

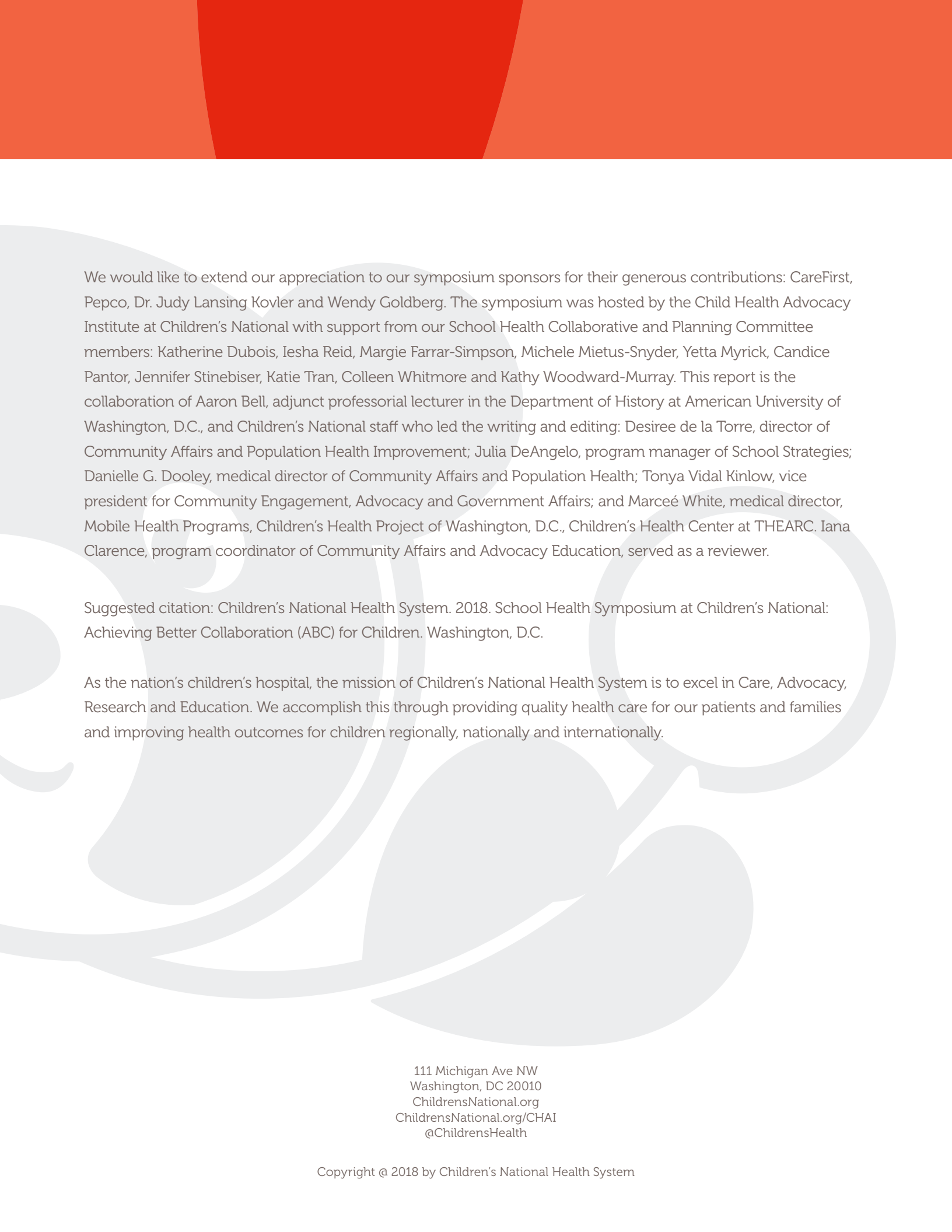
School Health Symposium at Children's National:

# Achieving Better Collaboration (ABC) for Children



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As the nation's children's hospital, the mission of Children's National Health System is to excel in Care, Advocacy, Research and Education. We accomplish this through providing quality health care for our patients and families and improving health outcomes for children regionally, nationally and internationally.

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# Welcome

On June 19, 2018, Children’s National Health System convened more than 160 health and education partners representing 37 organizations and agencies across our region to focus on improving outcomes for children. The road to cross-sector partnerships is a long one, but it starts with bringing people together in the same room. The program and panelists had an energy that happens when people leave their silos and find new connections and opportunities to work together. Education is a critical social determinant of health for children. Achieving health equity for children in our community means recognizing the important role that education plays in health outcomes for children. Collaboration across the health and education sectors is key to improving the lives of children. Our goal is to harness the energy, the partnerships and the people in our community to build bridges between the health system and the schools.



Tonya Vidal Kinlow  
Vice President, Community Engagement, Advocacy, and Government Affairs  
Children’s National Health System

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# Executive Summary

**“The school setting is so critical for the health and well-being of children and their families.”**

————— Kurt Newman, M.D., President and CEO of Children’s National —————

The Child Health Advocacy Institute (CHAI) at Children’s National held a symposium on June 19, 2018, in Washington, D.C., that focused on the intersection between health and education. Attendees represented a broad range of partners from the District of Columbia, Maryland and Virginia (Appendix B). School health reflects priorities identified by our community in the 2016 District of Columbia Healthy Communities Collaborative Community Health Needs Assessment (dchealthmatters.org): care coordination, place-based care, health literacy and mental health. In addition, academic outcomes are vital to advancing health equity and long-term health and economic benefits for children.

The symposium was the culmination of 18 months of work across our health system, including the production of a school-based health programs report that catalogued current and prior school health programs at Children’s National, and the creation of a School Health Collaborative that brings together employees across Children’s National who champion health and education sector collaboration (<https://childrensnational.org/school-partnerships>). The objectives of the symposium were designed to strengthen relationships between health and education sectors:



**Identify critical academic and health challenges for children.**



**Help build a prepared and skilled workforce across sectors.**



**Identify strategies to increase collaboration between health and education sectors.**

Panels and breakout sessions addressed the following topics: caring for the whole child using trauma-informed approaches, health care delivery in the school setting, government role in school health, innovations in school health, working with schools to address the social determinants of health, conducting research in school settings, self-care and wellness for school and health care professionals, and legislative advocacy to advance school health and wellness (Appendix C). Three programs at Children’s National received Community Health Improvement Awards for their work in the school setting: Improving Pediatric Asthma Care in the District of Columbia (IMPACT DC), the Early Childhood Innovation Network (ECIN) and the three District of Columbia School-Based Health Centers operated by Children’s National (Appendix A). As a result of attending the symposium, participants identified new partners for collaboration and gained new knowledge about school health.

Our vision is that Children’s National is a school-friendly health care system designed to ensure all children reach optimal health and achieve their full academic potential. The *School Health Symposium: **Achieving Better Collaboration (ABC) for Children*** is a step towards that vision.



# Introduction

“ Early in my career I worked with schools in the District of Columbia as the first ombudsman for the District of Columbia Public Schools. My job was to help families where the school system had gone terribly wrong. I had to try to recognize trends and look for opportunities to change the system to work better for kids and families. ”



Tonya Vidal Kinlow, vice president of Community Engagement, Advocacy and Government Affairs at Children's National, welcomed over 160 symposium participants. Each year during the month of June, Children's National celebrates its mission to improve community health. This event was designed to feature and strengthen the cross-sector work that the CHAI aims to promote in order to advance health and education outcomes for children. Kinlow identified the focus of the symposium as the intersection of health and education, explaining that the health and educational sectors can be “catalytic co-partners”

for children's futures. On the health care front, time spent with children is crucially important for understanding what they need to improve their well-being. On the educational front, teachers spend a significant amount of time with children, and thus their potential to impact them is considerable. In her professional experience, Kinlow saw that it was critical for these two sectors to work together. Change is only possible when we bridge the gap between the health and education sectors, improving well-being and lifelong opportunities for children.

