The Whole School, Whole Community, Whole Child (WSCC) Model: Climate and Culture Change in an Urban District

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Today’s Agenda

I. Main Theme – Culture and Climate Change

II. WSCC Administration & Coordination using a Shared Leadership Model

III. Topics
  * Policy Development/Implementation
  * WSCC Model Drives the Program
  * Health and Academics
  * Board of Education & Policy Maker Input
  * Program Management
  * Community Collaboration
  * Family Engagement
  * Cultural Diversity
  * Program Evaluation
  * Advocacy
  * Fiscal Management & Funding
  * Program Sustainability
Health and Student Academic Success
The Whole School, Whole Community, Whole Child Model

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD MODEL

- **HEALTHY:** Each student learns about and practices a healthy lifestyle
- **SAFE:** Each student learns in an environment that is physically & emotionally safe
- **ENGAGED:** Each student is actively engaged in learning and is connected to the school and broader community
- **SUPPORTED:** Each student has access to personalized learning and is supported by qualified, caring adults
- **CHALLENGED:** Each student is challenged academically and prepared for success in college or further studies and for employment and participation in a global environment
The Whole School, Whole Community, Whole Child Model

Tenets (green) call on educators, families, community members and policymakers to collaborate to move from a vision about educating the whole child to sustainable, collaborative action.

“You cannot educate a child who is not healthy; and you cannot keep a child healthy who is not educated.”

Dr. Jocelyn Elders, former US Surgeon General
Buffalo Public Schools (BPS): Wellness Policy

- Over 100 people engaged in policy work sessions with Student Support Services Center of the Genesee Valley Educational Partnership on the WellSAT tool developed by the Rudd Center (www.wellsat.org)
- Over 15 work sessions
- Duration: 2011-2012
- Adopted: Spring 2012 by BPS Board of Education
- Scheduled Review: Fall 2015 WellSAT 2.0 tool
A strong body of evidence over two decades shows that students in states with policies promoting students’ health demonstrated higher academic scores and higher rates of high school completion

Wellness Policy: Superintendent Regulations

- Submitted April 2015 to BPS legal department – under review
- Guide work in all areas of the WSCC model based on state and national policies/laws/regulations
Moving in the Right Direction: Areas of Inconsistency

- **Fully implement** the District Wellness Policy, adopted by the Board of Education in April, 2012.
- Align all health and student support services under ONE department to allow for effective collaboration in the “Whole School, Whole Community, Whole Child” framework”, and increase resources and staffing to departments of Health Related Services and Physical & Health Education.
- Ensure compliance with NYSED CR 135.4 (PE) and 135.3 (HE). Approximately 18 more PE teachers are needed in addition to the 30 hired this year. Adequate staffing, development of a PE curriculum, and implementation of an HE curriculum (already developed/approved) are essential.
- Ensure all children in all schools get an opportunity for daily recess/unstructured physical activity. Since conducting an advocacy campaign for recess in the 2013-2014 school year, implementation of recess has faltered. PE and recess are NOT the same thing (structured vs. unstructured).
- Continue to make improvements to school food, and ensure parents and students help plan/give feedback on school menus, continue to increase culturally relevant options, and integration of fresh and locally sourced food into meals.
- **Implement training/professional development to improve parent and family engagement in areas such as cultural competency, trauma-informed care, restorative justice, etc.**
- Ensure that every School Wellness Team includes parents and students in a meaningful and participatory way. Build the capacity of parents and students to be peer health educators through training and support as Community Health Workers.
PUTTING POLICY INTO PRACTICE

ALIGNMENT of various District departments - health services, food service, physical education, etc.

INVOLVEMENT of wide diversity of parents, students, and community partners

DEVELOPMENT of school wellness teams, district health committees, a Health Council
**SCHOOL HEALTH SAVES NEW YORKERS MONEY!**

- **Cost of obesity:** $12 BILLION/year just in New York State \( (\text{NYS Comptroller, 2012}) \)

- **Cost of teen pregnancy:** $9.4 BILLION/year in U.S. Estimated national costs SAVED by taxpayers in 2010 alone due to the nearly one-half decline in the teen birth rate between 1991 and 2010 is $12 BILLION \( (\text{National Campaign to Prevent Teen Pregnancy}) \).

- **Return on investment of mental health and substance abuse prevention:** A $1 investment in mental health and substance abuse prevention programs yields a $2-$10 savings in health costs, criminal and juvenile justice costs, educational costs, and lost productivity \( (\text{Institute of Medicine, National Research Council, 2009}) \).
To ensure that every student will have the confidence, knowledge, thinking skills, character and hope to assume responsibility for her/his life and contribute to the lives of others; and

we will champion excellence and innovative learning experiences in partnership with family and community; and

we will hold ourselves accountable for educating our students and for working to energize all members of the community to actively participate in the accomplishment of our mission.
BPS District Mission & Beliefs

- We believe that all schools should be safe, equitable and flexible.
- We believe that all students can learn.
- We believe that all schools should serve the community in which they are located.
- We believe that all segments of the community should be involved in education.
- We believe that schools should provide for the development of life skills, including an appreciation for lifelong learning.
- We believe that all schools should foster an awareness, understanding and valuing of the self and others.
- We believe that schools should constantly re-evaluate programs.
- We believe that schools should incorporate advanced technology whenever such use will improve potential achievement for students.
- We believe that schools should provide all students with the opportunity for post-secondary success.
To create healthy school communities in all schools that seek the input from families, school employees and community partners by 2020.
Our mission is to build the capacity of school communities through the engagement of families, educators and community members to create, enrich, promote and sustain supportive learning environments and reduce health-related barriers to learning that impact on academic achievement and citizenship.
Student Social & Emotional Developmental Health Tenet 5

Leader: Student Support Services Director
Stakeholders: Principals, parents, attendance teachers, CBOs

Student Support Services

Leader: Entrance Services Director
Stakeholders: Principals, parents, SST, Spec. Ed. director, PBIS, CBOs

Health Related Services & Physical Ed.

Leader: HRS & District Wellness Coord. and PE Supv.
Stakeholders: Principals, District Wellness Coordinator, Athletics Director, parents, SST, PE administrator, nurses, CBOs

Parent and Family Services

Leader: Parent & Family Services Director
Stakeholders: Principals, parents, SST Social Workers, parent coordinator, District Wellness Coor., CBOs

Parent & Family Engagement Tenet 6

Central Registration

Leader: Placement Director
Stakeholders: Principals, SWD & ELL staff, parents, guidance counselors, CBOs, ELL agencies

Central Registration

Leader: Adult Education CTE & Guidance Directors
Stakeholders: HS Principals, parents, SST, director, counselors, CBOs, Non-public Schools Supervisor, Higher Education/Business leaders

Adult and Cont. Education

Multiple Pathways to College/Careers Tenet 3

Guidance and Counseling

Leader: Guidance Director
Stakeholders: Principals, CAI, parents, counselors, Higher Education, Businesses

Career & Technical Ed.

Leader: CTE Director

Student voice and input via District’s Student Council, high school students and other opportunities
Pathways to Success

- Clear Alignment and Synergy Between Departments
- Integrated Student Support Services Plan (ABCs)
  - Attendance
  - Behavior
  - Health
  - Course Completion (including Assessments)
- Continue to improve the support systems:
  - Supports for students
  - Supports for schools
  - Supports for families
  - Support Teachers
- Data Driven Decision Making
- Targeted resources aligned to DCIP and student needs
- Improved Alignment with Partners
- Targeted Professional Development
- Integration of a Multi-Tiered System of Supports (Academics, Health and Behavior)
Current: Tier 1 Focus

Comprehensive, Integrated, Three-Tier Model of Prevention
(Lane, Kalberg, & Menzies, 2009)

- **Primary Prevention (Tier 1)**
  - Goal: Prevent Harm
  - School/Classroom-Wide Systems for All Students, Staff, & Settings
  - ~80%

- **Secondary Prevention (Tier 2)**
  - Goal: Reverse Harm
  - Specialized Group Systems for Students At-Risk
  - ~15%

- **Tertiary Prevention (Tier 3)**
  - Goal: Reduce Harm
  - Specialized Individual Systems for Students with High-Risk
  - ~5%

Academic | Behavioral | Social

PBIS Framework

Validated Social Skills/ Character Education Curricula
Working in Silos

Health

Academics
Coordination of Efforts
What it really means

Healthy kids make better students.

Better students make healthier Communities.
Kids can’t learn if they are...

Hungry
Tired
Bullied
Hung-over
Not feeling well
Why Whole Child Initiatives?

- 1 in 7 students has been in a physical fight on school property
- Every 60 seconds a child is born to a teen mother
- Obesity affects 1 in 3 children in the US
- Each day, 3,000 children start smoking -1 every 30 seconds
- 1 in 3 high school students reports having consumed 5 or more drinks in a row
- Every 4 hours, a child in America commits suicide
After just 20 minutes of physical activity, brain activity improves. Only one in three children are physically active every day.

Research shows that children who eat a healthy breakfast and lunch have fewer absences, better concentration, improved behavior, and higher test scores.

Students spend 2,000 hours per year in school- this is an ideal place to focus prevention efforts as they relate to health disparities such as obesity, diabetes, asthma, and sexually transmitted diseases/teen pregnancy.
“HIGH RISK” BEHAVIORS AMONG BUFFALO PUBLIC SCHOOL STUDENTS

“Children who face violence, hunger, substance abuse, unintended pregnancy and despair cannot possible focus on academic excellence. There is no curriculum brilliant enough to compensate for a hungry stomach or a distracted mind.” (American Cancer Society)

- Feelings of Sadness/Hopelessness - 30%
- Suicide Attempts - 10%
- Unsafe/Involved in Physical Violence - 32%
- Early Initiation of Sexual Activity - 13% of middle school, 45% high school
- High Risk Sexual Activity - more than 33% not using a condom, over 200 girls become pregnant every year, high rates of sexually transmitted infections
- Obesity - Between 30-45% are overweight/obese

*Source: 2013 BPS Youth Risk Behavior Survey of 6th-12th graders
Everyone: families, faith based organizations, health care systems, media, businesses, government and community organizations must be involved.

School provide a critical link in which many agencies might work together.
The “Whole Child Approach” is about...

- Involving parents and community
- Imparting skills, knowledge and judgment to help kids make smart choices for life
- Reinforce positive behaviors throughout the day
- Focus on physical and emotional well-being for kids Pre-K to 12
To be Successful

* Administrative support and commitment (principal #1)
* A coordinator (SWT Chairperson) – regulation in NYS
* A collaborative team approach – WSCC Model
* Strong school / community links
* Adequate time & funding
* Targeted, ongoing professional development
* A safe and supportive environment for staff and students
  * “It’s okay to try new ideas and take chances”
How do you know it works?

