THE SCHOOL DISTRICT OF PHILADELPHIA

Supporting Student Wellness:
Highlights from ORE's Health & Nutrition Team

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November 6, 2018

Office of Research and Evaluation

Agenda

1. Nutrition and Physical Activity (20 minutes)
   a. District-wide Survey and YRBS results
   b. Eat Right Philly (ERP) and the School Health Index

2. Introduction to PASH & Referral System Survey (20 minutes)

3. Adolescent Risk Behaviors: Substance Use & Sexual Health (20 minutes)
   a. YRBS results
   b. Discussion

Nutrition and Physical Activity

Healthier Students are Better Learners

Poverty & Food Insecurity

Skipping Meals

Lack of Physical Activity

Absence of a Healthy Breakfast

Absenteeism

Behavioral Problems/Discipline

Developmental Delays

Lower Grades & Test Scores

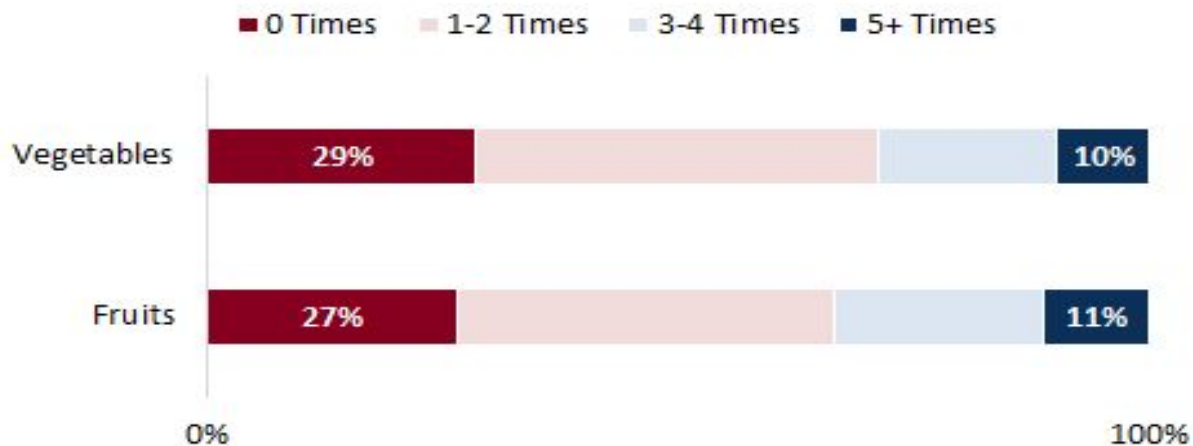# What do we know about SDP students' health?

District-Wide Survey (DWS)

- SDP - Annual survey
- Students in grades 3-12, teachers, parents, principals
- More than **76,000** students and **31,000** parents responded in 2018
- Survey included questions about nutrition, physical activity, and food access

Youth Risk Behavior Survey (YRBS)

- CDC - odd years
- Random sample of high schools
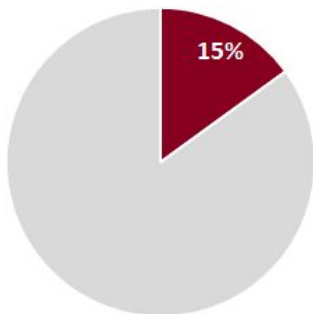- 2017 YRBS included 28 schools/1,585 High School Students

Fruit and Vegetable Consumption: District-wide Survey

Over a quarter of students surveyed said they ate fruits and vegetables **0 times** the previous day.
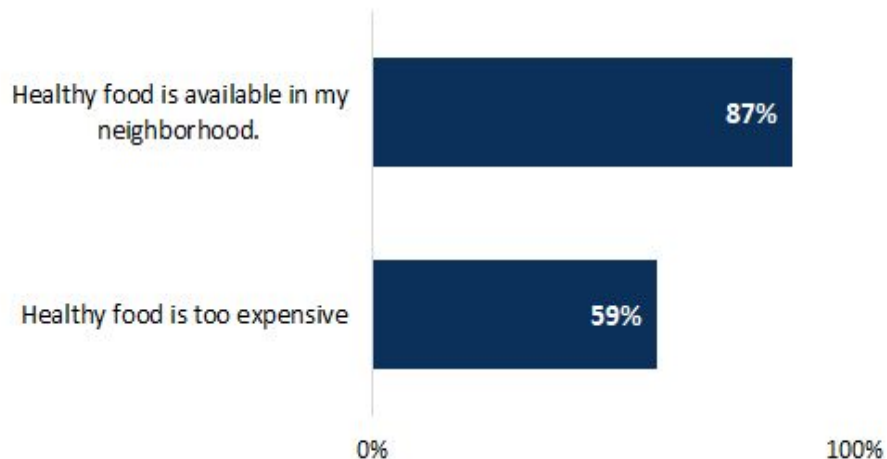
■ 0 Times ■ 1-2 Times ■ 3-4 Times ■ 5+ Times

	0 Times	1-2 Times	3-4 Times	5+ Times
Vegetables	29%			10%
Fruits	27%			11%

0%   100%

Food Access & Insecurity: District-wide Survey

15% of parents surveyed said in the past 30 days, they worried about having enough food for themselves and their family. That means **over 4,000 SDP families** struggle to afford food.

15%

% of Parents **AGREE** with the following statements

Healthy food is available in my neighborhood. 87%

Healthy food is too expensive 59%

0% 100%

Percentage of High School Students Who Drank a Can, Bottle, or Glass of Soda or Pop One or More Times Per Day,* 2007-2017[†]
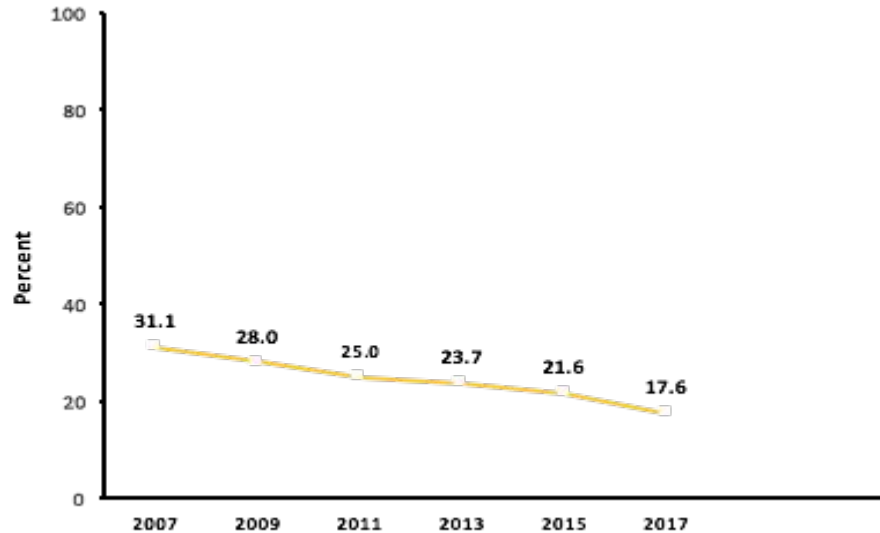

*Such as Coke, Pepsi, or Sprite, not counting diet soda or diet pop, during the 7 days before the survey

[†]Decreased 2007-2017 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]

Note: This graph contains weighted results.

Percentage of High School Students Who Ate Breakfast on All 7 Days,* 2013-2017[†]
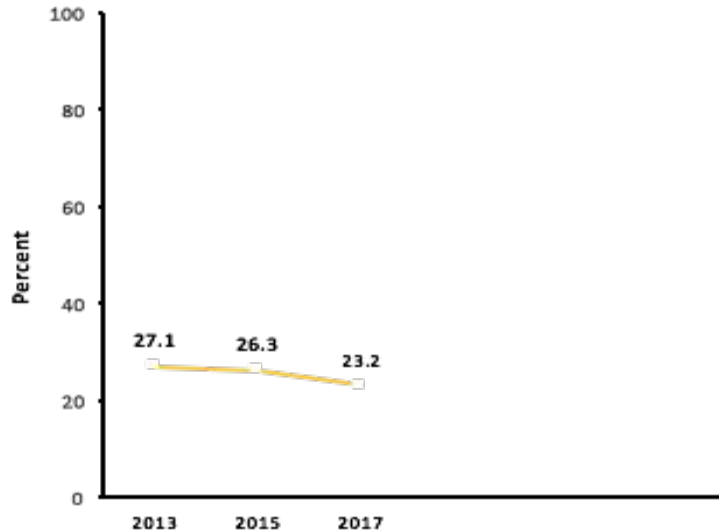
SDP Division of Food Services Breakfast Participation Goal: 70%
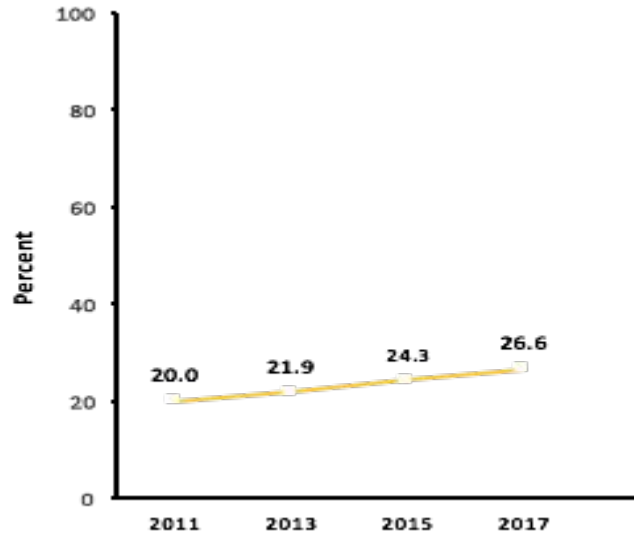
Current District Average: 43%

Breakfast in Classroom Average: 71%

*During the 7 days before the survey
[†]Decreased 2013-2017 [Based on linear trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$).]
Note: This graph contains weighted results.