# Panel and Breakout Session Summaries

## CONNECTING THE DOTS: EXPLORING THE INTERSECTION OF HEALTH CARE, ACADEMIC SERVICES, AND THE NONPROFIT SECTOR IN IMPROVING OUTCOMES FOR YOUTH

Keynote speaker **Nathaniel Cole**, executive director of Urban Alliance District of Columbia, spoke about the work of the nonprofit organization that is focused on improving lifelong outcomes for adolescents. It began in the Anacostia neighborhood of Washington, D.C., in 1996, and has since expanded to Northern Virginia, Baltimore and Chicago. Urban Alliance connects high school students to internship opportunities and mentoring from adult professionals, while training them in the skills needed to succeed in these early, vital opportunities. According to Cole, 4.6 million young people in the United States are neither in school nor working, and they lack the access to job training, networking and opportunities that would enable them to become self-sufficient. They are twice as likely to live in poverty and to receive Medicaid as the average young person. High school students are more likely to avoid unemployment, under-employment and under-education when they are exposed to paid work experiences and applied learning experiences. The Urban Alliance provides this necessary service. These opportunities teach youth the technical skills and soft skills needed to succeed in the job market and connect them to networks that expose them to possible future employment.



Cole noted the importance of providing comprehensive support to young people. Access to career opportunities, a good education and high quality health services can counteract trauma resulting from violence, unstable housing and food inequity that impacts the overall development of young people. Cole emphasized the importance of building trust with young people and with colleagues across sectors to ensure that all students receive the comprehensive support that schools, health care providers and non-profits cannot provide on their own.

Children's National has partnered with the Urban Alliance District of Columbia High School Internship program for more than 10 years and is committed to creating positive futures for all young people.

## CARING FOR THE WHOLE CHILD USING A TRAUMA-INFORMED APPROACH

Recognizing that trauma impacts children in both educational and health settings, the first panel offered insights into supporting children and families impacted by trauma. The panel was composed of Simmy King, DNP, MS, MBA, RN-BC, NE-BC, nursing director of Clinical Information Systems & Professional Development at Children's National; Lee Beers, M.D., medical director for Municipal and Regional Affairs in the Child Health Advocacy Institute at Children's National; and Lisa Cullins, M.D., psychiatrist at Children's National.

**Simmy King** discussed the journey of Children's National to become a trauma-informed health care system. Children's National seeks "to advance clinical staff knowledge, skills and practice to improve the understanding of and responsiveness to the impact of trauma and adversity among pediatric patients and their families." King, along with colleagues including Binny Chokshi, M.D., co-medical director of the Healthy Generations Program in the Goldberg Center for Community Pediatric Health, first measured the knowledge, attitudes and utilization of trauma-informed practice (TIP) among a diverse group of over 600 staff members across Children's National, recognizing that all of them had a role to play in this work. Over 50 percent of respondents reported that they had not had any education related to TIP and over 70 percent did not have a comprehensive understanding of TIP or the resources to engage effectively in it.

In response to these findings, Children's National partnered with the Substance Abuse and Mental



Health Services Administration's (SAMHSA) National Center on Trauma-Informed Care and Alternatives to Restraint and Seclusion to provide educational sessions to over 700 staff. These sessions defined trauma, including the impact of Adverse Childhood Experiences (ACEs) on child mental health outcomes and connection to resiliency. Additionally, they offered strategies for becoming more trauma-informed, both individually and institutionally. Surveys taken afterward showed improvements in staff understanding of TIP and recognition of available resources.

In order to assist other institutions similarly interested in assessing their level of TIP, Children's National conducted a tool validation process for the original survey, narrowing it to 21 questions that provided the best composite reliability. Children's National plans to publish this work and to validate the post-intervention survey tool as well. King recognized that in order to truly improve outcomes for children, we need to leverage community partnerships and collaborate across disciplines to implement TIP in all settings that touch children.

## Panel and Breakout Session Summaries

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**Dr. Lee Beers** discussed the work of the Early Childhood Innovation Network (ECIN), a partnership between Children’s National, MedStar Georgetown University Hospital and many local community-based organizations, researchers, early learning providers and advocates. ECIN supports children under five and their families who are impacted by childhood adversity by promoting resilience and supporting caregiver capacities. Its work is grounded in four core principles, the first of which is that the



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### FOUR CORE PRINCIPLES

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Multi-generational and grounded in science



Guided by community and families' knowledge and experience



Collaborative across sectors



Integrated with existing resources

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work is science-based and multigenerational. ECIN leaders know the importance of healthy adults in shaping the development of young children. The second is that its work is co-created with inputs rooted in community knowledge and experience, which is critical for success and sustainability. The third is that its work is collaborative and integrated across sectors (e.g., primary care, early childhood education, pre-natal care) and the fourth is that it builds on existing resources and organizations, seeking to raise the capacities of everyone. To accomplish its goals, ECIN brings evidence-informed interventions into Washington, D.C., and through the co-creation process, implements them through partners, and evaluates the results. The ECIN also provides education and technical

assistance, and it is involved in policy and advocacy, taking results on the ground and translating them into lessons for policymakers. Dr. Beers provided examples of the work ECIN conducts in early childhood education centers in Washington, D.C. ECIN provides early childhood mental health consultations and brings behavioral health experts into the centers to provide support to teachers and staff so they in turn can support student needs. ECIN also helped to implement a curriculum that supports the social and emotional development of young children, as well as mindfulness workshops for parents to help them manage their own emotions and focus on what they want to provide for their children.

**Dr. Lisa Cullins** spoke of her work as a child and adolescent psychiatrist and what she learned about trauma, emphasizing in particular the importance of grounding trauma-informed treatment in the story of the individual child and family. She noted that trauma can be multifaceted, including not just natural disasters or extreme experiences, but also more subtle challenges for children like the long-term hospitalization of a parent or having to move to several schools and/or homes over the course of a year. Dr. Cullins also pointed to the impact that discrimination can have on building mistrust within students. Children can draw strength in trying times from those who interact with them genuinely and positively, and who treat them as children. Dr. Cullins explained that, as part of their training, child psychologists spend time in schools. She described a partnership between Children’s National and DC Prep charter school. Fellows from the Child and Adolescent Psychiatry Fellowship Program spend time in the school and Children’s National



“ Schools are an essential part of the clinical team and we can't do the work we do without them. ”

- Dr. Lisa Cullins

also provides onsite psychiatric care, including diagnostic assessment, ongoing medication management and links to other appropriate services. Dr. Cullins explained that the work is focused on understanding the story and needs of the child and family so that all barriers to learning can be decreased. This may include providing medication and linkages to various therapeutic modalities and attempting to address psychosocial needs such as food, housing, household supplies, employment and insurance, which are common economic insecurities for a family in need. One of the most important takeaways in this experience is the recognition that schools are an essential part of the clinical team. Dr. Cullins emphasized that when it comes to trauma and student health in general, it takes everyone involved — from the head of school to the custodial staff — to understand students and their families, to acknowledge their experiences and to expect them to ultimately excel.