* Establish a Baseline
* Formative Evaluation
* Process Evaluation
* Impact Evaluation
Making it Stick

• Institutionalization requires a long time

• Coordinated School Health will need consistent and stable support from the District and school leadership as well as from the community

• Support should include adequate resources, qualified personnel, supportive organizational structures, supportive policies and committed leadership
The CDC identified six priority health behaviors (YRBS) to guide educational programming:

- Tobacco use
- Poor eating habits
- Alcohol and other drug use
- Behaviors resulting in intentional and unintentional injuries
- Physical inactivity
- Sexual behaviors resulting in HIV and other STDs or unintended pregnancy

YRBS/CDC website [http://www.cdc.gov/healthyyouth/yrbs/index.htm](http://www.cdc.gov/healthyyouth/yrbs/index.htm)

BPS YRBS High School Survey [https://www.surveymonkey.com/s/N89JCNY](https://www.surveymonkey.com/s/N89JCNY)
HEALTHIER STUDENTS ARE BETTER LEARNERS

CDC, 2009 YRBS
Items Added:

- All new CDC middle and high school version items
- ACE/Trauma Informed Care questions (8 items; UB School of Educational Administration and School of Social Work)
- Overall health item (BRFSS)
- Zip code item (community partner grant purposes)
- 3 addition Developmental Assets
- Transgender item (UB School of Social Work)
- Culture/climate items (3 items for use on Tower Grant)
Collected Developmental Assets (5 items)
District-wide reports (Online face-to-face roll out)
School building reports (Online face-to-face roll out)
Oral health (3 items)
LGBTQ (used all CDC optional items)
Drug and Alcohol Attitude & Perception items (10 items)
“Low” Levels of Risky Behaviors

- Tobacco Use
- Alcohol Use
- Drug Use (other than Marijuana)
- Carrying Weapons
- Bullying Electronically
“High” Levels of Risky Behaviors

* Feelings of Sadness/Hopelessness
* Suicide Attempts
* Unsafe/Threatened at/on way to School
* Physical Fighting
* Early Initiation of Sexual Activity
* Excessive TV and Computer Use (non-school)
* Sexual Activity while Drinking/Using Drugs
<table>
<thead>
<tr>
<th>Survey Level: What’s Worse?</th>
<th>2011 → 2013</th>
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<tbody>
<tr>
<td><strong>MIDDLE SCHOOL</strong></td>
<td><strong>HIGH SCHOOL</strong></td>
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<tr>
<td>• Bullying at School</td>
<td>• Serious Suicide Attempts*</td>
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<tr>
<td>• Cigar/cigarillo use</td>
<td>• Heroin Use*</td>
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<tr>
<td>• Vomiting/laxatives</td>
<td>• Being forced to have sex*</td>
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<tr>
<td>• Marijuana Use</td>
<td>• Sedentary Behavior</td>
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<tr>
<td>• Cocaine Use</td>
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*not asked on MS survey
2013 BPS YRBS Results
Sex behaviors in high school students

44% ever had sex
33% had sex in past 3 months
35% did not use a condom with last sex
16% had sex with ≥4 people in their lifetime
10% had sex before the age of 13
Educational institutions/BPS are in a unique position to improve health outcomes of youth.

- Schools have access to a critical mass.
- Reach all aspects of health – healthy norms are established
- Educators are academically prepared to organize developmentally appropriate learning experiences to empower children to be healthy
Research has confirmed the relationship of student health risks and academic success on:

- Attendance
- Class grades
- Performance on standardized tests
- Graduation rates

Health decisions in schools (as well as community) linked to YRBS data 2011 & 2013
Whole School, Whole Community, Whole Child Model: Create Your Team
BPS Wellness Organizational Chart

Buffalo Public School District
Whole School, Whole Community, Whole Child
Organizational Framework

1. Superintendent
   - Nutrition Committee
   - Physical Activity Committee
   - Healthy School Environment Committee
   - Faculty/Staff Health Promotion
   - Mental, Emotional, Behavioral Health Committee
   - Family & Community Involvement Committee
   - Health Education Committee
   - Health Services

   - School Garden Committee
   - Health Services

2. District Health Council
   - School Wellness Advisory Team (SWAT) Committee
   - Communications/Public Relations

3. Community
   - Board of Education
   - BOE Representative(s)

4. Public Relations
Create a District Health Council

- Formed Summer 2014
- Roles & Responsibilities
- Organizational Structure & plan
- Vision 5-Year Plan
- Capacity Building/Infrastructure development: (University of Buffalo School of Management and Independent Health) - in-kind international trainer and leader
  - District Health Committee/Council training
  - SWT building-level team training
BPS District Wellness Policy: School-Level Mandates

* Create a comprehensive School Wellness Team (SWTs)
* Conduct the School Health Index (SHI) needs assessment every 2 years (@ 12-15 hours with team)
* Conduct the NYS Heart Check assessment every 2 years
* Conduct the Youth Risk Behavior Survey (YRBS) every 2 years (2015: trend data October 5-16th)
BPS District Wellness Policy: School-Level Mandates

- Duty Assignment to Chair the School Wellness Team 2014-2015
- Use District sign-in sheets (samples)
- Use District minute sheets (samples)
- Required to submit a mid-year (January) and annual report (May) to Dr. Baldwin
- Required to set up Wellness Team and complete School Health Index and Action Plan
- See SWT Progress Sheet 2015
Year 1 Status

* 15 high SWT created 11/21/13
  * Scheduling meetings SHI 50-90% completed (team) and ADA Fuel Up to Play 60 School Investigations (students)
* Worked with 26 elementary buildings
* Parent and student involvement is a MUST
* Schedule and post regular monthly meetings
* School Wellness Team “Engagement Leader” training
  * Students Taking Charge curriculum (all high schools)
  * Rate the Taste – new food service items of consideration
* Salad bar in all high school emphasis
**Principal Responsibilities**

<table>
<thead>
<tr>
<th>Required to have a School Wellness Team that meets at least monthly</th>
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<tbody>
<tr>
<td>Required to have a school administrator on the team</td>
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<tr>
<td>A School Wellness Team Chairperson/Co-Chair leader should be selected and given a “DUTY” to oversee the team for the year</td>
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<td>Required to guide the School Wellness Team through its Roles/Responsibilities</td>
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<tr>
<td>Assure that the School Wellness Team Chairperson submits a mid-year (January) and end-of-year report (May)</td>
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<tr>
<td>Assure that School Wellness Action Plan is included in the School Comprehensive Education Plan (SCEP)</td>
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## Wellness Team Responsibilities

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<tr>
<th>Task</th>
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<tr>
<td>Assure appropriate stakeholders who target committee goals; parent(s), student(s), and administrator(s) are required committee participants.</td>
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<tr>
<td>Set school year meeting dates for the next year at your final meeting of the current school year</td>
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<tr>
<td>Conduct monthly School Wellness Team meetings and utilize the District wellness sign-in and minutes sheets to verify attendance</td>
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<tr>
<td>Conduct School Health Index (SHI) every 3 years with fidelity</td>
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<tr>
<td>Conduct New York State (NYS) Heart Check every 3 years with fidelity</td>
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<tr>
<td>Administer Youth Risk Behavior Survey (YRBS) biannually</td>
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<tr>
<td>Conduct School Health Index and develop, implement, and monitor <strong>annual</strong> action plan to address schools’ health and wellness needs using the SHI, NYS Heart Check and YRBS to make data-driven decisions</td>
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<tr>
<td>Identify school specific needs based on action plan and communicate needs (if any) to District Health Committees</td>
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<tr>
<td>Engage school staff, students, administrators, and parents in school-wide health and wellness initiatives</td>
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<tr>
<td>Conduct monthly Wellness Team Meetings</td>
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<tr>
<td>Submit mid-year (January 31st) and final (May 15th) reports to District Wellness Coordinator to be shared with District Health Council</td>
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BPS District Wellness Policy: School-Level Mandates

- SLOs and artifacts
- Assigned duty
Wellness Chairperson(s)
Responsibilities

Utilize the support of District Wellness Coordinator for your School Wellness Team (SWT) meetings.

Schedule regular, at least monthly meetings and post on Building website and Wellness Blog
  a. Send schedule to District Wellness Coordinator by September each year
  b. Utilize District SWT forms (team membership, sign-in, minutes, mid-year and final-report)

Assure SWT membership reflects the WSCC Model.

Assure all models of the new 2014 version of the School Health Index are complete
  a. Enter SHI module data on District created website (District Wellness Coordinator will provide your access information)
  b. All models should have a minimum of three actions fully identified
  c. Disseminate all 24 actions to school community (staff, parents, students, etc.) using Survey Monkey
  d. Finalize building wellness action plan and forward to building Principal to be included in the Comprehensive School Education Plan.

Identify issues that cannot be resolved at the school level and inform appropriate District Health Committee of your building’s needs

Blog your building health and wellness updates on a monthly basis to your building SWT blog

High Schools only: Assist SWT student representatives in attending Youth Advisory Council sponsored by Healthy Schools Healthy Communities

Distribute District health and wellness information to appropriate individuals in your building (e.g. Building Health Fairs, Healthy Lifestyle events, Project A.C.T., Dental Services, Nutrition Services, Garden Grants, etc.)

Attend SWT leadership and other trainings

Assure appropriate targeted wellness team members attend District sponsored trainings

Role-model and encourage healthy behaviors for the school community

Coordinate administration of the Youth Risk Behavior Survey (YRBS) in your building grades 6-12 every two years (the next one is the first week of October 2015)
<table>
<thead>
<tr>
<th>Key Milestones</th>
<th>Dates</th>
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<tr>
<td>Schedule Meeting with District Wellness Coordinator (Sue Baldwin)</td>
<td>Immediately, for mtg to take place no later than 11/15/14</td>
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<tr>
<td>Identify and form School Wellness Team, hold first team meeting</td>
<td>Immediately, for mtg to take place by 11/15/14</td>
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<tr>
<td>• Create monthly team meeting schedule through May 2015</td>
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<tr>
<td>• Review YRBS &amp; Employee Wellness Data with team</td>
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<tr>
<td>Attend SWT Team Development Program</td>
<td>December 2014</td>
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<tr>
<td>Complete SWT Team Charter with your team</td>
<td>By April 15, 2015</td>
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<tr>
<td>Complete Mid-Year Team Evaluation Report</td>
<td>By Jan 15, 2015</td>
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<tr>
<td>Complete School Health Index Needs Assessment</td>
<td>By April 1, 2015</td>
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<tr>
<td>Create and Distribute Action Items Survey, Distribute, Create Action Plan</td>
<td>By May 15, 2015</td>
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<tr>
<td>Complete End-Year Team Evaluation Report</td>
<td>By May 31, 2015</td>
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<tr>
<td>Submit Action Plan to building principal for inclusion in CSEP plan</td>
<td>By June 5, 2015</td>
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District Health Committee: School Wellness Advisory Team (SWAT)

- SWT progress report 2015, mid- and end-of-year reports, award criteria
- Parents and Students on team
- Community Partners on team:
  - Independent Health Foundation
  - UB School of Management
  - Erie Co. Dept. of Health
  - D’Youville Center for Research on Physical Activity, Sport & Health
  - UB School of Social Work
  - UB School of Education Administration
  - BSC Center for Health and Social Research
  - Community Health Network of WNY
D’Youville College Service Learning course students

- O’Shei Foundation grant (BPS/D’Youville/Community Health Worker Network of Buffalo) to build SWT parent & student capacity

- Community Health Worker cadre of 20 CHWs including BPS high school wellness team students