Percentage of High School Students Who <u>Did Not</u> Participate in at Least 60 Minutes of Physical Activity on at Least 1 Day,* 2011-2017[†]

District-wide Survey: 10% responded they did not participate in 60 minutes of physical activity on any day in the last week.

*In any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey
[†]Increased 2011-2017 [Based on linear trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade (p < 0.05).]
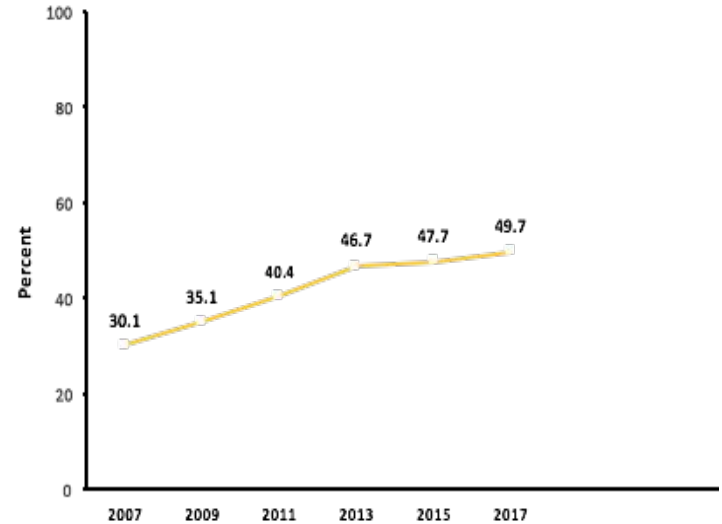Note: This graph contains weighted results.

Percentage of High School Students Who Watched Television 3+ Hours Per Day,* 1999-2017
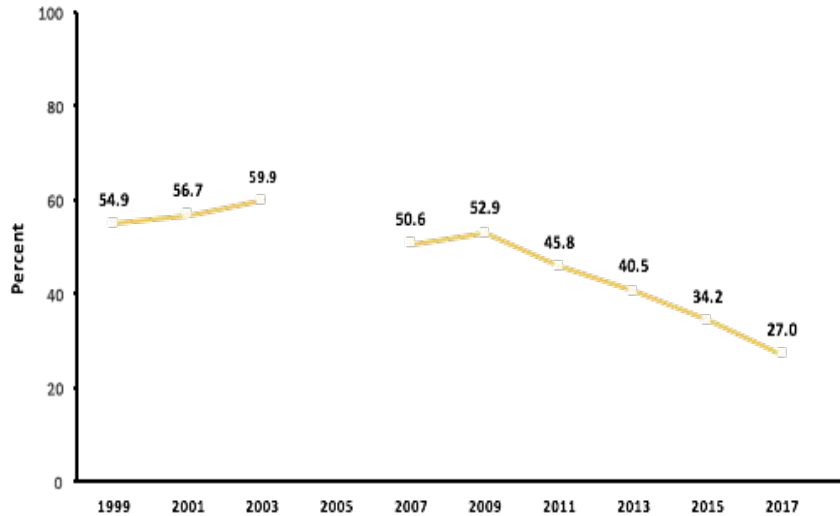
*On an average school day
Data not available for 2005.
Note: This graph contains weighted results.

Percentage of High School Students Who Played Video or Computer Games or Used a Computer 3+ Hours Per Day,* 2007-2017

*Counting time spent on things such as Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media, for something that was not school work, on an average school day
Note: This graph contains weighted results.

Percentage of High School Students Who Had Obesity,* 1999-2017[†]
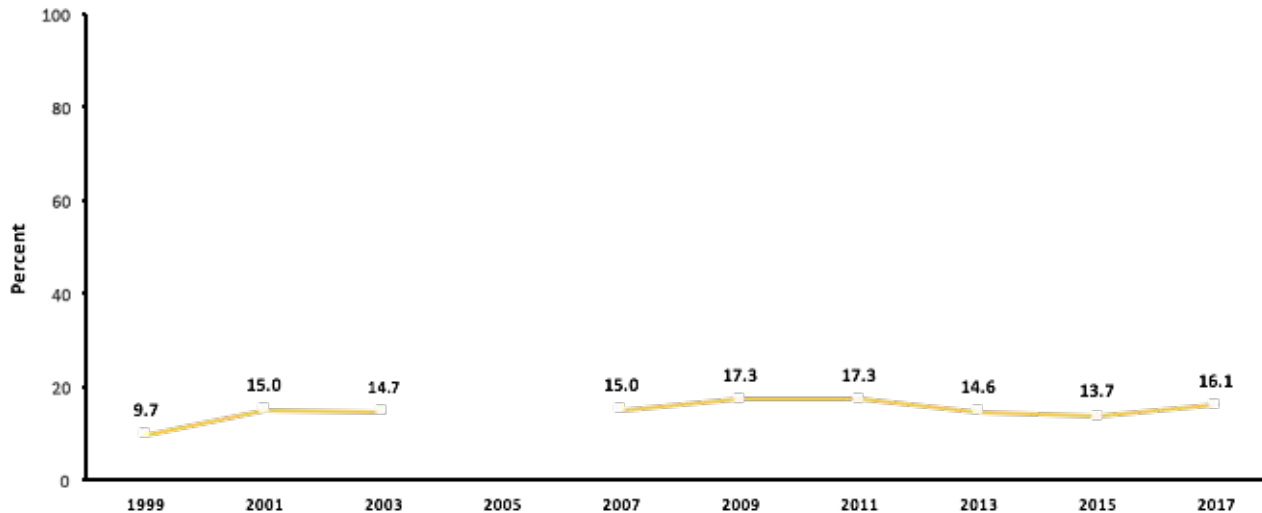
* ≥ 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts. In 2017, new, slightly different ranges were used to calculate biologically implausible responses to height and weight questions.

[†]Increased 1999-2017, increased 1999-2009, no change 2009-2017 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]

Data not available for 2005.

Note: This graph contains weighted results.

Eat Right Philly (ERP)

- 7 Partners, SNAP-Ed: Supplemental Nutrition Assistance Program, Education

- Provide education programs that increase the likelihood that SNAP recipients make healthy food choices

- Shift in programming from Direct Education to Policy, Systems, and Environmental (PSE) Changes

Why The School Health Index?

- Needs assessment to inform health and wellness strategies & ERP programming

- 55 Questions about Nutrition and Physical Activity

- Help schools meet the [District Wellness Policy](#) guidelines

- Engage teachers, parents, students, and the community

School Health Index Results 2017-18

58 Schools completed the School Health Index in 2017-18

https://www.philasd.org/research/programsservices/reports/ - Check back for the final report!

ORE identified six common challenges to improving student health:

1. Increasing Breakfast Participation
2. Promoting Healthy Fundraisers
3. Decreasing Corner Store Visits
4. Limiting Use of Food as Reward
5. Promoting Water Access
6. Increasing Physical Activity - Recess, Movement Breaks

Promoting Healthy Fundraisers

SDP Wellness Policy: Fundraisers must meet USDA Smart Snacks Standards (allows 5 exemptions for Elementary Schools and 10 for High Schools).
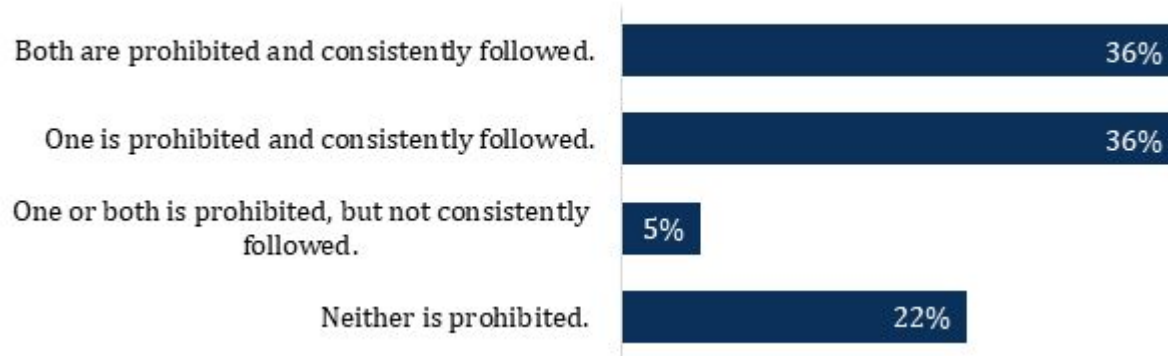
Over a quarter (28%) of sample schools responded that <u>NONE</u> of their fundraisers meet USDA nutrition standards (n=58).

None	Some	Most	All
28%	47%	17%	9%
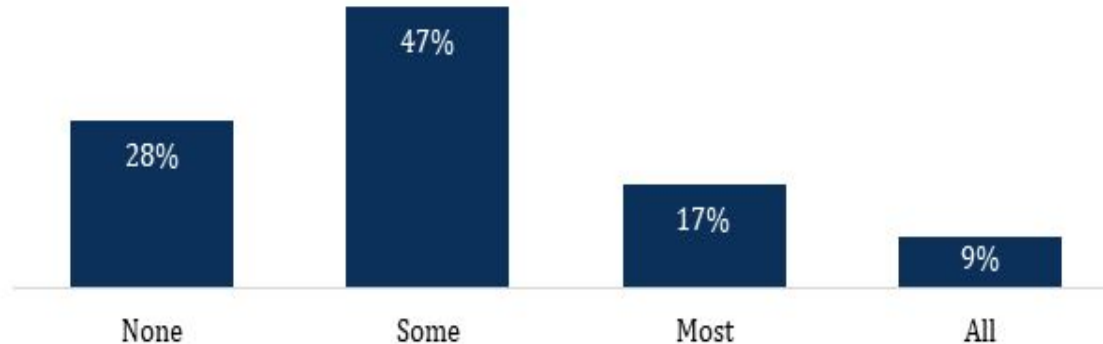
Limiting the Use of Food as Reward

SDP Wellness Policy: Schools will not use unhealthy food or beverages as reward for academic performance or good behavior.