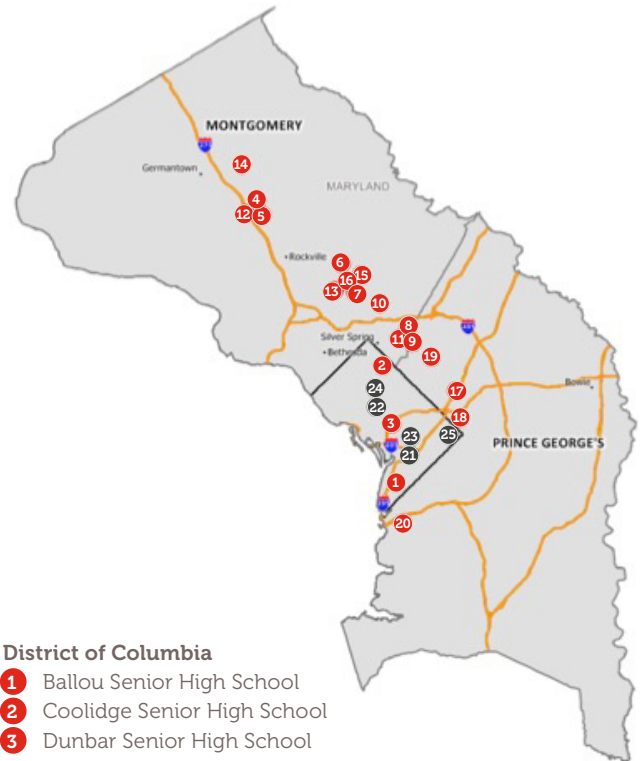


## OVERVIEW OF CHILDREN'S NATIONAL REGIONAL SCHOOL-BASED PROGRAMS

Caring for children across the Washington, D.C., region means recognizing that not all children will come through the doors of our hospital or health centers. Children's National is committed to meeting children where they are: in schools. The second panel was composed of Marceé White, M.D., medical director of Mobile Health Programs, the Children's Health Project of Washington, D.C. and Children's Health Center at THEARC at Children's National; Lawrence D'Angelo, M.D., MPH, emeritus chief of the Division of Adolescence and Young Adult Medicine at Children's National; and Colleen E. Whitmore, MSN, BSN, RN, FNP, executive director of Children's School Services at Children's National.

**Dr. Marceé White** introduced the work of Children's National in regional school systems, which is rooted in the understanding that health and education outcomes for students and families are directly associated with one another. A key tool for supporting this work in the greater Washington, D.C., area is the 25 School-Based Health Centers (SBHCs), 20 of which are operated or supported by Children's National. These centers address acute and chronic health needs with comprehensive health care services and preventive interventions for students by using an interdisciplinary health provider team co-located and integrated within the school setting. Nationally, 90 percent of SBHCs seek reimbursement for services from public and private health insurers, with

### School-Based Health Centers



#### District of Columbia

- 1 Ballou Senior High School
- 2 Coolidge Senior High School
- 3 Dunbar Senior High School

#### Montgomery County, Maryland

- 4 Gaithersburg Elementary School
- 5 Gaithersburg High School
- 6 Harmony Hills Elementary School
- 7 Highland Elementary School
- 8 JoAnn Leleck Elementary School
- 9 New Hampshire Estates Elementary School
- 10 Northwood High School
- 11 Rolling Terrace Elementary School
- 12 Summit Hall Elementary School
- 13 Viers Mill Elementary School
- 14 Watkins Mill High School
- 15 Weller Road Elementary School
- 16 Wheaton High School

#### Prince George's County, Maryland

- 17 Bladensburg High School
- 18 Fairmont Heights High School
- 19 Northwestern High School
- 20 Oxon Hill High School

#### District of Columbia SBHCs Not Operated by Children's National

- 21 Anacostia Senior High School
- 22 Cardozo Education Campus
- 23 Eastern Senior High School
- 24 Roosevelt Senior High School
- 25 Woodson Senior High School

Medicaid constituting the largest patient-related revenue source. Challenges exist in effectively implementing SBHCs, many of which are centered on the complexities inherent in multi-institutional work. These can include misaligned missions and finances, sustainability of services, conflicting goals, information exchange and differences in organizational cultures. Nonetheless, the centers in the greater Washington, D.C., area are part of a nationwide network of similar centers, numbering over 2,300 as of the 2013-14 school year, that are associated with improved access to health programs and services, reduced emergency room visits and enhanced health and education outcomes for students.<sup>1</sup>

**Dr. Lawrence D'Angelo** described the work of the three high school SBHCs in the District of Columbia operated by Children's National and funded by the D.C. Department of Health (DC Health). His discussion centered around the seven core competencies developed by the School-Based Health Alliance<sup>2</sup>: student access to health care and support services, student-focused health issues, school integration, routine accountability, school wellness, coordination across relevant systems of care and business sustainability. These District of Columbia SBHCs provide lab services, a pharmacy with limited medications, full dental suites, behavioral health services and a health/nutrition educator. They serve as the primary medical home for some students, while providing urgent and specialty care for others who have a different primary care provider. For students who

use the Children's National Goldberg Centers for their primary care, the electronic medical record is the same as the SBHCs and is easily shared. A Youth Advisory Committee has been established in all three schools to foster student engagement with the SBHCs while also ensuring that the SBHCs remain student-focused and accountable to Washington, D.C., youth. The SBHCs offer confidential services for visits related to mental health, substance abuse and reproductive health. The SBHC staff works with school nurses, teachers and school administrators and participates in schoolwide programs to foster health and wellness. To promote school wellness, the SBHCs incentivize students to complete a Health Passport that fosters well-rounded preventive health care. The SBHCs also focus on specific health issues in certain months (e.g., sexually transmitted infections awareness in April) and participate in career days and health fairs. Each SBHC meets with school administrators regularly, and members of specific service teams (e.g., mental health and information technology) engage with their school-based counterparts. In terms of accountability, the SBHCs practice evidence-based case and adhere to the medical, health and safety standards of Children's National and DC Health. DC Health tracks the percentage of students enrolled in SBHCs, while oversight and support from the DC Health Project Officer ensures fiscal and clinical accountability. Moreover, the medical records system is the same across all three SBHCs and DC Health requires similar data collection across schools, ensuring a standardized pool of data for analysis of practices and student health outcomes. Finally, District of Columbia insurance payors and the D.C. Department of Health Care Finance allow billing for all services, which facilitates the provision

1 National School-Based Health Care Census. School-Based Health Alliance. Available at <http://www.sbh4all.org/school-health-care/national-census-of-school-based-health-centers/>

2 Core Competencies. School-Based Health Alliance. Available at <http://www.sbh4all.org/resources/core-competencies/>

## Panel and Breakout Session Summaries

and documentation of Early and Periodic Screening, Diagnostic and Treatment outcomes.

**Colleen Whitmore** discussed the importance of school nursing, a specialized professional practice that provides for the health needs of students so that they can focus on learning. In 2001, Children’s National signed an agreement with DC Health to assume operational oversight of the District of Columbia School Health Nursing Program, and that same year it established Children’s School Services (CSS). Today, CSS personnel include Registered Nurses, Licensed Practical Nurses, Student Health Technicians and a Pediatric Physician Consultant. CSS operates in 114 District of Columbia public schools and 63 District of Columbia public charter schools. The scope of school nursing is wide-ranging and includes universal services such as monitoring immunization compliance and health screenings, as well as more specialized services for specific students, such as sensory deficit care and diabetes management. In 2017, DC Health adopted a new model of health care based on findings from a District of Columbia-based 2016 School Health Needs Assessment.<sup>3</sup> The model—Whole School, Whole Community, Whole Child (WSCC)<sup>4</sup>—is child-centered and emphasizes integration, alignment and collaboration among education and health care providers and the community in order to support children’s health and learning. Whitmore provided an example of this approach in action with a discussion of asthma management. Asthma is one of the

most common chronic diseases among children and a leading cause of chronic disease-related school absenteeism; moreover, it disproportionately affects African-American children in Washington, D.C. Asthma management at the level of the individual child can include reminders to use controller medications, education about trigger avoidance and pretreatment before exercise. At the school level, health outcomes can be improved by collaborating with health educators to share lessons about lung health and tobacco avoidance. At the community level, nurses can provide asthma education in public forums and link families to health care providers and resources in order to address air quality problems.