- Parent Engagement via CHWs

- Adopted by ASCD as an urban setting model for WSCC
District Health Committee: School Wellness Advisory Team (SWAT)

- Chairperson Training Fall 2014 – Foster a culture of health and wellness
  - Avoiding Five Dysfunctions of a Team (P. Lencioni) Part I – Keys to Successful Teamwork and the Leadership to Make it Happen
    - Effective Teams and Team Development & Creating Conditions for Effective Teamwork (Team Charter & Destination Posters)
- Team Leader Technology Tools
  - School Health Index Needs Assessment online & Data-Based Action Planning
  - Wellness Blogging & Survey Monkey use
  - Ed Advantage Data Dashboard – YRBSS data on each school’s site
  - Creating online surveys to reach parents/students/staff
- Visioning – shared leadership – team self-management & problem solving
- Roles & Responsibilities of Chairpersons/Duty
- Reporting & task timeline
District Health Committee: School Wellness Advisory Team (SWAT)

  - Chairperson(s), Administrator, Parent Facilitator, Male & Female students from all 59 schools (District O & M funds for substitutes)
  - Avoiding Five Dysfunctions of a Team (P. Lencioni) – Part II
    - Team Charter
    - Vision: Destination Poster
    - Working Together as a Team
  - USDA Smart Snacks in School policy
  - Technology: Professional Growth System SWT meetings (teacher PD hours)
  - Farm to School Planning grant initiative
  - Community Health Workers: Families as Key Partners in School Health
  - SWT Roles & Responsibilities
  - Students Taking Charge training & Youth Advisory Council (YAC) meeting
Secured funding from the Independent Health Foundation for:

- SWT of the Year - $500
- Elementary
- Secondary
- Physical Education TOY - $250 (NYS AHPERD applicant 2016)
- Health Education TOY - $250 (NYS AHPERD applicant 2016)

2014 – Separate Elementary and Secondary Celebrations

2015 – District Wellness Celebration and Fair – outside featured all 59 school 5-year vision plans
Engagement Leader Training: SWT Visioning
**Sample Destination Poster: Elementary School**

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**Destination Post-Card**

**POST-CARD**

- Happy
- Healthy
- Fit
- Energized

**To:**

- Students
- Parents
- Teachers
- Staff
- Community

**BRAINSTORMS**

(Describe what success looks like with tangible indicators)

1. A Variety of Healthy Foods
2. Multiple Opportunities for physical activity throughout the school day.
3. Alert and attentive staff and students
4. Staff and students’ Social-emotional needs are met.

**QUOTES**

(Quotes that illustrate your success from recognized leaders)

1. The first wealth is health.
   - Ralph Waldo Emerson
2. To keep the body in good health is a duty... otherwise we shall not be able to keep our mind strong and clear.
   - Buddha
3. Looking after my health today gives me a better hope for tomorrow.
   - Anne Wilson Schaef

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**Insert key messages (What would you like to say about the destination? How does it feel to be here?)**

1. Happy Healthy Fit Energized

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**Insert key messages (What would you like to say about the destination? How does it feel to be here?)**

2. Students, Parents, Teachers, Staff, Community

Who are the key stakeholders that you would like to share your message with? (Can be more than one)
Sample Destination Poster: Secondary School
2015 Wellness Team Celebration

Da Vinci High School student, Ben Hough, gets his blood pressure checked and meets with the EPIC group to discuss teen sexual health at the Wellness Team Celebration.
Burgard High School student, Isaiah Lee (a trained Community Health Worker) discusses sexual health with a Native American Community Services (NACS) teen sexual health community partner representative.
2015 Wellness Team Celebration

Healthier US Challenge
Tricia Vezina from BPS #17 - Early Childhood Center receives the Bronze level award from Dr. David Mauricio, Assoc. Sup. for Strat. Allignment. First time BPS received awards – 4 schools qualified.
2015 Wellness Team Celebration
2015 Secondary Wellness Team of the Year
National Public Health Week: Yoga & Smoothies
District Wellness Celebration

Physical Education TOY

Health Education TOY
BPS District-Level Health Committees

- Seeking parent and community organization involvement on all school and district-level committees
- Spoke with all levels of administration (BOE, Chiefs of Schools, principals, assistant principals, 5 union presidents, social workers, guidance counselors, food service workers, building engineers, nurses, etc.)
Key Driver Diagram

• Tool for teams to translate high level goal/aim into logical steps of underpinning goals and projects (drivers)
• Helps direct improvement work
  – What changes can we make that will result in improvement?
  – What factors is causing or really driving the results?
  – What is the underlying cause of the problem?
  – What factors are controlling the outcomes?
  – Cause and effect relationship
• Provides measurement framework for monitoring progress
Structured Logic Charts

- At least 3 levels
  - 1\textsuperscript{st} column - the project AIM - what are we trying to accomplish
  - 2\textsuperscript{nd} column lists the key drivers (primary drivers) that will contribute to achieving the aim
    - Can have secondary drivers – elements or factors that contribute to the primary driver
  - 3\textsuperscript{rd} column is "HOW" to address the drivers in order to achieve the AIM (change concepts, process changes, interventions)
* Once drivers identified, can start to identify priorities for action, interventions and change ideas
A new healthier me by 9/30/13

Calories In
- Limit daily food intake
- Substitute low calorie
- Avoid Alcohol

Calories Out
- Exercise

Primary Drivers
Secondary Drivers

Test of Change
- Track calories
- Plan meals
- Drink more water
- Work out 5 times/week
- Join a gym

EFFECT  CAUSE
How do you know a change was an improvement?
* Imbedded in the driver diagram
* Driver diagram encourages identification of measures in the planning phase
Year 1 Successes: PS 32 Bennett Park Montessori: Breakfast Program
Year 1 Successes:
Hutch Tech High School SWT

* SWT Chairperson: Jill Burrauno
  * School Wellness Team initiatives – Mobile Fruit and Vegetable cart outside of school building
  * School Health Index
  * Youth Risk Behavior Surveillance Survey – Participation Award
  * Breakfast Program
Year 1 Successes:
Burgard High School SWT

* Assistant Principal: Bob Maulucci (SWT Administrator of the Year Award)
  * School Wellness Team initiatives
  * School Health Index started
  * Youth Risk Behavior Surveillance Survey – 1st ever building report
  * Breakfast Program: Fall Grab N Go
  * Salad bar in all lunches
Distric Health Committee: Nutrition

* Salad bars service in all high schools working on elementary schools
* Farm to School Planning grant obtained
* Healthier US Challenge – 4 bronze awards
* Plate Waste study – Cornell University
* Healthy Vending pilot program
* CATCH Elementary Nutrition Education Curriculum
* New website nutritional analysis of menu & education resources for parents and teachers
* Collaborates with Grassroots Garden in accessing small start-up grants for school gardens and trainings
* Expanded from 3 – 18 gardens
* Writing a school garden curriculum aligned to the Common Core Standards into the Science Education Curriculum – in-progress
* School engineer team supports in building gardens for schools
PS 18 Dr. Antonia Patoja Community School of Academic Excellence: School Garden 2015
Developed and implemented Project ACES (All Students Exercise Simultaneously) in grades K-6

NFL Play 60 – BPS most minutes of ANY WNY District – collaboration with the Buffalo Bills

Created first-ever PE Compliance plan submitted to NYS DOE

Assessment & plan for staffing recommendations – accepted BOE to hire 30 new PE teachers Fall 2015

Final review of recess guide – SWAT committee secured funding for 42 elementary school recess packs ($450 per school)
* Only component not currently in place of the model would you consider chairing and/or co-chairing?
* Presentation to all District Engineers and Custodial staff June 2015 (only meet as a group one time per year) Survey given:
  * If not, who would you recommend?
  * Who would you recommend be on this committee?
  * Every component of the WSCC model should be represented, ideally every SWT should have someone from the custodial staff.
District Health Committee: Healthy School Environment

- Promotes learning by ensuring the health and safety of students and staff.
- Includes the school building and its contents, the land on which the school is located, and the area surrounding it (playgrounds).
- Examines school’s physical condition during normal operation as well as during renovation (e.g., ventilation, moisture, temperature, noise, and natural and artificial lighting).
- Protects occupants from physical threats (e.g., crime, violence, traffic, and injuries) and biological and chemical agents in the air, water, or soil as well as those purposefully brought into the school (e.g., pollution, mold, hazardous materials, pesticides, and cleaning agents).
2014 Needs Assessment of 6,000 employees
- District report
- Building-level reports
  - Mindfulness Yoga - 3 time sessions a Power Yoga Buffalo - $7 per class
  - Cutting Edge Personal Training Group session – 3 days/week - $7.00 per class
  - Bike-R-Bar spinning – 3 time session BPS staff group rate $7 per class
  - Flu shots offered at every school-building and worksite

Secured funding for LA Fitness corporate sponsorship for all District employees, family members and retirees (waived initiation fee, contract and lower monthly group rate)
Employee Wellness Component

* Center for Physical Activity, Sport and Health at D’Youville
  * Conducting faculty/staff needs assessment in all buildings in February 24th (confidential not linked to insurance plan)
  * Overall district data
  * Building level data for SWT planning use
Health curriculum (with mental health component) reviewed and accepted
  * More Than Sad Curriculum
  * Lifelines Curriculum

Implemented initial District Mental Health Awareness Night

Created a mental health awareness video for use in schools Fall 2015

Increased availability of mental health services in schools in partnership with Say Yes to Buffalo program

Goals: 1) create a clearinghouse (coordination of agencies working in all schools) and 2) advocate for trauma informed systems and restorative practices (UB School of Social Work)
District Health Committee: Health Education

- Selection of first ever grades 7-12 Health Education Curriculum (YRBSS data driven)
- Condom Accessibility Program (CAP)
A partnership with United Way of WNY, a silent donor, HE/PE Department and Health Related Services Department.
District Health Committee:
Sexual Health

- Subcommittee of Health Education Committee
- Key partnership with Genesee Valley BOCES
- Evidence-based sexual health curriculum grades 7-12
- Condom Availability Program (CAP)
2013 BPS YRBS Results
Sex behaviors in high school students

- 44% ever had sex
- 33% had sex in past 3 months
- 35% did not use a condom with last sex
- 16% had sex with ≥4 people in their lifetime
- 10% had sex before the age of 13
Buffalo Public Schools now has a current, sequential, research-based comprehensive health education curriculum grades 7-12 to increase student health, safety, academic achievement and overall success.
The curriculum grades 7-12 meets the NYS HIV/AIDS Education mandate. Abstinence is stressed as the most appropriate and effective protection against STD/HIV and unintended pregnancies and evidence-based prevention education is included. Each school must send out the “Parent Opt-Out” letter at least 2 weeks prior to instruction.
Buffalo Public Schools

Condom Availability Program
Gonorrhea & Chlamydia
Primarily affect young people (National)

Gonorrhea 334,826 Cases Reported

- 30% 15yrs - 24yrs
- 39%
- 16%
- 10%
- 4%

Chlamydia 1,422,976 Cases Reported

- 24% 15yrs - 24yrs
- 34%
- 17%
- 14%
- 9%
2012 Reported Gonorrhea and Chlamydia Cases by Age and Gender

**Erie County (includes Buffalo, NY)**

**Gonorrhea**

- Male
- Female

- < 15
- 15 - 19
- 20 - 29
- 30 - 39
- 40+

- N=1,782

**Chlamydia**

- Male
- Female

- < 15
- 15 - 19
- 20 - 29
- 30 - 39
- 40+

- N=5,089
2013 BPS YRBS Results
Sex behaviors in high school students

- 44% ever had sex
- 33% had sex in past 3 months
- 35% did not use a condom with last sex
- 16% had sex with ≥4 people in their lifetime
- 10% had sex before the age of 13
BPS YRBS Results
Condoms?

