinants of health.

CHAI relies on the experts placed across the hospital system to regularly share information and implement stakeholder recommendations. Our greatest opportunities depend on our abilities to leverage our expertise and relationships to coordinate community-based efforts across hospital departments and work areas. We believe health equity should be used as a guiding principle for any school health program framework so that every child has ability to reach their greatest potential. It is our vision that through our community-based efforts, children and their families have equitable opportunities, schools, and neighborhood conditions to achieve their best possible health.

Appendix

A. Interviews Conducted

- Elva Anderson, Health Educator and Art Therapist with Inpatient Psychiatry
- Lee A. Savio Beers, Medical Director of Municipal and Regional Affairs with the Child Health Advocacy Institute
- Aisha Braveboy, Manager of Government Affairs for the District of Columbia and Maryland with the Child Health Advocacy Institute
- Susan Caleb, Fit Family Jr. Program Coordinator with the Goldberg Obesity Institute
- Siobhan Copeland, Victim Services Associate with the Freddie Mac Child and Adolescent Protection Center
- Denise Cora-Bramble, Chief Medical Officer and Executive Vice President of Ambulatory and Community Health Services
- Lisa Cullins, Director of the Child and Adolescent Psychiatry Fellowship Training Program and Outpatient Psychiatry Clinic with Psychiatry Behavioral Medicine
- Maya Fiellin, Health Educator with Children's Health Center Adolescent Health Center
- Jennifer Floran, Healthy Generations Social Worker with the Goldberg Center for Community Pediatric Health
- Gerald Gioia, Division Chief of Neuropsychology
- · Teresa Graves, Nurse Manager of Children's Health Center
- Chenille Holloman, Coalition Manager of SafeKids District of Columbia with the Division of Emergency Medicine
- Lenore Jarvis, Pediatric Emergency Medicine Attending with the Emergency Medicine and Trauma Services Department
- Jennifer Jiggetts, Reproductive Health Coordinator and Quality Improvement Coach with the Goldberg Center for Community Pediatric Health
- Mudiwah Kadeshe, Community Lactation Consultant with Children's National East of the River Lactation Support Center
- Janice Lambrose, Education and Injury Outreach Prevention Coordinator with the Trauma Department
- Cara Lichtenstein, Pediatrician of General and Community Pediatrics
- An Massaro, Research, Education, Advocacy, and Child Health Care (REACH) Program Director with the Neonatology Department

- Catherine McGill, Pediatric Neuropsychologist with the Division of Pediatric Neuropsychology
- Michele Mietus-Snyder, Children's National Obesity Institute Co-Director with the Center for Translational Science
- Nazrat Mirza, Improving Diet, Energy and Activity for Life (IDEAL) Clinic Medical Director with the Goldberg Obesity Institute
- Holly Moore, Oral Health Team Leader of Mobile Health Programs with General and Community Pediatrics
- Yetta Myrick, Community Outreach Coordinator with the Center for Autism Spectrum Disorders in the Division of Pediatric Neuropsychology
- Wayne Neal, Manager of Patient Family Education with the Nursing Department
- Matthew Oetgen, Division Chief of Orthopedic Surgery and Sports Medicine
- Kirsten Orloff, Pediatric Resident with General and Community Pediatrics
- Candice Pantor, Improving Pediatric Asthma Care in the District of Columbia (IMPACT DC) Outreach Coordinator with the Center for Translational Science
- Henry Prempeh, Psychologist at Healthy Generations with the Goldberg Center for Community Pediatric Health
- Abigail Ralph, Program Lead of Goldberg Center for Community Pediatric Health and Children's Pediatricians & Associates, LLC
- Kimberle Searcy, Program Manager of Health Promotion & Disease Prevention with the Child Health Advocacy Institute
- Rachel Smilow, Project Assistant with the Clinical and Translational Science Institute
- Jean Someshwar, Director of School Based Health in Montgomery County with the Adolescent Health Center
- Tremell Tucker, Practice Manager of Adolescent Health Center and Children's Health Center
- Allison Waller, Pediatric Resident with Community Pediatric Health
- Marceé White, Medical Director of Mobile Health Programs with General and Community Pediatrics
- Colleen Whitmore, Executive Director of Children's School Services, Inc.

B. School-Based Programs Summary Tables

Table 2: : School-based Programs and Children's National CARE Mission Alignment

Clinical Care, Advocad	cy, Research a	ınd Education	(CARE)	
PROGRAM NAME	CLINICAL CARE	ADVOCACY	RESEARCH	EDUCATION
Adolescent Health Education Curriculum (Currently Inactive)			✓	✓
Being Me Health Curriculum (Currently Inactive)			✓	✓
Children's School Services, Inc.	✓		✓	✓
Community-Based Executive Function Intervention for Low Income Children with ADHD and ASD: Comparing Unstuck and On Target (UOT) and Contingency Behavioral Management (CBM)			✓	✓
Darkness to Light's <i>Stewards of Children</i> Sexual Abuse Prevention Training		✓		✓
Dental Health Education in Schools		✓		✓
District of Columbia School Based Health Centers	✓		✓	✓
Early Childhood Innovation Network			✓	✓
Father's Program				✓
Fit Family Jr.				✓
Health Education in Schools				✓
Health and Safety Training				✓
Help for Victims of Violence Collaboration	✓	✓	✓	✓
IMPACT DC School-Based Education and Training			✓	✓
Joyful Food Market		✓	✓	✓

Clinical Care, Advocac	cy, Research a	nd Education	(CARE)	
PROGRAM NAME	CLINICAL CARE	ADVOCACY	RESEARCH	EDUCATION
KiPOW! (Kid Power)		✓	✓	✓
Kohl's Cares Community Dental Program	✓			
Montgomery County Elementary School- Based Health Centers	✓			✓
Montgomery County High School School- Based Health Program	✓			✓
Museum Academy Program (Currently Inactive)				✓
New Heights Program for Expectant and Parenting Students				✓
Period of PURPLE Crying				✓
Orthopaedic and Sports Medicine Athletic Trainers Program	✓			✓
Prince George's County School-Based Wellness Clinics	✓			✓
Safe Concussion Outcomes Recovery & Education Program (SCORE)	✓	✓	✓	✓
Safe Kids District of Columbia				✓
School-based Mental Health Center	✓			
Teen Life Clubs (TLC) (Currently Inactive)		✓		✓
Trauma Informed Care Training		✓		✓

Table 3: School-based Program Name, Focus Area, Target Population, and Program Lead

Program Name	Focus Area	Target Population	Program Lead
Adolescent Health Education Curriculum (Currently Inactive)	Nutrition; hygiene, exercise, anatomy and physiology; prevention of sexually transmitted diseases and pregnancy	Ninth grade students	General and Community Pediatrics
Being Me Health Curriculum (Currently Inactive)	Asthma, Sleep, Obesity, Sickle Cell Disease, Bullying/Injury Prevention	Title 1 schools science educators, families, and children in grades 3-5	Clinical and Translational Science Institute
Children's School Services, Inc.	Chronic illness (Asthma, Diabetes, etc.), immunization, and medication management	Children ages 3 to 21	Children's School Services, Inc.
Community-Based Executive Function Intervention for Low income Children with ADHD and ASD: Comparing Unstuck and On Target (UOT) and Contingency Behavioral Management (CBM)	Autism Spectrum Disorders (ASD), Attention-Deficit/Hyperactivity Disorder (ADHD) and Executive Functioning skills.	Low income children with ASD or ADHD in Title 1 schools at 3-5 th grade level	Pediatric Neuropsychology Division
Darkness to Light's <i>Stewards</i> of <i>Children</i> Sexual Abuse Prevention Training	Child abuse prevention	Adults who take care of children 18+	Freddie Mac Child and Adolescent Protection Center
Dental Health Education in Schools	Oral health	Children ages 3-10 and caregivers of children ages 0-6	Child Health Advocacy Institute
District of Columbia School- Based Health Centers	Asthma; mental health; HIV/AIDS; nutrition and obesity; sexual and reproductive health; substance abuse; oral health	Adolescents (13-18 years old)	Goldberg Center for Community Pediatric Health
Early Childhood Innovation Network	Pediatric mental health	Caretakers and children ages 0-3 years	Child Health Advocacy Institute
Father's Program	Reproductive health and life skills	Expectant or current teen fathers	Goldberg Center for Community Pediatric Health
Fit Family Jr.	Healthy eating and physical activity	African American students in Pre- Kindergarten and Elementary School	Goldberg Obesity Institute
Health Education in Schools	Asthma, food allergies, dental health, good hygiene, nutrition, mental health, sexual health	Students and school nurses	N/A
Health and Safety Training	Medication administration; prevention and control of infectious diseases; and prevention and response to food allergies	OSSE staff, DC public school's administrators and students	Nursing Department
Help for Victims of Violence Collaboration	Dating violence, domestic violence, and healthy relationships	All ages	Emergency Medicine and Trauma Services Department
IMPACT DC School-based Education and Training	Asthma education and management	Early childhood education providers	Center for Translational Science
Joyful Food Market	Healthy eating access and physical activity	Elementary school students	Goldberg Center for Community Pediatric Health
KiPOW! (Kid Power)	Healthy eating access and physical activity	Elementary and Middle School students (ages 8-13)	Center for Translational Science