### Whole School, Whole Community, Whole Child (WSCC)



<sup>3</sup> Lessons Learned from the 2016 Student Health Needs Assessment. DC Action for Children. Available at [https://www.dcactionforchildren.org/sites/default/files/SHNA\\_Final\\_Report\\_9\\_2016.pdf](https://www.dcactionforchildren.org/sites/default/files/SHNA_Final_Report_9_2016.pdf)

<sup>4</sup> Whole School, Whole Community, Whole Child. Centers for Disease Control and Prevention. Available at <https://www.cdc.gov/healthyyouth/wsc/>



## LOCAL GOVERNMENT ROLE IN SCHOOL HEALTH

Recognizing that government is critical to advancing health outcomes for populations of children, Children's National invited leaders from local government agencies to share their work in school health. The third panel was composed of moderator Tonya Vidal Kinlow; Diana Bruce, MPA, director of Health and Wellness at District of Columbia Public Schools (DCPS); Torey Mack, M.D., bureau chief of Family Health at DC Health; Barbara Parks, LICSW, director of Prevention and Early Intervention Programs at D.C. Department of Behavioral Health; and Heidi Schumacher, M.D., assistant superintendent of Health & Wellness at the Office of the State Superintendent of Education (OSSE).

**Diana Bruce** described how the DCPS Health and Wellness Team promotes educational equity. This entails eliminating “opportunity gaps by interrupting institutional bias and investing in effective strategies to ensure every student succeeds.” To contribute to this mission, the team works to build schools’ capacities for developing and coordinating health services and wellness strategies that empower students to lead healthy lives. This allows them to focus primarily on their academic work. Among its activities, the team coordinates the submission of Universal Health Certificates (UHC) and Oral Health Assessments (OHA) by students so that school nurses and DCPS can meet students’ health needs at school; at the end of the 2016–17 school year, 48 percent of students had a valid UHC and 37 percent had a valid OHA at school. The team also works to ensure that every student in DCPS has access to

at least one staff member in their school trained in Administration of Medication. The team supports students considered to have a disability – those with a physical or mental impairment that substantially limits one or more major life activities – by assisting with the development of a Section 504 Plan. A 504 Plan ensures that students with needs can access the general education curriculum and opportunities for learning and school activities to the same extent as their non-disabled peers. Medical providers can support this process by informing schools of the specific diagnosis and how it impacts the student throughout the day, and by suggesting potential accommodations. The team promotes HIV/STI prevention through its sexual education curriculum, health liaisons in schools, resource guide for students and screenings. The team is also focused on making schools safe and inclusive for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) students, staff and families. Students in DCPS have the right to be out, to use the bathroom and locker room that best fits their gender identity and to express their gender as they desire; high rates of suicidal behavior among LGBTQ students illuminate the importance of affirming these students in particular. DCPS currently has 21 trained LGBTQ liaisons, and Gender and Sexuality Alliances are present in two-thirds of middle schools and all high schools. Finally, DCPS New Heights program provides expectant and parenting students with assistance and support connecting to resources, gaining life skills, engaging in school and developing a viable post-secondary plan. The goal for these students is to boost attendance and graduation rates and postpone subsequent pregnancies until after graduation.

**Dr. Torey Mack** described how local government can promote optimal health, using the work of DC Health as an example. The agency's school health goal is to "improve the social, physical, and behavioral health of students, as well as minimize the effects of poverty and other adverse experiences, enabling students to thrive in the classroom and beyond." Dr. Mack emphasized the importance of taking a life course perspective on health and recognizing that the health of

In discussing how local government can positively impact health, Dr. Mack noted that equality is not the same as equity, and that achieving the latter requires targeting resources to areas of need.

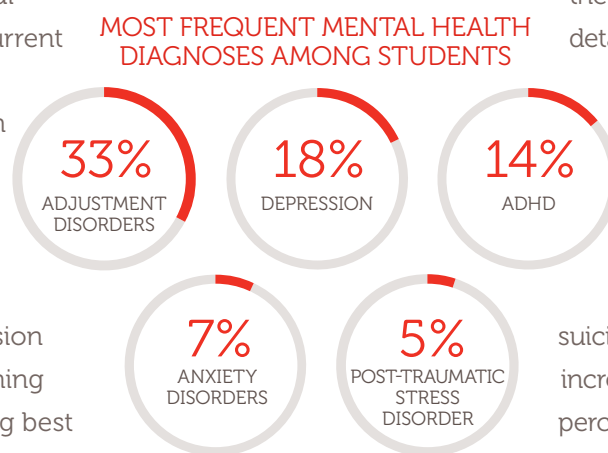
individuals later in their lives is affected by what happens at the beginning of their lives. In discussing how local government can positively impact health, Dr. Mack noted that equality is not the same as equity, and that achieving the latter requires targeting resources to areas of need. Dr. Mack pointed to socioeconomic factors – poverty, education, housing and infrastructure – as those that have the largest overall impact on health, followed by contextual changes that make individuals' default decisions healthier (such as

fluoridated water or a tobacco tax), then clinical interventions and finally counseling and education. Dr. Mack described how public health principles are enshrined into policy, beginning with the assessment of a particular health need, followed by the development of policy based on collected data and ending with assurance (enforcement, access and evaluation). As a model, Dr. Mack described the development and evaluation of the Student Certificate of Health Amendment Act, which called

for each student in grades K-12 to have a medical examination by a physician or advanced practice nurse. To operationalize this, the School Health Services Program provided health services to over 78,000 students in Washington, D.C., 51 percent of whom had an up-to-date Universal Health Certificate on file by June of 2018. Additionally, Dr. Mack emphasized the importance of using data to inform grants for targeted programs. Based on a school health needs assessment, DC Health called for its School Health

Services Program to shift its priorities "toward the attainment of health equity, standardization, and data driven outcomes" to address, for example, the one-third of students with chronic health problems (asthma, allergies, and attention-deficit hyperactivity disorder (ADHD)), and the large number with adverse childhood experiences that have produced attempted suicide rates double the national average and higher than average rates of drug use.

**Barbara Parks** discussed the work of the School Mental Health Program (SMHP), which began in seventeen District of Columbia public charter schools in 2000 and has since expanded into 22 public charter schools and 46 DCPS schools. The SMHP operates on a tier system, where some clinicians work full-time in a single school while others work in several schools each week. The current coordinating council is advising a larger expansion to all schools that would draw on community-based providers to supplement current resources. Plans for expansion include establishing a learning collaborative, implementing best practice strategies and providing the SMHP in all area schools over the next three years. The SMHP has a general education focus and follows a public health model of prevention, early intervention and treatment. The most frequent diagnoses among students are adjustment disorders (33 percent), depression (18 percent), ADHD (14 percent), anxiety disorders (seven percent) and Post-Traumatic Stress Disorder (five percent). The SMHP also listens to parents' concerns when developing its programs; these include bullying, the impact of social media, the need for resilience and self-esteem among their children, anxiety/depression and self-harming behavior. To address these issues, the SMHP has launched a number of in-school programs focused on violence prevention, suicide prevention, trauma early intervention, sexual abuse prevention and substance abuse prevention.



**Dr. Heidi Schumacher** demonstrated the importance of gathering data and implementing findings with a deep dive into the District of Columbia's 2017 Youth Risk Behavior Survey (YRBS). Unlike similar studies that take place across the country every other year, District of Columbia YRBS is sent to nearly every student rather than just a sample, which enables the government to produce highly detailed findings about the overall student population as well as subpopulations. Among the most important findings from the recent study is that the percentage of middle school students who attempted suicide or seriously considered it increased from 2015 to 2017. Twenty percent of Latina middle school students reported having attempted suicide, a rate four times that of their white counterparts. High school LGBTQ students were over twice as likely as heterosexual students to have seriously considered attempting suicide (33 percent), made a plan for doing so (29.2 percent), and actually attempted to commit suicide at least once (31 percent). Dr. Schumacher reported that a common denominator among students who expressed suicidal behavior was depression, as well as bullying, especially among LGBTQ youth. Additionally, adverse educational outcomes correlated with those students who reported depression and suicidal thoughts and behavior. With these results in mind, Dr. Schumacher called for an enhanced focus on gathering data, systematizing approaches to partnerships and engaging health care practitioners and trainees. She also emphasized that data should be used to shape screening practices and clinical care for students.