- Comparing results from 2011 to 2013
- Reporting a significant increase
- Sexually active students who did not use a condom during their last sexual encounter

30%  Middle school students
      Second largest increase among any other risk factor

15%  High school students
      7th largest increase
Students who reported having sex

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>9th</td>
<td>20%</td>
</tr>
<tr>
<td>10th</td>
<td>30%</td>
</tr>
<tr>
<td>11th</td>
<td>40%</td>
</tr>
<tr>
<td>12th</td>
<td>44%</td>
</tr>
<tr>
<td>Total</td>
<td>44%</td>
</tr>
</tbody>
</table>
Buffalo Promise Neighborhood

Percent of girls ages 15 – 19 who become pregnant

15%  
11%  
6%

Sources: NYS Department of Health, 2006-08

14215  City of Buffalo  NYS
Percent of children born to a teenage mother

Buffalo Promise Neighborhood

Zip Code 14215 (2010) 25%
U.S. (2009) 10%

Sources: EPIC, 2010; U.S. Centers for Disease Control and Prevention, 2009
CAP Guidelines

**Parental Opt-Out Notice**
- Each school year
- Parents/guardians have a right to request that their child(ren) not participate in CAP during the school year

**Condoms may be made available only by School Nurse.**
- Only at the School Nurse’s Office

**School Nurse;**
- Will obtain mandatory training to participate in CAP
- Will obtain student “opt out” list from BPS Director of Health Related Services
- Will ensure that each student has received the appropriate health education class
School Nurse:
Shall provide health guidance to include information on;
- Abstinence is the best method to protect oneself from STI’s, HIV and pregnancy.
- Risks of unprotected sex and avoiding/reducing risky behavior
- Consequences of not using a condom
- Condom skills and understanding
- Transmission and symptoms of STI’s
District Health Committee: Family Engagement/Community Involvement

- District Parent Coordinating Council (DPCC)
- Health Committee
- Parent Facilitators – one per school
- Community Health Worker Network of WNY
“The progress and partnership we have achieved as families with the Buffalo Schools Department of Health Related Services is truly a bright spot in our school district. They have listened to us and given us a VOICE. Even my kids feel empowered to make changes to improve their health and learning!”

-Jessica Bauer Walker, Vice President, District Parent Coordinating Council and International School #45 parent
“When we got a salad bar at my school, we were all so excited! We are eating better and learning to make better choices about food, both in and out of school. It’s so great that students were the ones that advocated for healthy and fresh lunch options, and we have been able to make it happen!”

-Bicana Brown, President, Inter-High Council and Leonardo daVinci High School #212 student
Why engage parents in school health?

- Promotes positive education and health behaviors and outcomes
- Enhances school efforts
- Improves health services for students with healthcare needs (e.g., asthma, diabetes, and food allergies)
Students who have parents involved in their school life have —

* Better student behavior.
* Better school attendance.
* Higher academic performance.
* Higher school completion rates.
* Enhanced social skills.
Students who have parents involved in their school life are less likely to —

* Experiment with alcohol.
* Smoke cigarettes.
* Be emotionally distressed.
* Become pregnant.
* Be physically inactive.
Parent Engagement, Academics, and Health: Important Links

- Parent Engagement
- Academic Achievement
- Health Behaviors
What factors motivate parents to be engaged?

* Parents believe that their actions will improve their child’s learning and well-being.
* School staff want and expect parents to be engaged.
* School staff reach out to parents in ways that encourage and enable them to be engaged in their children’s education.
* Students want and expect their parents to be engaged.
What are three essential aspects of parent engagement?

CONNECT

ENGAGE

SUSTAIN
Schools must make a positive connection with parents.
What is needed for parents and schools to be CONNECTED?

- Have a clear vision and mission statement that includes parent engagement.
- Create a welcoming and trusting school environment.
- Provide school staff development on how to engage parents.
- Ask parents what they want and need.
- Have a well-planned program for parent engagement in the school.
Schools should provide a variety of activities and frequent opportunities to fully engage parents.
How can schools ENGAGE parents in school health activities?

- Provide parenting support.
- Communicate with parents.
- Provide a variety of volunteer opportunities.
- Support learning at home.
- Encourage parents to be part of decision making in schools.
- Collaborate with the community.
Schools should work with parents to *sustain* parent engagement by addressing challenges to getting and keeping parents engaged.
How can schools and parents work together to SUSTAIN parent engagement?

* Appoint a dedicated team or committee that oversees parent engagement.
* Identify challenges that keep parents from being connected and engaged.
* Work with parents to tailor school events and activities to address these challenges.
District Health Committee: Health Services

- Contract with Kaleida Health System to have a nurse in every school
- Provided mandated grade level vision/hearing screening grades K, 2, 5, 7 & 10
- Collect actual BMI annually grades K, 2, 5, 7 & 10
- Nurse practitioners provide mandated physicals
- Assure students/families have health insurance
- Provide medication and/or treatment as per medical orders
- Monitor immunization
- Oversee 10 School-Based Health Centers
EXPANDING ROLE OF BUFFALO PUBLIC SCHOOLS HEALTH RELATED SERVICES

PHASE 1
BASIC SERVICES
- A nurse in every school
- Providing basic care
- Maintaining health records pertaining to physicals, immunizations, etc.

PHASE 2
ENHANCED SERVICES
- School-based health centers
- Mental health clinics
- Dental program
- Lead screenings
- Assisting pregnant & parenting teens

PHASE 3
COORDINATED SCHOOL HEALTH
- Research on best practice models
- Data collection (Youth Risk Behavior Survey)
- Development of comprehensive District Wellness Policy
- Implementation of whole child framework for health and learning
* 3,000 of BPS students grades Pre-K to 8 participated in this opt-in, no-cost program provided by UB School of Dentistry, University Pediatric Dentistry and Baker Victory Dental Services
* Almost 50% of students serviced had dental carries
* Items added in 2013 to YRBSS
* National presentation ASHA 2015
District Health Committee: Project ACT

- Designated staff member Community Education Leader/CHW oversees Project Act program for pregnant and parenting teens (males and females)
- Pathways grant $2,500 to reduce provide supports for students to remain and succeed in school (4 years)
- $10 million grant – collaborative Pregnancy Prevention Grant (5 years)
- Baby and Me Expo – annual event
School Wellness Team Evaluations

**Implementation Evaluation**
- Focused on understanding SWT activities from the perspective of key stakeholders, including successes and challenges in the implementation of SWTs

**Outcome Evaluation**
- Focused on creation of comprehensive SWT, completion of the SHI and Action Plan, Action Plan built into the SCEP – improved YRBSS results for school and academic achievement
Evaluation Methods

Surveys
- Administrators
- Parents
- Teachers
- Students

Interviews and Focus Groups
- Teachers
- Administrators

SWT Observations during SHI

Documentation Collection and Analysis

YRBSS Survey Results 2015
ELA & Math Scores
Implementation Findings

- 2015 Board of Education Presentation (See BOE Plan on a Page)
- 2015 Principal and Assistant Principal professional development over 3 days presentation on SWT progress in schools (See progress sheet)
- ASCD partnership
- 2015 ASHA conference
  - WSCC Model and Culture /Climate Change for Wellness and article
  - Oral Health poster presentation and research article
- ACES YRBSS study – UB School of Educational Admin. & School of Social Work
- Culture/Climate study – UB School of Management
- CATCH Elementary Nutrition Education program evaluation
Funding

* Action for Healthy Kids: Universal Breakfast program
  * 3 high schools to implement Grab N Go breakfast option
* In-kind funding/trainings annually ($100,000+)
* New York State School Health grant - $5.3 → $6.5 million (2015)
* Independent Health Foundation
* NFL Play 60 grants
* Tower Climate and Culture grant - $300 stipend to HS wellness chairperson to include MEB health on agendas and address issues with a student team format
* O’Shei Foundation
* Ralph C. Wilson Foundation/United Way of WNY
* Farm to School Planning grant
* ???
Funding

* Fuel Up to Play 60 – American Dairy Association ($4000 for SWT)
  * $2000 for nutrition and $2000 for physical activity
    http://school.fueluptoplay60.com/home.php
  * Grants round 2 due September 15
  * Must complete all 3 student school investigation studies with 100 students: Nutrition, Physical Activity and Parent Involvement

* UB School of Education Leadership seed grant – ACE analysis related to academic achievement
Year 3 Objectives

* Personnel and capacity building to run effective and efficient department
  * Propose Department name change to Whole Child Initiatives
  * Propose District restructuring plan
* Continue to break down silos across District
* Foster leadership buy-in regarding Whole Child Initiatives
* Provide professional development to wellness teams on:
  * Creating trauma informed schools (YRBSS data to schools 11/15)
  * Restorative practices in schools
Nationally

Taking on Trauma to Bring Healing and Change
ACES: Adverse Childhood Experiences

ACE Categories

- Concept of Toxic Trauma/Stress
- Work started with children in institutionalized settings (Romania) children in welfare systems
- ACES study: started with obesity

<table>
<thead>
<tr>
<th>ABUSE</th>
<th>NEGLECT</th>
<th>HOUSEHOLD DYSFUNCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Physical</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Emotional</td>
<td>Emotional</td>
<td>Incarcerated Relative</td>
</tr>
<tr>
<td>Sexual</td>
<td></td>
<td>SubSTANCE Abuse</td>
</tr>
<tr>
<td>Divorce</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ACES: Adverse Childhood Experiences

- The traditional concept of related events leading to early death

- Most studies actually show “graded” relationships or “dose-related”

- Disease risk not fully explained by risk behaviors
ACES: Adverse Childhood Experiences

* Direct relationships
  * Behaviors

* Indirect relationships
  * Mediated by other events

* Associations
  * Increase in occurrences
Central Message:
Prevention of chronic illness necessarily includes consideration of trauma-related risks, especially those that occur early in childhood.

**Diagnostic and treatment plans are incomplete without efforts to address ACEs.**
**Buffalo Public Schools YRBSS**

**What we know:**

**What’s new:** There is a great likelihood of smoking, sexual risk behaviors, teenage pregnancy, obesity, substance abuse, depression and suicide attempts as ACE scores increase.