Program Name	Focus Area	Target Population	Program Lead
Kohl's Cares Community Dental Program	Oral health	Underprivileged children	Mobile Health Programs
Montgomery County Elementary School-Based Health Centers	Routine or sports physical examinations; sick care; referral and case management of children with acute and chronic illnesses; immunizations; prescription and dispensing of medications; laboratory testing; dental care; health education/counseling	Enrolled students and uninsured siblings and Care for Kids children living within the zip code of the school (5-19 year olds)	Children's Pediatricians & Associates, LLC
Montgomery County High School School-Based Health Program	Routine physical examinations, sick care, health screenings, immunizations, dental care, health education/counseling, and mindfulness training	Uninsured adolescents (13-18 year olds)	Adolescent Health Center
Museum Academy Program (Currently Inactive)	Curriculum focuses on asthma management, bullying, nutrition, obesity prevention, injury prevention (Safe Kids) and bike/scooter/pedestrian safety (Street Wise)	Underperforming DC public schools that need additional attention and resources	Child Health Advocacy Institute
New Heights Program for Expectant and Parenting Students	Breastfeeding education and support	Expectant and parenting students; staff and teachers	Children's National East of the River Lactation Support Center
Orthopaedic and Sports Medicine Athletic Trainers Program	Sports medicine	School system athletic trainers	Orthopaedic Surgery and Sports Medicine
Period of PURPLE Crying	Shaken Baby Syndrome	New and expectant parents and caregivers of young children	Division of Emergency Medicine
Prince George's County School-Based Wellness Clinics	Physical examinations; lab testing; mental health counseling and evaluation; treatment of common illness; reproductive health care; on-site STI/HIV screening/treatment; oral health evaluation and treatment; immunizations; nutrition counseling; telepsychiatry (Oxon Hill High School only)	High school students and adults from the community	General and Community Pediatrics
Safe Concussion Outcome Recovery & Education (SCORE) Program	Traumatic brain injury	Ages 4-22	Pediatric Neuropsychology Division
Safe Kids District of Columbia	Unintentional Injury: child passenger safety, bike & pedestrian safety, home safety (falls, fire prevention and burn safety)	Families with children under the age of 14	Division of Emergency Medicine
School-based Mental Health Center	Mental Health	Elementary and Middle School students	Psychiatry Behavioral Medicine
Teen Life Clubs (TLC) (Currently Inactive)	Healthy relationships, nutrition, physical activity, sexual health, healthy bodies, financial literacy	Teenagers (11-15 year olds)	Adolescent Medicine
Trauma Informed Care Training	Mental Health	School resource officers, school administrators, teachers, court personnel and law enforcement	Child Health Advocacy Institute

Table 4: School-based Programs and Location

District of Colun	nbia*	
Ward 1	New Heights Program for Expectant and Parenting Students	Cardozo Senior High School
	Dental Health Education in Schools	Cleveland Elementary School
	Father's Program	Columbia Heights Education Campus
	Adolescent Health Education Curriculum	Chavez Prep Middle School
	Darkness to Light's Stewards of Children Sexual Abuse Prevention Training	Duke Ellington Schools of the Arts High School
	Teen Life Clubs (TLC)	Higher Achievements Middle School (Inactive)
	Health Education in Schools	Marie Reed Elementary School
	Darkness to Light's Stewards of Children Sexual Abuse Prevention Training	Next Step Public Charter School Day Care
	Dental Health Education in Schools	Tubman Elementary School
Ward 2	No known programs	
Ward 3	No known programs	
Ward 4	Health Education in Schools	Barnard Elementary School (Inactive)
	District of Columbia School Based Health Center	Coolidge High School
	Being Me Health CurriculumTeen Life Clubs (TLC)	Higher Achievements Middle School (Inactive)
	Health Education in Schools	Latin American Montessori Bilingual Public Charter School
	Safe Kids District of Columbia	Powell Elementary School
	Health Education in Schools	
	Darkness to Light's Stewards of Children Sexual Abuse Prevention	Roosevelt High School
	TrainingNew Heights Program for Expectant and Parenting Students	Roosevelt High School

District of Colun	nbia*	
Ward 5	Dental Health Education in Schools	Burroughs Elementary School
	School-based Mental Health Center	DC Prep – Edgewood
	District of Columbia School Based Health Center	Dunbar High School
	Health Education in Schools	E.W. Stokes Community Freedom Public Charter School
	Safe Kids District of Columbia	Inspired Teaching Public Charter School
	Dental Health Education in Schools	KIPP DC Spring Academy
	Father's Program	Luke C. Moore High School
	New Heights Program for Expectant and Parenting Students	
Ward 6	Teen Life Clubs (TLC)	Higher Achievements Middle School (Inactive)
	Being Me Health Curriculum	J.O. Wilson Elementary School (Inactive)
	Kohl's Cares Community Dental Program	KIPP DC High School
	Safe Kids District of Columbia	Seaton Elementary School
	Teen Life Clubs (TLC)	Stuart-Hobson Middle School (Inactive)
	Health Education in Schools	Van Ness Elementary School
Ward 7	Health Education in Schools	Arts & Technology Public Charter School
	 Being Me Health Curriculum Fit Family Jr. Joyful Food Market KiPOW! Safe Kids District of Columbia 	Beers Elementary School
	• KiPOW!	Chavez Parkside Middle School
	School-based Mental Health Center	DC Prep – Benning Road
	Safe Kids District of Columbia	Drew Elementary School

District of Columbia	1*	
Ward 7	Early Childhood Innovation NetworkNew Heights Program for Expectant and Parenting Students	Educare DC
	Teen Life Clubs (TLC)	Higher Achievements (Inactive)
	KiPOW!Health Education in Schools	Kenilworth Elementary School (Closed 2014)
	Health Education in Schools	IDEAL Public Charter School
	Health Education in Schools	Randle Highlands Elementary School
	Health Education in Schools	Ron Brown Elementary School (now Ron Brown College Preparatory High School)
	• KiPOW!	Sousa Middle School
	KiPOW!Health Education in Schools	Thomas Elementary School
Ward 8	Early Childhood Innovation Network	AppleTree
	Health Education in Schools	Anacostia High School
	District of Columbia School Based Health Center	Ballou High School
	Father's Program	
	Health Education in SchoolsNew Heights Program for Expectant and Parenting Students	
	Father's Program	Ballou-STAY High School
	Health Education in Schools	Birney Elementary School (Closed 2014)
	Dental Health Education in SchoolsHealth Education in Schools	Excel Public Charter School
	Health Education in Schools	Friendship Public Charter School
	Health Education in Schools	Garfield Elementary School
	Health Education in Schools	Green Elementary School (now Turner Elementary School)
	Teen Life Clubs (TLC)	Higher Achievements (Inactive)
	Health Education in Schools	Ketcham Elementary School
	Safe Kids District of Columbia	
	Health Education in Schools	Leckie Elementary School

District of Columbia	*	
Ward 8	Health Education in Schools	Martin Luther King Jr. Elementary School
	Health Education in Schools	Mary Church Terrell Elementary School / McGogney Elementary School (Now Somerset Preparatory Academy Public Charter School)
	Health Education in Schools	Mildred Green Elementary School
	Health Education in Schools	Moten Elementary School
	Museum Academy ProgramKiPOW!	Savoy Elementary School
	Kohl's Cares Community Dental Program	Somerset Preparatory Academy Public Charter School
	Health Education in Schools	Stanton Elementary School
	Health Education in Schools	Wilkinson Elementary School (closed 2009)

^{*}Excludes Children's School Services, Inc. which exists in175 DC public school and public charter schools; SCORE Program; and UPO sites where Kohl's Cares Community Dental Program and Safe Kids District of Columbia have provided programming.