### HOW A HEALTH SYSTEM ADVOCATES FOR SCHOOL HEALTH

Innovation plays an important role in addressing common health challenges for children in school. The fourth panel was composed of Stephen J. Teach, M.D., MPH, professor and chair of the Department of Pediatrics at Children's National; Danielle G. Dooley, M.D., MPhil, medical director of Community Affairs and Population Health in the Child Health Advocacy Institute at Children's National; Lenore Jarvis, M.D., emergency medicine specialist at Children's National; Vanessa Weisbrod, education director of the Celiac Disease Program at Children's National; and Maegan Sady, Ph.D., pediatric neuropsychologist at Children's National.

**Dr. Stephen Teach** described how Improving Pediatric Asthma Care in the District of Columbia (IMPACT DC) approached the treatment of pediatric asthma in partnership with local schools. Pediatric asthma disproportionately affects disadvantaged youth, with emergency department rates for asthma being 5-10 times higher on the southeast end of Washington, D.C., compared to the wealthier northwestern wards; hospitalization rates resulting from asthma were significantly higher for disadvantaged youth as well. This shaped his group's idea to identify students with asthma and apply a traditional medical model to the problem: providing medication and educating students and families about the nature of the disease and potential triggers. Though this model was successful, he and his colleagues realized that they needed to expand it through collaboration with other stakeholders given, for example, the triggers present not just at home, but also at school and the homes of friends. Within schools,

Dr. Teach's group worked to increase completed asthma action plans, procure reliever medications, and educate school nurses on how to use them with students. They also sought to confront the asthma issue upstream by partnering with school nurses to begin a control medicine regimen for affected students. By introducing treatment



in schools, the group addressed challenges to providing these medicines in the home, such as the need for families to stay on top of refills and caregiver redundancy in cases where children moved between several homes.

**Dr. Danielle Dooley** described her experience working in school-based health centers, noting that while they provided excellent services, half of all students were not in school every day, and thus those clinics were not able to fully address students' health needs. This fueled her interest in combatting absenteeism as a means of addressing student health. Dr. Dooley described absenteeism as a healthy equity issue as well, given that it especially affects students of color, those with disabilities and those with complex health issues. Students who are regularly in school achieve



Dr. Dooley described absenteeism as a healthy equity issue as well, given that it especially affects students of color, those with disabilities and those with complex health issues. Students who are regularly in school achieve higher academic outcomes and have better long-term health and economic outcomes.

higher academic outcomes and have better long-term health and economic outcomes. Every year in Washington, D.C., 27 percent of children miss 10 percent or more of school days (chronic absenteeism); moreover, absenteeism patterns start early, and thus intervening at a young age is essential for improving those outcomes. Dr. Dooley described the development of a data-driven pilot program to reduce chronic absenteeism. The program entails working with a group of schools and pediatricians to share attendance data so that interventions can occur in pediatric practice to support school attendance. Those in-practice interventions will be developed over the course of the coming year.

**Dr. Lenore Jarvis** described the efforts of the Help for Victims of Violence Collaboration. This interdisciplinary group at Children's National works with students who live in homes with reported domestic violence, those who have been exposed to general acts of violence; and those who are victims of intimate partner (dating) violence. The Centers for Disease Control and Prevention has found that one in three women and one in four men have been

victims of some form of physical violence by an intimate partner within their lifetime, and the U.S. Department of Justice has found that violence in relationships often starts early, with women between the ages of 18-24 most commonly abused by an intimate partner. The Collaboration's work includes providing screening, education and resources and raising awareness of violence-related issues. It began a partnership with DCPS and OSSE in 2016 to orchestrate needs assessments and conversations around these issues and it has participated in multiple regional lectures and panels for students and school staff on the topic of dating abuse and healthy relationships.

**Vanessa Weisbrod** discussed efforts to educate students and families about celiac disease. Students with the disease will experience life-long effects due to the foods they eat and things they come into contact with, such as when students interact with certain types of modeling compounds. Her program has developed guidelines to help keep kids safe in school environments and has served as a mediator between schools and parents. This work has included streamlining over one hundred accommodations found in a variety of sources down to a one-page list of national guidelines that schools can use, with support from 12 celiac centers located across the country. In addition, she and her colleagues conduct trainings in celiac disease management for school systems across the country.

**Dr. Maegan Sady** spoke on the challenge of addressing concussions in a school environment, in particular translating assessment in a way that can be implemented quickly and keep kids in school. This is especially challenging with

## Panel and Breakout Session Summaries

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concussions, which are dynamic and cannot wait to be addressed through more time-intensive bureaucratic procedures, such as a 504 plan. The Safe Concussion Outcome Recovery & Education (SCORE) Program at Children's National works with national organizations to agree on broad guidelines and it meets with stakeholders to study and communicate what has been effective. Challenges include the time commitment this work entails, different protocols and views among schools and parents and the absence of nurses in some schools, who are essential for managing concussions. Dr. Sady emphasized that concussions must be managed, which is to say that students should not be sent home for an indefinite recovery period, nor should they be thrust fully back into a normal school schedule. Treatment is reserved for potential side effects that result from poor concussion management and other risk factors.

### HOW ORGANIZATIONS ARE WORKING WITH SCHOOLS TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH

Schools and health systems share common challenges to meet the social needs of the children and families they serve. The fifth panel was introduced by Cara Biddle, M.D., associate division chief of General Pediatrics & Community Health at Children's National, and moderated by Olga Acosta Price, Ph.D., director of the Center for Health and Health Care in Schools at The George Washington University (GW) Milken Institute

School of Public Health and associate professor in the Department of Prevention and Community Health. Panel speakers included Jehan El-Bayoumi, M.D., executive director of The Rodham Institute at The GW School of Medicine & Health Sciences; Radha Muthiah, MBA, president and CEO of the Capital Area Food Bank; Sarah Flohre, J.D., MPH, supervising attorney at Children's Law Center; and Rosalina Burgos, Ed.D., senior director of Early Childhood Education Programs at CentroNia.

**Dr. Cara Biddle** introduced the panel by first noting the extensive pediatric work that Children's National performs in the Washington, D.C., area. The Goldberg Center for Community Pediatric Health is the largest pediatric primary care provider in Washington, D.C., serving over 40,000 children through six community health centers. Children's National also operates 12 practices in Washington, D.C., and Maryland through Children's Pediatricians and Associates. She then touched on some of the key issues mentioned in the conference thus far, beginning with a brief description of the findings of the 2016 District of Columbia Health Communities Collaborative Community Health Needs Assessment,<sup>5</sup> produced through a collaboration between Children's National and other area hospitals, community health centers and associations. The assessment pointed to four priority community needs discussed by panelists throughout the day: mental health, place-based care that is convenient and culturally sensitive, care coordination and health literacy. She then reiterated that community partners are needed to complement the work of clinical care by addressing social determinants of health.

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<sup>5</sup> 2016 Community Health Needs Assessment. Available at <http://www.dchealthmatters.org/>

## Social Determinants of Health<sup>6</sup>



**Dr. Olga Acosta Price** began her talk by discussing a study from Kaiser Permanente,<sup>7</sup> which found that among those individuals with similar access to health care, those with lower educational attainment had worse health outcomes than those with higher educational attainment. This demonstrates that access is only part of the picture when it comes to health outcomes; according to Dr. Price, social determinants accounted for roughly 80 percent of health outcomes, determining who will get sick, stay sick and die of illness. Socioeconomic status, housing, food insecurity and similar issues all drive unequal conditions in terms of both health and education outcomes. Dr. Price emphasized that those serious about improving individual and community health need to address these issues, particularly through community partnerships that reach across sectors.