Does your school prohibit giving students food as a reward and withholding food as punishment? Is this prohibition consistently followed? (n=58)

Category	Percentage
Both are prohibited and consistently followed.	36%
One is prohibited and consistently followed.	36%
One or both is prohibited, but not consistently followed.	5%
Neither is prohibited.	22%

Increasing Physical Activity - Recess

SDP Wellness Policy: Time will be devoted for supervised and safe recess. Physical activity shall not be used as a form of punishment or consequence.

61% of elementary schools reported they provide 20 minutes of recess every day AND teachers or recess monitors encourage students to be active (n=42)
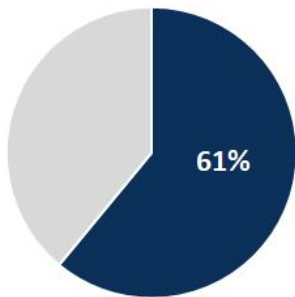
59% of elementary schools reported that withholding recess as punishment is <u>NOT</u> prohibited (n=42)

61%

59%
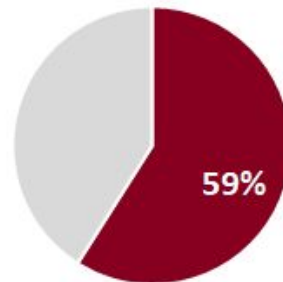
How is ERP Helping Schools?

Fundraisers

- Providing fresh fruit and smoothie sales
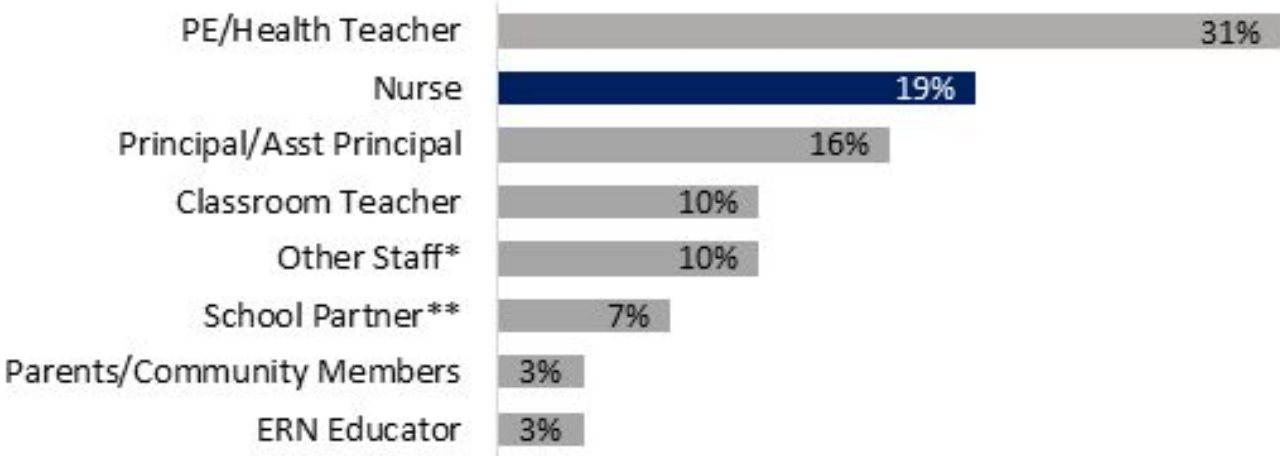- Generating buy-in among parents and staff

Food as Reward

- Working with SDP's Office of PBIS to promote using alternative rewards
- Providing classroom teachers with a list of other options

Physical Activity

- Promoting Socialized Recess programs
- Implementing movement breaks in classrooms

Nurses were key in completing the School Health Index

*Other Staff include School Counselors, Cafeteria Managers, Climate Staff, and Program Managers
**School Partners include VISTA, Community School Coordinators, and Partnership Coordinators

What can Nurses do to support Health & Wellness?

- Become a School Wellness Liaison
  - Sign up on Alliance for a Healthier Generation to complete the School Health Index: https://www.healthiergeneration.org/
  - Coordinate or participate in School Wellness Teams

- Participate in surveys

- Work with Eat Right Philly and other health-related partners at your school to support programming
  - Email spanagodimos@philasd.org for ERP contact info

Steps to Completing the School Health Index

Step One: Identify a School Wellness Liaison

Step Two: Meet with your ERP Nutrition Educator and Make a Plan
- Contact: spanagodimos@philasd.org ; lnocito@philasd.org

Step Three: Invite Team Members on Alliance for a Healthier Generation website

Step Four: ERP will help you create a School Wellness Action Plan

Promoting Adolescent Student Health

What is PASH?

Promoting Adolescent Student Health (PASH)

- HIV, STD, and pregnancy prevention education
- Access to sexual health services
- Safe and supportive environments

https://www.cdc.gov/healthyyouth/multimedia/videos/video.htm

Survey

Substance Use, Sexual, and Other Risk Behaviors

Percentage of High School Students Who Had Ever Been Told by a Doctor or Nurse That They Had Asthma, by Sex, Grade,* and Race/Ethnicity,* 2017
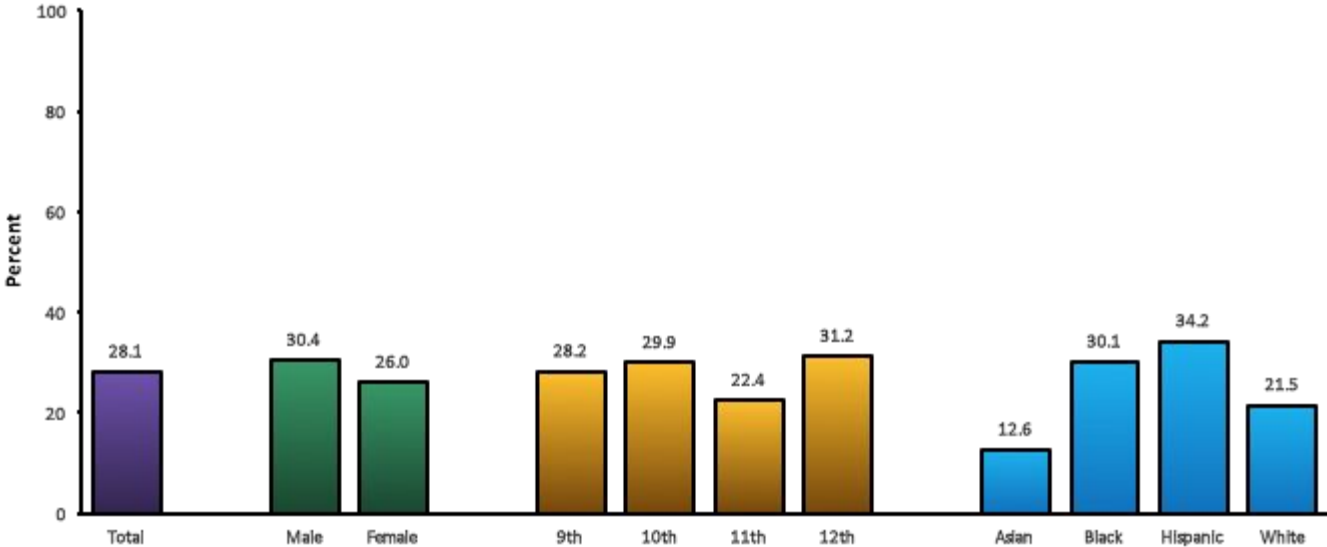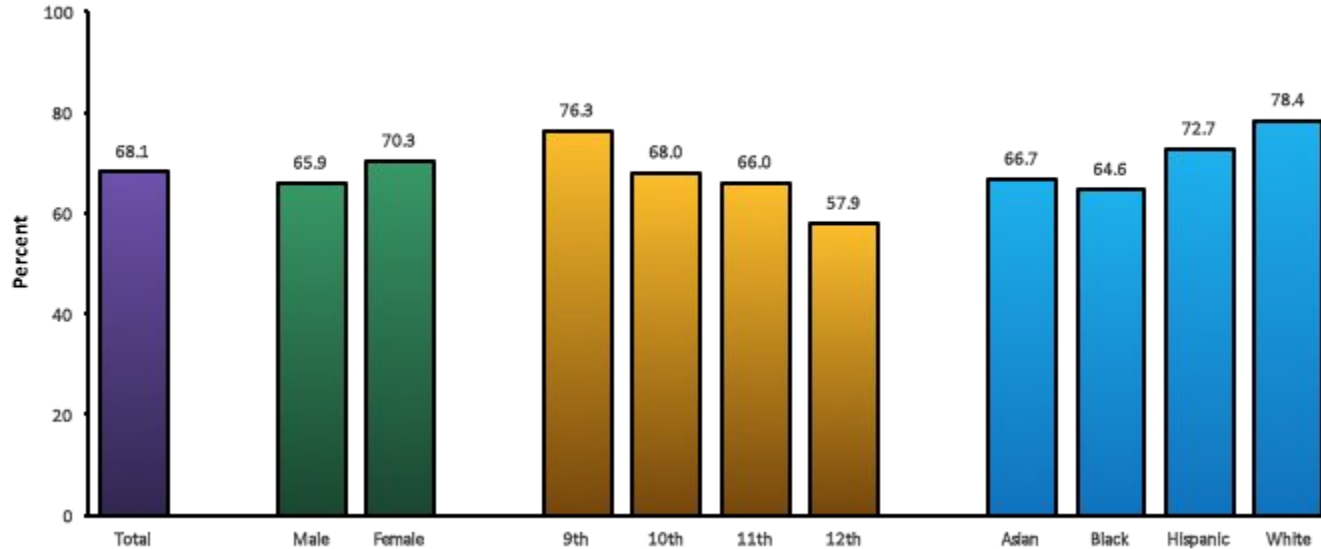

*12th > 11th; B > A, B > W, H > A, H > W (Based on t-test analysis, p < 0.05.)