Maryland		
Montgomery County	Montgomery County Elementary School-Based Health Centers and High School-Based Health Program	 Gaithersburg Elementary School Harmony Hills Elementary School Highland Elementary School JoAnn Leleck Elementary School at Broad Acres New Hampshire Estates Elementary School Rolling Terrace Elementary School Summit Hall Elementary School Viers Mill Elementary School Weller Road Elementary School Gaithersburg High School Northwood High School Watkins Mill High School Wheaton High School

Maryland		
Prince George's County	Kohl's Cares Community Dental Program	Benjamin Stoddard Middle School
	Prince George's County School-Based Wellness Clinics	Bladensburg High School
	Kohl's Cares Community Dental Program	Drew Freeman Middle School
	Prince George's County School-Based Wellness Clinic	Fairmont Heights High School
	Prince George's County School-Based Wellness Clinics	Northwestern High School
	Prince George's County School-Based Wellness Clinics	Oxon Hill High School
	Being Me Health Curriculum	Robert Gray Elementary School (Inactive)
	Being Me Health Curriculum	Seat Pleasant Elementary School (Inactive)
	Kohl's Cares Community Dental Program	William W. Hall Academy (KG-8)

C. School-Based Programs Profiles

Adolescent Health Education Curriculum	
Overview	Children's National partnered with Chavez Prep Middle School (grades 6-9) to pilot an after-school health education curriculum for 9th grade students that met one hour each week for 6-weeks. The comprehensive sexual health curriculum aimed to close the knowledge gaps around healthy relationships, decision-making, violence prevention, LGBTQ awareness, STIs, HIV, and contraception. Following a needs assessment of a small group of students, a curriculum was developed from "Making Proud Choices," an evidence-based curriculum designed to reduce high risk sexual behavior among young adolescents through small group gender-specific interactive learning experiences. This physician-led pilot began as a Research, Education, Advocacy, and Child Health Care (REACH) project and then was implemented through a Community Building Blocks Curriculum as part of Intern Year training for Community Health Track Interns.
Target Population	Ninth grade students
Schools/Location	Washington, DCChavez Prep Middle School (Ward 1)
Focus Area(s)	Nutrition; hygiene; exercise; anatomy and physiology; prevention of sexually transmitted diseases and pregnancy
Intervention Type	One-hour small group interactive learning experiences
Dates Active	2008–2013
CHIP Alignment	Placed-base Care
Point(s) of Contact	Cara Lichtenstein, MD <u>CLichten@childrensnational.org</u> 202-476-6919 Children's Health Center at Anacostia 2101 Martin Luther King Jr. Ave. S.E. 5 th Floor Washington, DC 20020
Web Link	N/A

Being Me Health Curriculum	
Overview	"Being Me" is a science-based health curriculum to address the health and wellbeing of the whole child by implementing an integrated approach to their physical, cognitive, and social development. The curriculum materials were developed by a collaboration of scientists and educators for kids in grades 3-5 to address the needs of low literacy learners. The curriculum includes art-based, hands-on learning for students, parents and teachers. The goal is to bring the educational process to life through hands-on inquiry-based learning that promotes self-awareness of health related issues and an active understanding of scientific inquiry using an art focused curriculum to support National Science Content Standards.
Target Population	Title 1 schools science educators, families, and children in grades 3-5

Schools/Location	Washington, DC • Beers Elementary School (Ward 7) • J.O. Wilson Elementary School (Ward 6) • Whittier Education Campus (PK3-8) (Ward 4) Prince George's County, Maryland • Robert Gray Elementary School • Seat Pleasant Elementary School
Focus Area(s)	Being Me covers five core health topics: Asthma, Sleep, Obesity, Sickle Cell Disease, Bullying/ Injury Prevention
Intervention Type	 Dr. Bear's Summer Training Institute - Participating science teachers attend Science teachers and students who are testing the materials and lessons in school participate in family learning events and a special invitation-only science camp called Dr. Bear's Cubs Summer Science Experience More than 12,000 parents and community members reached through family learning events and school community based events
Dates Active	2009–2014
CHIP Alignment	Health Literacy
Point(s) of Contact	Rachel Smilow rsmilow@childrensnational.org 202-476-4777 Center for Clinical and Community Research 111 Michigan Avenue, NW Washington, DC 20010
Web Link	http://childrensnational.org/advocacy-and-outreach/in-the-community/other-community-programs/being-me-health-curriculum

Children's School Services, Inc.	
Overview	Children's School Services, Inc. (CSS) operates and manages the District of Columbia School Health Services Program. CSS is responsible for implementing comprehensive, student centered clinical and allied health services at designated DC public and public charter schools. Health and nursing services focuses on prevention and early identification and intervention to address student health problems. The Program embraces the Whole School, Whole Community, Whole Child Model to address students' comprehensive needs. CSS believes that to effectively address student health and improve their ability to learn, a school health program must work collaboratively with schools, parents, social services, and community partners. Therefore, nurses work collaboratively within the school setting to provide coordinated services for students.
Target Population	All DC public school students (89,000 students, ages 3 to 21), children with special health care needs
Schools/Location	175 DC Public Schools and Public Charter Schools and special needs school sites in DC
Focus Area(s)	Chronic illness (Asthma, Diabetes, etc.); immunization surveillance and medication management; vision and hearing screenings; health assessments; care coordination; health education and counseling

Intervention Type	 Management of Acute Illness and Injury Medication Administration Training for School Staff Quality Assurance Care Coordination
Dates Active	2001-present
CHIP Alignment	Care Coordination, Health Literacy, Mental Health, Place-based Care
Point(s) of Contact	Colleen E. Whitmore, MSN, RN, FNP cwhitmor@childrensnational.org 202-471-4815 Children's School Services, Inc. 2233 Wisconsin Avenue, NW, Suite 317 Washington, DC 20007
Web Link	http://childrensnational.org/advocacy-and-outreach/in-the-community/community-partnerships/childrens-school-services

Community-Based Executive Function Intervention for Low Income Children with ADHD and ASD: Comparing Unstuck and On Target (UOT) and Contingency Behavioral Management (CBM)	
Overview	The Center for Autism Spectrum Disorders (CASD) conducts a variety of research studies, including community-based treatment research, that investigates the genetic, neurocognitive, behavioral, and social factors associated with autism. In 2013, CASD was awarded a health disparities contract with the Patient Centered Outcome Research Institute (PCORI) to compare the effectiveness of two executive function interventions, Unstuck and On Target (UOT) and Contingency Behavioral Management (CBM), among low-income children with Autism Spectrum Disorders (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD).
Target Population	Low Income children with Autism Spectrum Disorders (ASD) or Attention-Deficit/ Hyperactivity Disorder (ADHD) in 3-5 th grade
Schools/Location	21 Title I Schools: Virginia Arlington and Fairfax Counties Washington, DC Public Charter Schools
Focus Area(s)	Autism Spectrum Disorders (ASD), Attention-Deficit/Hyperactivity Disorder (ADHD) and Executive Functioning skills
Intervention Type	The comparative effectiveness trial was administered by school staff, such as teachers, social workers, counselors and other related staff, all of whom were trained by CASD Researchers. Parents of participants in the study were also offered training by CASD Researchers. The intervention was successfully delivered in schools, rather than clinics, making it low cost, accessible, and more generalizable to real world settings.
Dates Active	Fall 2014–present
CHIP Alignment	Mental Health, Placed-Based Care