<table>
<thead>
<tr>
<th>BPS YRBS High School Results 2013</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing their usual activities, in the past year</td>
<td>28.5%</td>
</tr>
<tr>
<td>Attempted suicide in the past year</td>
<td>13.8%</td>
</tr>
<tr>
<td>Smoked cigarettes on one or more days in the past 30 days</td>
<td>10.6%</td>
</tr>
<tr>
<td>Consumed 5 or more drinks of alcohol in a row, within a couple of hours on one or more occasions in the past month</td>
<td>12.7%</td>
</tr>
<tr>
<td>Used marijuana in the past month</td>
<td>22.8%</td>
</tr>
<tr>
<td>Ever engaged in sexual intercourse</td>
<td>42.1%</td>
</tr>
<tr>
<td>Used birth control pills to prevent pregnancy, last time they had sex, (of currently sexually active students)</td>
<td>19.6%</td>
</tr>
<tr>
<td>Watched television 3 or more hours on an average school day</td>
<td>42.1%</td>
</tr>
</tbody>
</table>
## ACES & BPS YRBSS

<table>
<thead>
<tr>
<th>ACES</th>
<th>BPS YRBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did a parent or other adults in the household often or very often</td>
<td>Has a parent, or adult in your home sworn at you, insulted you or put</td>
</tr>
<tr>
<td>swear at you, insult, you, put you down or humiliate you, or ever act</td>
<td>you down?</td>
</tr>
<tr>
<td>in any way that made you afraid that they might physically hurt you?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Did a parent or other adult in the household often or very often</td>
<td>Has a parent or adult in your home hit, beat, kick or physically hurt</td>
</tr>
<tr>
<td>push, grab, slap or throw something at you? Or ever hit you so hard</td>
<td>you in any way?</td>
</tr>
<tr>
<td>that you had marks or were injured?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Did an adult or person at least 5 years older than you ever touch or</td>
<td>CDC item: During the past 12 months, how many times did someone you were</td>
</tr>
<tr>
<td>fondle you or have your touch their body in a sexual way or attempt</td>
<td>dating or going out with force you to do sexual things that you did not</td>
</tr>
<tr>
<td>to, or have sex with you?</td>
<td>want to do? (Count such things as kissing, touching, or being physically</td>
</tr>
<tr>
<td></td>
<td>forced to have sexual intercourse.)</td>
</tr>
<tr>
<td>ACES</td>
<td>BPS YRBSS</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Did you often or very often feel that you didn’t have enough to eat, had to wear dirty clothes, or had no one to protect you or your parents were to drunk or high to take care of you or take you to the doctor if needed?</td>
<td>How often has your family not had enough money to buy food or pay for housing?</td>
</tr>
<tr>
<td>Was your mother or stepmother often or very often pushed, grabbed, slapped or had something thrown at her or sometimes, often or very often kicked, bitten, hit with a fist, or hit with something hard or ever repeatedly hit for at least a few minutes or threatened with a gun or a knife.</td>
<td>Not addressed in YRBSS</td>
</tr>
<tr>
<td>Did you ever live with someone who was a problem drinker or alcoholic or used street drugs.</td>
<td>Have you ever lived with anyone who was an alcoholic, problem drinker, used illegal street drugs, took prescription drugs to get high or was a problem gambler?</td>
</tr>
<tr>
<td>ACES</td>
<td>Buffalo YRBS</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Was a member of your household depressed, mentally ill or did a</td>
<td>Have you ever lived with anyone who was diagnosed</td>
</tr>
<tr>
<td>household member attempt suicide?</td>
<td>mentally ill or suicidal?</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Did a household member ever go to jail or prison?</td>
<td>Not addressed in YRBSS</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Were your parents ever divorced or separated?</td>
<td>Not addressed in YRBSS</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you often or very often feel that no one in your family</td>
<td>Not addressed in YRBSS</td>
</tr>
<tr>
<td>loved you or thought you were special or your family didn’t look</td>
<td></td>
</tr>
<tr>
<td>out for each other, feel close to each other or support each other?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Not ACES question</td>
<td>Did you ever see someone get shot, stabbed or beaten</td>
</tr>
<tr>
<td></td>
<td>in your neighborhood?</td>
</tr>
</tbody>
</table>
Next Steps for YRBSS

* Data Analysis (November)
* Distribute results to Districts (November-December)
* Distribute building reports (January/February)
* BPS YRBSS Committee to convene stakeholders (Winter)
  * Interpreting the data (VIA evaluation, UB, HRS)
  * Implications for community prevention efforts (zip codes)
* Share data with other community initiatives
Creating a Trauma Sensitive School

Schools can no longer limit interventions to individual children with known trauma histories but must create instructional frameworks that integrate a trauma sensitive approach into all aspects of the school day.
Students dealing with trauma are:
- 2 ½ times more likely to fail a grade
- Score lower on standardized assessments (ELA & Math)
- Have more receptive & expressive language difficulties
- Are suspended or expelled more often
- Are designated to special education more frequently
# ACES and School

<table>
<thead>
<tr>
<th>ACES Level</th>
<th>Academic Failure</th>
<th>Severe Attendance Problems</th>
<th>Severe School Behavior Concerns</th>
<th>Frequent Reported Poor Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 or more ACES (N=248)</td>
<td>3x</td>
<td>5x</td>
<td>6x</td>
<td>4x</td>
</tr>
<tr>
<td>2 ACES (N=213)</td>
<td>2.5x</td>
<td>2.5x</td>
<td>4x</td>
<td>2.5x</td>
</tr>
<tr>
<td>One ACES (N=476)</td>
<td>1.5x</td>
<td>2x</td>
<td>2.5x</td>
<td>2x</td>
</tr>
<tr>
<td>No ACES Know (N=1,164)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Washington State University, Spokane, 2015
ACES and School

Resilience

• ACEs are **NOT** a life sentence and they are **NOT** set in stone. BPS looks at Developmental Assets to build on student strengths.
“I believe each one of us has the capacity to become resilient. But our parents, siblings, extended family and community can either **give us resilience** or **reduce our resilience**. I also believe that resilience is like a muscle. You can strengthen your resilience, just as you strengthen a muscle.”

- Tina Marie Hahn, MD
Resilience

I Have
• External supports and resources

I Am
• Internal, personal strengths

I Can
• Social and interpersonal skills

International Resilience Project, 1995
Why take a school wide approach?

• Normative setting
• Universal precautions
• Front-line for mitigating the impact of trauma
• Building resiliency
• Improved student academic success
What is a trauma sensitive school?

* Acknowledges the prevalence of traumatic events and toxic stress in students’ lives
* Creates a flexible framework that provides universal supports and is sensitive to the unique needs of students
* Mindful of avoiding re-traumatization

**NOTE:** Trauma Informed Care is NOT a program – It is an ongoing process that is unique to the strengths and needs (YRBSS) of each organization and community
Essential elements of a trauma sensitive school

* Commitment
  * Leadership
  * Trauma Champions/Steering Committee
  * Staff

* Professional Development
  * Training (November 2015/February 2016 including students/parents)
  * Academic and nonacademic strategies
  * Ongoing coaching and mentoring

* Practice Change
  * Policies, procedures, and protocols
  * Continuous Quality Improvement
Opportunity to Strengthen the Model

Leveraging existing and/or new Community Partnerships in order to:

- Disseminate knowledge about ACES and TIC
- Utilize the YRBS with ACES to establish baseline rates of reported trauma and high risk behaviors
- Implement a universal screen across systems (child and adult)
- Implement evidence based universal and targeted interventions
- Monitor change over time to determine reduction in high risk behaviors
Whole School, Whole Community, Whole Child Model: Create Your Team
To create healthy school communities in all schools that seek the input from families, school employees and community partners by 2020.
Our mission is to build the capacity of school communities through the engagement of families, educators and community members to create, enrich, promote and sustain supportive learning environments and reduce health-related barriers to learning that impact on academic achievement and citizenship.
Designated department space housing all individuals on WSCC model

Additional staff to meet student needs

Improved communication system (remove barriers)

Budgeted line-item in District budget (not solely rely on NYS Health grant as this barely covers a nurse in each school over 6 hours)

Fund SWT action plans annually (using proceeds from Healthy Vending/School Stores in addition to line-item in budget)
No child left behind

Is this the test to test us for the test to see if we are ready for the test?
"Coming together is a beginning. Keeping together is progress. Working together is success."

Henry Ford
QUESTIONS
Thank You

Sue Baldwin, PhD, MCHES, FASHA
District Employee Wellness Coordinator

sbaldwin@buffaloschools.org

716-816-3912
The Truth About ACEs

What Are They?

ACEs are Adverse Childhood Experiences

How Prevalent Are ACEs?

The ACE study revealed the following estimates:

**Abuse**
- Physical Abuse: 26.3%
- Sexual Abuse: 20.7%
- Emotional Abuse: 10.6%

**Neglect**
- Emotional Neglect: 14.8%
- Physical Neglect: 9.9%

**Household Dysfunction**
- Household Substances Abuse: 26.9%
- Parental Divorce: 23.9%
- Household Mental Illness: 19.4%
- Mother Treated Violently: 12.7%
- Incarcerated Household Member: 1.4%

What Impact Do ACEs Have?

As the number of ACEs increases, so does the risk for negative health outcomes.

Possible Risk Outcomes:

Risk

- 0 ACEs
- 1 ACE
- 2 ACEs
- 3 ACEs
- 4+ ACEs

Behavior

- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Mental illness

Physical & Mental Health

- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs

- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones

Of 17,000 ACE study participants:

- 26% have 0 ACEs
- 16% have 1 ACE
- 14% have 2 ACEs
- 10% have at least 3 ACEs
- 6% have at least 4 ACEs