All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

Note: This graph contains weighted results.

Percentage of High School Students Who Saw a Dentist,* by Sex, Grade,† and Race/Ethnicity,† 2017
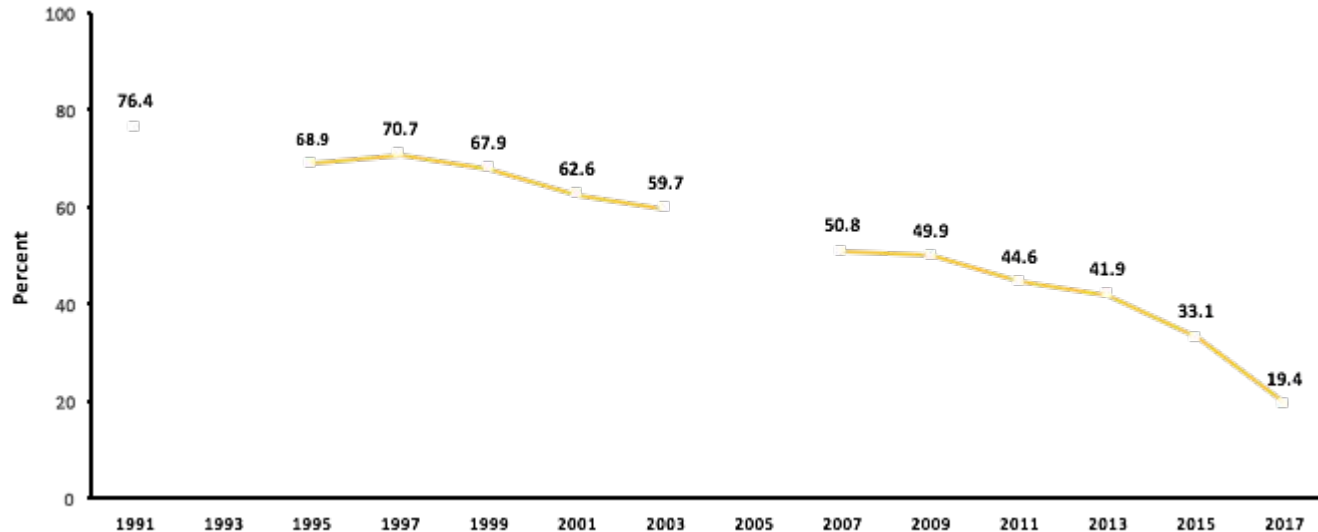

*For a check-up, exam, teeth cleaning, or other dental work, during the 12 months before the survey
†9th > 12th, 10th > 12th; W > A, W > B (Based on t-test analysis, p < 0.05.)
All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
Note: This graph contains weighted results.

Percentage of High School Students Who Ever Tried Cigarette Smoking,* 1991-2017†
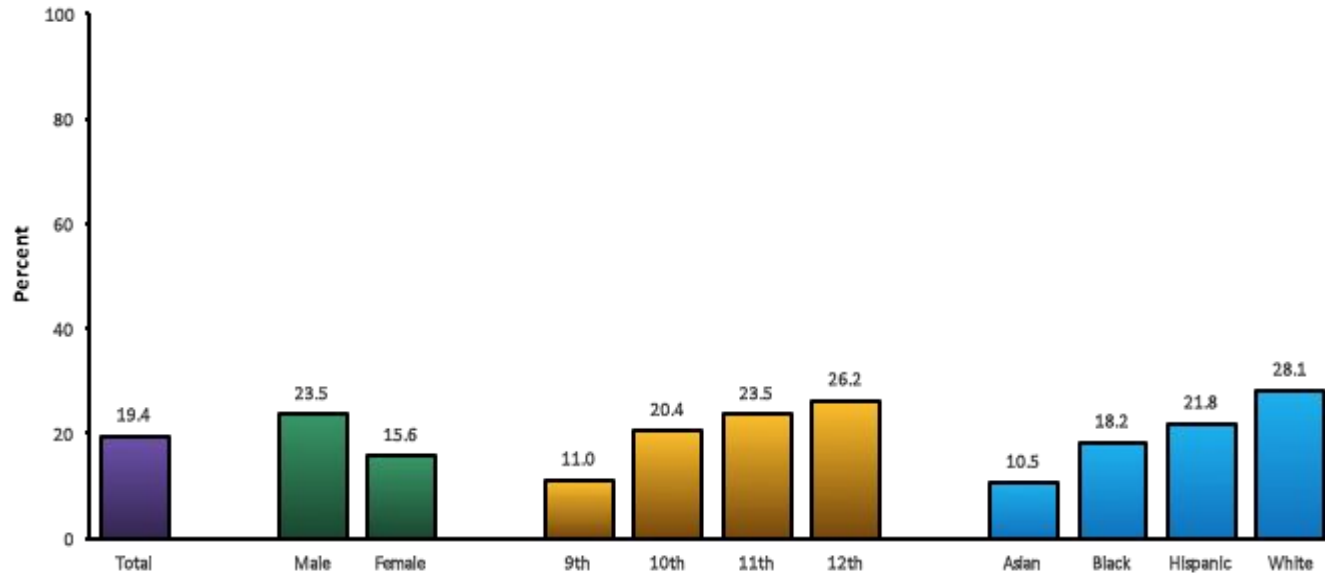

*Even one or two puffs

†Decreased 1991-2017, decreased 1991-2013, decreased 2013-2017 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]

Data not available for 1993, 2005.

Note: This graph contains weighted results.

Percentage of High School Students Who Ever Tried Cigarette Smoking,* by Sex,[†] Grade,[†] and Race/Ethnicity,[†] 2017
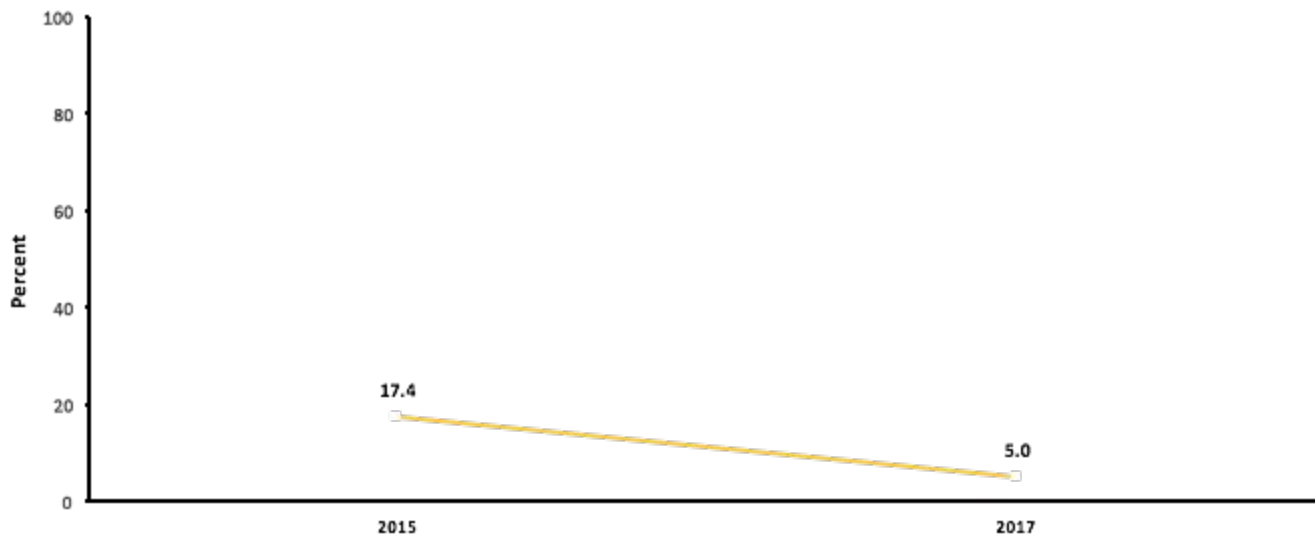

*Even one or two puffs

[†]M > F; 10th > 9th, 11th > 9th, 12th > 9th; B > A, H > A, W > A (Based on t-test analysis, $p < 0.05$.)

All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

Note: This graph contains weighted results.

# Percentage of High School Students Who Currently Used an Electronic Vapor Product,* 2015-2017†

*Including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens [such as blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo], on at least 1 day during the 30 days before the survey
†Decreased 2015-2017 [Based on linear trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade (p < 0.05).]
Note: This graph contains weighted results.