Point(s) of Contact	Yetta Myrick ymyrick@childrensnational.org 301-765-5488 Center for Autism Spectrum Disorders Division of Pediatric Neuropsychology 15245 Shady Grove Rd Suite 350 Rockville, MD 20850
Web Link	http://childrensnational.org/departments/center-for-autism-spectrum-disorderscasd

Darkness to Light's Stewards of Children Sexual Abuse Prevention Training	
Overview	Stewards of Children is an evidence-informed comprehensive sexual abuse prevention training program that educates adults to prevent, recognize, and react responsibly to child sexual abuse. The Stewards of Children program is designed for organizations that serve children and adolescents, providing prevention training for staff, volunteers, parents, and other interested adults. Children's Freddie Mac Child and Adolescent Protection Center offers this training free to the community (any school staff, daycare workers, churches, etc. over the age of 18). The Center is the only medical center in the District of Columbia with a team of health professionals dedicated to victims of child abuse and their families, and one of the few hospitals in the country using a team approach to assessing and treating these victims.
Target Population	Adults over age of 18
Schools/Location	Washington, DC • Duke Ellington Schools of the Arts High School (Ward 1) • Next Step Public Charter School Day Care (Ward 1) • Roosevelt High School (Ward 4)
Focus Area(s)	Child Abuse Prevention
Intervention Type	 Educational training Clinical services (assessment, treatment, trauma counseling) Advocacy for victims and families
Dates Active	2008-present
CHIP Alignment	Care Coordination, Mental Health
Point(s) of Contact	Siobhan Copeland scopelan@childrensnational.org 202-476-6718 The Freddie Mac Child and Adolescent Protection Center 111 Michigan Avenue, NW Washington, DC 20010
Web Link	http://childrensnational.org/departments/child-and-adolescent-protection & www.D2L.org

Dental Health Education in Schools	
Overview	With Children's National leading the District of Columbia Pediatric Oral Health Coalition, one primary initiative is to improve oral health literacy. Thus, an oral health literacy messaging campaign was developed to provide effective messaging for caregivers to be advocates for their child's oral health and for children to understand the importance of oral health. In collaboration with MedStar Family Choice Medicaid, a Managed Care Organization serving DC and Maryland, oral health education sessions were held for both caregivers and students as part of National Children's Dental Health Month (every February).
Target Population	Caregivers with children ages 0-6Children ages 3-10
Schools/Location	Washington, DC Burroughs Elementary School (Ward 5) Cleveland Elementary School (Ward 1) Excel Public Charter School (Ward 8) KIPP DC Spring Academy (Ward 5) Tubman Elementary School (Ward 1)
Focus Area(s)	Oral health education
Intervention Type	Educational presentation and group discussion with interactive activities
Dates Active	2016-present
CHIP Alignment	Health Literacy, Place-based Care
Point(s) of Contact	Cynthia Adams, MPH, CHES cadams@childrensnational.org 202-471-4847 2233 Wisconsin Avenue NW, Suite 317 Washington, DC 20007 cadams@childrensnational.org
Web Link	www.oralhealthdc.org

	District of Columbia School-Based Health Centers
Overview	School-Based Health Centers (SBHCs) are comprehensive primary care clinics that are located within schools. SBHCs bring the primary practitioner's office to the local school setting as a way of reducing barriers to teens accessing primary health care services. Each SBHC offers medical, oral, social and mental health services and education to enrolled students, and to the children of enrolled students for urgent care. The District of Columbia Department of Health provides grant funding, oversight and technical assistance to seven (7) sites located within District of Columbia Public School (DCPS) senior high schools: Anacostia, Ballou, Cardozo Learning Center, Coolidge, Dunbar, Roosevelt and Woodson. The SBHCs are open for service whenever the school building is open and normal business hours are Monday thru Friday from 8 am to 4:30 pm. During DCPS breaks (summer, spring, holidays), the SBHCs operate with different hours and can provide that information. If a student needs medical attention after regular operating hours, they can contact the SBHC provider for emergency instructions and an on-call physician. Parental consent is required for students to receive services during the school day; however, students can be seen without consent for issues such as pregnancy, substance abuse and mental health (based on the Minor Consent Law).
Target Population	Adolescents (13-18 years old)

Schools/Location	Washington, DC • Ballou High School (Ward 8) • Coolidge High School (Ward 4) • Dunbar High School (Ward 5)
Focus Area(s)	 Primary and preventive care – well child visits, physicals, immunizations, chronic disease management, nutrition counseling, acute care, substance abuse screening, family planning, pregnancy testing, prenatal care, sexual transmitted disease testing, counseling and treatment Behavioral Health – mental health services Oral Health – examinations, cleanings, education and counseling, sealants
Intervention Type	 School-based health center Educational outreach to families
Dates Active	2016-present
CHIP Alignment	Care Coordination, Health Literacy, Mental Health, Place-based Care
Point(s) of Contact	Lawrence J. D'Angelo, MD Principal Investigator Idangelo@childrensnational.org 202-476-3068 Adolescent and Young Adult Medicine 111 Michigan Avenue, NW Washington, DC 20010 Kathy Woodward, MD Medical Director kwoodwar@childrensnational.org 202-476-2178 Adolescent and Young Adult Medicine 111 Michigan Avenue, NW Washington, DC 20010
Web Link	http://doh.dc.gov/service/school-based-health-centers

Early Childhood Innovation Network	
Overview	The Early Childhood Innovation Network (ECIN) is a joint effort by Children's National Health System and MedStar Georgetown University Hospital. ECIN's mission is to ensure all children in Washington, DC, are able to thrive and reach their fullest potential by taking a science-based and cross-sector approach to strengthening families of young children and the systems which support them, thus decreasing the impact of trauma and toxic stress on the children of our community. ECIN tackles toxic stress through interventions in key settings such as early learning centers, pediatric primary care, and other child and family-serving agencies in the District of Columbia.
Target Population	Families and children 0 – 5 years of age
Schools/Location	Washington, DC • AppleTree preschool (Ward 8) • Educare DC (birth-5) (Ward 7)
Focus Area(s)	Strengthening and supporting caregivers; developing social, emotional, and cognitive skills in young children
Intervention Type	Evidence-based interventions include mindfulness workshops for parents; executive functioning training for parents; building social connections between parents; educating parents about infant and child development; connecting parents and caregivers with services; developing social, emotional, and cognitive skills in young children; teaching social and emotional skills in early education centers; promoting parenting skills to support social and emotional learning at home.