rwjf.org/vulnerablepopulations

*Source: http://www.cdc.gov/children/ace.html
## Wellness Policy Progress 2015

<table>
<thead>
<tr>
<th>Preamble</th>
<th>Statement</th>
<th>Progress</th>
</tr>
</thead>
</table>
| 1 & 11 & 13 | **Create District Health Council** – parents, students, BOE members, building administrators, district administrators (Food Service, PED, HED, HRS, curriculum), teachers, representative of paraprofessional staff, community members & chairs of all 11 District Health Committees  
All school staff receives annual training on wellness policies and ways to promote nutrition and physical activity | **August 2014 (Met)**  
**Organizational Chart 2015 (See Org. Chart)**  
**Leadership Training via UB School of Management (avoiding Five Dysfunctions of a Team)**  
**Created a Vision and Team charter**  
**Trained 5 persons per school and wellness teams via SHI (ongoing; unmet)** |
| 2         | **Annual Reporting of wellness at building levels including a way to problem-solve issues to foster stronger program accountability and progress**  
**Created comprehensive SWT – parents, students, teachers, HED & PED teachers, food service manager, guidance/social work/psychologist, engineer, administrator and community members** | **Created Mid- and End-of-Year SWT evaluations (2015) (met)**  
**Established SWT at various levels of implementation (See SWT Progress Sheet)** |
| 3 & 11 & 13 | **55/58 schools created a wellness team – implementation varies**  
**40 schools completed the School Health Index Needs Assessment**  
**Created a plan for YRBSS collection in each school for the first week of October 2015** | **Provided leadership training via UB School of Management (avoiding Five Dysfunctions of a Team)**  
**Created a Vision and Team Charter for each school**  
**Surveyed all stakeholders and selected two actions for improvement**  
**Wrote two actions into SCEP/SIG for the school (In-progress)** |
| 4         | **Monitor and review of District Wellness Policy via all District stakeholders**  
**Follow superintendent regulations to wellness policy** | **Scheduled for 2015-2016 school year (unmet)**  
**Submitted Superintendent Regulations March 2015 (under legal review)** |
| 5         | **Food and beverages sold or served meet US School Challenge guidelines**  
**Provide grade appropriate nutritional education**  
**Elementary school provide a nutrition education curriculum**  
**HS offered nutrition education in 2 courses required for graduation**  
**Partner with a Chef in the Chefs Move to Schools Program**  
**Smarter Lunchroom techniques are used to increase fruit, vegetable, dry beans and peas consumption** | **USDA Smart Snacks in Schools guidelines (unmet)** |
| 6         | **Access to a variety of affordable, nutritious and appealing foods that meet nutrition needs of students accommodating for religious, ethnic and cultural diversity in a clean, safe and pleasant setting**  
**Provide grade appropriate nutritional education**  
**Pilot curriculum in schools for nutrition education**  
**Elementary school provide a nutrition education curriculum**  
**HS offered nutrition education in 2 courses required for graduation**  
**Partner with a Chef in the Chefs Move to Schools Program**  
**Smarter Lunchroom techniques are used to increase fruit, vegetable, dry beans and peas consumption** | **In-progress**  
**Unmet**  
**Unmet**  
**ES (unmet)**  
**In-Progress**  
**In-Progress - research study with Cornell University** |
| 7         | **Participate in School Breakfast in the Classroom Program, National School Lunch Program (including afterschool snacks), Summer Food Service Program, Fruit and Vegetable Snack Program and Adult Care Food Program**  
**Participate in Farm to School Initiative**  
**School Food Service Manager is a certified food handler**  
**Grab and Go reimbursable meal options include dark green, red and orange vegetables, and/or dry beans and peas at least one day/week**  
**Inform public about lunch duration and seek input from students/community about adequate time allotted for lunch** | **Ongoing (met); Adult Care Food Program (unmet) but do feed school staff**  
**Secured planning grant 2014 (met)**  
**Met in all schools NYS Serve Safe certified October 2014**  
**Unmet**  
**Unmet but surveyed students and staff on food preferences (snack, a la carte preferences); Offered student taste testing** |
## Wellness Policy Progress 2015

<table>
<thead>
<tr>
<th>Preamble</th>
<th>Statement</th>
<th>Progress</th>
</tr>
</thead>
</table>
| 9        | Providing health education and physical education classes to foster lifelong healthy eating, physical activity and positive health behaviors pursuant of the NYS Commissioner’s Regulations and NYS DOE Guidelines | Nutrition education (unmet; nothing offered PK-7)  
MS & HS (in progress)  
Additional health and PE teachers required to meet Commissioner’s Regulations (unmet) |
| 10       | Elementary programs (PK-6) shall provide opportunities for daily unstructured physical activity, such as recess, for all children as recommended by Healthier US School Challenge  
Offer at least 20 minutes of recess daily before school | Recess is scheduled in some buildings via Infinite Campus but typically not implemented on a regular basis; provided all ES with recess pack of equipment ($450) and Recess Guide to all K-8 teachers (unmet)  
Unmet |
| 11       | District works to ensure health promotion and disease prevention of chronic and infectious disease exposure to staff by providing training and information | Across all buildings, SHI needs assessment identified that CPR/AED/First Aid, conflict resolution, asthma management, HIV/AIDS, DASA and FERPA trainings for staff have not occurred in over 2 years (unmet)  
Immunizations updated for all students prior to school entry (unmet in some buildings) |

### Health Promotion and Education Section

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Provide consistent health promotion messages</td>
<td>Challenging across District (unmet)</td>
</tr>
<tr>
<td>2</td>
<td>Health education and parent training programs</td>
<td>Need identified in SHI needs assessment in all buildings (unmet)</td>
</tr>
<tr>
<td>3</td>
<td>Support community partnerships</td>
<td>Ongoing (met)</td>
</tr>
<tr>
<td>4</td>
<td>Encourages partnerships and JOINT USE with community agencies to provide health and mental health services at school for students, families and staff year round</td>
<td>No joint use agreement in place or year round services (unmet)</td>
</tr>
<tr>
<td>5</td>
<td>Assurance for meeting this policy is through Superintendent Regulations</td>
<td>Superintendent Regulations submitted to legal March 2015 - under review (unmet)</td>
</tr>
</tbody>
</table>
Each District Health Committee:
- Has co-chairs: usually one district and one parent and/or community partner
- Comprised of diverse stakeholder
- Developed a mission statement, developed goals and actions trained by UB School of Management
- Meets regularly

School Wellness Advisory Team (SWAT)
- Adopted by the ASCD (Association for Supervision and Curriculum Development – 3rd largest education association in the world) due to implementation of the Whole School Whole Community Whole Child (WSCC) model linking health and education
- Offered 2 full-day, District-wide trainings, included parents, students, teachers, administrators and team leaders – Avoiding the Five Dysfunctions of a Team (UB School of Management)
- Oversaw District Wellness Policy implementation in collaboration with District Wellness Coordinator
- Healthy Vending options piloted in City Honors and Riverside High schools with growing success – RFP for District 2015
- Secured funding to provide each elementary school with a recess pack ($450 worth of recess equipment)
- Created a recess guide for all K-8 teachers in the District – Fall 2015
- Secured funding for Wellness Teams of the Year and Health and PE Teacher of the Year – Independent Health Foundation

**Recommendations:**
- Showcase and publish about all the work being done linking health and academic achievement

**Mental, Emotional, Behavioral Health**
- Health curriculum (with mental health component) has been identified and approved
  - More Than Sad Curriculum
  - Lifelines Curriculum
- Implemented a District Mental Health Awareness Night
- Created a Mental Health Awareness Video for use in schools Fall 2015
- Increased availability of mental health services in schools in partnership with Say Yes

**Recommendations:**
- Clearinghouse (coordination of agencies and others working in our schools)
- Advocating for trauma informed systems and restorative practices – UB School of Social Work

**Nutrition**
- All high schools have implemented their salad bar service along with some elementary schools
- New Food Service Website:
  - Nutritional Analysis of student menu
  - Nutrition Education and Physical activity information for families and staff
- Farm to School Planning Grant obtained
- Healthier US Challenge awarded to 4 BPS schools at the Bronze level recognition

**Recommendations:**
- Breakfast in the Classroom expanded to include all High Schools
  - DiVinici High school implemented Grab and Go breakfast increasing breakfast counts by 100%

**School Garden**
- Collaborates with Grassroots Garden in accessing small start-up grants for school gardens and trainings
- Expanded from 3 to 18 school gardens in 2 years

**Recommendations:**
- School Garden Curriculum to align with Common Core Standards and/or Science Education Curriculum

**Physical Activity**
- Developed and implemented Project ACES (All Students Exercise Simultaneously) in grades K-6
- Play 60 – BPS most minutes of ANY WNY District – Buffalo Bills collaborative
- PE Compliance plan developed and submitted to NYS DOE
- PE staffing recommendations provided to BOE
- Assisted with final review of recess guide

**Recommendations:**
- Include Physical Education (and Health Education) grades in the student GPA
- Staff PE program to meet Commissioner’s Regulations
Health Services
• Created Students at Risk Report
• Trained all nurses on Trauma Informed Care (UB School of Social Work)
• Provided nursing coverage across the District
• Completed state mandated grade-level physicals
• Completed all state mandated health screenings

Recommendations:
• Create partnership with the American Red Cross to offer CPR/First Aid/AED trainings to all BPS employees in exchange for blood drives across the District (create a cadre of trainers to ensure sustainability)

Project ACT (Assisting Caregiving Teens) – assimilated into the HRS Department 2014
• Provide support and referral to over 200 pregnant and parenting teens annually
• Obtained a Federal grant to support the teens who are pregnant and/or parenting
• Developing extensive partnerships to create systems to support the teens

Recommendations:
• Create School for Pregnant and Parenting Teens (See proposal)

Dental Health
• Three dental providers (University Pediatric Dentistry, UB Department of Dental Medicine, Baker Victory Services) collaborate to assure FREE dental services are made available to all BPS students
  o Over 2,000 students received free dental screening and services

Recommendations:
• Utilize YRBSS data to publish all the good work being done around dental health in the District

Sexual Health
• Advocates for Comprehensive Sexual Health Curriculum (CSHC) for grades K-12
  o High School and Middle School CSHC have been purchased
• Working to Institutionalize Sexual Education (WISE) grant provided professional development for all health teachers on the new CSHC
• Provided sexual health education to all seniors across the District
• Worked toward the adoption of a Condom Availability Program (CAP), based on YRBSS data, for high school students

Recommendations:
• District support for Community Providers (Planned Parenthood, Native American Services, etc…) to enhance Sexual Health Education to all HS

Staff Health Promotion
• Completed a District needs assessment: District as well as school building reports created– programs offered based on employee needs (D’Youville College)
• Offered off-site, group rate opportunities to participate in physical activities to all BPS staff (spinning classes, yoga (3 sessions), group personal training (3 sessions))
• Negotiated Corporate Membership to LA Fitness for all staff and their families, retirees and BOE members

Recommendations:
• Work with BTF and BOE to adopt a liability release waiver in order to offer programming identified in needs assessment to reduce the barrier for participation (major barrier)

Family and Community Engagement
• Support the DPCC Health and Wellness committee
• Community Health Network trained students and adults as Community Health Workers to assist with School Wellness Teams

Recommendations:
Engage parents, student, and community members to participate on School Wellness Team
Support the Community Health Worker grant to train parents, students, and staff to be school wellness team leaders
Buffalo Public Schools (BPS)

Health & Wellness

Professional Development Plan 2015-2016

Susan Baldwin, Dawne McNeal, and Michelle Zimmerman

University at Buffalo

LIFTS Cohort 21

ELP 606 Changing Social Contexts for Educational Leaders

Dr. Corey Bower

July 9, 2015
The Buffalo Public School District vision as it relates to the District Wellness Policy of 2012 is to create healthy school communities in all schools that seek the input from families, school employees and community partners by 2020. The Department of Health Related Services mission statement is to build the capacity of school communities through the engagement of families, educators and community members to create, enrich, support and sustain supportive learning environments and reduce health-related barriers to learning that impact on academic achievement and citizenship. This paper reviews the impact of student health and wellness as it effects student academic achievement in the Buffalo Public Schools. Outlined in table format in this paper, we have developed and framed out the District Wellness Professional Development Plan for the 2015-2016 school year. Professional development decisions were based on Youth Risk Behavior Surveillance Survey (YRBSS) results. The data was collected from all fifty-eight Buffalo Public school students during the district’s second administration of the survey in 2013. The School Wellness Teams (SWT) at each school also submitted an end-of-year evaluation report which identified their professional development needs and requisitions.

