School Health Advisory Council Meeting Summary American Lung Association of Florida May 8, 2014

TOPIC	DISCUSSION	ACTION
Introduction	Meeting led by Siobhan Gross (Corresponding Secretary). She welcomed attendees and asked them to introduce themselves.	
Approval of Agenda	No changes to agenda. Approval following motion by Dr. Philippe Bilger, seconded by Dr. Cathy	Agenda approved.
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Approval of	Corrections:	Approved summary
Summary	■ Under Wellness Promotion Task Force (WPTF) – Second paragraph should read 8 th Edition instead	for 3-13-14.
March 13, 2014	of 7 th Edition. Page 2, under the CDC Grant Advisory Committee; omit the title "Dr" for Keith Oswald.	
	Approval of summary following motion by Donald Cavanaugh, seconded by Anne Kist.	
Old Business	Mental Health Committee	
	Dr Fishbane informed that the SHAC surveys are in progress. Added 3 questions. We plan to	
	distribute it to the 12 schools by May 16 and forward completed surveys for data analysis the first	
	week of June. We are running a little behind on the process but anticipate having survey analysis	
	completed by the end of June as planned. On April 25 the OK2TALK Conference, Community Solutions Revealed, was very well-attended.	
	On April 25 the OKZTALK Contenence, Continuinty Solutions Revealed, was very well-attended.	
	Wellness Promotion Task Force (WPTF): Paula Triana	
	Everyone is welcome to the last District's Wellness Promotion Task Force meeting of this school year	
	on Thursday, May 15, 2014, from 3:00 p.m 5:30 p.m. We are expecting good participation - to	
	include some parents and students.	
	We will begin working on the 8th Edition of the District's Wellness Promotion Policy Annual Report (FY-2014) this summer. Materials for the Annual Report are due on Thursday, July 24, 2014.	
	Presently, the District is reviewing the USDA's Proposed Rules of the Local School Wellness Policy.	
	After the final ruling, the District will be working on revising the Wellness Promotion Policy (2.035)	
	and its Wellness Promotion Goals and Objectives documents.	
	We are completing the Florida Healthy School District self-assessment application that is due on May	
	30, 2014 and we hope to maintain the Gold Level recognition that we presently hold for two more	
	years (2014-2016). The School Food Service (SFS) Department is considering the Community Eligibility Provision	
	program which will offer the lunch meal at no cost as a pilot in possibly 31 schools in FY-2015. We	
	are also considering a USDA pilot Supper Program in potentially 4 selected schools in FY-2015.	If you are interested in
	We hope to present at the Superintendent's Leadership Summit in June 2014 about the USDA's	attending any of these
	Smart Snacks in Schools guidelines.	meetings please RSVP prior
	CDC Grant Advisory Committee - Pete Stewart informed:	to each meeting: mailto:wellness@palmbeach
	Met prior to this meeting. Meet every other month as a requirement of the grant. Thank you to all who	schools.org
	participate.	<u>oorloois.org</u>
	Grant was cut by \$50,000 across the board, so it was necessary to make some adjustments.	

The Evaluation Plan due to CDC on May 1 was submitted. Currently meeting with all the principals to get a formalized Letter of Commitment required by CDC, in addition to doing the Human Growth and Development Curriculum.

Distributed the Profile Survey that looks at the policy and programming in schools from both the principals' and health teachers' perspectives and have obtained enough surveys back in order to get weighted results.

New Business

<u>2013 Youth Risk Behavior Survey Results</u> – Presentation by Dani Fitzgerald, CDC Program Planner School District of Palm Beach County.

Since 1999 the School District of PBC conducts the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Survey (YRBS) every two years to students in grades 7 to 12. The YRBS is a nationwide, school-based confidential survey.

The Youth Risk Behavior Surveillance System (YRBSS) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including:

- Behaviors that contribute to unintentional injuries and violence
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection
- Alcohol and other drug use
- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity

YRBSS also measures the prevalence of obesity and asthma among youth and young adults. Uses of YRBS data:

- Measure progress toward achieving national health objectives for Healthy People 2020 and other program and policy indicators
- Assess trends in priority health-risk behaviors among high school students
- Support modification of school health curricula or other programs, support new legislation and policies that promote health, and seek funding and other support for new initiatives like Safe Schools and Graduation Task Force.

The 2013 national, state, and local YRBS results will be released on June 12, 2014.

YRBS in Palm Beach County

- The completion of this survey is voluntary and confidential. The Department of K12 Curriculum is responsible for administering the YRBS. The CDC grant staff selects a random sample of second period classes from grades 7 through 12 to participate in the survey. The student must have parent consent because of sensitive data.
- The 2013 Youth Risk Behavior Survey (YRBS) was completed by 1,836 students in 23 public high schools in Palm Beach during the spring of 2013.
- The school response was 100%; student response 77%. These results are representative of students in grades 9 through 12: 46.1% female and 53.9% male.
- There are 99 item questions in the YRBS. In 2013 added optional questions. There are 89 questions in the state survey.
- \cdot There is a 3 to 5 week window to complete the survey.

Questions Reviewed from the 2013 Results:

- 1. Sometimes, most of the time, or always wore a seatbelt when riding in a car: 89.9%
- 2. Did not ride with a driver who had been drinking alcohol one or more times (in a car or other vehicle during the 30 days before the survey): **74.4%**
- 3. Did not carry a weapon on at least 1 day (for example, a gun, knife, or club during the 30 days before the survey): **85%**
- 4. Did not attempt suicide during past 12 months: 91.7%
- 5. Seriously considered attempting suicide (during the 12 months before the survey):13%
- 6. Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey): **27.4**%
- 7. Bullied on school property (during the 12 months before the survey): 17.4%
- 8. Ever been electronically bullied (including through e-mail, chat rooms, instant messaging, Web sites, or texting during the 12 months before the survey): **12.1%**
- 9. Percentage of students who last saw a doctor or nurse for a check-up or physical exam during the past 12 months when they were not sick or injured
 - a. Male 64.9%
 - b. Female 65.2%
- 10. Percentage of students who last saw a dentist for a check-up, exam, teeth cleaning, or other dental work during the past 12 months.
 - a. Male 65.6%
 - b. Female 63.8%
- 11. Percentage of students who have used synthetic marijuana (also called K2 or Spice) one or more times during their life)
 - a. Male 18.4%
 - b. Female 11.1%
- 12. Percentage of students who have had sexual contact with males and females during their life.
 - a. Male 3%
 - b. Female 7.5%
- 13. Identify themselves as gay, lesbian, bisexual.
 - a. Male 5.1%
 - b. Female 9.2%
- 14. Percentage of students who had ever been tested for HIV, the virus that causes AIDS.
 - a. Male 16%
 - b. Female 16.7%
- 15. Students who ate dinner at home with at least one of their parents.
 - a. Male 64.7%
 - b. Female 62.6%
- 16. Percentage of students who would most likely talk with their parent or other adult family member about their feelings when they feel sad, empty, hopeless, angry, or anxious.
 - a. Male 17.1%
 - b. Female 16.5%
- 17. Percentage of students who strongly agree or agree that they feel like they belong at this school.
 - a. Male 67.5%
 - b. Female 61.9%