Dates Active	2016-Present
CHIP Alignment	Mental Health
Point(s) of Contact	Lee A. Savio Beers, MD lbeers@childrensnational.org 202-476-3797 Child Health Advocacy Institute 2233 Wisconsin Ave, NW, Suite 317 Washington, DC 20007
Web Link	Press Release: http://childrensnational.org/news-and-events/childrens-newsroom/2015/medstar-georgetown-and-childrens-national-receive-6-mil-to-launch-early-childhood-innovation-network

Father's Program	
Overview	Initiated in 2012 and in collaboration with the District of Columbia Public Schools (DCPS) New Heights Program, the Father's Program was designed to engage adolescent males who are expectant or current fathers. This program provides weekly support groups each semester with various topics of discussion to include but not limited to domestic violence, emotion regulation, communication skills with mothers of children, reflective listening, being able to navigate resources and co-parent, etc. The Father's Program also provides training for many life skills such as resume writing and job training, and assists fathers with recognizing their responsibilities and values.
Target Population	Expectant or current teen fathers
Schools/Location	 Washington, DC Anacostia High School (Ward 8) Ballou High School (Ward 8) Ballou-STAY High School (Adults) (Ward 8) Columbia Heights Education Campus (Ward 1) Luke C. Moore High School (Ward 5)
Focus Area(s)	Reproductive health and life skills
Intervention Type	Support group discussion
Dates Active	2012-present
CHIP Alignment	Mental Health, Place-based Care
Point(s) of Contact	Henry Prempeh, PhD hprempeh@childrensnational.org 202-476-5543 Goldberg Center for Community Pediatric Health 111 Michigan Avenue NW Washington, DC 20010
Web Link	https://dcps.dc.gov/publication/new-heights-program-information

Fit Family Jr.	
Overview	The goal of FitFamily, Jr. is to prevent overweight and obesity among African American preschoolers by providing hands-on health and nutrition education workshops to parents, teachers, and students in the Ward 7 area of Washington, D.C. With continuous input from children and their families, and strong support from community collaborators, Fit Family, Jr., has been able to develop a program that is thriving, impactful, and culturally relevant. The program is now exploring the utilization of social media (Twitter, FaceBook, and Youtube) and technology (mobile devices) to expand its reach.
Target Population	Pre-Kindergarten and Elementary School African American students
Schools/Location	 Washington, DC Beers Elementary School (Ward 7) Educare DC (birth-5) (Ward 7) Kenilworth Elementary School (Ward 7) – closed 2013 Thomas Elementary School (Ward 7)
Focus Area(s)	Healthy eating and physical activity
Intervention Type	 Parent and caregiver education over an eight week period Parent Cafes – Once a month, information is shared on healthy foods to help parents advocate for changes to their environments (to be implemented)
Dates Active	2003-present
CHIP Alignment	Health Literacy, Place-based Care
Point(s) of Contact	Susan Caleb scaleb@childrensnational.org 202-476-5446 Goldberg Center for Community Pediatric Health 111 Michigan Avenue, NW Washington, DC 20010
Web Link	http://childrensnational.org/departments/obesity-clinic

Health Education in Schools	
Overview	For more than a decade, Elva Anderson facilitated health education presentations and distributed information to students on a broad range of health topics as needed. Elva is a health educator, art therapist, community organizer, Power of One coach, Laughter Yoga Leader, and certified nutritional counselor based at Children's Health Center- Anacostia and Children's Child and Adolescent Inpatient Psychiatry Units.
Target Population	Students and school nurses

Schools/Location Schools/Location	 Anacostia High School (Ward 8) Arts & Technology Public Charter School (Ward 7) Ballou High School (Ward 8) Barnard Elementary (Ward 4) Beers Elementary School (Ward 7) Birney Elementary School (Ward 8) E.W. Stokes Public Charter School (Ward 5) Excel Public Charter School (Ward 8) Friendship Public Charter School (Ward 8) Garfield Elementary School (Ward 8) Garfield Elementary School (Ward 8) Garene Elementary School (Ward 8) IDEAL Public Charter School (Ward 7) Kenilworth Elementary School (Ward 7) Kenilworth Elementary School (Ward 7) Ketchum Elementary School (Ward 8) Latin American Montessori Bilingual Public Charter School (Ward 4) Leckie Elementary School (Ward 8) Malcolm X Elementary School (Ward 8) Marie Reed Elementary School (Ward 1) Martin Luther King Jr. Elementary School (Ward 8) Mary Church Terrell Elementary School (Ward 8) Mary Church Terrell Elementary School (Ward 8) Moten Elementary School (Ward 8) Moten Elementary School (Ward 8) Powell Elementary School (Ward 8) Powell Elementary School (Ward 8) Powell Elementary School (Ward 7) Ron Brown Elementary School (Ward 7) Ron Brown Elementary School (Ward 8) Stanton Elementary School (Ward 8) Stanton Elementary School (Ward 8) Thomas Elementary School (Ward 8) Thomas Elementary School (Ward 8) Thomas Elementary School (Ward 6) Wilkinson Elementary School (Ward 6) Wilkinson Elementary School (Ward 6) Wilkinson Elementary School (Ward 6)
Focus Area(s)	Asthma, food allergies, dental health, good hygiene, nutrition, mental health, sexual health
Intervention Type	Health education presentations in schools
Dates Active	2003-present
CHIP Alignment	Health Literacy, Place-based Care
Point of Contact(s)	Elva Anderson, PhD, LPC, ATR, CNC eanderso@childrensnational.org 202-476-6944 Children's Health Center at Anacostia 2101 Martin Luther King Jr. Ave. S.E. 5 th Floor Washington, DC 20020
Web Link	N/A

Health and Safety Training	
Overview	Children's National is providing health education and safety trainings to OSSE staff, DCPS administrators and students at no cost as part of Community Benefit. This effort supports the Child Care and Development Block Grant (CCDBG) Act of 2014, which defines health and safety requirements for child care providers, new and existing directors, caregivers, and teachers must complete health and safety training in 11 topic areas (Administration of medication; Prevention and control of infectious diseases; Sudden Infant Death Syndromen(SIDS) and use of safe sleep practices; Prevention and response to food allergies; Building and physical premises safety; Prevention of shaken baby syndrome and abusive head trauma; Emergency preparedness and response planning; Storage of hazardous materials & bio-contaminants; Precautions in transporting children, if applicable; First-aid and cardiopulmonary resuscitation (CPR); and Nutrition and physical activity).
Target Population	OSSE staff, DCPS administrators and students
Schools/Location	To be determined
Focus Area(s)	Medication administration; prevention and control of infectious diseases; and prevention and response to food allergies
Intervention Type	Health education
Dates Active	September 2016-present
CHIP Alignment	Health Literacy, Placed-based Care
Point(s) of Contact	Wayne Neal, MAT, RN-BC WNEAL@childrensnational.org 202-476-3926 Nursing Department 111 Michigan Avenue, NW Washington, DC 20010
Web Link	N/A

Help for Victims of Violence Collaboration	
Overview	The Help for Victims of Violence is a hospital-wide collaboration that provides clinical care, advocacy, research, and education through its tripartite aims of addressing screening, resources, and awareness for victims of violence. Members of the collaborative are from all hospital divisions, including CAPC, Trauma, NICU, etc. Children's National has education and resources readily available for children at risk of abuse. We have been heavily involved in the new domestic safety screening hospital wide. The collaborative aims to address issues such as domestic violence that can lead to maltreatment, toxic stress, and adverse childhood experiences as well as maintaining healthy relationships. The Help for Victims of Violence Collaborative meets on a monthly basis to identify and strategically determine ways to combat these concerns. With high risk school centers as our target, we collaborate with various groups to include but not limited to the DC Coalition Against Domestic Violence, DC Public Schools, and Sasha Bruce Youthwork.
Target Population	All ages
Schools/Location	To be determined

Focus Area(s)	We explore many types of violence including intimate partner violence, domestic violence, dating violence, human trafficking, and child abuse. In the schools, we will focus on dating violence and domestic violence through the concept of "healthy relationships."
Intervention Type	Looking to incorporate training into an existing program
Dates Active	In planning phase
CHIP Alignment	Care Coordination, Health Literacy, Mental Health, Place-based Care
Point(s) of Contact	Lenore Jarvis, MD, MEd, FAAP ljarvis@childrensnational.org 202-476-4177 Emergency Medicine and Trauma Services Department 111 Michigan Avenue, NW Washington, DC 20010
Web Link	www.ChildrensNational.org/VictimsOfViolence www.ChildrensNational.org/VictimasDeViolencia