The YRBSS and the School Health Index Needs Assessment (SHI) data support the fact that each school within the district is unique. Therefore, each year district educational leaders try to find common ground to address health needs and professional development needs as related to student academic achievement. Schools are provided the flexibility to address their own building needs by analyzing their school’s YRBSS and SHI data reports. SWTs are then able to identify school-based health needs and create health actions to bridge the achievement and opportunity gaps found within each school’s student population (Tough, 2012). District leaders periodically provide training and
support for SWTs. The professional development plan presented incorporates numerous community partnerships found at both the district and school-level. Many schools face changing student demographics such as race, poverty, students who are transient, English as a Second Language (ESL) learners, special education students (SPED), and a refugee population. Buffalo is considered a preferred relocation city for refugees by the state and at the national level. The basic human needs of refugees as outlined by Maslow (1954) (See Figure 1 below): across the various Buffalo schools continue to be in flux and accounts for nearly 18% of the total BPS student population (Duncan & Murnane, 2014). Needs, that if left unmet, can hamper a child’s thinking, emotions, mental and physical health and overall academic achievement. Interstate School Leaders Licensure Consortium (ISLLC) Standard 3 (2008): addresses this education leader tasks to ensure management of the organization, operation and resources for a safe, efficient, and effective learning environment. ISLLC Standard 4a (2008): is also an educational leadership skill to collect and analyze data and information pertinent to the education environment. Finally, educational leaders are trusted to implement ISLLC Standard 5a (2008): to ensure a system of accountability for every student’s academic and social success).
Figure 1: Maslow’s Hierarchy of Needs

The significance of this professional development plan in addressing the needs of the whole child will impact upon the non-cognitive skills and character skill traits of children in an effort to support their cognitive learning in the classroom (Tough, 2012). This plan also supports the overall vision of the district to create healthy schools that incorporate the voice and concerns of students, parents and community partners by the year 2020. Educational leaders are trusted to implement ISLLC Standard 4c (2008): to build and sustain positive relationships with families and caregivers and Standard 4d (2008): to build and sustain productive relationships with community partners. The educational vision is to increase the overall health of each student and all BPS school communities. The overall goal of the plan is to increase student achievement with the hope of reducing the health and opportunity gaps that exist for students and families living in poverty.

In this professional development plan, there will be three major target areas for the 2015-2016 school year based on the Whole School, Whole Community, Whole Child (WSCC) Model (See Figure 2). The first area will focus on all BPS principal, assistant principals and central office administrators during their administrative retreat prior to the
beginning of the 2015-2016 school year and will outline the principal’s wellness team and his/her SWT roles and responsibilities, trauma informed care and the USDA Federal Smart Snacks in School regulations. The second area will focus on all fifty-eight wellness chairperson(s) attending a one-day comprehensive training outlining student leadership development, trauma informed care, restorative practices, grant offerings and the USDA Federal Smart Snacks in School regulations. The second area will focus on a series of five day comprehensive trainings in February of 2016 with a focus on trauma informed care, student leadership development, restorative practices, grant overview and USDA Federal Smart Snacks in School. The SWT engagement leaders targeted by this professional development include: SWT chairperson(s), the administrator assigned to oversee the wellness team, parents, a minimum of two high school students (ideally a male and female), and other community partners for all fifty-eight teams. After each professional development there will also be differentiated professional development available to schools upon request. Professional development will be made available based on individual specific school needs via face-to-face, distance or on-line learning.
Figure 2: Whole School, Whole Community, Whole Child (WSCC) Model Adopted by BPS on April 15, 2014

Based upon the response from the YRBSS, SHI, and end of year reports for the SWTs and their professional needs assessment, we developed the forthcoming professional development plan as developed from the objectives listed below:

*School Wellness Team Performance Objectives*

Every student is performing at or above grade level, practicing health promoting behaviors, engaging in his or her learning, and contributing positively to the community. The 2013 date was used in writing objectives for this plan as this was the most recent District Youth Risk Behavior Surveillance Survey (YRBSS) student data collection date. Data will be collected again in 2015 during the last week of September through the first week of October and made available to all schools at the November SWT training.

Goals and Measures for BPS District Wellness Professional Development Plan 2015-2016

* The objectives have been color coded to indicate on Table 1 below the professional development activity that aligns with that objective.
By August 25, 2015, all district principals, assistant principals and central office administrators will be trained on the Trauma Informed Care framework, the USDA Smart Snacks in School mandates and the Principal and School Wellness Team roles and responsibilities.

- By October 10, 2015, collect Youth Risk Behavior Surveillance Survey (YRBSS) data from all BPS students in grades 6-12.
- By November 3, 2015, all SWT chairperson(s) will understand all available BPS mental, emotional and behavioral health services and how to access those services via the Tower grant.
- By November 3, 2015, all SWT chairperson(s) will understand the work of Community Health Workers and how to utilize these CHWs on their wellness teams.
- By November 3, 2015, all SWT chairperson(s) will be trained their roles and responsibilities and the roles and responsibilities of the SWT.
- By February 11, 2016, all SWT engagement leaders will be trained on the framework of Trauma Informed Care in order to address student physical, mental, emotional and behavioral health issues as they relate to academic success.
- By February 11, 2016, all students serving on SWTs will be trained on the Students Taking Charge curriculum in order to foster student input and engagement on SWTs.
- By February 11, 2016, all SWT engagement leaders will be trained on the use of Restorative practices in their school.
- By February 11, 2016, all SWT engagement leaders will understand all local, state and national grants available to their SWTs.
- By April 22, 2016, create two health and academic actions in each school using YRBSS, SHI and NYS Heart Check data.
- By May 6, 2016, write two action items into the School Comprehensive Education Plan (SCEP).
- By May 15, 2016, assess all student, staff and family needs around health and wellness as it links to academics using the School Health Index (SHI) Needs Assessment tool in all 58 BPS schools.
- By May 15, 2016, assess all school environments using the New York State Heart Check tool.
- By June 30, 2016, implement two actions in each school based on identified needs to improve student, staff and family health and education outcomes.
- By January 30th and June 30, 2016, evaluate each school’s action plan’s effectiveness in meeting health and academic goals for the 2015-2016 year.
# Table 1: School Wellness Team Professional Development Plan 2015-2016

<table>
<thead>
<tr>
<th>Professional Development Day</th>
<th>Target Audience</th>
<th>Schools Involved</th>
<th>PD Training Topic</th>
<th>Community Partner</th>
</tr>
</thead>
</table>
| August 25, 2015              | All BPS Principals, Assistant Principals and District Central Administrators | All 58 schools | • Introduction on Trauma Informed Care/Framework and Overview (video)  
• Principal SWT Roles/Responsibilities & SWT Roles/Responsibilities & District Wellness Organizational Chart review  
• Gallery Walk & Display of 58 SWT Vision Posters  
• USDA Federal Smart Snacks in School regulations | University of Buffalo School of Social Work University of Buffalo School of Management |
| November 3, 2015             | 58 Wellness Team Chairperson(s) | 42 Elementary Schools & 16 High Schools | **Technology (Computer Access Room)**  
• PGS System  
• Data Dashboard  
• SWT Blogging  
• NYS Heart Check online survey  
• Action plan survey use  

**Team Structure & Development**  
• Roles & Responsibilities of Chairperson and SWT  
• Meeting dates for year  
• Team Charter  
• Review Team Vision  
• Mid-Year and End-of-Year reports  
• District Wellness Organizational Chart  
• 2015-2016 Action Plan implementation  
• 2016-2017 Action Planning procedure  
• Writing Action Plans into SCEP  

**YRBSS Data Use on SWT**  
• Review District and individual school report YRBSS 2015 data  

**Health-Related Topics Linked to Education**  
• Mental, Emotional & Behavioral (MEB) Health Committee presentation  
• MEB/Tower grant project responsibilities and stipend (High School Only)  
• Community Health Worker training over  
• Trauma Informed Care – framework | BPS IT Department  
Wellness Institute of Greater Buffalo, NY  
University of Buffalo School of Management |

Via Evaluation Services  

BPS Positive Behavioral Intervention System (PBIS) Department  
Community Health Worker Network of Buffalo, NY |
<table>
<thead>
<tr>
<th>Professional Development Day</th>
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<th>Schools Involved</th>
<th>PD Training Topic</th>
<th>Community Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 3rd and 4th, 2016 (High School Dates)</td>
<td>Engagement Leaders per SWT:  • SWT Chairperson(s)  • Administrator assigned to oversee SWT  • Parent Facilitator/parents  • Students (one male &amp; one female at minimum)</td>
<td>All High Schools (16 total teams = 8 teams per day)</td>
<td><strong>Team Development</strong>  • Students Taking Charge curriculum 1/2-day training &amp; Youth Advisory Council (YAC) overview and meeting (Students Only) – pullout session  • Introduction to Trauma Informed Care (ACES) – framework and overview &amp; walk away steps for schools interventions (video) (Adults Only)  • Restorative Justice – framework/and overview &amp; walk away steps for schools (All participants)  • Overview of grant opportunities for schools (Fuel Up to Play 60, Play 60, Alliance for a Healthier Generation, garden grants, etc.)  • USDA Federal Smart Snacks in School regulations</td>
<td>Genesee Valley Educational Partnership (BOCES)</td>
</tr>
<tr>
<td>February 9th, 10th and 11th, 2016 (Elementary School Dates)</td>
<td></td>
<td>All Elementary Schools (42 total teams = 14 teams per day)</td>
<td></td>
<td>University of Buffalo School of Social Work</td>
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<td>Peace Prints, Inc.</td>
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</table>

The BPS Department of Health Related Services has budgeted $10,000 for the 2015-2016 year to implement the three professional developments outlined in the School Wellness Team Professional Development Plan. In addition, the Department receives many in-kind professional development training dollars from the University of Buffalo (UB) School of Management ($10,000), UB School of Social Work ($2,500) and the Independent Health Foundation ($5,000).

In conclusion, research has proven that students who are not socially, emotionally, and physically healthy have difficulty learning (Putnam, 2015; Basch, 2010). This plan is important because it has been adopted and will be implemented by the BPS Department of Health Related Services this upcoming school year and it addresses identified school and district health-related needs.
References


Buffalo Public Schools
School Wellness
Team Charter

<Insert Team Name>

Team members:
PART I: TEAM MISSION & GOALS

1. What is the overall mission/purpose of our team?

2. What are the specific goals of the team?

3. Who are our key stakeholders?

4. What results are expected from each of our key stakeholders?

5. What is success for our team and how will we know when we have achieved it?
PART II: TEAM NORMS

**Meeting Norms** – Expectations include when, where, and how often to have team meetings. What is expected of members with regard to attendance, timeliness, and preparation? Also, what is the balance between work and fun?

Meeting norms for our team:

**Working Norms** – Expectations involve standards, deadlines, how equally effort and work should be distributed, how work will be reviewed, and what to do if people do not follow through on commitments.

Working norms for our team:

**Communication Norms** – Expectations center of when communication should take place, who is responsible, how should it be done (phone, email, etc.) and how to discuss feelings/concerns about the team or members.

Communication norms for our team:

**Leadership Norms** – Expectations include whether a leader is needed, if leadership is rotated, responsibilities, and how to fairly and equitably distribute the leadership responsibilities.

Leadership norms for our team:

**Consideration Norms** – Expectations center on being considerate of members’ comfort with other team members’ behavior (e.g., demonstrating respect for different viewpoints) and their ability to change norms if they are uncomfortable with what is going on in the team.