**Dr. Jehan El-Bayoumi** discussed the work of the Rodham Institute, which she founded to improve health equity in the District of Columbia. She focused her talk on one of the center's three areas of focus, Youth Educational Programming and Workforce Development (the other two are Training the Current and Future Health Care Team about Applied Health Equity, and Community Collaborations). Dr. El-Bayoumi explained that the role of an academic medical center is to act as a consultant that supports the work of others with specialized skills as well as institutional knowledge and memory, which is especially important in Washington, D.C., a city with considerable population turnover. The workforce programs developed by the Rodham Institute include the health leadership program for students, which teaches soft skills and professionalism while also directing them toward community service opportunities. Graduates from the program often come back to serve as mentors to new students. The Institute's Summer Youth Employment Program exposes kids to potential health careers and teaches them the skills that will give them the confidence to pursue and succeed in such careers. The Institute also works with DCPS and the Maryland Regional Direct Services Collaborative to identify students, particularly those in need of additional support, who are interested in pursuing careers as nurse practitioners. Finally, Dr. El-Bayoumi discussed a new program headed by the Institute, 2018 for 2018, which aims to teach 2018 residents of Wards 7 and 8 Hands-Only CPR through a "train the trainer" approach, leveraging organizations and communities to spread knowledge of CPR practices.

<sup>6</sup> Social Determinants of Health. Office of Disease Prevention and Health Promotion. Available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

<sup>7</sup> Health care alone cannot counter the effects of an inadequate education. Virginia Commonwealth University. Available at <https://societyhealth.vcu.edu/work/the-projects/health-care-necessary-but-not-sufficient.html>

## Panel and Breakout Session Summaries

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**Radha Muthiah** described the work of the Capital Area Food Bank. She began by noting that hunger is prevalent across the greater Washington, D.C., area and does not discriminate by gender, race, zip code or life stage. Each year the food bank distributes over 45 million pounds of food directly and through a network of roughly 450 partners, serving over 500,000 people; it currently has three programs operating in local schools. The food bank is particularly concerned with serving healthy food; one-third of the food it serves each year is fruits and vegetables. Muthiah explained that providing nutrition to food insecure students and families can help improve educational outcomes and provide a path to more inclusive economic growth, particularly because it is a draw that can be leveraged to facilitate school attendance on the part of students and parents/caretakers alike.

**Sarah Flohre** discussed the importance of a medical-legal partnership (MLP), which is a healthcare delivery model that integrates legal services into clinical settings, particularly on behalf of low-income families. The program model is based on prevention, removing non-medical barriers to the health and well-being of children and their families and addressing adverse social conditions that negatively impact their health. Today there are MLPs in over 250 medical sites around the country. They cover elder care, neonatal and prenatal care, adults with disabilities and non-traditional sites. In terms of pediatric care, MLPs are designed to address legal problems that interfere with the successful application of medical regimens. The organization Flohre works for, Children's Law Center (CLC), partners with well-established, high-volume community health clinics in order to improve health outcomes for children, provide legal services to patients and their families, provide training and consultative services to clinical staff and integrate

legal services into the medical and social programs offered by their partners. CLC takes on cases that deal with housing conditions, including health risks and accessibility issues. They also advocate for children with disabilities to receive the services they need in school, including representation of children with disabilities who are at risk of being suspended or expelled as a result of their disability. They also address access to health care, including the termination or denial of medically necessary health care services. In fiscal year 2017, CLC's MLP assisted over 3,000 children and families, conducted 59 training sessions and provided over 100 substantive consultations to medical partnerships. CLC's MLP works at the systemic level as well, including advocacy regarding laws that impact children with disabilities, providing testimony in agency oversight hearings, and helping to shape a civil court docket related to housing conditions. Flohre concluded by noting that her organization hopes not only to help individuals with their specific cases, but also to educate them on their rights so that they are able to recognize future issues and respond accordingly.

**Dr. Rosalina Burgos** discussed her work with CentroNía, which educates children and families, including pregnant mothers, in a bilingual, multiethnic environment. Based on the idea that learning is impacted by children's social environment, Dr. Burgos explained that she seeks through her work not only to provide high quality early childhood education, but also to strengthen parent engagement and enable them to seek out better opportunities for their children. Improving attendance has been a key focus of the organization. School attendance has a significant impact on student readiness and is something that parents are responsible for, and can thus be directly involved in impacting. Dr. Burgos



identified a lack of appreciation for the importance of early childhood education as a key factor in shaping low attendance rates, alongside health and transportation. Data-based studies on attendance among the children they serve point to demographic factors as well. Families with three or more children

show lower attendance rates, as do those with lower incomes, those living in certain zip codes and those who are Spanish-speaking. Dr. Burgos called for targeting those specific groups and understanding their needs in order to effectively foster a culture of attendance among parents and their children.

## Breakout Sessions

Symposium attendees had an opportunity to attend one of four breakout sessions.

The breakout session **“School-Based Research: Engaging Families, Empowering Students”** featured Lauren Kenworthy, Ph.D., pediatric neuropsychologist and director, and Yetta Myrick, community outreach coordinator, of the Center for Autism Spectrum Disorders (CASD) at Children’s National.

**Dr. Lauren Kenworthy** described the work of the CASD in identifying and treating children with executive function disorders, which hampers their ability to respond flexibly in the classroom, often leading to their removal from classes. Dr. Kenworthy focused on Unstuck & On Target!, a school-based executive function intervention developed at the CASD in collaboration with Ivymount School in Maryland. It includes interventions with small student groups, teachers and parents with an eye toward developing accommodations for this group of students. She emphasized the importance of recognizing that such students act in ways that may appear as opposition, but are in fact a reflection of what they are unable to do. Examples of positive accommodations include focusing on what students are doing correctly, providing extra prep time for the next class and making the implicit explicit by doing rather than telling. Turning to the implementation of Unstuck and a similar program in

22 Title I schools in Washington, D.C., and Northern Virginia, Dr. Kenworthy noted the importance of building trust in the community for recruitment. The team found it most beneficial to rely on teachers to help identify students with flexibility problems, which in turn helped parents feel comfortable allowing their child to be tested for ADHD and autism, and ultimately to enroll them in the program. She also stressed the importance of flexibility in program implementation, and the need to recognize that the agenda of program staff is not always that of the community; building trust is therefore essential to help the program succeed. As outreach coordinator, **Yetta Myrick** noted the importance of working with interested stakeholders in the community, particularly families, in order to develop research projects that will benefit members of the targeted community that they will accept as ultimately beneficial to their children’s well-being.

The breakout session **"How an Anchor Institution is Addressing the Social Determinants of Health"** featured Margie Farrar-Simpson, MSN, RN, PNP-BC, NE-BC, manager of Ambulatory Case Management at Children's National.

**Margie Farrar-Simpson** described the My Health GPS Program, which delivers case management, care coordination and social support to Washington, D.C., residents with three or more chronic conditions. Begun in July 2017, it currently has been attributed with over 1,400 patients, aged 3–21. Its goals include improving the integration of medical and behavioral health, community support and social services; lowering rates of avoidable emergency department visits and reducing the number of preventable hospital admissions, readmissions and overall health care costs; and improving the experience of care, quality of life, beneficiary satisfaction and health outcomes. The social determinants of health screening conducted with participants in the program found a wide array of stressors. Among these were food

and housing insecurity, a lack of clothing and/or transportation, family and work responsibilities as well as stress among parents over their children's chronic health conditions, a lack of satisfaction with their children's Individualized Education Program (IEP)/504 plan and its enforcement, and repeated suspensions from school. The My Health GPS team works with parents and schools to help address some of these issues by attending school meetings, working with school health staff to address medical needs and locate resources within the community, and by assisting in the development of behavioral plans for students. The My Health GPS team also uses Aunt Bertha, an award-winning nationwide social services directory, to help locate food, health, housing and education services for families.