Percentage of High School Students Who Currently Used Marijuana,* 1991-2017†
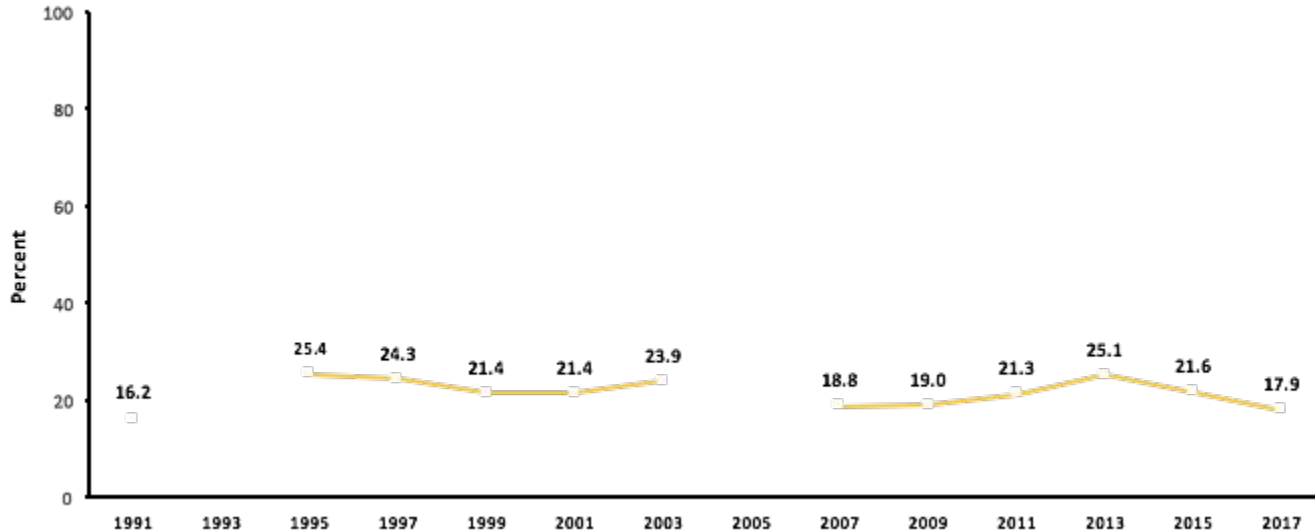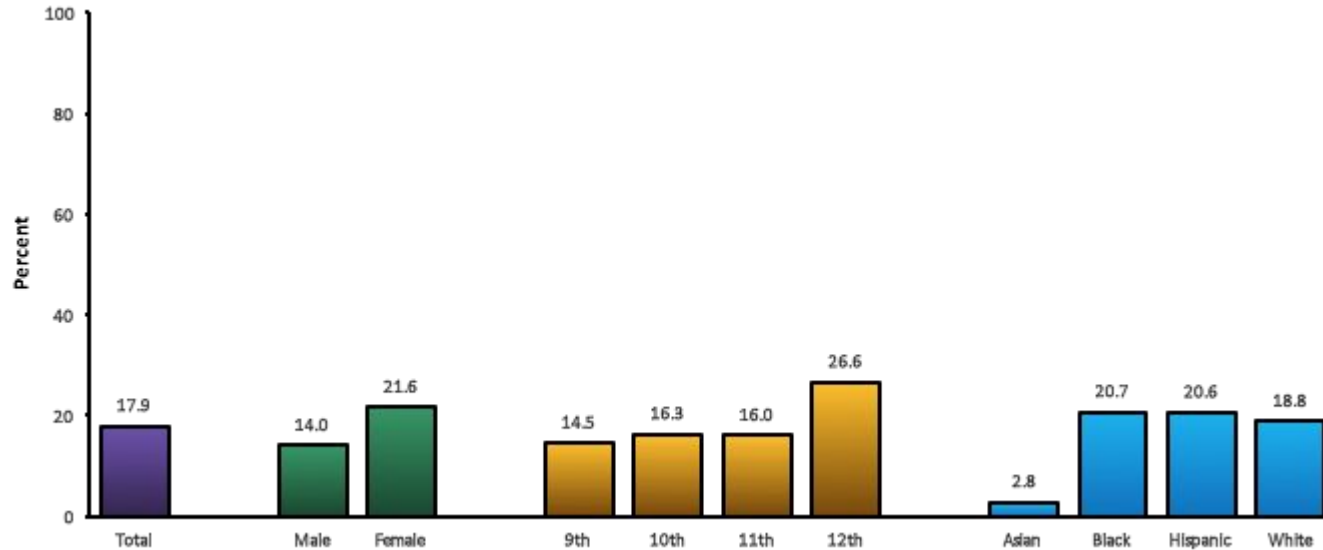

*One or more times during the 30 days before the survey

†No change 1991-2017 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade (p < 0.05). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]

Data not available for 1993, 2005.

Note: This graph contains weighted results.

# Percentage of High School Students Who Currently Used Marijuana,* by Sex,† Grade,† and Race/Ethnicity,† 2017

*One or more times during the 30 days before the survey

†F > M; 12th > 9th, 12th > 10th, 12th > 11th; B > A, H > A, W > A (Based on t-test analysis, $p < 0.05$.)

All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

Note: This graph contains weighted results

Percentage of High School Students Who Ever Took Prescription Pain Medicine Without a Doctor's Prescription or Differently Than How a Doctor Told Them to Use It,* by Sex, Grade, and Race/Ethnicity,† 2017
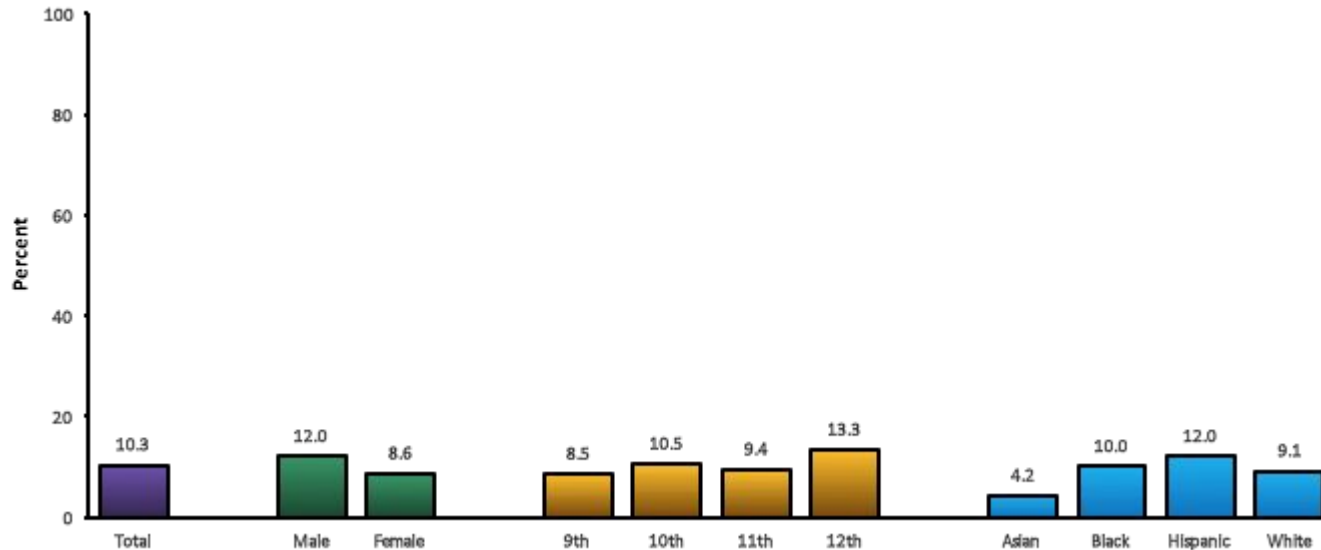

*Counting drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet, one or more times during their life

†B > A, H > A (Based on t-test analysis, p < 0.05.)

All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

Note: This graph contains weighted results.

# Percentage of High School Students Who Ever Used Inhalants,* by Sex,† Grade, and Race/Ethnicity,† 2017
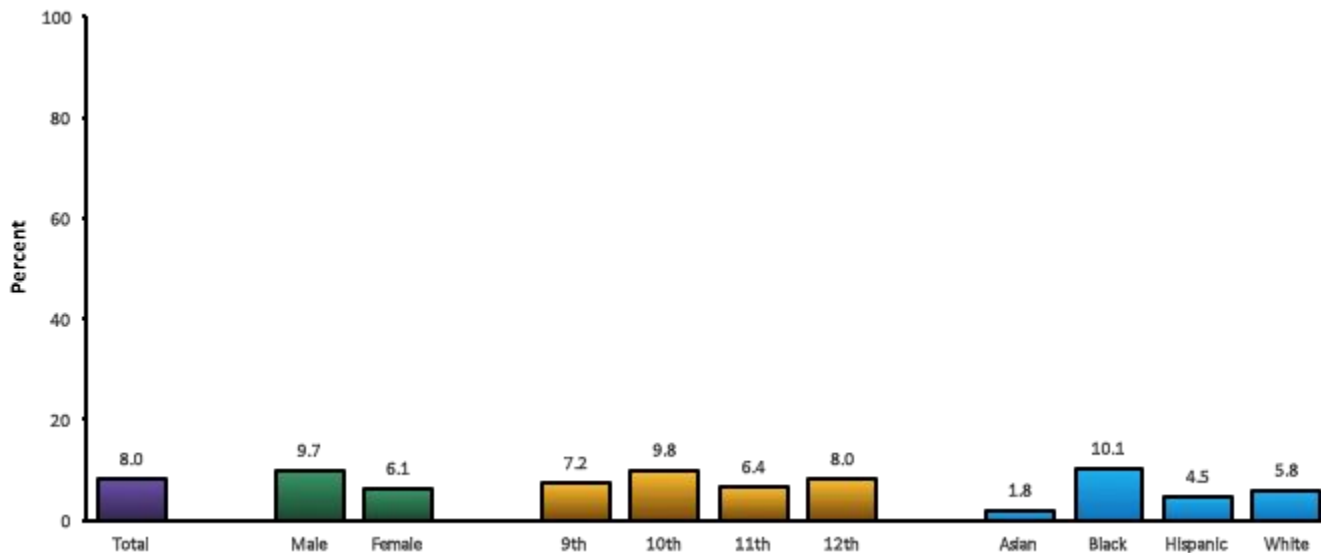
*Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high, one or more times during their life
†M > F; B > A, B > H (Based on t-test analysis, $p < 0.05$.)
All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
Note: This graph contains weighted results.