Consideration norms for our team:
### Key Responsibilities

*List required roles relating to the completion of this responsibility, identify the expectations that the team should have of this role, and identify who on the team will fulfill this role.*

<table>
<thead>
<tr>
<th>Key Responsibilities</th>
<th>Role:</th>
<th>Expectations:</th>
<th>Member:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing direction &amp; coordinating the Team</td>
<td>Team Leader</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engaging parents and families</td>
<td>Parent Liaison</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engaging school administration and teachers</td>
<td>Administration and Teacher Liaison</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engaging students</td>
<td>Student Liaison</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking notes during team meetings and documenting team activities and work</td>
<td>Team Scribe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key Responsibilities (additional responsibilities identified by your team)</td>
<td><strong>List required roles relating to the completion of this responsibility, identify the expectations that the team should have of this role, and identify who on the team will complete this role.</strong></td>
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<td></td>
</tr>
<tr>
<td>Role:</td>
<td>Expectations:</td>
<td></td>
<td></td>
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<tr>
<td>Member: ________________</td>
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<tr>
<td>Role:</td>
<td>Expectations:</td>
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<td>Member: ________________</td>
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<td>Expectations:</td>
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<td></td>
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<tr>
<td>Member: ________________</td>
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</tbody>
</table>
We have all had participated in developing our team charter and agree to adhere to the principles in the charter as individual team members (team member signatures below):

________________________________________  ________________________________________

________________________________________  ________________________________________

________________________________________  ________________________________________

________________________________________  ________________________________________
### High Schools

<table>
<thead>
<tr>
<th>School Name</th>
<th>Overall Rating</th>
<th>Grade A</th>
<th>Grade B</th>
<th>Grade C</th>
<th>Grade D</th>
<th>Grade F</th>
<th>No Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>PS 200 Bennett High School</td>
<td>x x x 90%</td>
<td>x</td>
<td>x</td>
<td>x x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PS 192 BFA Academy for Visual Performing Arts</td>
<td>x x x 90%</td>
<td>2x</td>
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PS 6 Buffalo Elementary School of Technology
PS 17 Early Childhood Center
PS 18 Dr. Antonia Pantoja Community School of Academic Excellence
PS 19 Native American Magnet School
PS 27 Hillery Park Elementary
PS 30 Frank A. Sedita Academy
PS 31 Harriet Ross Tubman School
PS 32 Bennett Park Montessori
PS 33 Bilingual Center
PS 37 Marva J. Daniel Futures Preparatory School
PS 39 Martin Luther King Multicultural Institute
PS 43 Lovejoy Discovery School
PS 53 Community School
PS 54 Dr. George E. Blackman School of Excellence ECC
PS 59 Dr. Charles R. Drew Science
PS 59 Annex (formerly PS 90)
PS 61 Early Childhood Center
PS 64 Frederick Law Olmsted
PS 65 Roosevelt ECC
PS 66 North Park Middle Academy
PS 67 Discovery School
PS 69 Houghton Academy
PS 72 Lorraine Elementary
PS 74 Hamlin Park School
PS 76 Herman Badillo Bilingual Academy
PS 79 Pfc. William J. Grabiarz School of Excellence
PS 80 Highgate Heights
PS 81 School
PS 82 Early Childhood Center
PS 84 Health Care Center for Children at ECMC
PS 89 Dr. Lydia T. Wright School of Excellence
PS 91 BUILD Academy
PS 93 Southside Elementary
PS 94 West Hertel Academy
PS 95 Waterfront Elementary School
PS 97 Harvey Austin School
PS 99 Stanley M. Makowski Early Childhood Center
PS 115
PS 131 Academy Program@40
PS 131 Academy Program@44
PS 131 STAR Academy@Grover
PS 156 Frederick Law Olmsted
PS 192 Buffalo Academy for Visual and Performing Arts
PS 195 City Honors School
PS 197 Math Science Technology Preparatory School
PS 198 The International Preparatory School
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<td>PS 67 Discovery School</td>
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<td>PS 72 Lorraine Elementary</td>
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<td>PS 74 Hamlin Park School</td>
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<td>PS 76 Herman Badillo Bilingual Academy</td>
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<td>PS 79 Pfc. William J. Grabiarz School of Excellence</td>
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<td>PS 81 School</td>
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<td>PS 84 Health Care Center for Children at ECMC</td>
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<td>PS 89 Dr. Lydia T. Wright School of Excellence</td>
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<td>PS 91 BUILD Academy</td>
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<td>PS 93 Southside Elementary</td>
<td>Bruno Stampone</td>
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<td>PS 97 Harvey Austin School</td>
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<td>PS 192 Buffalo Academy for Visual and Performing Arts</td>
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<td>PS 198 The International Preparatory School</td>
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Coordinated School Health in the Buffalo Public Schools: Statement of Need and Recommendations
Renee Cadzow, PhD, Sam Magavern, JD and Jessica Bauer Walker, BA

Because children and adolescents spend a significant portion of their time in school, schools are responsible for establishing an environment that addresses physical, emotional, social, and environmental factors related to health and well-being that affect learning. Adopting a coordinated approach to meet students’ needs in a holistic way will position students for lifetime health and academic success.

This is especially true in high poverty districts like the Buffalo Public Schools. Data from the National Assessment for Education Progress indicates that as much as 40% of the variation in math scores among public schools can be attributed to variations in child poverty rates. One of the ways poverty affects learning is through health. Living in poverty can have a deep and pervasive impact on children, who are at an increased risk for many health problems, including respiratory disorders, diabetes, cardiovascular disease, and obesity.

What is Coordinated School Health?
The Centers for Disease Control (CDC) advocates for a coordinated approach to the health of students and staff in the school setting. A coordinated approach integrates the resources of education, health, and social service agencies to simultaneously address four key goals: 1) Increase health knowledge, attitudes, and skills, 2) Increase positive health behaviors and health outcomes, 3) Improve education outcomes, and 4) Improve social outcomes. This can be accomplished by focusing efforts in ten important areas:

1. Health Education
2. Physical Education & Physical Activity
3. Nutrition Environment & Services
4. Health Services
5. Counseling, Psychological & Social Services
6. Social & Emotional Climate
7. Physical Environment
8. Employee Wellness
9. Family Engagement
10. Community Involvement

Why is Coordinated School Health So Important for the Buffalo Public Schools?

- In the Buffalo Public School District, 77.5% of students are eligible for free or reduced-price lunch – meaning that over 3/4 students are living in households that are in or near poverty.
- Currently in the Buffalo Schools, between 30% and 45% of students are overweight or obese.
- Many K-3 students receive only 30 minutes of physical education per 6 day cycle although state regulations require 120 minutes per calendar week.
- Most students in grades 4-6 receive only 2 forty minute periods per 6 day cycle – less than 2/3rds of the state requirement.
- According to the Youth Risk Behavior Survey administered in 2013 to over 11,000 middle and high school students, BPS has higher than state and national rates of risk behaviors:
  - 13% of middle school students and 45% of high school students were sexually active. Among those sexually active, more than a third did not use a condom during last sexual encounter. About 10% reported having sex before age 13 and 17% reported 4 or more sexual partners in their lifetime.
  - 29% of students reported frequent feelings of sadness and hopelessness; 10% reported suicide attempts—a 31% increase from 2011.
  - 32% reported being involved in physical violence – including intimate partner violence (13%) and fights on school property (13%)
- The current BPS sexual health curriculum is incomplete. In 2012, among Buffalo City 15-19 year old females, approximately 11% were diagnosed with chlamydia and 5% with gonorrhea. Comprehensive sexual education must begin before high school.
- The current time requirement for health education (1 semester in middle school and 1 semester in high school) is not remotely frequent enough for students to successfully learn about, practice or adopt behaviors that protect health.
Considerations and Recommendations

Make School Health a priority in order to improve academic achievement and reduce health risks

Federal and State

- The economic cost of creating healthier schools pale in comparison to the price tag for inaction. For example, the cost of obesity is $12 BILLION/year just in New York State (NYS Comptroller, 2012); and the cost of teen pregnancy: $9.4 BILLION/year in U.S.
- Departments of Education and Departments of Health should align efforts to support research that show education, health, and income are deeply interconnected. Physical education and health education should be adopted as core academic subjects. Public health efforts should focus more energy and resources dealing with prevention and root cause of disease in schools.
- Legislation such as the PHYSICAL Act, as well as FIT Kids and Physical Activity Guidelines for Americans legislation, and the Healthy and Hunger Free Kids Act should be adopted and/or improved. USDA subsidies and purchasing needs to be reformed to allow schools to receive more culturally-appropriate, fresh, whole food options.
- NYSED support for school health MUST increase. This state department is small, and school health state aid has remained relatively flat despite rapidly escalating healthcare costs, as well as increased budget needs for enhanced services and new role of Coordinated School Health. More resources are necessary to ensure maintenance of current services, as well as monitoring and oversight for areas like physical education and health education, which many school districts are out of compliance on.

District Level

The NYSED School Health Grant allocation to Buffalo Schools has not increased for 9 years- until this past year due to strong advocacy efforts from key stakeholders- but a gap of $2 million dollars remains. Buffalo Schools utilize NONE of their operations and management funds to support the department of health-related services. Physical education and health education also remain under-funded to the point of violating state regulations.

1. **All schools should meet the state requirements for physical education and health education in 2015-2016.** This will require allocating funds for additional physical education teachers, approving and purchasing a health education curriculum, providing professional development to staff, and engaging community partners for support as needed.
2. **Insure that all schools are offering recess or comparable activities** to all students in Pre-K through sixth grade at minimum. It is also recommended that all students and staff should be provided increased opportunities for physical activity to promote health and learning.
3. **Maintain and support school wellness teams** that are comprised of school staff, parents, students, and community members, and tackle health issues ranging from food to physical activity to social and emotional well-being based on their schools’ particular needs and assets.
4. **Build on the progress that has been made through by the Districts’ Food Service Department to empower students and parents** to expand healthy and fresh menu options through actions like getting salad bars in all high schools and pilot healthy vending machines.
5. **Integrate all components of Coordinated School Health under the Office of Health-Related Services** to promote a holistic approach to health and academic achievement – the District current operates with school health clinics/nurses, student support/mental and behavioral health services and teams, physical education and health education, athletics, food service all operating independently. These departments should be coordinated through one office; with support from curriculum and human re-sources.
6. **Build partnerships and resources to create a public health approach and community-wide effort** to support the health our 33,000+ BPS students and families, providing training and support to staff, students and parents, and leveraging collaborations with community organizations, colleges, universities, and government programs (for state and county DOH).

Acknowledgements: Liese Ness, Community Coalition Coordinator, Erie County Department of Health

Coordinated School Health in Buffalo Public Schools – Considerations and Recommendations  By Renee Cadzow, PhD, D’Youville College, Department of Health Services Administration and Co-Director of the Center for Research of Physical Activity, Sport and Health (CRPASH); Jessica Bauer-Walker, Executive Director, Community Health Worker Network of Buffalo; and Sam Magavem, Co-Director, Partnership for the Public Good. (February 2015)