IMPACT DC School-Based Education and Training	
Overview	Improving Pediatric Asthma Care in the District of Columbia (IMPACT DC) is an award-winning pediatric asthma program in Washington, DC, dedicated to improving asthma care and outcomes for children through clinical care, education, research, and advocacy. A disproportionately high number of children suffer from asthma in the District of Columbia. One of the program's main goals is to lessen the need for emergency room visits and hospital stays by educating patients and families about ways to manage the condition, and connecting them with valuable resources in the local community. Since 2014, IMPACT DC began to deliver training to daycare and preschool providers. The training is accredited through the Office of the State Superintendent of Education (OSSE).
Target Population	Early childhood education providers
Schools/Location	Training delivered in 91 centers
Focus Area(s)	Asthma education and management
Intervention Type	 Two hour provider trainings by referral to schools and day care centers Patient Education Videos DC school nurse partnership to provide resources to schools with highest risk kids Community events including annual events (NBC 4 Heath & Fitness Expo, Race for Every Child, Bringing It All Together Health Fair, HSCSN Health Fair, Latin American Youth Center Health Fair, Girls on the Run 5K, and World Asthma Day)
Dates Active	2014-present
CHIP Alignment	Care Coordination, Place-based Care
Point(s) of Contact	impactdc@childrensnational.org 202-476-3870 IMPACT DC Asthma Clinic 111 Michigan Avenue, NW Washington, DC 20010
Web Link	http://childrensnational.org/departments/asthma-impact-dc

Joyful Food Market	
Overview	This community-based partnership brings pediatricians to a local school during a monthly after-school food market program. Martha's Table is a DC-based organization that runs monthly pop-up food markets at elementary schools in underserved neighborhoods in Washington, DC. School age children and their parents attend the "Joyful Food Market" program, which provides 23 pounds of food per child (including fresh produce) and cooking demonstrations on-site. The "Meet the Pediatricians" table provides a space for parents and children to interact with pediatricians and for health education on various topics.
Target Population	438 elementary school students and their caregivers
Schools/Location	Washington, DCBeers Elementary School (Ward 7)
Focus Area(s)	Healthy food access and physical activity
Intervention Type	Health education after-school program
Dates Active	2015-present
CHIP Alignment	Care Coordination, Health Literacy, Placed-based Care
Point(s) of Contact	Kirsten Orloff, MD Yael Smiley, MD Allison Waller, MD, MPH KEOrloff@childrensnational.org YTSmiley@childrensnational.org AWaller@childrensnational.org General and Community Pediatrics 111 Michigan Avenue, NW Washington, DC 20010
Web Link	http://marthastable.org/programs/healthy-eating/

KiPOW! (Kid Power)	
Overview	KiPOW! (Kid Power) leverages the power of positive relationships with medical student health mentors to encourage school children to fully engage in and benefit from healthful opportunities available to them in their schools. This program was launched following the passage of the DC Healthy Schools Act (HSA) in 2010 and aims to provide greater implementation of this proactive school wellness policy nutrition, activity and health literacy goals. Full implementation of the nutritional arm of the HSA has been successfully funded by a district sales tax on soda but there is still incomplete buy-in from the students for the new healthier school food options. Progress towards ambitious HSA physical activity and health literacy goals has been similarly slow, due to competition for academic class time. Children's National provides oversight of approximately 30 George Washington University medical students to participate in this program each year. Children's National has recently trademarked the KiPOW! logo and is supporting its expansion to other jurisdictions including Orange County, California.
Target Population	Elementary and Middle School students (ages 8-13)

Schools/Location	 Washington, DC Chavez Parkside Middle School (Ward 7) Kenilworth Elementary (Ward 7) – closed 2013 Savoy Elementary (Ward 8) Sousa Middle School (Ward 7) Thomas Elementary School (Ward 7)
Focus Area(s)	Healthy food access and physical activity
Intervention Type	 Medical students provide short lessons (three hours/month over a semester) on various topics including nutrition, blood pressure, sleep, healthy snacking and physical fitness and mentor the recommended lifestyle changes, sharing in school lunch and engaging in vigorous physical activities based on Playworks training Medical students participated in the Museum Academy Program after school program and continue to work with Savoy Elementary
Dates Active	2011-present
CHIP Alignment	Health Literacy, Placed-based Care
Point(s) of Contact	Michele Mietus-Snyder, MD mmsnyder@childrensnational.org 202-476-5161 Children's National Obesity Institute 111 Michigan Avenue, NW Washington, DC 20010
Web Link	http://childrensnational.org/news-and-events/video-gallery/kipow

Kohl's Cares Community Dental Program	
Overview	This program provides comprehensive preventative dental care through THEARC and an on-site mobile dental unit which includes exams, digital x-rays for diagnostic purposes, oral hygiene instructions, prophylaxis, periodontal treatment, sealants, fluoride, restorative treatment (fillings), and emergency treatments. Kohl's has donated more than \$4 million to Children's National through the Kohl's Cares program, contributing more than \$3 million to the Mobile Clinic Program, PICU, and other critical areas.
Target Population	Underprivileged children
Schools/Location	Washington, DC • KIPP DC High School (Ward 6) • Somerset Preparatory Academy PCS (Ward 8) • Uniting People with Opportunities (UPO) sites Prince George's County, Maryland • Benjamin Stoddard Middle School • Drew Freeman Middle School • William W. Hall Academy (KG-8)
Focus Area(s)	Oral Health
Intervention Type	 Clinic and Mobile Unit Dental Care Community Fairs (NBC4 Health and Fitness Expo) Outreach to Pre-K through High School

Dates Active	2016-present
CHIP Alignment	Care Coordination, Health Literacy, Mental Health, Placed-based Care
Point(s) of Contact	Holly Moore, RDH holly.moore@childrensnational.org 202-436-3072 Mobile Health Programs Children's Health Center at THEARC 1901 Mississippi Ave SE #104 Washington, DC 20020
Web Link	https://giving.childrensnational.org/site/SPageServer?pagename=dental_outreach_about

Montgomery County Elementary School-Based Health Centers	
Overview	The Montgomery County School-Based Health Centers Program is offered in nine elementary schools. The School Based Health-Wellness Center Advisory Task Group, with representation from a broad spectrum of partners and stakeholders, makes planning recommendations to the County Executive and County Council for future development. These centers serve as a medical home to many students where they can receive medical services. A multidisciplinary team of providers care for the students including nurse practitioners, registered nurses, social workers, physicians, behavioral health providers, and other support personnel and are part of the School Based Health Center team.
Target Population	Children (5-19 year olds)
Schools/Location	 Montgomery County, Maryland Gaithersburg Elementary School Harmony Hills Elementary School Highland Elementary School JoAnn Leleck Elementary at Broad Acres New Hampshire Estates Elementary School Rolling Terrace Elementary School Summit Hall Elementary School Viers Mill Elementary School Weller Road Elementary School
Focus Area(s)	 Routine or sports physical examinations Sick care – diagnosis and treatment of minor / acute / chronic health problems Referral and case management of children with acute and chronic illnesses Immunizations Prescription and dispensing of medications Laboratory testing Access to dental care and Dental Varnish Health education and counseling through individual interventions, classes, health fairs or health promotion
Intervention Type	The medical health care component serves students enrolled in the schools as well as their uninsured siblings and Care for Kids children living within the zip code of the school.
Dates Active	2010-present
CHIP Alignment	Care Coordination, Health Literacy, Place-based Care, Mental Health

Point of Contact(s)	Dinea DeSouza, MD DDesouza@childrensnational.org 301-926-3633 Children's Pediatricians & Associates, LLC Gaithersburg, Maryland 20878
Web Link	http://www.montgomerycountymd.gov/HHS-Program/PHS/PHSSchoolbasedhealth-p289. html

Мс	Montgomery County High School-Based Health Program	
Overview	The Montgomery County School-Based Health Program is offered in four high schools serving approximately 300-500 uninsured and undocumented children needing health care through the Care for Kids program. Data received from the Youth Risk Behavior Surveillance System (YRBSS) is used to determine the need for various programs. These centers serve as a medical home to many students where they can receive medical services. Four primary care providers are assigned to these schools and rotate on a weekly basis. Nurse practitioners from Catholic University of America provide care for the remaining days.	
Target Population	Adolescents (13-18 year olds)	
Schools/Location	Montgomery County, Maryland Gaithersburg High School Northwood High School Watkins Mill High School Wheaton High School	
Focus Area(s)	Routine physical examinations, sick care, health screenings, immunizations, dental care, health education/counseling, and mindfulness training	
Intervention Type	Health services provided to uninsured children in Montgomery County Public Schools; healthy lifestyles	
Dates Active	2015-present	
CHIP Alignment	Care Coordination, Health Literacy, Mental Health, Place-based Care	
Point(s) of Contact	Jean Someshwar, MD, FAAP jsomeshw@childrensnational.org 202-476-5753 Adolescent Health Center 111 Michigan Avenue, NW Washington, DC 20010	
Web Link	http://www.montgomerycountymd.gov/HHS-Program/PHS/PHSSchoolbasedhealth-p289. html	