Percentage of High School Students Who Drank Alcohol in the Last 30 Days,* 1991-2017†
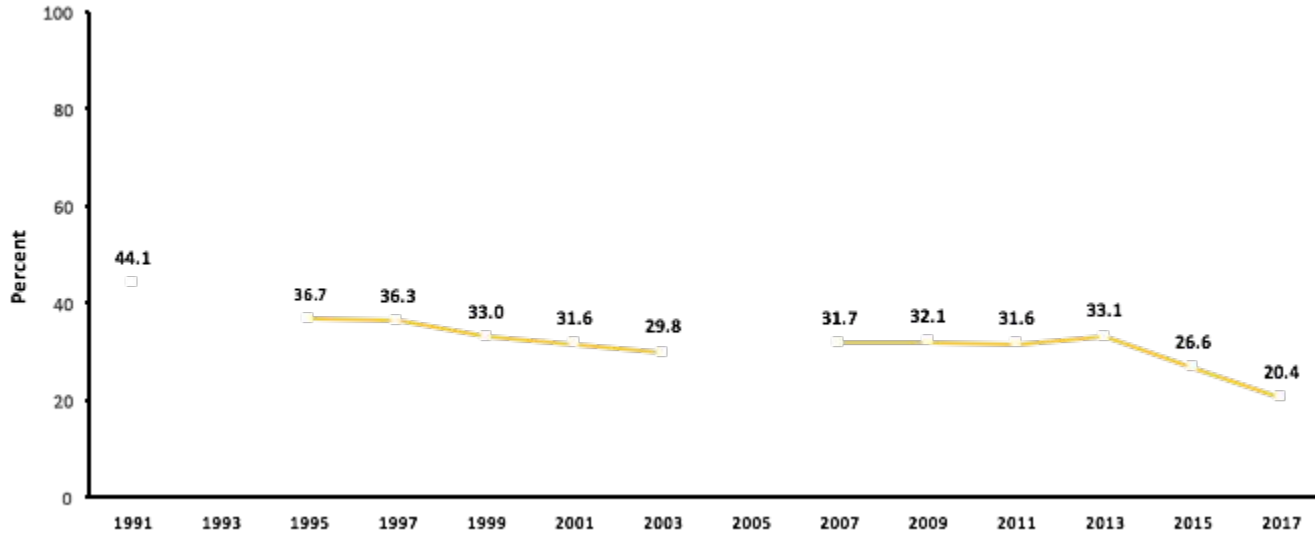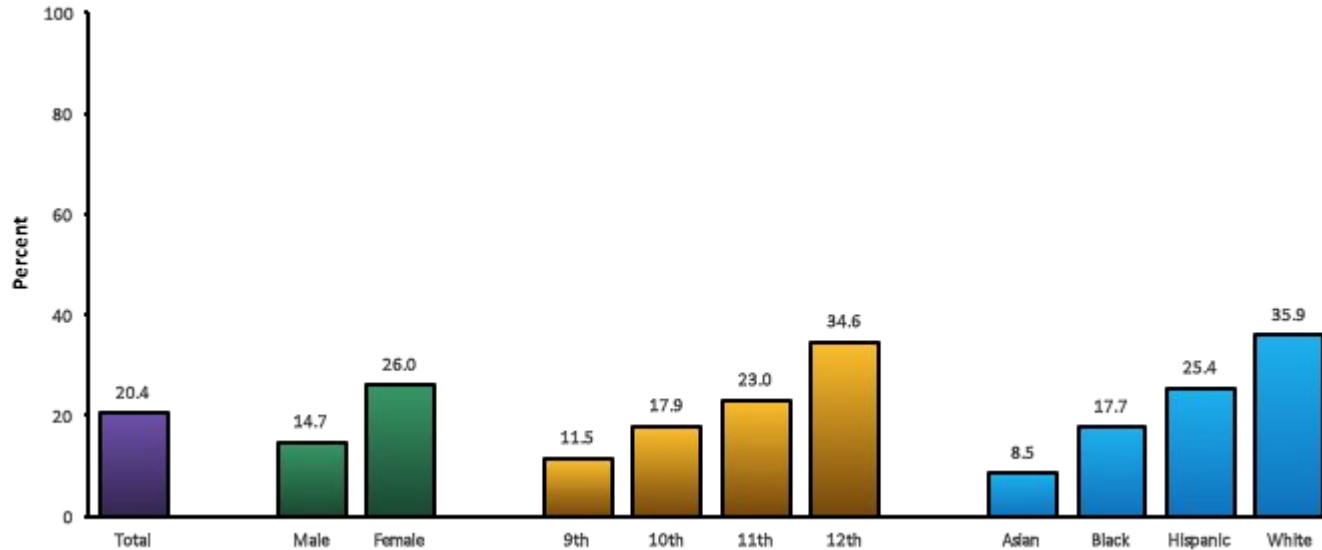

*At least one drink of alcohol, on at least 1 day during the 30 days before the survey

†Decreased 1991-2017 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]

Data not available for 1993, 2005.

Note: This graph contains weighted results.

Percentage of High School Students Who Drank Alcohol in the Last 30 Days,* by Sex,† Grade,† and Race/Ethnicity,† 2017


*At least one drink of alcohol, on at least 1 day during the 30 days before the survey

†F > M; 10th > 9th, 11th > 9th, 12th > 9th, 12th > 10th, 12th > 11th; B > A, H > A, H > B, W > A, W > B (Based on t-test analysis, p < 0.05.)

All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

Note: This graph contains weighted results.

Percentage of High School Students Who Were Currently Sexually Active,* 1991- 2017[†]
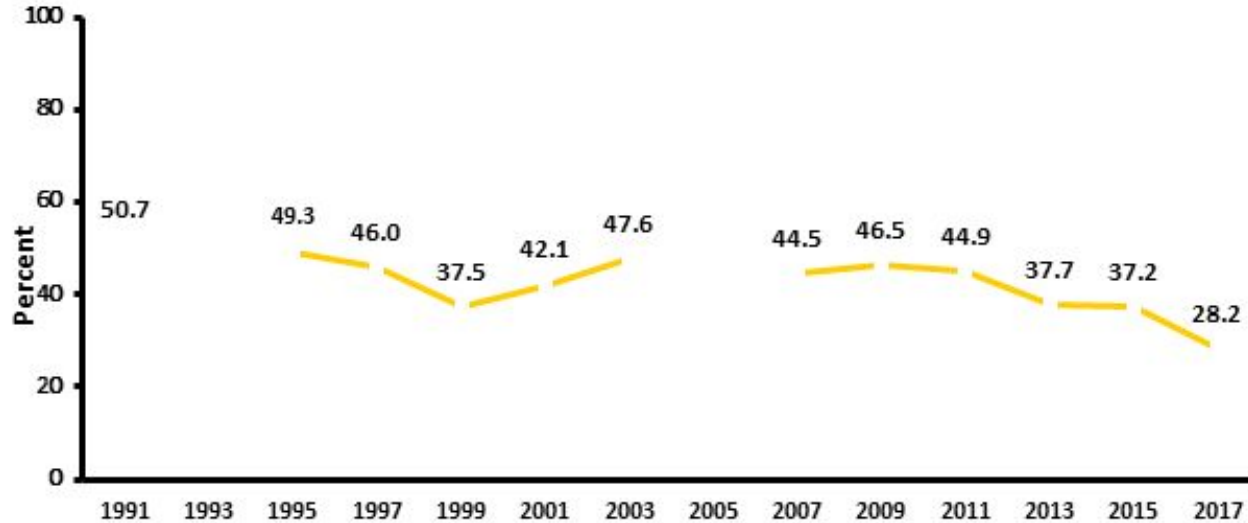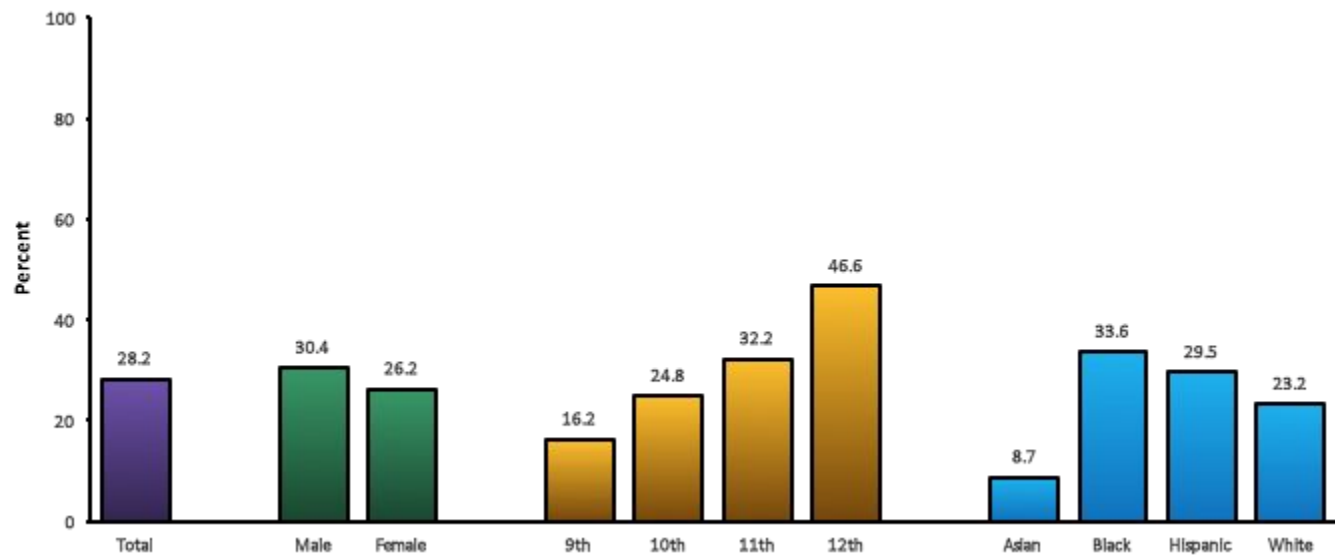

*Had sexual intercourse with at least one person, during the 3 months before the survey

[†]Decreased 1991-2017 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade (p < 0.05). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]

Data not available for 1993, 2005.

Note: This graph contains weighted results.