The breakout session **"School Health Legislation Update"** featured Madeline Curtis and Allyson Perleoni, MA, policy associates with the American Academy of Pediatrics Department of Federal Affairs.

**Madeline Curtis** and **Allyson Perleoni, MA** of the American Academy of Pediatrics (AAP) described the AAP's mission to attain optimal physical, mental and social health and well-being for all infants, children, adolescents and young adults. The national advocacy strategy is made up of four parts: activating the state government, including governors, senators, and

representatives; building coalitions; mobilizing influencers and constituencies; and crafting a clear, unified message. Curtis and Perleoni described advocacy as essential for cutting through the competing priorities facing legislators and giving a voice to children who cannot vote or speak for themselves. They noted that those who work with children regularly are trusted voices who

can influence members of Congress and their staff as both experts and constituents. Turning to examples of legislation, they pointed to a number of successful advancements in recent years, including improvements in school meal standards via the Healthy, Hunger-Free Kids Act of 2010 and the Community Eligibility Provision, which enables schools in high poverty areas to provide free lunches to all students. The AAP has

advocated on behalf of preserving eligibility for the Supplemental Nutrition Assistance Program, which helps one in four children in the United States but which is under threat in the current House of Representatives Farm Bill. The AAP has also supported preserving protections for transgender youth and access to Medicaid and has been a vocal proponent of gun violence prevention.

The breakout session **“Mental Wellness and Self-Care for School and Health Care Professionals”** featured Julia DeAngelo, MPH, program manager of school strategies in the Child Health Advocacy Institute at Children’s National; Marisa Parrella, LICSW, LCSW-C, director of the School-Based Mental Health Program at Mary’s Center; Angelica Garcia-Ditta, LGSW, therapist in the School-Based Mental Health Program at Mary’s Center; and David Trachtenberg, program director of Minds Inc. and a certified mindfulness teacher and wellness coach.

Speakers began by discussing the consequences of workplace burnout and stress among staff in school environments, which include less patience with students, a decline in the quality of teaching and feelings of isolation. There is an opportunity for schools to promote workplace policies that encourage self-care for school staff including teachers, school nurses and mental health providers. In order to assess mental wellness practices and policies in the workplace and improve the mental health of staff, the panelists identified several actionable steps. These included having teachers get to know mental health providers before problems arise with

students or their own self-care in order to facilitate interventions down the road. They also suggested fostering systemic and cultural changes to make it easier for school health staff and teachers to prioritize mental health and well-being; this could include developing wellness circles and defining self-care goals along with an accountability partner to ensure that each person fulfills those goals. Finally, the panelists suggested that mindfulness training can help individuals recognize their own emotional state and learn how to self-regulate those emotions in moments of high stress.

# Conclusion

## “Everyone Can Be a School Health Advocate”

————— Tonya Vidal Kinlow, Vice President of Community Engagement, —————  
Advocacy and Government Affairs at Children’s National

Attendees of the symposium responded positively in their evaluations, praising the experience as highly informative and reflecting on the following key takeaways:

- ✓ Consideration of the whole child is crucial to providing the best care.
- ✓ Priority health issues facing students including asthma, mental health and school absenteeism.
- ✓ School nurses play a comprehensive and vital role in school health.
- ✓ Equity-focused work is taking place in the local community, in schools and in healthcare settings.
- ✓ There are many organizations, resources, programs, and services available to schools.

Most importantly, they recognized that collaboration between schools and communities, and in particular the health and education sectors, is key to shaping the development of children. As Dr. Kurt Newman expressed during the day, “It’s so exciting to see a mix of education, clinical care and healthcare collaborators all together because we share the same vision of what we want for our children.”

As a result of attending the symposium, attendees expressed the desire to take several steps moving forward. The first would be to increase communication and collaboration across the health and education sectors, both through active partnerships and by convening similar conferences for cross-sector topics needing further discussion, such as school absenteeism and trauma-informed care. More work is needed for the health and education sectors to coordinate advocacy efforts and create a united agenda to improve the health and well-being of children and families. Finally, attendees would like to improve school environments by becoming more involved in their community and implementing mindfulness and wellness practices to decrease stress among school staff and students. This feedback, and the symposium as a whole, will inform future efforts by the CHAI to educate Children’s National about school health and to strengthen partnerships between health and education for the benefit of all Washington, D.C., area children and their families.





## Appendix A: Community Health Improvement Awards

The Second Annual Community Health Improvement Award recipients were announced during the symposium. “Our Community Health Improvement Awards recognize all efforts to conduct community outreach programs and shape public policies that benefit children and families in the Washington, D.C., area,” said Kurt Newman, M.D., president and CEO of Children’s National. “The award also recognizes the physicians and clinicians here at Children’s who go above and beyond to provide quality care to kids and their families.” The award celebrates the health system’s community benefit mission to improve health for all children. This year’s recipients play an active role in school health.

## IMPROVING PEDIATRIC ASTHMA CARE IN THE DISTRICT OF COLUMBIA (IMPACT DC)

led by Stephen Teach, M.D., MPH, chair of the Department of Pediatrics at Children's National

<https://childrensnational.org/departments/asthma-impact-dc>



IMPACT DC is a pediatric asthma care, advocacy, outreach, and research program based at Children's National. At the center of the program is the IMPACT DC Asthma Clinic which provides comprehensive asthma care and education, based on the NIH guidelines, to high morbidity and socioeconomically disadvantaged children referred from emergency department and inpatient units across the city, community practitioners, school nurses and managed care organizations. The Clinic operates at the hospital campus, Children's Health Center Anacostia and the United Medical Center in Southeast Washington, D.C., and provides care to over 1,000 new patients each year.

## DISTRICT OF COLUMBIA SCHOOL BASED HEALTH CENTERS

led by Lawrence D'Angelo, M.D., MPH and Kathy Woodward-Murray, M.D.,  
adolescent medicine specialists at Children's National

<https://dchealth.dc.gov/service/school-based-health-centers>



Children's National operates three school-based health centers located in Coolidge, Dunbar and Ballou Senior High Schools. The centers are funded by a grant from the DC Department of Health. The centers provide comprehensive primary care services to enrolled students year round. Center staff focus on prevention, early identification and treatment of medical and behavioral concerns that can interfere with student learning.



## EARLY CHILDHOOD INNOVATION NETWORK (ECIN)

led by Lee Beers, M.D., medical director for Municipal and Regional Affairs,  
Child Health Advocacy Institute at Children's National

<https://www.ecin.org/>



ECIN is a collaborative of health, education, community providers, researchers and advocates promoting resilience in families and children from pregnancy through age five in Washington, D.C. ECIN offers unique, holistic approaches to address adverse childhood experiences and promote nurturing conditions in support of healthy physical and emotional development.