Museum Academy Program	
Overview	The goal of the program is to provide children with education on health topics that relate to them through fun and engaging activities.
Target Population	Underperforming DC public schools that need additional attention and resources

Schools/Location	Washington, DC • Anacostia Community Museum Academy at Savoy Elementary School (Ward 8)
Focus Area(s)	Curriculum focuses on asthma management, bullying, nutrition, obesity prevention, injury prevention (Safe Kids) and bike/scooter/pedestrian safety (Street Wise)
Intervention Type	Interactive educational training delivered in after school programs
Dates Active	2015–2016
CHIP Alignment	Health Literacy, Place-based Care
Point(s) of Contact	Kimberle Searcy, MPH ksearcy@childrensnational.org 202-471-4883 Child Health Advocacy Institute 2233 Wisconsin Avenue, NW, Suite 317 Washington, DC 20007
Web Link	http://cdi.anacostia.si.edu/2015/07/08/a-community-partnership-the-museum-academy-monumental-sports-and-childrens-national-health-system/

New Heights Program for Expectant and Parenting Students	
Overview	The East of the River Lactation Support Center, in collaboration with the New Heights Program for Expectant and Parenting Students, will facilitate breastfeeding classes in DC Public and Charter Schools. On June 9, 2016, we were approved to be a workshop provider. Additionally, we entered into a Community Partnership Agreement with Educare DC to collaboratively work together in partnership, providing comprehensive breastfeeding education and support services that will benefit the well-being of Educare DC children and families.
Target Population	 New Heights – Expectant and Parenting Students Educare DC – Staff, teachers and moms of the attending infant
Schools/Location	 Washington, DC Ballou Senior High School (Ward 8) Cardozo Senior High School (Ward 1) Educare DC (Ward 7) Luke C. Moore High School (Ward 5) Roosevelt Senior High School (Ward 4)
Focus Area(s)	Breastfeeding Education and Support
Intervention Type	Breastfeeding education and support services
Dates Active	2016-present
CHIP Alignment	Place-based Care

Point(s) of Contact	Mudiwah Kadeshe, MSN, RN, CCE, IBCLC mkadeshe@childrensnational.org 202-476-6990 Children's Health Center at Anacostia 2101 Martin Luther King Jr. Ave. S.E. 5 th Floor Washington, DC 20020
Web Link	http://dcps.dc.gov/publication/new-heights-program-information

Orthopaedic and Sports Medicine Athletic Trainers Program	
Overview	We are engaging the District of Columbia public school system athletic trainers on opportunities to facilitate school sports event physician coverage and offer athletic trainers continuing education in pediatric sports medicine and pediatric orthopaedic surgery.
Target Population	District of Columbia school system athletic trainers
Schools/Location	District of Columbia public schools (To be determined)
Focus Area(s)	Sports medicine
Intervention Type	Sporting event coverage and continuing education
Dates Active	In planning phase (estimated launch Fall 2017)
CHIP Alignment	Care Coordination, Place-based Care
Point(s) of Contact	Matthew Oetgen, MD Kelley Legge MOetgen@childrensnational.org KLegge@childrensnational.org Orthopaedic Surgery and Sports Medicine 111 Michigan Avenue, NW Washington, DC 20010
Web Link	N/A

Period of PURPLE Crying	
Overview	Children's National Health System is educating all hospital clinical staff on The Period of PURPLE Crying, an initiative put forth by the National Agency on Shaken Baby Syndrome. The program teaches parents about the normal phases of crying a baby goes through, which begins at about 2 weeks of age and starts to decrease around months 4-5. It also focuses on teaching parents, caregivers, nurses, and other clinical staff that this a normal stage of development and how to cope with it. Shaken Baby Syndrome is a type of inflicted traumatic brain injury that happens when a baby is violently shaken. Each year in DC, about 20 babies die by shaken baby syndrome and more than 100 babies have brain injuries that result in life-long disability. This injury can be prevented through educational efforts.
Target Population	New and expectant parents and caregivers of young children
Schools/Location	To be determined

Focus Area(s)	Shaken Baby Syndrome
Intervention Type	Educational resources and training
Dates Active	2016-present
CHIP Alignment	Mental Health, Place-based Care
Point(s) of Contact	Janice Lambrose JLambros@childrensnational.org 202-476-4090 Division of Emergency Medicine 111 Michigan Avenue, NW Washington, DC 20010
Web Link	http://www.purplecrying.info/

P	rince George's County School-Based Wellness Clinics
Overview	Children's National has operated and staffed four school-based wellness clinics in four Prince George's County high schools since 2015. Each clinic has a nurse practitioner-led team consisting of a social worker, patient care technician, administrative staff, a dentist and dental assistant that rotates between schools. School nurses, employed by Prince George's County Public School System, are onsite at each school and collaborate with the clinics.
Target Population	High school students (9th-12th grade)
Schools/Location	Prince George's County, Maryland Bladensburg High School Fairmont Heights High School Northwestern High School Oxon Hill High School
Focus Area(s)	Physical examinations; lab testing; mental health counseling and evaluation; treatment of common illness; reproductive health care; on-site STI/HIV screening/treatment; oral health evaluation and treatment; immunizations; nutrition counseling; telepsychiatry (Oxon Hill only)
Intervention Type	Provide clinical services to high school students
Dates Active	2015-present
CHIP Alignment	Care Coordination, Health Literacy, Mental Health, Place-based Care
Point(s) of Contact	Marceé White, MD, FAAP mwhite@childrensnational.org 202-436-3060 Children's Health Center at THEARC 1901 Mississippi Avenue, SE #104 Washington DC 20020
Web Link	http://www.princegeorgescountymd.gov/2028/School-Based-Wellness-Clinics

Safe Concussion Outcome Recovery & Education Program	
Overview	Children's National Safe Concussion Outcome Recovery & Education (SCORE) Program evaluates, monitors, and manages the care of children and adolescents with concussions (mild traumatic brain injury or TBI). Between 2009 and 2015, 50 states and the District of Columbia passed laws to address traumatic brain injury and legislation targeting youth sports-related concussions. Children's National and MedStar were chosen as the first in the nation to receive funding to establish a concussion awareness training program to enforce the protocols of the District's Athletic Concussion Protection Act of 2011. The SCORE program is one of the only programs in the greater Washington, DC area that specializes in the evaluation and management of concussions in children. The SCORE program consults with physicians regionally and nationally as well as scholastic and youth recreational sports programs in which children are vulnerable to injury.
Target Population	Ages 4-22
Schools/Location	 Carol County schools Howard County schools Montgomery County schools Wicomico High School, Wicomico County, MD Virginia Arlington Public Schools (policy, education session) Alexandria County Public Schools (policy, education session) Fairfax County Public Schools (policy, education sessions) Spotsylvania County Public Schools (education session, policy work pending) Washington, DC DC Public Schools (athletic trainers education meetings, DC school board presentation) Private and Parochial Schools The Madeira School, McLean, VA (policy, education sessions, consultant) St. Stephen & St. Agnes, Alexandria, VA (policy, education sessions, consultant) Stone Ridge School of the Sacred Heart, Bethesda, MD (education session) Gonzaga College High School, Washington, DC (policy, education sessions, consultant) Holton-Arms School, Bethesda, MD (education sessions, consultant) Sidwell-Friends School, Washington, DC (education sessions) Academy of the Holy Child, Potomac, MD (education, policy work) Georgetown Day School, Washington, DC (consultant) McDonogh School, Owings Mills, MD (consultant)
Focus Area(s)	Traumatic brain injury
Intervention Type	 Clinical care Research Educational training targeted coaches, healthcare providers, parents, and schools effort to discuss brain development, how concussions affect children, and how schools should respond to a child's injury
Dates Active	2010-present
CHIP Alignment	Care Coordination, Mental Health, Place-based Care
Point of Contact(s)	Gerald Gioia, PhD ggioia@childrensnational.org 301-765-5435 Neuropsychology at Montgomery County Outpatient Center 15245 Shady Grove Road Suite 350 Rockville, MD 20850
Web Link	www.childrensnational.org/score