Percentage of High School Students Who Were Currently Sexually Active,* by Sex, Grade,† and Race/Ethnicity,† 2017


*Had sexual intercourse with at least one person, during the 3 months before the survey

†11th > 9th, 12th > 9th, 12th > 10th; B > A, B > W, H > A, W > A (Based on t-test analysis, p < 0.05.)

All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

Note: This graph contains weighted results.

Percentage of High School Students Who Used a Condom During Last Sexual Intercourse,* 1991-2017†
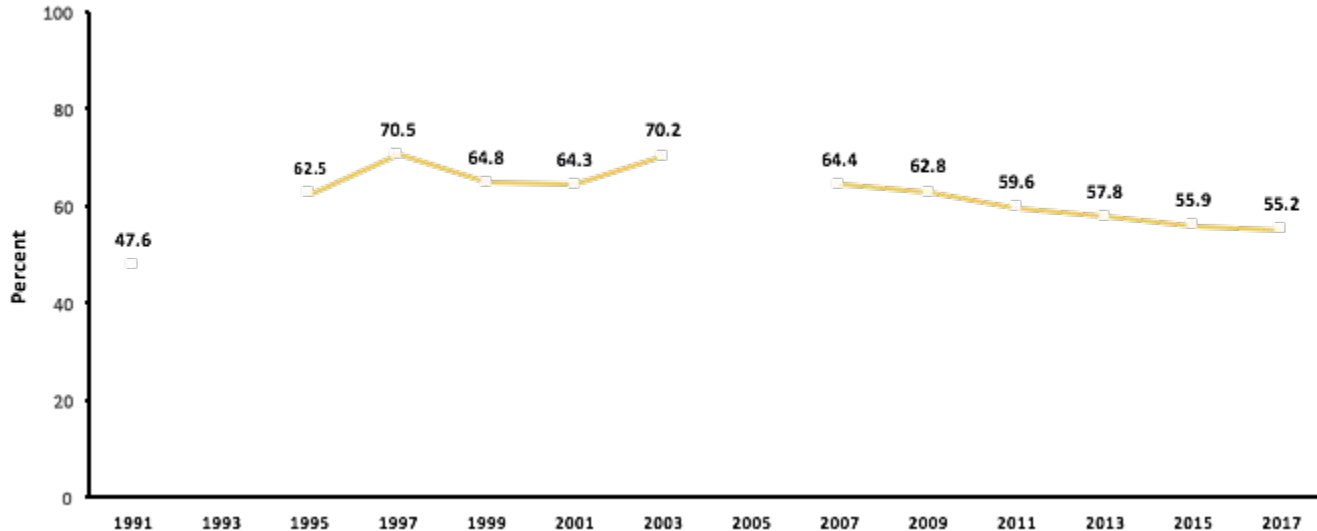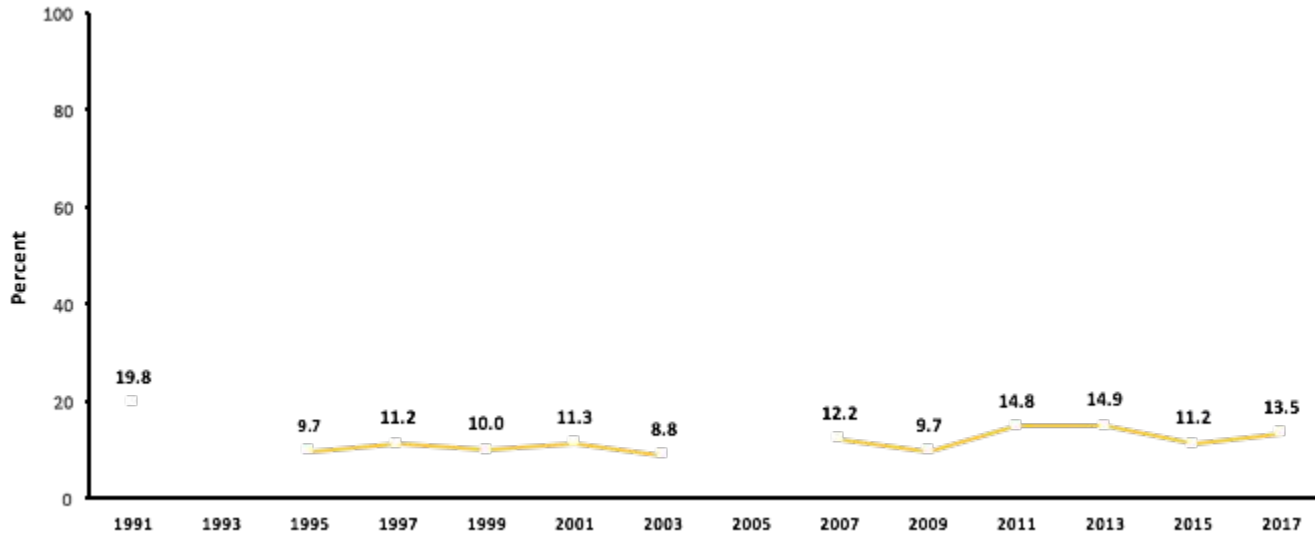

*Among students who were currently sexually active
†Increased, 1991-1997, decreased, 1997-2017 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]
Data not available for 1993, 2005.
Note: This graph contains weighted results.

Percentage of High School Students Who Used Birth Control Pills Before Last Sexual Intercourse,* 1991-2017[†]
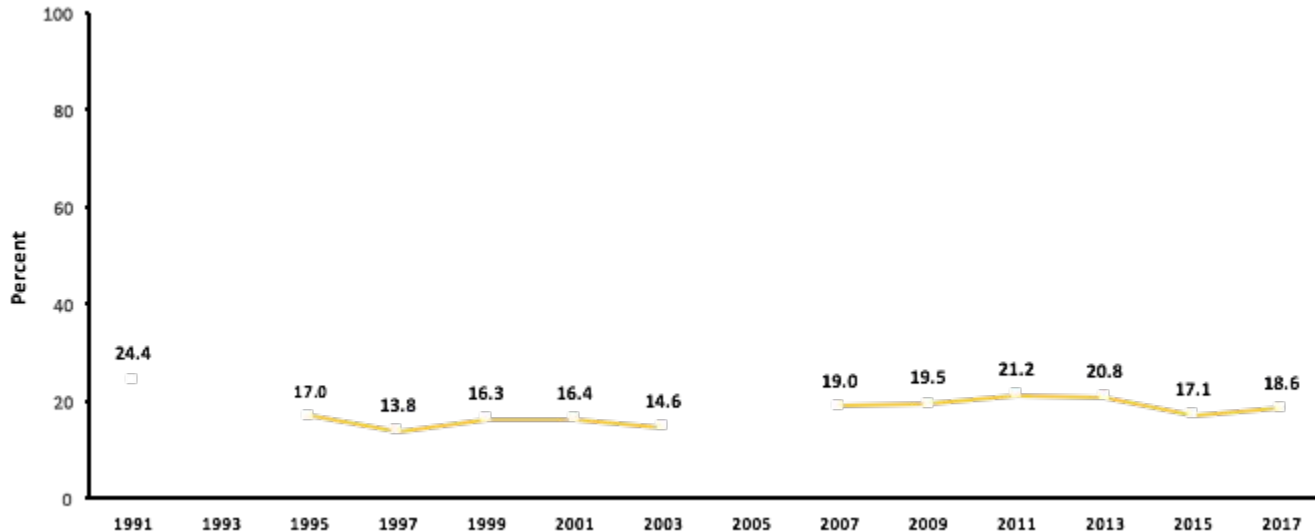

*To prevent pregnancy, among students who were currently sexually active

[†]Decreased, 1991-1997, no change, 1997-2017 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]

Data not available for 1993, 2005.

Note: This graph contains weighted results.

Percentage of High School Students Who Did Not Use Any Method to Prevent Pregnancy,* 1991-2017[†]


*During last sexual intercourse among students who were currently sexually active
[†]Decreased, 1991-1997, increased, 1997-2017 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade (p < 0.05). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]
Data not available for 1993, 2005.
Note: This graph contains weighted results.

Percentage of High School Students Who Experienced Sexual Violence,* by Sex, Grade,† and Race/Ethnicity,† 2017
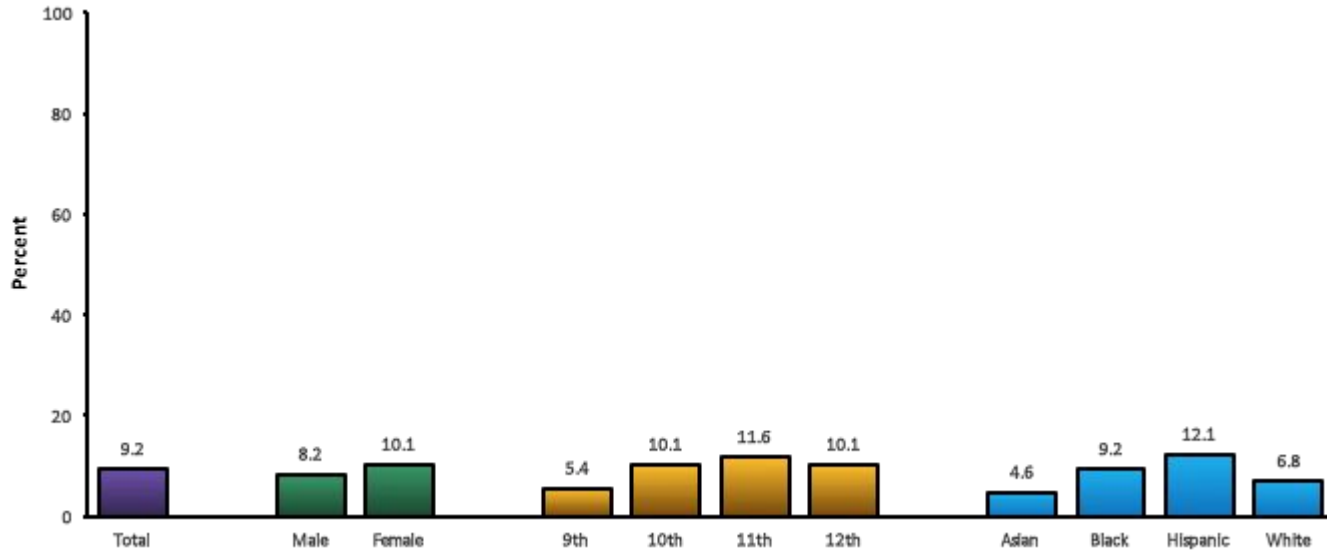

*Being forced by anyone to do sexual things [counting such things as kissing, touching, or being physically forced to have sexual intercourse] that they did not want to, one or more times during the 12 months before the survey

†10th > 9th, 11th > 9th, 12th > 9th; H > A (Based on t-test analysis, p < 0.05.)