# Appendix B: Attendees

- American Public Health Association
- Amerigroup DC
- American Psychiatric Association
- Brighter Bites
- Building Community Resilience Collaborative at The George Washington University
- Capital Area Food Bank
- CentroNía
- Charles County Department of Health for Charles County Public Schools
- Children’s Law Center
- Children’s National Health System
- Children’s School Services
- D.C. City Council Office of David Grosso
- D.C. Department of Behavioral Health
- D.C. Office of the Deputy Mayor for Education
- D.C. Department of Health
- D.C. Department of Health Care Finance
- D.C. Office of the State Superintendent of Education
- D.C. Office of Victim Services and Justice Grants
- D.C. Public Charter School Board
- D.C. Public Schools
- DC Prep Public Charter School
- Fairfax County Health Department
- HSC Health Care System
- Mary’s Center
- MedStar Family Choice
- Minds Incorporated
- Montgomery County Department of Health and Human Services/School Health Services
- Mundo Verde Public Charter School
- Office of U.S. Senator Tim Kaine
- Prince William County Public Schools
- Redstone Global Center for Prevention and Wellness in the Milken Institute School of Public Health at The George Washington University
- RESOLVE
- School-Based Health Alliance
- The Center for Health and Health Care in Schools in the Milken Institute School of Public Health at The George Washington University
- The Rodham Institute at The George Washington University School of Medicine and Health Sciences
- Unity Health Care
- Urban Institute



# Appendix C: Agenda and Session Objectives

- 8:00 – 8:15 a.m.**      **Welcome and Introductions**
- Tonya Vidal Kinlow, MPA, vice president, Community Engagement, Advocacy, and Government Affairs, Children’s National
- 8:15 – 9:00 a.m.**      **Connecting the Dots: Exploring the intersection of health care, academic services, and the nonprofit sector in improving outcomes for youth**
- Nathaniel Cole, MPA, executive director, Urban Alliance District of Columbia
- 9:00 – 9:10 a.m.**      **BREAK**
- 9:10 – 9:55 a.m.**      **Caring for the Whole Child Using a Trauma-Informed Approach**
- Simmy King, DNP, MS, MBA, RN-BC, NE-BC, nursing director, Clinical Information Systems & Professional Development, Children’s National
  - Lee Beers, M.D., medical director, Municipal and Regional Affairs, Child Health Advocacy Institute, Children’s National
  - Lisa Cullins, M.D., psychiatrist, Children’s National
- Objectives:**
- › Recognize the role that health and education systems have in promoting trauma-informed care
  - › Understand the impact of Adverse Childhood Experiences (ACEs) on child mental health outcomes and the connection to resiliency
  - › Describe the benefits of school-based mental health supports and successful approaches
- 9:55 – 10:05 a.m.**      **Urban Alliance District of Columbia High School Student Video**
- Fernanda Vessio, MBA, manager, Volunteer Services, Children’s National (introduction)
- 10:05 – 10:55 a.m.**      **Overview of Children’s National Regional School-Based Programs**
- Marceé White, M.D., medical director, Mobile Health Programs, Children’s Health Project of Washington, D.C., Children’s Health Center at THEARC, Children’s National
  - Lawrence D’Angelo, M.D., MPH, emeritus chief, Division of Adolescent and Young Adult Medicine, Children’s National
  - Colleen E. Whitmore, MSN, BSN, RN, FNP, executive director, Children’s School Services, Children’s National
- Objectives:**
- › Explain Children’s National school-friendly health system vision and scope of programs
  - › Describe best practices for health care systems to partner with schools and align health and academic goals
  - › Understand the role of the school nurse and school-based health centers in promoting health and wellness in schools

**10:55 – 11:05 a.m. BREAK**

**11:05 a.m. – 12:00 p.m. Local Government Role in School Health**

- Tonya Vidal Kinlow (moderator)
- Diana Bruce, MPA, director, Health and Wellness, D.C. Public Schools
- Torey Mack, M.D., bureau chief, Family Health, D.C. Department of Health
- Barbara Parks, LICSW, director, Prevention and Early Intervention Programs, D.C. Department of Behavioral Health
- Heidi Schumacher, M.D., assistant superintendent, Health & Wellness, Office of the State Superintendent of Education

**Objectives:**

- › Understand key government school health supports and initiatives including Universal Health Certificates, coordinated school-based behavioral health services and the D.C. Youth Risk Behavior Survey
- › Identify successful approaches to enhancing coordination and delivery of health services between schools and health systems
- › Describe future initiatives and opportunities to improve school health in the District of Columbia

**12:00 – 1:00 p.m. How a Health System Advocates for School Health**

- Stephen J. Teach, M.D., MPH, professor and chair, Department of Pediatrics, Children's National (moderator)
- Danielle D. Dooley, M.D., MPhil, assistant professor, Pediatrics, Goldberg Center for Community Pediatric Health; medical director, Community Affairs and Population Health, Child Health Advocacy Institute, Children's National
- Lenore Jarvis, M.D., emergency medicine specialist, Children's National
- Vanessa Weisbrod, education director, Celiac Disease Program, Children's National
- Maegan Sady, Ph.D., pediatric neuropsychologist, Children's National

**Objectives:**

- › Describe how Children's National and other health systems can play a role in improving school health and academic outcomes
- › Illustrate how to highlight advocacy and population/community health activities in an academic portfolio
- › Incorporate advocacy and public health activities into everyday practice

**1:00 – 1:15 p.m. Travel to Lunch and Breakout Sessions**

**1:15 – 2:15 p.m. Breakout Sessions (Choose One)**

**School-Based Research: Engaging Families, Empowering Students**

- Lauren Kenworthy, Ph.D., pediatric neuropsychologist; director, Center for Autism Spectrum Disorders, Children's National

- Yetta Myrick, coordinator, Community Outreach, Center for Autism Spectrum Disorders, Children's National

**Objectives:**

- › Understand the unique research challenges and opportunities that exist in school environments
- › Describe techniques for engaging families in school research before, during and after the initiative is complete
- › Explain how to engage school staff in supporting students with autism spectrum disorders and other neurodevelopmental challenges in school environments

**How an Anchor Institution is Addressing the Social Determinants of Health**

- › Margie Farrar-Simpson, MSN, RN, PNP-BC, NE-BC, manager, Ambulatory Case Management, Children's National

**Objectives:**

- › Articulate the goals and components of My Health GPS
- › Understand methods to coordinate care between schools and health systems for children with chronic disease conditions
- › Learn how primary care practices can utilize Aunt Bertha, a leading social services search engine to locate food, health, housing, education and other support resources

**School Health Legislation Update**

- Madeline Curtis, policy associate, American Academy of Pediatrics
- Allyson Perleoni, MA, policy associate, American Academy of Pediatrics

**Objectives:**

- › Understand methods to engage with all levels of government to develop a strategy for policy change and child health improvement
- › Illustrate examples of successful government engagement at both the individual and population level
- › Incorporate advocacy activities into daily practice

**Mental Wellness and Self-Care for School and Health Care Professionals**

- Julia DeAngelo, MPH, program manager of school strategies, Child Health Advocacy Institute, Children's National
- Marisa Parrella, LICSW, LCSW-C, director, School-Based Mental Health Program, Mary's Center
- Angelica Garcia-Ditta, LGSW, therapist, School-Based Mental Health, Mary's Center
- David Trachtenberg, program director, Minds Inc.; certified mindfulness teacher and wellness coach

**Objectives:**

- › Identify wide-ranging consequences of workplace burnout and stress
- › Understand the benefits of a supportive environment in educational and health services delivery
- › Describe methods and tools to assess mental wellness policies and practices in the workplace

**2:25 – 2:40 p.m.**

**Community Health Improvement Awards**

- Tonya Vidal Kinlow
- Kurt Newman, M.D., president and CEO, Children’s National

**2:45 – 3:40 p.m.**

**How Organizations are Working with Schools to Address the Social**

**Determinants of Health**

- Cara Biddle, M.D., associate division chief, General Pediatrics & Community Health, Children’s National (introductions)
- Olga Acosta Price, Ph.D., director, Center for Health and Health Care in Schools, The George Washington University (GW) Milken Institute, School of Public Health; associate professor, Department of Prevention and Community Health (moderator)
- Jehan El-Bayoumi, M.D., executive director, The Rodham Institute, The GW School of Medicine & Health Sciences
- Radha Muthiah, MBA, president and CEO, Capital Area Food Bank
- Sarah Flohre, J.D., MPH, supervising attorney, Children’s Law Center
- Rosalina Burgos, Ed.D., senior director, Early Childhood Education Programs, CentroNía

**Objectives:**

- › Identify key health and social issues faced by residents in the District of Columbia
- › Understand the significant role that the social determinants of health play in health and wellness outcomes
- › Describe the role of academic institutions as well as community-based and advocacy organizations in supporting the health and education sectors to improve school health and academic outcomes

**3:40 – 3:45 p.m.**

**Conclusion**



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