Safe Kids District of Columbia	
Overview	Safe Kids District of Columbia (Safe Kids DC) works to prevent unintentional childhood injuries in the District, the leading cause of death and disability in children ages one to 19. Founded in 1999, Safe Kids DC is part of Safe Kids Worldwide, a global network of organizations dedicated to preventing unintentional injury. Based on the needs of the community, Safe Kids DC implements evidence-based programs for families in Wards 3-8. Some of these include: Car-seat safety checkups; Safety workshops; Sports clinics. Safe Kids DC also offers car seat inspections, no appointment required, at several locations across the city.
Target Population	Families with children under the age of 14. School efforts have targeted Wards 7 and 8 where most of the reported unintentional injuries occur.
Schools/Location	 Washington, DC Beers Elementary School (Ward 7) Drew Elementary School (Ward 7) Inspired Teaching Public Charter School (Ward 5) J.O. Wilson Elementary School (Ward 6) Ketcham Elementary School (Ward 8) Powell Elementary School (Ward 4)
Schools/Location	 Washington, DC Seaton Elementary School (Ward 6) Several Uniting People with Opportunities (UPO) Early Head Start Program sites
Focus Area(s)	Unintentional Injury (child passenger safety, bike & pedestrian safety, home safety (falls, fire prevention and burn safety))
Intervention Type	 Educational Trainings: Bicycle safety; Safe Sleep; Home Safety; Burn Prevention; Child Car Seat and Passenger Safety Community events: Car Safety Seat Checks; International Walk to School Day; Safe Kids Day; Bike to School Day; Heat Stroke Awareness; Sports Summer Safety Program
Dates Active	1999-present
CHIP Alignment	Place-based Care
Point of Contact(s)	Chenille Holloman, MHA cholloma@childrensnational.org 202-476-7755 Safe Kids DC/Trauma & Burn Surgery 111 Michigan Avenue, NW Washington, DC 20010
Web Link	https://www.safekids.org/coalition/safe-kids-district-columbia

School-based Mental Health Center	
Overview	As schools are a primary referral source for mental health services for hospitals, Children's National has been working with one of the first schools in the area to set up a mental health center on campus. The program brings in a multidisciplinary team of mental health professionals to provide a wide range of services. These include comprehensive assessments, as well as ongoing treatment, which can involve medication management and/or therapy. Psychiatry fellows rotate through the schools as part of their clinical training requirement.
Target Population	Elementary and Middle School students
Schools/Location	Washington, DC DC Prep - Benning Road (Ward 7) DC Prep - Edgewood (Ward 5)
Focus Area(s)	Mental health

Intervention Type	Mental health diagnosis and referral (includes classroom observations, consultations with educational staff, attendance to individualized educational planning meets as indicated and providing in service trainings)
Dates Active	2015-present
CHIP Alignment	Care Coordination, Mental Health
Point(s) of Contact	Lisa Cullins, MD lcullins@childrensnational.org 202-476-3967 Center for Neuroscience and Behavioral Medicine 111 Michigan Avenue, NW Washington, DC 20010
Web Link	http://childrensnational.org/news-and-events/childrens-newsroom/2016/childrens-expert-tells-wtop-how-teams-collaborate-with-dc-schools-to-improve-access-to-mental-health

Teen Life Clubs (TLC)	
Overview	The Teen Life Clubs (TLC) began in 1997 and is an after-school youth development program that focuses on HIV and pregnancy prevention for 11-15 year olds, within the Division of Adolescent and Young Adult Medicine at Children's National. Our curriculum helps teens develop the life skills they need to make safe, responsible choices about goal setting, sexual activity, responding to violence, maintaining healthy relationships, making money and securing jobs/careers. The TLCs include weekly club meetings and monthly enrichment activities. We also strengthen families through family dinners and the Family Circle retreat. Youth also participate in group mentoring; with the girls being mentored by the Junior League of Washington (JLW) and the boys being mentored by the Legion of Educated Gentlemen Advancing and Challenging Youth (LEGACY).
Target Population	Teenagers (11-15 year olds)
Schools/Location	 Washington, DC Higher Achievements (Wards 1, 4, 6, 7, 8) Stuart-Hobson Middle School (Ward 6)
Focus Area(s)	Copyrighted curriculum includes 26 broad life skills lessons including making healthy decisions through building self-esteem, healthy relationships, nutrition, physical activity, sexual health, healthy bodies, financial literacy.
Intervention Type	Educational workshops in 26 weekly sessions and monthly enrichment activities
Dates Active	1997–2015
CHIP Alignment	Placed-based Care
Point(s) of Contact	Maya Fiellin, MPH <u>mfiellin@childrensnational.org</u> 202-476-5769 Children's Health Center - Adolescent Health Center 111 Michigan Avenue, NW Washington, DC 20010
Web Link	http://childrensnational.org/~/media/cnhs-site/files/primary-care/teen-programs/tlcoverview-packet.ashx

	Trauma Informed Care Training
Overview	The goal of this training is to educate trainees, clinicians, staff and our community on trauma informed care, adolescent brain development and behavioral/mental health conditions. A priority for federal, state, and local systems is increasing public awareness of how trauma impacts the lives of children and the importance of helping providers and families to become more trauma-informed. The first training was delivered to 50+ Prince George's County School Resource Officers on October 31, 2016 in Laurel, Maryland.
Target Population	School Resource Officers, School Administrators, Teachers, Court Personnel and Law Enforcement
Schools/Location	The first training was held at Laurel High School for Prince George's County School Resource Officers.
Focus Area(s)	Adverse Childhood Experiences, teenage brain development, common teenage behaviors and reactions to stress, de-escalation strategies
Intervention Type	Educational training
Dates Active	2016-present
CHIP Alignment	Mental Health
Point(s) of Contact	Aisha Braveboy, Esq. abraveboy@childrensnational.org 202-471-4892 Child Health Advocacy Institute 2233 Wisconsin Avenue, NW, Suite 317 Washington, DC 20007
Web Link	http://childrensnational.org/advocacy-and-outreach/child-health-advocacy-institute

Additional School-Based Programs	
Legislation Success: The Access to Emergency Epinephrine in Schools Act of 2015	Hemant P. Sharma, MD MHS, Clinical Chief of the Division of Allergy and Immunology collaborated with the Child Health Advocacy Institute's Government Affairs Department to develop supportive testimony regarding the importance of DC schools adopting and implementing policies that allow the possession and administration of undesignated epinephrine auto-injectors. The Access to Emergency Epinephrine in Schools Act of 2015 (B21-5) was introduced to the DC Council by the Committee on Education and required all DC school to keep Epi-pens on site. Dr. Hemant Sharma delivered expert testimony before the DC Council on March 25, 2015. The legislation passed the DC Council unanimously and was signed into law by DC Mayor, Muriel Bowser, in 2016. For more information: http://seo.dc.gov/publication/access-emergency-epinephrine-schools-amendment-act-2015
Additional School- Based Programs Not Captured in the Assessment	 Annual vision screening of 8,000 students Burn Prevention Training for community members Food Allergy Education of DC Public School personnel Reproductive health clinics for high schools SIDS educational intervention for teen parents Youth with ImPACT (Informed Parents and Children Together) HIV education



Children's National School-Based Health Programs

Environmental Scan and Recommendations Report

Prepared by the Child Health Advocacy Institute Community Affairs Department