All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

Note: This graph contains weighted results.

Percentage of High School Students Who Seriously Considered Attempting Suicide,* 1991-2017†
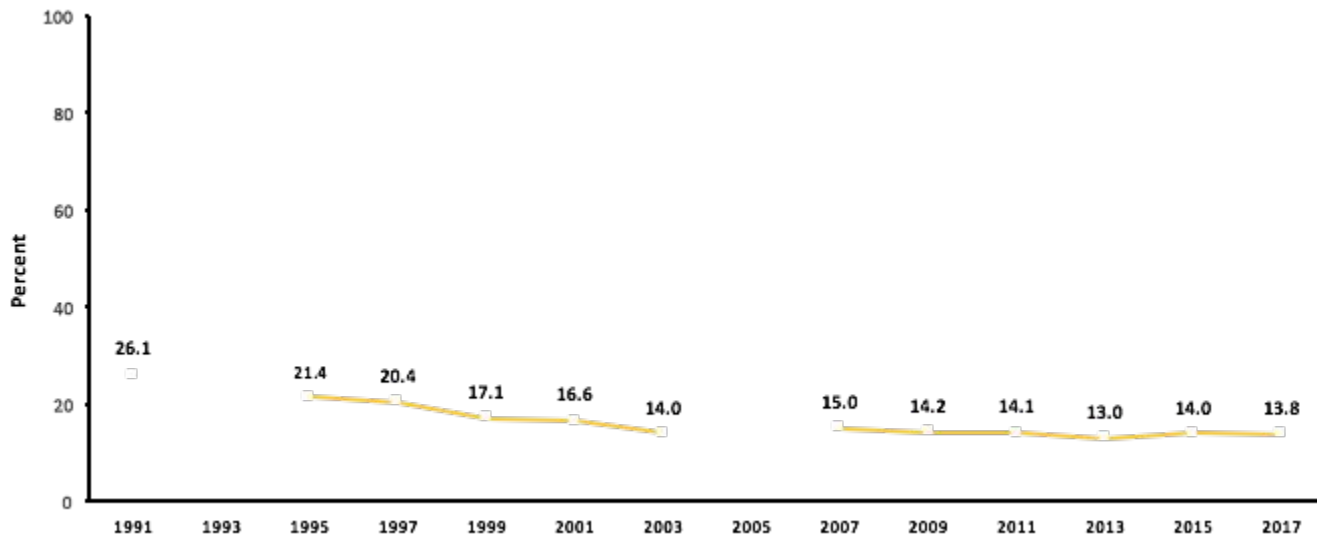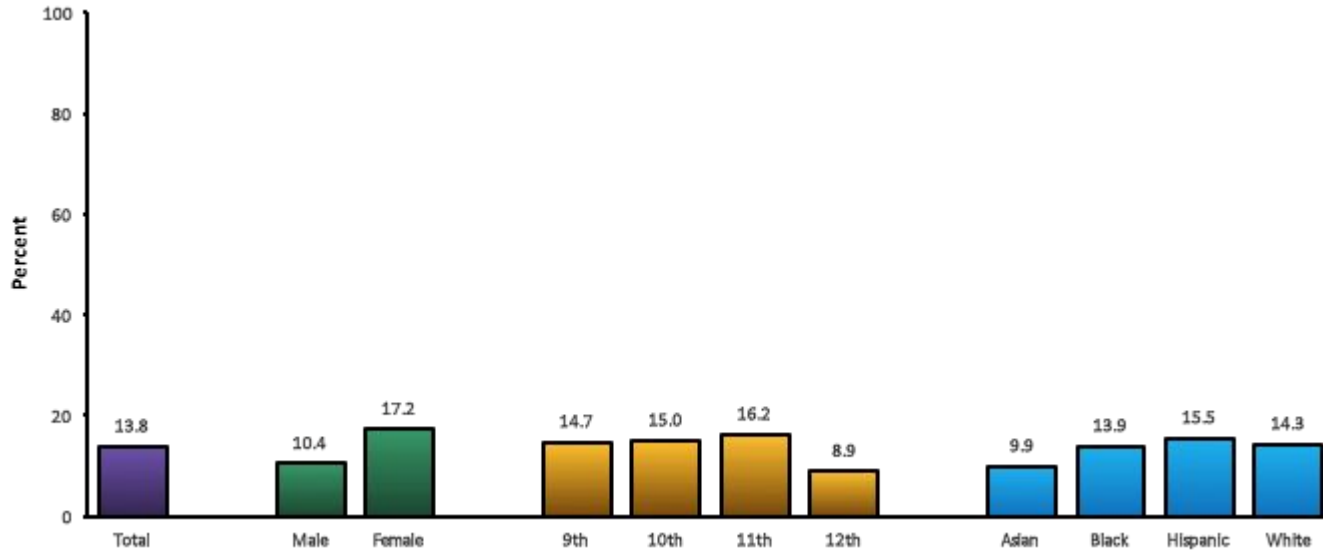

*Ever during the 12 months before the survey
†Decreased 1991-2017, decreased 1991-2003, no change 2003-2017 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade (p < 0.05). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]
Data not available for 1993, 2005.
Note: This graph contains weighted results.

Percentage of High School Students Who Seriously Considered Attempting Suicide,* by Sex,† Grade,† and Race/Ethnicity, 2017
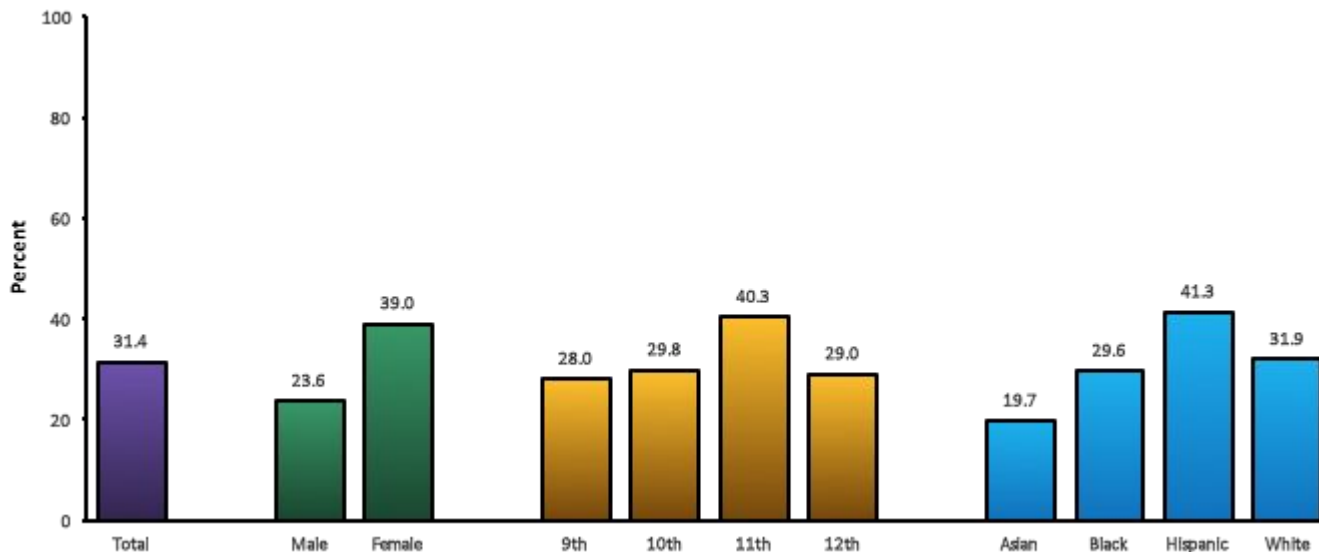

*Ever during the 12 months before the survey

†F > M; 10th > 12th, 11th > 12th (Based on t-test analysis, p < 0.05.)

All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

Note: This graph contains weighted results.

Percentage of High School Students Who Felt Sad or Hopeless,* by Sex,† Grade,† and Race/Ethnicity,† 2017

*Almost every day for >=2 weeks in a row so that they stopped doing some usual activities, ever during the 12 months before the survey

†F > M; 11th > 9th, 11th > 10th, 11th > 12th; B > A, H > A, H > B, H > W, W > A (Based on t-test analysis, p < 0.05.)

All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

Note: This graph contains weighted results.

Turn and Talk: Discussion Questions

1. How would you counsel students who have concerns about nutrition, physical activity, substance use, and sexual health?
2. How can nurses help reduce risk behaviors in students?
3. What has worked well for you and your school in engaging parents around these issues?
4. What has worked well for you and your school in overcoming discomfort in addressing difficult topics with students?
5. In your experience, what are the best ways for nurses to work with admin, teachers, and staff to influence school health policies and practices?
6. How do you see your role as a nurse in promoting school wellness?

Thank You!

Questions?

Soula Servello, Program Manager (SHI), spanagodimos@philasd.org

Sulianie Mertus, Research Specialist (PASH, YRBS), smertus@philasd.org